ORGANIZACION PANAMERICANA DE LA SALUD

COMITE EJECUTIVO DEL CONSEJO DIRECTIVO

SUBCOMITE DE PLANIFICACION Y PROGRAMACION

21a Reunión
Washington, D.C., 9-10 de diciembre de 1993

Tema 6 del programa provisional

SPP21/5 (Esp.)
15 noviembre 1993
ORIGINAL: ESPAÑOL

IMPLICACIONES PARA LA OPS DEL INFORME DEL GRUPO DE TRABAJO DEL CONSEJO EJECUTIVO SOBRE LA RESPUESTA DE LA OMS A LOS CAMBIOS MUNDIALES

El Grupo de Trabajo sobre la respuesta de la OMS a los cambios mundiales se creó en mayo de 1992 durante la 90a Reunión del Consejo Ejecutivo de la OMS, a fin de dar respuesta a cómo y en qué medida la OMS podría contribuir más eficazmente a la acción sanitaria mundial. Este grupo preparó un informe que se consideró durante la 91a Reunión del Consejo Ejecutivo, el que en su 92a Reunión aprueba la resolución EB92.R2, que llama a la creación de un plan para implementar las recomendaciones del Grupo de Trabajo.

Se presenta a la 19a Reunión del Comité de Programa del Consejo Ejecutivo, a reunirse del 29 de noviembre al 1 de diciembre de 1993, un informe de progreso con respecto a la implementación de las recomendaciones a ser presentadas en la 93a Reunión del Consejo Ejecutivo (EBPC19/2).

El informe del Grupo de Trabajo fue presentado a consideración de los delegados durante la XXXVII Reunión del Consejo Directivo de la Organización Panamericana de la Salud, llevada a cabo entre el 27 de septiembre y el 1 de octubre de 1993 en la Sede de la OPS/OMS en Washington, D.C. Se presentó a discusión como el tema 5.13: Informe del Grupo de Trabajo del Consejo Ejecutivo sobre la respuesta de la OMS a los cambios mundiales (EB92/4).

Durante la discusión de este tema, se sugirió referirlo al Subcomité de Planificación y Programación a reunirse en Washington, D.C., en el mes de diciembre, a fin de analizar en profundidad el impacto de los cambios globales sobre la Organización y cómo la OPS puede responder al proceso y se solicitó al Secretariado elaborar el documento que se presenta a continuación. Las recomendaciones que surjan del trabajo del Subcomité constituirán parte de la posición de la Región durante la reunión del Consejo Ejecutivo de la OMS.

La estructura del documento contempla un análisis del informe del Grupo de Trabajo (EB92/4), un análisis del documento presentado al Comité de Programa (EBPC18/WP/3), que incluye un resumen de las recomendaciones, el examen del efecto que tendrían los cambios propuestos en la Organización Panamericana de la Salud, estructuradas según el documento EBPC19/2, y una serie de conclusiones generales.

CONTENIDO

IMPLICACIONES PARA LA OPS DEL INFORME DEL GRUPO DE TRABAJO DEL CONSEJO EJECUTIVO SOBRE LA RESPUESTA DE LA OMS A LOS CAMBIOS MUNDIALES

1. Antecedentes

El Grupo de Trabajo sobre la respuesta de los OMS a los cambios mundiales se creó en mayo de 1992 durante la 90a Reunión del Consejo Ejecutivo de la OMS, a fin de dar respuesta a cómo y en qué medida la OMS podría contribuir más eficazmente a la acción sanitaria mundial. Este grupo preparó un informe que se consideró durante la 91a Reunión del Consejo Ejecutivo, el que en su 92a Reunión aprueba la resolución EB92.R2, que llama a la creación de un plan para implementar las recomendaciones del Grupo de Trabajo sobre la respuesta de la OMS a los cambios mundiales[1].

Se presenta a la 19a Reunión del Comité de Programa del Comité Ejecutivo, a reunirse del 29 de noviembre al 1 de diciembre de 1993, un informe (Documento EBPC19/2) de progreso con respecto a la implementación de las recomendaciones a ser presentadas en la 93a Reunión del Comité Ejecutivo.

El informe del Grupo de Trabajo fue presentado a consideración de los delegados durante la XXXVII Reunión del Consejo Directivo de la Organización Panamericana de la Salud[2], presentándose a discusión como el tema 5.13: Informe del Grupo de Trabajo del Consejo Ejecutivo sobre la respuesta de la OMS a los cambios mundiales (EB92/4). El Director General, Dr. Nakajima, había sugerido que la OPS estableciera un grupo de trabajo para asegurar la consideración del impacto de las recomendaciones a nivel global. Se solicitó, por lo tanto, al Comité Regional que estudiara las implicaciones que tiene la aplicación de las recomendaciones del Grupo de Trabajo para las actividades regionales y de país y que comunique sus resultados a la reunión del Consejo Ejecutivo de la OMS en enero de 1994.

---

[1]La Resolución EB92.R2 pide al Director General que prepare documentos sobre la aplicación de las recomendaciones del Grupo de Trabajo sobre la respuesta de la OMS a los cambios mundiales, así como opciones para aplicar las Resoluciones WHA46.16 y WHA46.35, y explicita fechas límite para la entrega de tales documentos.

[2]Llevada a cabo entre el 27 de septiembre y el 1 de octubre de 1993 en la Sede de la OPS/OMS en Washington, D.C.

Algunos delegados manifestaron su inquietud respecto a cómo la Región de las Américas pudiera tener un impacto en el proceso de reforma de la OMS, y sobre cómo los cambios propuestos en las recomendaciones para la OMS impactarían a la OPS y la Región[3]. Aunque las condiciones que llevaron al proceso de reforma en la OMS pueden o no estar presentes en la OPS, la Organización se vería sin embargo afectada por algunas de ellas y debería prepararse a responder a estos cambios.

Durante la discusión de este tema, se sugirió referirlo al Subcomité de Planificación y Programación a reunirse en Washington D.C., en el mes de diciembre, a fin de analizar en profundidad el impacto del cambio mundial sobre la OMS, sus repercusiones sobre la OPS y cómo ésta puede responder al proceso, y se solicitó al Secretariado elaborar un documento que sirviera de base para las discusiones del Subcomité. Las recomendaciones que surjan del trabajo del Subcomité de Planificación y Programación, constituirán parte de la posición de la Región durante la reunión del Consejo Ejecutivo de la OMS.

Este documento responde a la solicitud de los delegados a la XXXVII Reunión del Consejo Directivo. El mismo se estructura en las siguientes secciones: análisis del Informe del Grupo de Trabajo (EB92/4); análisis del documento presentado al Comité de Programa (EBPC18/WP/3); examen del efecto que tendrían los cambios propuestos en la OPS, estructuradas según el Documento EBPC19/2, y conclusiones.

2. Resumen de las recomendaciones del Grupo de Trabajo

A continuación se presenta un resumen de las recomendaciones del Grupo de Trabajo que aparecen en el Documento EB92/4.

Misión de la OMS (recomendaciones 1 a 4 inclusive)

Aunque la meta de salud para todos en el año 2000 (SPT/2000) constituye un hito y no un fin en el proceso de mejorar las condiciones de vida de las poblaciones con equidad, y que ha sido motivador de cambios importantes en la salud pública internacional, parece más difícil actualmente determinar con certitud aquellas áreas que realmente han mejorado gracias a la aplicación de la estrategia de atención primaria de salud. En este sentido, se insta a la construcción de indicadores y metas operativas que permitan evaluaciones y reorientación de las políticas y estrategias con más periodicidad.

---

[3]Acta resumida provisional de la Cuarta Sesión Plenaria. 28 de septiembre de 1993. XXXVII Reunión del Consejo Directivo. Documento CD37/SR/4.

Organos deliberantes (recomendaciones 5 a 16 inclusive)

Se refiere aquí a la necesidad de que la Asamblea Mundial de la Salud y el Consejo Ejecutivo (EB) agilicen sus métodos de trabajo mediante comités que examinen programas específicos y asuntos transprogramáticos, concentrando las deliberaciones más en asuntos de política, estrategia y programas y recomendando mejorar los procedimientos de designación de los miembros del EB. Se solicita reconsiderar el mandato, la cronología de las reuniones y el plan de trabajo del Comité de Programa establecido por el EB en 1974, a fin de hacerlo más coherente con los trabajos del Consejo y los subgrupos. Se recomienda utilizar periódicamente sondeos de opinión entre los delegados con respecto a "la pertinencia, el funcionamiento, la eficiencia y la eficacia de la labor de la OMS". Se discute el tema del nombramiento y mandato del Director General y de los Directores Regionales, señalando la necesidad de revisar los artículos 31, 51 y 52 de la Constitución.

Se solicita a los comités regionales que estudien la forma de armonizar sus actividades y aquellas del EB y de la Asamblea Mundial de la Salud e informar en enero de 1995, a fin de evitar la fragmentación entre la OMS y las regiones en términos de utilización de recursos financieros, formación de personal, sistemas de información, métodos de investigación, evaluación y colaboración internacional en salud.

Sede (recomendaciones 17 a 20 inclusive)

La OMS ha tenido un papel vital en impulsar la estrategia de atención primaria de salud con la meta de SPT/2000. Sin embargo, esta política general parece haber rebasado la capacidad institucional de ejecución, y es necesario revisar, a medio camino, los programas generales de trabajo de seis años de duración, a fin de reorientarlos y facilitar su ejecución. Por otra parte, se señala la necesidad de manejar la descentralización de las regiones de manera que este proceso no signifique un alejamiento a la Sede.

Los sistemas de información entre la Sede y las oficinas regionales, así como entre éstas y los países, sufren deficiencias graves en cuanto a la comunicación sobre asuntos de gestión de programas, control fiscal, estado de salud, proyecciones sanitarias y control de bienes básicos y de inventarios. Se insta a que el Director General formule planes alternativos para el establecimiento de un sistema mundial OMS en un plazo viable, de 3, 5 ó 10 años.

Oficinas regionales (recomendaciones 21 a 24 inclusive)

En este capítulo se tratan los temas de las necesidades de personal y perfil de la plantilla, los consultores técnicos, las comunicaciones y la colaboración entre las oficinas

regionales. Las recomendaciones en este caso están orientadas a revisar los procedimientos de contratación de personal, así como los perfiles profesionales tanto de los consultores de planta como aquellos de corto plazo, a fin de que éstos se adapten a los requerimientos de los cambios mundiales. Se señala la necesidad de modernizar los sistemas de comunicación entre la Sede y las oficinas regionales, así como entre éstos y otros organismos de las Naciones Unidas en las regiones.

Oficinas en los países/Representaciones de la OMS (recomendaciones 25 a 30 inclusive)

Se trata aquí temas referentes a las funciones de las representaciones de la OMS, su liderazgo en materia de coordinación intersectorial, la delegación de autoridad en los representantes, su participación en el diálogo político y técnico, así como la representación de la OMS en los Estados Miembros.

Se identifican algunas destrezas que serían necesarias para que los representantes de la OMS desempeñaran con más eficacia sus funciones, y estas son: experiencia en programas terapéuticos y preventivos, conocimientos de economía sanitaria y capacidad de gestión. Por otra parte, queda clara la recomendación sobre el liderazgo del representante de país en materia sanitaria. En cuanto a la delegación de autoridad, el Grupo de Trabajo sugirió que se estandaricen con menos variaciones los procedimientos administrativos, de gestión y ejecución de programas de los representantes de país, y que se provea a las oficinas con un mínimo de recursos operativos.

Coordinación con las Naciones Unidas y con otros organismos (recomendaciones 31 a 34 inclusive)

Se indica la necesidad de que la OMS se ajuste a las reformas estructurales de las Naciones Unidas, fortaleciendo la coordinación a nivel nacional y mundial, así como en cuanto a los recursos sanitarios y la regionalización en el marco de las Naciones Unidas. En este sentido, se requiere que la OMS siga coordinando toda la cooperación en el área de salud y que se estudien y establezcan procedimientos que agilicen la coordinación y cooperación entre las agencias. Por otra parte, se insta a que se busquen los medios de reducir las diferencias en términos de estructura y procedimientos. Señala, además, que el esquema de coordinación de las agencias a nivel de país no debe ser siempre el del Programa de Naciones Unidas para el Desarrollo (PNUD) sino que para problemas específicos, donde se requiera de los conocimientos especializados de una agencia, ésta debe ser la unidad coordinadora.

Otra área de interés es aquella que se refiere a la necesidad de que la OMS se asegure, mediante la gestión ante los organismos o agencias que corresponda, que se considere en los proyectos de desarrollo aquellos aspectos que tienen que ver con la vigilancia sanitaria, la prevención, y la lucha contra las enfermedades.

Consideraciones presupuestarias y financieras (recomendaciones 35 a 38)

Se señala en esta sección la necesidad de que los objetivos de aquellos programas financiados con fondos extrapresupuestarios sean armónicos con las políticas, decisiones y prioridades establecidas por la Asamblea Mundial de la Salud y el EB. Se sugiere, además, que se establezca un sistema de oferta de contribuciones a fin de incrementar la obtención de recursos adicionales. Por otra parte, se propone revisar la proporción de gasto efectivo para manejar estos programas, ahora indicada en 13%, y aumentarla a 35%, porcentaje que se acerca más al costo real.

En cuanto a insumos presupuestarios y resultados, se solicita el establecimiento de un sistema de presupuestación "que permita obtener el máximo beneficio del proceso presupuestario por objetivos y metas, facilitar el logro de las prioridades y prever reajustes periódicos".

Capacidad técnica e investigaciones (recomendaciones 39 a 44 inclusive)

Se mencionan problemas relacionados con la competencia técnica de la OMS, la coordinación de la naturaleza de las investigaciones a nivel mudial y el papel de los centros colaboradores. Al respecto se subraya la necesidad de contar con la competencia técnica como criterio prioritario de contratación de personal, y la necesidad de invertir en el recurso ya contratado, haciendo uso de la rotación entre la Sede y las regiones más a menudo. Se llama la atención a la definición de las consecuencias que pueden tener los nombramientos por motivos políticos en la calidad de la cooperación prestada a los Estados Miembros.

Se insta a la utilización más efectiva de los centros colaboradores en el avance de las metas de SPT/2000, y se llama a una revisión de los lineamientos que dirigen la promoción de investigaciones en salud, y la necesidad de que cada programa técnico dedique parte de sus recursos a estas actividades.

Comunicaciones (recomendaciones 45 a 47 inclusive)

Estas recomendaciones apuntan a la necesidad de que la OMS utilice al máximo los avances tecnológicos en materia de comunicación, a fin de difundir los conceptos de promoción de salud y prevención de enfermedades.

3. Análisis de la respuesta de la OMS a los cambios mundiales

El Informe del Grupo de Trabajo del Consejo Ejecutivo (EB92/4) señala la necesidad de reestructurar la OMS en vista de los cambios a nivel mundial. Estos cambios pueden resumirse en los siguientes: favorecimiento de economías de mercado,

democratización que pone de relieve derechos y responsabilidades individuales en salud, alimentación, vivienda, educación y representación política. Se mencionan asimismo la disminución del ritmo de crecimiento económico y peso creciente de la deuda a nivel mundial, reducción de fondos para actividades de desarrollo internacional y financiamiento nacional de programas en sectores sociales, con incrementos en los costos de la asistencia médica. Por otra parte, se documenta una agudización de los problemas de saneamiento ambiental, deterioro de los recursos naturales, contaminación, urbanización, migraciones, diseminación del SIDA, así como la reaparición de la malaria y tuberculosis.

El Informe del Grupo de Trabajo, presentado durante la 91a Reunión del Consejo Ejecutivo, contempla orientaciones futuras de la OMS, que se desglosan en temas específicos y propone acciones concretas en las siguientes áreas: misión de la OMS; órganos deliberantes; la Sede; las oficinas regionales; las oficinas en los países (representaciones de la OMS); coordinación con las Naciones Unidas y otros organismos; consideraciones presupuestarias y financieras; capacidad técnica e investigaciones, y comunicaciones.

La orientación general de las recomendaciones del Grupo de Trabajo (EB92/4) es hacia la modernización, alineamiento con los cambios mundiales, mayor coherencia entre las políticas y estrategias con los programas técnicos que se diseñan y ejecutan, mayor transparencia y responsabilidad por los recursos utilizados, y cuyo impacto deberá ser medido con indicadores operativos. Varias recomendaciones se refieren a una participación mayor del EB en la gerencia de los programas de la OMS. En términos generales, se establece la necesidad de que la OMS mejore su capacidad en materia de análisis epidemiólogico, análisis de políticas y determinación de prioridades, movilización de recursos, sistemas de información sobre gestión, investigación sanitaria, comunicaciones internacionales y comunicaciones con el público. El documento indica la existencia de problemas en las políticas de contratación de personal, deficiencias técnicas y administrativas de representantes, fragmentación de la gestión de los programas mundiales, regionales y nacionales, y dificultades de la rotación eficaz del personal entre la Sede y las regiones, así como en el ámbito interregional, la falta de programas integrados de evaluación, formación y perfeccionamiento del personal y el mal aprovechamiento del personal y de la capacidad técnica de los centros colaboradores.

El documento EBPC18/WP/3, del 18 de junio de 1993, se elabora de acuerdo a la resolución EB92.R2, sometiéndose a consideración del Comité de Programa, en su 18a Reunión del 5 al 9 de julio de 1993. Las iniciativas de la OMS en respuesta a las recomendaciones se presentarán en extenso durante la 19a Reunión del Comité de Programa del Consejo Ejecutivo que se reúne del 29 de noviembre al 1 de diciembre de 1993, en el documento EBPC19/2.

La OMS ha cambiado mucho desde 1948 en términos de un énfasis en la eliminación de ciertas enfermedades específicas hacia un enfoque centrado en la salud y el desarrollo durante la década de los años setenta, y relacionado a un cambio de postura técnica a una postura más política con respecto a los problemas de salud.

Por otra parte, la participación en la OMS aumentó de 55 miembros en 1948 a 178 en 1992. Este hecho solamente requiere un cambio sustancial en la naturaleza de la cooperación con los países. Las circunstancias han cambiado no solamente en términos de tendencias sociales, económicas, políticas, tecnológicas y de la estructura y necesidades de salud de la población, sino también en términos de los recursos humanos, la cooperación externa, las prioridades, intereses y destrezas de las agencias bilaterales[4]. Además, según algunos autores, se ha registrado insatisfacción expresada por Gobiernos Miembros con respecto a los procedimientos burocráticos, costos, reuniones, informes, y falta de transparencia presupuestaria y efectividad en algunas actividades operacionales[5]. Esto exige que la OMS, como cualquier organización moderna, no solamente se adapte, pero juegue un proactivo papel en el área de la cooperación internacional, a fin de mantener su liderazgo en el campo de la salud, apoyando los procesos de mejora de las condiciones de salud de las poblaciones.

En el área de la cooperación internacional, se han identificado algunas tendencias que explican de alguna manera la situación presente, en la cual se exige y acepta un cambio de la OMS en varios frentes. Entre ellas, se ubican las siguiente:

- Tendencia creciente hacia desenfatizar la cooperación de las agencias multilaterales, las que se distinguían por la calidad y naturaleza de la cooperación prestada a los Gobiernos Miembros. En los últimos años, los donantes han ganado experiencia en el campo de la cooperación internacional, y canalizan la misma a través de organizaciones no gubernamentales, agencias privadas, instituciones y agencias de su propio país.

- Las agencias multilaterales no se perciben como útiles en el desarrollo de políticas para países desarrollados, sin embargo, éstos influencian a los menos

---

[4]"La razón por la que la OMS ha desaprovechado oportunidades para jugar un rol estratégico en desarrollo de políticas y planificación a nivel de país se centra en las debilidades de su estructura actual. Mejor coordinación, rivalidad y competencia entre agencias, demandas múltiples y duplicadas para las misiones de evaluación, sistemas de contabilidad y otros procedimientos burocráticos." Walt, G. WHO under stress: Implications for health policy. *Health Policy*, 24:125-144, p. 130, 1993.

[5]Walt, G. op. cit.
Taylor, A.L. Making the World Health Organization work: A legal framework for universal access to the conditions of health. *American Journal of Law and Medicine* 7(4), 1992.

desarrollados a través de organizaciones intermedias o directamente a través de la ayuda bilateral. Los donantes mayores, al controlar un gran porcentaje de los recursos, influencian las políticas directa o indirectamente.

- Las destrezas de los países han aumentado en términos de recursos humanos en salud, especialmente médicos, y lo que parece ser más necesario ahora es capacitación en gerencia y administración de salud.

- Otras agencias han extendido sus acciones al campo de la salud y consideran a la OMS como un socio equivalente. Este es el caso del Banco Mundial, por ejemplo, el que ha avanzado tesis sobre la atención de salud en su última publicación del Informe del Desarrollo Mundial y ha programado redirigir gran porcentaje de su prespuesto anual de $350 mil millones hacia medicina preventiva para casi un billón de personas que viven en la pobreza[6].

- En el caso de América Latina se prevé una disminución en los próximos años de la cooperación europea que se venía recibiendo, debido a los cambios políticos, económicos y sociales en los países de Europa del Este y Central, así como del Africa. Por otra parte, algunos donantes están impulsando esquemas de cooperación un poco diferentes, y preferiblemente en menos áreas que antes.

El informe de evaluación de la implementación de la estrategia global de SPT[7] es claro en cuanto al señalamiento de los desafíos de la estrategia, que en la actualidad se resumen en: responsabilidad de los gobiernos frente a las poblaciones menos favorecidas; definición del papel de los gobiernos en la atención de salud; recursos para la atención de salud, inequidades en salud y problemas de derechos humanos; implementación de medidas de salud, y cooperación internacional en salud. Sin embargo, son pocas aquellas recomendaciones en el documento preparado por el Grupo de Trabajo que apuntan a dar respuesta a esos grandes desafíos por la Organización.

El documento se estructura en dos páginas introductorias y dos anexos en forma tabular que examinan las recomendaciones del Grupo de Trabajo en términos de los procesos de reforma (aspectos legales, de procedimiento y costo) y el impacto de la reforma (operación de los programas, estructura y funciones, presupuesto y financiamiento), e indica en algunos casos comentarios al respecto.

---

[6]Greene, S. World Bank espouses public health for those in poverty. *Nature*, Vol. 364, 22 julio, 1993.

[7]OMS. *Implementation of the Global Strategy for Health for All by the Year 2000: Second Evaluation.* Ginebra, 1993.

El anexo 1 está estructurado tabularmente y presenta un análisis de las recomendaciones según la propuesta del EB. El anexo 2 se concentra en presentar en la misma forma aquellas resoluciones pertinentes a los Cuerpos Directivos, asignando tres niveles de prioridad a las recomendaciones, así como una fecha límite para completar el proceso de implementación.

Las recomendaciones se estructuran en cuatro áreas referentes a los órganos directivos; desarrollo y análisis de política; problemas de gerencia; representantes de la OMS y oficinas de país de la OMS; reforma del sistema de las Naciones Unidas; desarrollo de programas y presupuesto; e investigación y centros colaboradores.

La estructura del anexo 1 no permite dilucidar claramente entre una orientación global y estratégica de la OMS, ya que cada una apunta a la necesidad de responder a cada una de las recomendaciones del Grupo de Trabajo. Por otra parte, los números para los costos indicados en el documento no están en general suficientemente fundamentados como para considerarlos como indicativos manejables por los Cuerpos Directivos.

En términos de aspectos relacionados con la dirección de la OMS, es necesario distinguir entre los objetivos de la OMS según se indican en su Constitución, la misión tal como se articula por el Director General y el estado de salud de la población. Las recomendaciones deben en consecuencia relacionarse básicamente con las funciones de la Asamblea Mundial de la Salud y el EB.

Con respecto a la primera instancia, la respuesta a las recomendaciones incluiría:

- Estudiar el trabajo de la Asamblea (participación de los ministros de salud, utilidad de las discusiones técnicas, naturaleza y número de resoluciones y grado de seguimiento de las mismas);

- Presentación del estudio al EB y a la Asamblea Mundial de la Salud.

En cuanto a la segunda instancia, el EB, se instaría a que las recomendaciones permitieran que este órgano directivo asumiera sus funciones constitucionales originales, y llama a una decisión por el EB para:

- Procesar documentos y resoluciones antes de pasar a la Asamblea Mundial de la Salud;

- Decidir sobre los subcomités que fueran necesarios y ofrecerles términos de referencia (incluyendo al Comité de Programa);

- Ser realmente ejecutivo en sus funciones.

Con respecto a las recomendaciones referidas a la evaluación de programas por el EB o para que sus miembros se involucren más en el trabajo de la OMS, esto no aparece como un problema demasiado urgente, en comparación con otros, ya que la responsabilidad sobre la evaluación de programas se comparte con los comités regionales.

Quizás la recomendación más fundamental tiene que ver con asuntos gerenciales. De la lectura de los documentos presentados, no queda claro, sin embargo, qué se quiere significar con la determinación de políticas. La política de la Organización debe discutirse y acordarse por los órganos directivos, y sólo en el caso de políticas de corte gerencial éstas son acordadas por el Director General, los subdirectores y los directores regionales. Este tema es separado y diferente de la cooperación técnica en el área de planificación y análisis de políticas. En cuanto a las prioridades de la OMS, éstas se describen claramente en el Noveno Programa General de Trabajo, y por lo tanto, la recomendación referida a la determinación de políticas[8] debe ser revisada y el Director General deberá proponer al EB la regulación del comité gerencial comprendido más arriba.

Muchas de las recomendaciones[9] indicadas por el Grupo de Trabajo podrían ser atendidas si la OMS desarrollara un sistema de planificación, programación, presupuestación y evaluación, similar al AMPES que utiliza la OPS, el cual es considerado como uno de los más efectivos[10], especialmente cuando se aplica el método del enfoque lógico para la gestión de proyectos en su programación. La respuesta de la Organización a ellas debe indicar la inmediata acción para estudiar el diseño y la aplicación de tal sistema globalmente.

La respuesta de la OMS a las recomendaciones 21, 22, 25 y 26[11] debería representar una acción conjunta entre la Sede y las oficinas regionales. Estas se refieren respectivamente a necesidades de personal y patrones, consultores técnicos, y responsabilidades de los representantes de la OMS. Estas son áreas cruciales que involucran a toda la Organización y a la implementación de sus políticas de recursos humanos de más largo plazo.

---

[8]Recomendación 4.3.1. EBPC18/WP/3, página 8.

[9]Recomendaciones 19 y 20 (determinación de política y sistemas de información gerencial), páginas 9 y 10 (EBPC18/WP/3).

[10]Rundin, U. y cols. *The Cooperation between the Pan American Health Organization and the Nordic Countries.* A study of project preparation, reporting, and financial arrangments, commissioned by DANIDA, FINNIDA, NORAD and SIDA.

[11]La recomendación 21 se refiere a las necesidades de personal y los patrones, la recomendación 22 tiene que ver con la contratación de consultores técnicos, la 25 y la 26 se refieren a las responsabilidades de los representantes de la OMS (EBPC18/WP/3, páginas 11 y 12).

Es necesario además diferenciar entre el desarrollo de los representantes de la OMS y las representaciones. En este sentido, llama la atención el hecho de que solamente una recomendación (25) trata este tema vital para la gerencia, evaluación, y sostenibilidad de los programas de cooperación. La OMS debería formular lineamientos para el desarrollo de los representantes a fin de optimizar el cumplimiento de su triple función, es decir, aquellas que tienen que ver con lo político, lo técnico y lo administrativo.

Las recomendaciones con respecto a los enlaces con otras agencias de las Naciones Unidas no están claramente atendidas en el documento.

El anexo 2 lista 25 prioridades. En este sentido, se podrían proponer no más de cinco que pudieran ser atendidas a la brevedad y con algún grado de efectividad y establecer un plazo razonable mayor para las 21 restantes. Estas son:

- Priorizar el trabajo de la Asamblea Mundial de la Salud;
- Asegurar que el EB juega su papel constitucional;
- Definir el papel de los subcomités para el EB;
- Constituir un grupo de alto nivel gerencial para OMS, que comprenda el Director General, los Directores Adjuntos y los Directores Regionales;
- Establecer un sistema de planificación, programación, presupuestación y evaluación.

Cada uno de ellos debe tener objetivos claros, un plan con una agenda definida de tiempos, una definición de las responsabilidades y un presupuesto.

Otro comentario con referencia al Informe del Grupo de Trabajo señala que es justamente sobre el documento de presupuesto[12] que el poder de decisión con respecto a la reforma debe aplicarse en teoría. En relación con este comentario se mencionó que será necesaria la utilización de tablas con indicadores cuantificados sobre los resultados de los programas sobre el estado de salud, a fin de efectivamente utilizar un presupuesto por programa regido por el PBS. Esta información facilitaría hacer saber a los delegados el grado de cumplimiento de cada programa, y aquellas áreas que es necesario fortalecer.

Tanto el documento que incluye las recomendaciones del Grupo (EB92/4) así como el que incluye la respuesta de la OMS a los cambios (EBPC18/WP/3) excluyen varios temas que son de importancia crucial para el liderazgo de la OMS en salud y para la oportunidad de la cooperación. Por un lado, el tema del impacto del incremento de los fondos extrarregulares, que han hecho posible una gama importante de programas y

[12]En el presupuesto programado para el período 1996-1997 se indican 61 programas en la lista clasificada respecto de los 62 de la 8a y 9a listas clasificadas.

proyectos que dan viabilidad a las metas de la OMS, así como a las de la OPS, se trata tangencialmente. El financiamiento, caracterizado hasta hace unos años como mayormente proveniente del presupuesto regular (cuotas de los Estados Miembros) ha pasado a un presupuesto mayor extrarregular[13]. En 1990, 54% del presupuesto se caracterizaba como extrarregular, en oposición a 25% en 1971. En el caso de la OPS, la tendencia ha sido la siguiente: 38% en el período 1980-1981, 50% en 1990-1991, y una cifra aproximada ligeramente menor para el bienio 1992-1993.

En referencia a este punto es crucial, entonces, la participación de los órganos directivos, mediante comités especiales que aseguren la coherencia de las políticas, estrategias y resoluciones de la OMS con aquellas de los donantes. La movilización de recursos debe estar acompañada no solamente de destrezas de negociación de proyectos, pero también de destrezas que lleven a buscar que estos recursos realmente sean dirigidos a satisfacer las necesidades planteadas por los países.

Los temas mencionados no se abordan en detalle en las recomendaciones que presenta el Grupo de Trabajo; quizás solamente el que tiene que ver con la plantilla de personal se acerca a un tratamiento muy general. Estos temas son cruciales por cuanto tienen que ver directamente con la adaptación a los cambios mundiales y al manejo de la conceptualización de los problemas de salud pública en un paradigma socioeconómico.

4. Consideración del impacto de los cambios propuestos sobre la OPS

Un primer elemento a considerar, al analizar el impacto que pudieran tener los cambios propuestos para la OPS, es su condición de agencia especializada en salud para las Américas, como organismo del Sistema Interamericano, la cual actúa como Oficina Regional de la OMS en las Américas. Este hecho la diferencia con respecto a las demás oficinas regionales de la OMS, ya que la OPS debe acomodarse a las exigencias propias del Sistema Interamericano y, a la vez, tratar de responder apropiadamente a las características que se le imponen por ser la Oficina Regional de la OMS y, en este sentido, estar dentro de la órbita del Sistema de las Naciones Unidas. Las consideraciones que se plantean como de inmediata urgencia, por lo tanto se relacionan con su pertenencia a la OMS y, a través de ella, al Sistema de las Naciones Unidas.

---

[13]Se indica que el porcentaje de fondos extrapresupuestarios para el período 1990-1991 para las siguientes organizaciones fue: FAO (58%), UNESCO (32%), OIT (26%) y OMS (54%). *Fuente:* Walt, G. op. cit. p. 129.

Es necesario precisar, en primer lugar, que la reforma de la OMS no debe entenderse como la reforma del aparato burocrático institucional de la Secretaría únicamente, sino que la misma implica cambios más profundos y más amplios, incluyendo una revisión de las estrategias para alcanzar las metas nacionales de SPT/2000, y la OPS debe servir como marco de referencia en la orientación de las estrategias de los programas nacionales. En este sentido, la meta de SPT/2000 podrá cumplirse o no, y la última decisión la tienen los Gobiernos Miembros[14].

La Secretaría debe ser ágil, dinámica y sensible, a fin de poder adaptarse a los cambios acelerados, apoyando esfuerzos nacionales con escasos recursos y coordinando la acción internacional en salud. Con referencia a esto, la OPS ha venido tomando acciones dirigidas a redefinir sus propias estrategias mediante el trabajo interprogramático en la misma organización y con otras agencias e instituciones idóneas. Al respecto, se puede mencionar el proyecto con CEPALC llamado "Salud en la transformación productiva con equidad", destinado a definir en conjunto el papel de la salud en el desarrollo y la orientación de cambio del propio sector. Por otra parte, se preparan conjuntamente con el Banco Mundial un informe sobre salud y una reunión de alto nivel sobre reforma del sector para 1994, tema de actualidad y urgencia en la Región.

La OPS también ha tomado la iniciativa de buscar coherencia con la OMS en cuanto a lograr los paralelos posibles, respetando las características propias de la Organización. Se ha llevado a cabo una reciente reestructuración técnica y administrativa, la que constituye una respuesta a y refleja de cerca el Noveno Programa General de la OMS.

En términos del proceso de planificación, programación y evaluación, la OPS ha desarrollado el sistema AMPES[15], que está directamente relacionado con el sistema de presupuestación. Este sistema ha incorporado recientemente el método de enfoque lógico, el que permite determinar claramente los objetivos del programa de cooperación técnica en términos del impacto y los resultados esperados de los proyectos anuales del APB, así como la identificación de las actividades que deben realizarse para lograrlos. Este sistema, que se continúa perfeccionando en la Sede y las oficinas de país, ha sido

---

[14]Dr. Carlyle Guerra de Macedo, documento CD37/SR/4, p. 19.

[15]AMPES: AMRO Planning, Programming, Monitoring and Evaluation System. Este sistema funciona con tres niveles, el primero, relacionado con los instrumentos de planificación a largo plazo que orienta todo el sistema con la meta de salud para todos (20 años) y el Programa General de Trabajo de la OMS (seis años). El segundo nivel está constituido por las orientaciones estratégicas y prioridades programáticas (OEPP) elaboradas cada cuatro años y por último el nivel de corto plazo que relaciona el programa y presupuesto bienal (BPB); su ajuste en el programa y presupuesto anual (APB) y su detalle en una programación cuatrimestral, el programa de trabajo cuatrimestral, (PTC). Este sistema incorpora asimismo los informes de progreso cuatrimestrales (IPC) que facilitan la evaluación continua de la marcha de los proyectos de cooperación técnica.

evaluado por un grupo comisionado por Dinamarca, Finlandia, NORAD y SIDA, en términos de su adecuación como sistema de información para los proyectos financiados por estas agencias. El resultado se concretó recomendando que se utilice el AMPES para la propuesta inicial anual de los proyectos financiados por las agencias nórdicas.

El Director de la OPS estableció en 1992 un Comité General de Comunicaciones para mejorar la eficiencia operativa del trabajo conducente a la creación del sistema de comunicaciones de la OPS, utilizando los avances de la tecnología moderna. Por otra parte, gran porcentaje de las comunicaciones se hacen por correo electrónico entre los programas y con los países, lo que ha reducido costos e introducido agilidad en las relaciones cotidianas, técnicas y gerenciales.

A continuación se presenta un cuadro en el que se listan en la columna de la izquierda, las áreas en las que se agrupan las recomendaciones[16]. En la columna central se anota la pertinencia o no para la OPS y en la columna de la derecha se intenta determinar el impacto de las mismas para la Organización.

El documento EBPC19/2 se presentará durante la 19a Reunión del Comité de Programa del Comité Ejecutivo a reunirse del 29 de noviembre al 1 de diciembre de 1993. Este constituye un informe de progreso con respecto a la implementación de las recomendaciones del Grupo de Trabajo, a ser presentadas en la 93a Reunión del Consejo Ejecutivo.

Vale la pena anotar que este documento contiene informes anexos[17]. Estos documentos incluyen recomendaciones para la implementación de 21 de las 47 recomendaciones del Grupo de Trabajo. De las 26 restantes, cuatro ya han comenzado a implementarse--las 17, 18, 43 y 45.

---

[16]Se incluyen solamente aquellas mencionadas en el documento EBPC19/2, y no todas las recomendaciones hechas por el Grupo de Trabajo (EB92/4).

[17]Documentos EBPC19/2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.8, 2.9 y 2.10.

Implementación de las recomendaciones

Temas	Recomendación	Pertinencia para la OPS	Repercusiones para la OPS
Salud mundial Prioridades programáticas de la OMS Implementación de los programas de la OMS	1. Evaluar anualmente la situación mundial de salud y necesidades, y recomendar acciones relevantes para la acción internacional de la OMS. 46. Publicar anualmente un informe sobre los esfuerzos de la Organización y sus programas dirigidos a mejorar la situación mundial de salud. EBPC19/2.1	Sí, en términos de la orientación general de política, el Programa General de Trabajo, y la evaluación de la situación sanitaria a nivel regional y por país.	**Impacto limitado a mediano plazo** - Anualmente, en la elaboración del APB, se hace un análisis de la situación de cada país, como punto de partida para definir los objetivos y resultados esperados de la cooperación técnica. - La condiciones de salud de la Región, se evalúan permanentemente. Estos datos se incluyen en el Sistema de Información Técnica (TIS por su sigla en inglés) se publican en forma de libros, volúmenes I y II de *Las condiciones de salud de las Américas*, cada cuatro años, y se incorporan en forma general para cada país en los APBs. Está en estudio la posibilidad de aumentar la periodicidad de la publicación de *Las condiciones de salud de las Américas* a dos años. - La preparación de informes bi-anuales requerirá la selección y asignación de recursos humanos y financieros adecuados para su producción, y la estructuración de una propuesta en este sentido.

Temas	Recomendación	Pertinencia para la OPS	Repercusiones para la OPS
Estrategias mundiales de salud y políticas **Misión de la OMS** **Trabajo de los programas**	2. Analizar y definir para el año 2000 los objetivos específicos y metas operacionales, medidas con indicadores precisos, y movilizar recursos apropiados para garantizar su logro. 3. En la medida que no se logren las metas en el 2000, proponer estrategias y planes alternativos para programas intensificados de salud, con recursos presupuestarios requeridos para lograr las metas y objetivos para el 2005, 2010, o como se defina. 4. Estudiar la factibilidad de organizar talleres internacionales u otros foros para desarrollar consenso para cualquier ajuste, o nuevas direcciones en las estrategias de salud para todos; enfatizar la promoción de salud y la prevención de enfermedades y sus implicaciones para extender la esperanza de vida o los años de vida sin discapacitación (e.g. a través de la responsabilidad individual o comunitaria). EBPC19/2.2	Su pertinencia se centra en el fortalecimiento de la capacidad estratégica de formulación de políticas y gerencial de la OPS.	**Impacto limitado a corto plazo** - OPS se ha reestructurado reflejando en sus programas de cooperación técnica el 9° PGT. Se han iniciado tareas para reorientar las políticas de la OPS interinstitucionalmente a fin de dar respuesta a las exigencias del momento y del futuro. - Se prevé que las Orientaciones estratégicas y prioridades programáticas para el próximo cuadrienio mejorarán la definición de objetivos específicos y metas operacionales. - El Director Regional participa en el Consejo de Política Global. - Se desarrollan ya en la Región de las Américas reuniones y talleres dirigidos a fortalecer la aplicación de las orientaciones estratégicas aprobadas por los órganos directivos. - Se requerirá consultar con los órganos directivos sobre el establecimiento de un mecanismo parecido al RHDAC de la Región de Europa (Consejo Asesor Regional de Desarrollo en Salud). Este enfoque requerirá formular una propuesta específica que incluya alternativas, mandatos, costos y periodicidad. - Se requerirá fortalecer el papel de los paneles de expertos, grupos científicos, grupos de asesoría técnica gerencial, y otros mecanismos que contribuyan a vigilar y re-elaborar las políticas y programas de la Organización. - La reestructuración de la OPS resalta el papel de la promoción de salud y la prevención de enfermedades.

S.P.P.
C.E.
C.D.

Temas	Recomendación	Pertinencia para la OPS	Repercusiones para la OPS
Asamblea Mundial de la Salud (AMS)	5. Someter a la AMS en 1994 una propuesta de resolución autorizando al EB, en coordinación con el DG, para establecer un procedimiento a fin de revisar previamente todas las resoluciones propuestas a la AMS, que tengan impacto potencial sobre los objetivos, política y orientaciones de la OMS, o que tengan implicaciones en términos de personal, costos, presupuesto o apoyo administrativos. El EB y el DG asegurarán que las resoluciones propuestas a la AMS se acompañen de la información necesaria y que el texto de las resoluciones aprobadas incluye una provisión de límite de tiempo, evaluación e informe. EBPC19/2.3	Sí, en términos de la revisión del método de trabajo de la Asamblea Mundial de la Salud y el Comité Regional.	**Impacto limitado** comité - El Consejo Regional coincide con el Consejo Directivo de la OPS y su funcionamiento debe ser coherente entre lo esperado de la OMS y lo concerniente al sistema interamericano. - La OPS, mediante la cooperación entre los órganos directivos y la Secretaría, deberá preparar un aporte en este sentido, a fin de que las modificaciones a incorporar consideren la posición de la Región. - Se deberá hacer esfuerzos especiales para estimular la participación de los delegados en las sesiones de deliberación, a fin de que las recomendaciones estén fundamentadas en un análisis de su relevancia para la misión actual o prevista, la política y orientación de la OPS.
Método de trabajo de la Asamblea Mundial de la Salud	6. Considerar y someter al EB en enero 1994, propuestas para mejorar el método de trabajo de la AMS, a fin de centrar las discusiones sobre temas de política, estrategia y programas, haciendo un mejor uso de los métodos audiovisuales, y economizando en la duración y costo de la AMS. EBPC19/2.4	Sí.	**Impacto a corto plazo** - La OPS, mediante la cooperación entre los órganos directivos y la Secretaría, deberá preparar un aporte en este sentido, a fin de que las modificaciones a incorporar consideren la posición de la Región.

Temas	Recomendación	Pertinencia para la OPS	Repercusiones para la OPS
Consejo Ejecutivo, modo de trabajo	7. Identificar claramente en los documentos del EB, los temas que requieren asesoría, guía o decisión del EB, confirmado con votación cuando sea necesario. 8. Asegurar que las discusiones del EB se centren genuinamente, y alcancen conclusiones y decisiones claras sobre temas que tienen que ver con la política de salud, aspectos técnicos, presupuestarios o financieros u otras funciones de supervisión general. 9. Preparar resúmenes más suscintos, con menos información sobre las varias afirmaciones hechas durante las discusiones y más centrados en las conclusiones y decisiones a las que se llegan, además de las resoluciones y decisiones formalmente adoptadas por el EB. EBPC19/2.5[18]	Sí, en cuanto a la revisión del método de trabajo de la AMS y el Comité Regional.	**Impacto a mediano plazo** - Requerirá la identificación por parte de los órganos directivos de la OPS, en sus diferentes instancias, de aquellos temas que requieren asesoría, guía o decisión del EB. - Asegurar que las discusiones durante las diferentes instancias de toma de decisión de la OPS alcancen conclusiones y decisiones claras sobre temas que tienen que ver con la política de salud, aspectos técnicos, presupuestarios o financieros y otras funciones generales, a fin de informar adecuadamente a OMS cuando sea necesario.

[18]No se incluye este documento en EBPC19/2.

Temas	Recomendación	Pertinencia para la OPS	Repercusiones para la OPS
Políticas de la OMS, modo de trabajo del Consejo Ejecutivo y el Comité de Programa	10. Establecer subgrupos o comités a reunirse durante y como parte de las sesiones del EB cada año para revisar y evaluar un número específico de programas, atendiendo a los elementos interrelacionados de las políticas programáticas, prioridades, metas, planes, presupuestos y otros recursos disponibles incluyendo tecnología. Estos grupos deberán recomendar acciones a tomar, incluyendo modificaciones, considerando los recursos disponibles, e informar a la plenaria del EB, que tomará la decisión final. 11. Utilizar los subgrupos mencionados, o establecer subgrupos dedicados, si fuese apropiado, para asesorar al EB en asuntos interprogramáticos, tales como administración y finanzas. 12. Reconsiderar la necesidad de, y los términos de referencia, para el Comité de Programa del EB; considerar una modificación en las sesiones a continuación de la Asamblea, y el plan de trabajo del Comité de Programa para combinar mejor el trabajo del Consejo y sus subgrupos. 24. Incluir, regularmente, como parte de la agenda de trabajo del EB, reuniones con los Directores Regionales para revisar estrategias y progreso sobre temas operacionales y gerenciales. EBPC19/2.6	Sí. En cuanto a la construcción de la visión de largo plazo, la dirección de las políticas y las prioridades programáticas del sector y la OMS. Por otra parte, es pertinente en cuanto a la representatividad geográfica en los subgrupos y la presentación de evaluaciones de programas.	**Impacto mediano a corto plazo** - Según los programas a presentar y la composición geográfica de los subgrupos, se requerirá la preparación de evaluaciones de programas para revisión en el EB, además de apoyar a la OMS durante estas evaluaciones. - El Comité Regional coincide con el Consejo Directivo de la OPS y debe buscarse la armonía, entre lo esperado de la OMS y lo concerniente al Sistema Interamericano. - Se requerirá un nuevo formato de presentar información al EB por parte del Director Regional, sobre la situación general regional de salud, implementación de programas y otros, en las reuniones especiales y regulares programadas con el EB, y personal seleccionado. - El impacto de las recomendaciones en cuanto a políticas de la Organización se reflejará en la construcción de las orientaciones estratégicas y prioridades programáticas de la OPS para el cuadrienio. - Requerirá optimizar los mecanismos ya existentes con respecto a instrumentos de análisis de programas, evaluación y orientación con respecto a problemas de tipo operacional, gerencial, administrativo y financiero.

Temas	Recomendación	Pertinencia para la OPS	Repercusiones para la OPS
Elección de los Directores Regionales	13. Formar un subcomité adhoc especial del EB para considerar opciones para la nominación y términos del DG y los Directores Regionales, incluyendo la utilización de comités de búsqueda. EBPC19/2.7	Sí.	**Impacto mediano** - En cuanto a la nominación de los Directores Regionales, la OPS tiene definido, constitucionalmente, un proceso para la elección del Director Regional, que coincide con el período del Director de la Oficina Sanitaria Panamericana, el cual es ineludible.
Designación de los miembros del Consejo Ejecutivo	14. Establecer un grupo de trabajo para recomendar maneras en que los miembros del EB son designados; mejorar los procedimientos de selección para los miembros del EB, y lograr más participación de los mismos durante el año en el trabajo de la OMS. El grupo de trabajo debe considerar la posibilidad de designar un presidente-electo entre los miembros del EB un año antes de la elección formal bajo la regla 12, y la continua participación del presidente saliente el año siguiente, a fin de permitir un enfoque de equipo en cada sesión. El grupo de trabajo debe considerar maneras y medios de mejorar la comunicación y participación entre los presidentes del EB y el DG todo el año, y mantener informados a los miembros sobre la participación de los miembros individuales en el trabajo de la OMS.	Sí, en caso que el presidente del Consejo Ejecutivo fuera de la Región de las Américas.	**Impacto limitado** - La OPS apoyaría el papel del Presidente del EB en su capacidad de miembro del equipo de trabajo y en la preparación del informe, si fuera necesario, cuando éste provenga de la Región.

Temas	Recomendación	Pertinencia para la OPS	Repercusiones para la OPS
Sistemas de información gerencial	19. Proponer e implementar sistemas de gerencia y comunicación apropiados, particularmente con los directores regionales, a fin de lograr los objetivos designados y las metas de acuerdo a las prioridades identificadas. Tales sistemas de comunicación y gerencia deben ser atendidos por los sistemas de información gerenciales para la *implementación* eficiente y efectiva de políticas. 20. Elaborar un análisis detallado del estado actual, capacidad, compatibilidad, planes y programas del sistema de información gerencial actual a través de la Organización (sede, niveles regionales y de país). El Director Regional debe desarrollar planes alternativos a nivel *mundial, factibles de ser implementados en un* tiempo límite de 3, 5 y/o 10 años. EBPC19/2.8	Sí, en lo que respecta a la información gerencial intercambiada y compartida entre OMS y OPS.	**Impacto limitado** - El sistema AMPES, que ha incorporado el método del enfoque lógico para la gestión de proyectos de la OPS, es un sistema de programación, presupuestación y evaluación que puede servir de modelo a OMS y otras regiones, pues incorpora resultados esperados medibles. Esta modalidad se combina con los informes financieros del nuevo sistema FAMIS, a fin de hacer posible la recolección de información de acuerdo con los requisitos del documento de proyecto. Esto facilita la vigilancia y evaluación permanentes de la entrega de la cooperación técnica. **Impacto limitado** - El Director de la OPS estableció en 1992 un Comité General de Comunicaciones para mejorar la eficiencia operativa del trabajo conducente al desarrollo y coordinación del sistema de comunicaciones de la OPS.
Delegación de autoridad	23. Revisar la delegación de autoridad actual entre la Sede y las oficinas regionales e introducir los cambios apropiados según la experiencia y las necesidades actuales. 28. Revisar, actualizar y estandarizar las delegaciones de autoridad, los procedimientos operativos, administrativos y gerenciales de las oficinas de país y los recursos básicos operacionales de las oficinas de los representantes de la OMS en toda la Organización. EBPC19/2.9	Sí, en términos de cómo afectarían cambios en la delegación de autoridad actual entre la Sede y las oficinas regionales.	**Impacto mediano** - Modificaciones en la delegación de autoridad se deberán consultar y acordar entre el DG, los directores regionales y los ADGs. - Se prevé la actualización de los perfiles profesionales de los representantes y los consultores, de acuerdo con las circunstancias cambiantes en la Región. - Se prevé la expansión y perfeccionamiento del Programa de Desarrollo de Personal, ya establecido, con modalidades de educación continua para el personal vinculado a la OPS.

Temas	Recomendación	Pertinencia para la OPS	Repercusiones para la OPS
Coordinación intersectorial	27. Dirigir a los directores regionales y los representantes de la OMS a fin de que ofrezcan liderazgo en la coordinación intersectorial entre las agencias de las Naciones Unidas y entre los donantes más importantes. EBPC19/2.10	Sí, y éstas se discuten en las recomendaciones 10, 11, 12 y 24.	

5. Conclusiones

Una organización, para mantener su vigencia, debe hacerse periódicamente algunas preguntas en cuyas respuestas deberá encontrar aquellos factores que fortalecen su liderazgo y que la distingue de las otras organizaciones. Algunas se refieren a aquellas líneas de cooperación más necesarias y demandadas, actuales y futuras; otras tienen que ver con la redefinición del propósito básico de la cooperación en términos de metas a largo plazo, y otras aún deben formularse en términos de la determinación de aquellos rasgos que la separan de las otras organizaciones, aquellos que la hacen única. Esta última es quizás una de las más importantes, pues nutre el liderazgo y tiene que ver con los mandatos de los Gobiernos Miembros y su eficiente implementación con los recursos disponibles o movilizables, los servicios que se prestan o deberían prestarse, su diversidad, las características especiales de cooperación, la concentración en programas, proyectos o áreas geográficas especiales.

Por otra parte, existen temas estratégicos relacionados con la necesidad de concentrar recursos en aquellos países y problemas de salud que más lo requieren; examinar las nuevas formas de organización del sector (pensar más en regulación y/o asociación entre sectores públicos y privados); desarrollar los recursos humanos; examinar cuestiones relacionadas con el compromiso de asegurar la salud como un derecho de aplicación efectiva en los Estados Miembros, a través de la promoción de acciones tendientes a reducir las inequidades; desarrollar la capacidad de estructurar y articular argumentos de política que ofrezcan alternativas viables a los países; estructurar mecanismos de abogacía concretos en favor de aquellos grupos menos favorecidos; y eliminar algunas áreas de cooperación que hoy en día son más eficientemente conducidas por otras agencias u organismos. Existe, por otra parte, la necesidad de ampliar la competencia técnica de la Organización para establecer, regular, vigilar y evaluar las políticas de salud como políticas saludables intersectoriales, utilizando enfoques y métodos de diversas disciplinas[19] equilibradamente.

La agenda de salud ha cambiado con las transformaciones en la economía, áreas sociales, cultura, valores y política de las sociedades modernas, puesto que el funcionamiento de las sociedades tiende a ser más integral y complejo. No es posible resolver los problemas actuales con el mismo tipo de pensamiento que se utilizó cuando estos problemas se generaron. Esto indica la necesidad de desarrollar el papel de árbitro o referente internacional definido, en salud, para la Región, en cuanto la resolución de los conflictos de intereses de los países y los sectores involucrados en el proceso de

[19] Se sugiere no solamente la conformación de grupos inter- o multidisciplinarios para el trabajo, sino grupos transdisciplinarios que lograrán construir supuestos teóricos y metodologías de trabajo comunes.

desarrollo. Estos factores, reconocidos por la OMS y la OPS, son cruciales en un momento en el que la competitividad internacional es la regla y cuando la apertura de las fronteras es una de las condiciones para alcanzar esta competitividad.

Las recomendaciones elaboradas por el Grupo de Trabajo, así como los documentos preparados por la OMS dirigidos a su implementación, contribuyen a buscar la manera más adecuada de adaptar la Organización a los cambios mundiales.

En este sentido, tanto la eficiencia institucional, como la excelencia técnica se convierten en las características necesarias para ser asumido como referente y como mediador. Los esfuerzos incesantes que se están desarrollando para conseguir que la salud tenga un lugar preferencial en los procesos de desarrollo nacional en la Región implican la incorporación de disciplinas no tradicionales, diferentes de las ciencias de la salud y en conjunción con éstas, así como la actualización de los recursos humanos existentes. Mantener el conocimiento más adecuado sobre los cambios y las características de la situación, en los países en particular y en la Región en general, se constituye en un instrumento estratégico para la definición de aquellas orientaciones referidas a la cooperación técnica y para fines de la planificación de las acciones.

Estos son factores y aspectos reconocidos por los órganos directivos y el Secretariado, quienes darán cumplimiento a los mandatos que se dirijan a resolver o aliviar los problemas mencionados.

6. Documentos consultados

OPS. *Acta Resumida Provisional de la Cuarta Sesión Plenaria.* Martes 28 de septiembre de 1993, a las 2:30. OPS. XXXVII Reunión del Consejo Directivo. Documento CD37/SR/4.

Editorial. WHO: Power and Inglory. *The Lancet* 341: 277-278, 30 enero 1993.

Greene, S. World Bank espouses public health for those in poverty. *Nature,* Vol. 364, 22 julio, 1993.

Hilton, D. Paradigms old and new. *World Health Forum,* 13:194-195, 1992.

OMS. *Informe del Grupo de Trabajo del Consejo Ejecutivo sobre la respuesta de la OMS a los cambios mundiales.* EB92/4, 16 de abril de 1993.

Rundin, U. y cols. *The Cooperation between the Pan American Health Organization and the Nordic Countries.* A study of project preparation, reporting, and financial arrangments, commissioned by ANIDA, FINNIDA, NORAD and SIDA.

Taylor, A. L. Making WHO Work: A legal framework for universal access to the conditions for health. *American Journal of Law and Medicine,* 18: (4) 1992.

Walt, G. WHO under stress: Implications for health policy. *Health Policy,* 24:125-144, 1993.

OMS. *Implementation of the Global Strategy for Health for All by the Year 2000: Second Evaluation.* Ginebra, 1993.

OMS. *Procedural Guidance for the Preparation of the Proposed Programme Budget for the Financial Period 1996-1997.* CDG/93.1, 6 octubre 1993.

OMS. *WHO response to global change.* Eighteenth Session of the Programme Committee of the Executive Board, 5-9 julio, 1993. EBPC18/WP/3, 18 julio 1993.

OMS. *WHO response to global change. Implementation of recommendations to be reported to the ninety-third session of the Executive Board. Progress report by the Director General.* EBPC19/2, 8 octubre 1993.

Anexos

ANEXO 1

consejo directivo

ORGANIZACION PANAMERICANA DE LA SALUD

XXXVII Reunión

comité regional

ORGANIZACION MUNDIAL DE LA SALUD

XLV Reunión

Washington, D.C.
Septiembre-Octubre 1993

Tema 5.13 del programa provisional

CD37/21 (Esp.)
8 julio 1993
ORIGINAL: INGLES

INFORME DEL GRUPO DE TRABAJO DEL CONSEJO EJECUTIVO SOBRE LA RESPUESTA DE LA OMS A LOS CAMBIOS MUNDIALES

En su 92a sesión, celebrada en Ginebra en mayo de 1993, el Consejo Ejecutivo de la OMS consideró el Informe de su Grupo de Trabajo sobre la Respuesta de la OMS a los Cambios Mundiales. En su resolución de respaldo a los conceptos y los principios del Informe, el Consejo solicitó a los Comités Regionales que estudien las implicaciones que tiene la aplicación de las recomendaciones del Grupo de Trabajo para las actividades regionales y de país y que comuniquen sus resultados a la reunión del Consejo Ejecutivo en enero de 1994. El texto completo del Informe se incluye en el Anexo I y la resolución del Consejo en el Anexo II. Se pide al Comité Regional que analice el informe y que formule comentarios en especial sobre las recomendaciones.

Anexo I - Informe del Grupo de Trabajo del Consejo Ejecutivo sobre la Respuesta de la OMS a los Cambios Mundiales
Anexo II - Resolución del Consejo Ejecutivo EB92.R2

RESPUESTA DE LA OMS A LOS CAMBIOS MUNDIALES (EB92/4)

EB92/4
16 de abril de 1993

World Health Organization
Organización Mundial de la Salud

Consejo Ejecutivo
92ª reunión

Punto 7 del orden del día provisional

Informe del Grupo de Trabajo del Consejo Ejecutivo sobre la Respuesta de la OMS a los Cambios Mundiales

El mundo está experimentando cambios profundos –políticos, económicos y sociales – y la Organización Mundial de la Salud debe darles respuesta adecuada para mantener la eficacia de su labor sanitaria internacional. En enero de 1992, el Consejo Ejecutivo decidió[1] examinar la respuesta de la OMS a esos cambios mundiales por medio de un Grupo de Trabajo constituido por miembros del propio Consejo.[2] El Grupo de Trabajo presentó un informe provisional al Consejo Ejecutivo en su 91ª reunión,[3] y las observaciones y sugerencias formuladas por los miembros del Consejo se han tenido en cuenta para preparar este informe final que ahora se somete a la consideración del Consejo.

[1] Manual de Resoluciones y Decisiones, *Vol. III, tercera edición, páginas 160 y 161, Decisiones EB89(19) y EB90(3)*
[2] Manual de Resoluciones y Decisiones, *Vol. III, tercera edición, página 161, Decisión EB90(10)*
[3] *Documento EB91/19*

INDICE

INFORME DEL GRUPO DE TRABAJO DEL CONSEJO EJECUTIVO SOBRE LA RESPUESTA DE LA OMS A LOS CAMBIOS MUNDIALES

1. GRUPO DE TRABAJO – JUSTIFICACION Y METODOS DE TRABAJO

1.1 La Organización Mundial de la Salud (OMS) se ve confrontada a graves problemas a consecuencia de los recientes cambios sobrevenidos en los ámbitos político, económico, social y sanitario. Consciente de la necesidad de responder a estos cambios profundos, el Consejo Ejecutivo decidió examinar en qué medida la OMS podía aportar una contribución más eficaz a la acción sanitaria en el mundo y en los Estados Miembros. El Consejo constituyó un Grupo de Trabajo sobre la «Respuesta de la OMS a los Cambios Mundiales». [El mandato y la composición del Grupo figuran en las decisiones EB89(19) y EB90(10).]

1.2 En enero de 1992, el Consejo Ejecutivo creó un grupo preparatorio para que ultimara el mandato y el plan de trabajo del Grupo. Una de las tareas del grupo preparatorio durante la 45 Asamblea Mundial de la Salud consistió en recoger mediante un cuestionario las opiniones personales de los delegados (Estados Miembros) acerca de los resultados obtenidos por la OMS.

1.3 El Grupo de Trabajo, constituido en mayo en 1992 durante la 90a reunión del Consejo Ejecutivo, se reunió tres veces durante el resto de 1992 y dos en 1993. Durante estas reuniones, examinó diversos documentos importantes e intercambió opiniones con el Director General, con los seis Directores Regionales y con el personal de la Secretaría. Este diálogo contribuyó en gran medida a aclarar los factores esenciales que contribuyen a las deficiencias de la OMS, y permitió al Grupo identificar posibles medios de mejorar la eficacia de la Organización.

2. ANTECEDENTES – CAMBIOS MUNDIALES

2.1 El final de la «guerra fría» ha dado lugar a una gran reestructuración de las relaciones mundiales, políticas y económicas que aún prosigue. A raíz de estos cambios mundiales, muchos países empezaron a favorecer las economías de mercado y a efectuar reformas democráticas que ponen de relieve los derechos y responsabilidades individuales en materia de salud, alimentación, vivienda, educación y representación política. Al mismo tiempo, la disminución del ritmo de crecimiento económico y el peso creciente de la deuda han limitado en muchos países los recursos disponibles para actividades de desarrollo internacional y para la financiación nacional de los programas en los sectores sanitario y social. Ante estas graves limitaciones, las autoridades nacionales de todo el mundo se sienten cada vez más preocupadas por la financiación del sector sanitario, y en particular por el alza vertiginosa del costo de la asistencia médica que podría hacer insostenible cualquier intervención rentable de atención primaria de salud.

2.2 Estos drásticos cambios mundiales se han acompañado también de otras transiciones que perturban considerablemente la situación sanitaria y la morbilidad. Entre ellas cabe destacar las siguientes: el mayor número de problemas de higiene del medio consecutivos al deterioro de los recursos naturales y a la contaminación, así como al uso y a la eliminación incorrecta de materiales peligrosos; los importantes cambios demográficos ocasionados por el rápido crecimiento de la población en algunos países, la urbanización incontrolada y las migraciones masivas de refugiados a consecuencia de catástrofes naturales o de origen humano; y las mayores expectativas de asistencia sanitaria de alto nivel y calidad engendradas por los avances de la tecnología médica y la mayor sensibilización del público respecto a la salud. La propagación de la pandemia del SIDA y la reaparición de ciertas enfermedades, como la tuberculosis y el paludismo, amenazan con poner en peligro los progresos realizados en el ámbito sanitario, en particular con respecto a la esperanza de vida y a la mortalidad infantil.

3. OMS – ESTRUCTURA ACTUAL Y FUNCIONAMIENTO

3.1 La OMS ha hecho progresos importantes en los dos últimos decenios. El informe sobre «Aplicación de la estrategia mundial de salud para todos:

segunda evaluación» da cuenta de las mejoras obtenidas en la situación sanitaria, destacando la importante contribución de la labor normativa o mundial de la OMS y de las actividades de cooperación técnica en los países. Aunque es indudable que la OMS ha contribuido a mejorar el estado de salud de la población mundial, otros factores tales como las crecientes expectativas individuales de salud, el ritmo de los cambios mundiales y la ampliación de las funciones programáticas de la OMS están rebasando su actual capacidad institucional y de movilización de recursos.

3.2 Desde su creación en 1947, la OMS ejerce un liderazgo indiscutido en los programas e iniciativas de salud mundiales. Sin embargo, no han tenido pleno éxito sus recientes tentativas de atraer hacia la salud recursos de otros sectores ni otras de sus actividades más amplias en el campo general del desarrollo. Por otra parte, otros organismos de las Naciones Unidas y órganos internacionales han redoblado sus esfuerzos para asumir la dirección de determinadas iniciativas de salud y medio ambiente. Si bien es importante la participación de otras instituciones, éstas no deben desplazar a la OMS de su papel rector en dichas iniciativas. A fin de seguir estando a la cabeza en el sector de la salud, la OMS debe mejorar su capacidad en materia de análisis epidemiológico, análisis de políticas y determinación de prioridades, planificación y gestión de programas, movilización de recursos, sistemas de información sobre gestión, investigación sanitaria, comunicaciones internacionales y comunicaciones con el público.

3.3 En general, el personal técnico de la OMS es de gran calidad. Nadie discute la excepcional capacidad de la Organización para reunir expertos de todo el mundo para evaluar las necesidades de salud, analizar importantes problemas sanitarios y realizar trabajos en el sector de la salud. Sin embargo, el fortalecimiento futuro de las funciones de la OMS depende de que ésta mejore la competencia, la eficacia y la capacidad de su personal y de sus asesores. A este respecto, el Grupo de Trabajo identificó los siguientes sectores de importancia crítica: la política de contratación del personal; las deficiencias técnicas y administrativas de los representantes de la OMS en sus respectivos países; la fragmentación y compartimentación de la gestión de los programas mundiales, regionales y nacionales; las dificultades que entraña la rotación eficaz del personal entre la Sede y las regiones, así como en el ámbito interregional; la falta de programas integrados de evaluación, formación y perfeccionamiento del personal; y el mal aprovechamiento del personal y de la capacidad técnica de los centros colaboradores de la OMS.

3.4 Las limitaciones financieras siguen siendo los principales obstáculos que dificultan la prestación y el mantenimiento de los servicios de salud en los planos mundial y nacional. No obstante, la OMS ha hecho gala de ingenio ajustándose a 12 años consecutivos de «crecimiento nulo en términos reales» en su presupuesto ordinario gracias al empleo de recursos extrapresupuestarios que aumentaron de un quinto aproximadamente del presupuesto en 1970 a algo más de la mitad en 1990. Paradójicamente, esos programas extrapresupuestarios han generado un drenaje financiero de otros costeados con cargo al presupuesto ordinario que deben subvencionar las actividades administrativas extrapresupuestarias. Por otra parte, mientras que esos recursos extrapresupuestarios generalmente financian importantes intervenciones sanitarias, las decisiones del Consejo Ejecutivo, de la Asamblea de la Salud y de los comités regionales chocan a menudo en el terreno político y presupuestario con las de las estructuras de gestión de los programas financiados con recursos extrapresupuestarios, dominadas por los donantes.

3.5 La Constitución considera que las regiones geográficas establecidas por la Asamblea Mundial de la Salud y las organizaciones regionales son parte integrante de la OMS. En principio, las organizaciones regionales toman decisiones sobre los asuntos de carácter exclusivamente regional y aplican en la región las decisiones de la Asamblea Mundial de la Salud y del Consejo Ejecutivo. En la práctica se suele hablar de «las siete OMS» para referirse a la Organización: la Sede y las seis oficinas regionales. La Organización debe evitar toda compartimentación y fragmentación entre la Sede, las regiones y los países, especialmente en lo que atañe a utilización de recursos presupuestarios, formación del personal, sistemas de información, métodos de investigación y evaluación y colaboración internacional en materia de salud.

3.6 La Organización retiene desde 1978 la atención mundial por su llamamiento en pro de la «salud para todos en el año 2000» (SPT 2000) a través de la «atención primaria de salud» (APS). Este llamamiento ha sido la base de grandes progresos en

distintos sectores: unificación mundial de los conceptos de APS y desarrollo de los servicios correspondientes; afirmación de los principios de equidad ante la salud; reducción de la morbilidad y mortalidad específicas de ciertas enfermedades; y mejoramiento de la situación sanitaria mundial. El Grupo de Trabajo observó que, aunque la estrategia de SPT 2000 seguía siendo válida como principio orientador, la Organización y sus Estados Miembros no habían sido capaces de financiar y ejecutar sus programas a un ritmo que garantizara el logro de las metas de SPT 2000. El Grupo de Trabajo llegó a la conclusión de que la Organización era, pues, un centro clave de decisión. La OMS tendrá que redoblar sus esfuerzos y concentrar sus recursos con miras a alcanzar las metas de SPT 2000 o revisar esas metas para fijarlas en niveles asequibles en función de las condiciones del mundo en evolución.

4. ORIENTACIONES FUTURAS DE LA OMS

En los párrafos siguientes se enumeran las principales cuestiones, según el Grupo de Trabajo, que requieren una acción inmediata.

4.1 Misión de la OMS

La Constitución de la OMS establece que la finalidad de la Organización es alcanzar para todos los pueblos el grado más alto posible de salud. Para conseguirlo, la OMS debe tener una clara idea de su misión y sus orientaciones. «Salud para Todos» brinda una meta válida a la que se puede aspirar sin ningún condicionamiento temporal. La asociación de la salud para todos con el año 2000 ha sido un concepto motivador durante los últimos 15 años. En cambio, ahora puede parecer limitativo, resulta a veces equívoco y propone un marco temporal que no es universalmente asequible. Para orientar la acción internacional futura de la OMS y sus Estados Miembros en el sector de la salud se necesitan indicadores y metas operativas más realistas. Ciertas metas operativas, como la erradicación de la poliomielitis o la dracunculosis y la ampliación de la APS, deben definir los niveles mínimos aceptables del estado de salud o de los servicios sanitarios, en consonancia con el principio de equidad. Así pues, el año 2000 puede representar simplemente el primer hito de un itinerario continuo hacia la salud para todos.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que haga una evaluación anual de la situación sanitaria y las necesidades de salud en el mundo y que recomiende las actividades prioritarias de salud que incumben a la OMS para satisfacer esas necesidades.
- Pedir al Director General que analice y defina los objetivos específicos y metas operativas para el año 2000, cuantificados mediante indicadores precisos, y que allegue los recursos apropiados para alcanzarlos. Para ello habrá que aprovechar a fondo el personal y los recursos existentes en las regiones y en los países.
- Pedir al Director General que, en la medida en que las metas no se pudieran alcanzar en el año 2000, proponga estrategias y planes alternativos para reforzar los programas sanitarios con los recursos presupuestarios precisos para alcanzar fines, metas, objetivos y miras mínimos en los años 2005, 2010 o cuando se considere apropiado.
- Pedir al Director General que estudie la posibilidad de organizar talleres internacionales o reuniones análogas para llegar a un acuerdo sobre cualquier reajuste o reorientación de la estrategia de salud para todos; y que se haga hincapié en la promoción de la salud y la prevención de las enfermedades y sus repercusiones con miras a prolongar la vida o los años de vida útil (por ejemplo invocando la responsabilidad individual comunitaria).

Estas medidas deberán haberse aplicado, y el Director General informará al respecto cuando se reúna el Consejo Ejecutivo en enero de 1994.

4.2 Organos deliberantes

4.2.1 Asamblea Mundial de la Salud

4.2.1.1 Resoluciones de la Asamblea Mundial de la Salud

Las resoluciones se someten a veces a la consideración de la Asamblea Mundial de la Salud sin haberse analizado suficientemente su pertinencia para la misión actual o futura, la política y las orientaciones de la OMS. A menudo, no se dispone de información de base sobre sus repercusiones en cuanto a personal, costos, recursos presupuestarios o apoyo administrativo. En muchos casos, tales resoluciones no prevén un plazo de validez (por ejemplo, me-

diante una cláusula con la fecha de expiración) ni dan indicaciones para la evaluación ni para la presentación de informes sobre su aplicación. Estos defectos podrían evitarse si el Consejo Ejecutivo, en su calidad de brazo ejecutor y facilitador de la labor de la Asamblea de la Salud, hiciera un examen previo de todas las resoluciones propuestas.

■ Intervención del Consejo Ejecutivo

- Presentar en 1994 a la Asamblea Mundial de la Salud un proyecto de resolución por el que se autorice al Consejo Ejecutivo a que, en coordinación con el Director General, establezca un procedimiento regular para el examen previo de todas las resoluciones que vayan a proponerse a la Asamblea Mundial de la Salud y que pudieran influir en los objetivos, la política y las orientaciones de la OMS o tener repercusiones en cuanto a personal, costos, recursos presupuestarios o apoyo administrativo. El Consejo Ejecutivo y el Director General velarán por que las resoluciones propuestas a la Asamblea Mundial de la Salud vayan acompañadas de la información de base necesaria y por que en el texto de las resoluciones propuestas se prevean plazos y modalidades de evaluación y presentación de informes, si procede.

4.2.1.2 Método de trabajo de la Asamblea Mundial de la Salud

En los últimos años se han introducido muchas mejoras en el método de trabajo de la Asamblea de la Salud. No obstante, el orden del día y las deliberaciones podrían centrarse más en asuntos fundamentales de política, estrategia y programas, respetando plenamente la libertad de expresión de los delegados ante la Asamblea de la Salud. Esto es válido sobre todo para las deliberaciones en sesión plenaria pero también se aplica a los debates de las Comisiones Principales, la A y la B. Podría ser muy útil aprovechar los modernos métodos audiovisuales de presentación a fin de reducir la documentación, y centrar la atención en las cuestiones que exijan asesoramiento o decisiones. Convendría adoptar medidas para reducir aún más la duración de la Asamblea de la Salud, con el ahorro consiguiente.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que examine y presente al Consejo en enero de 1994 más propuestas de mejora del método de trabajo de la Asamblea de la Salud, a fin de centrar las deliberaciones en asuntos fundamentales de política, estrategia y programa, utilizar mejor los métodos audiovisuales y economizar aún más en materia de duración y costos de la Asamblea de la Salud.

4.2.2 Consejo Ejecutivo

4.2.2.1 Decisiones del Consejo Ejecutivo

El Consejo Ejecutivo ha delegado gradualmente en la Secretaría gran parte de sus funciones constitucionales, en particular algunas de las actividades decisorias relativas a su función como órgano ejecutivo de la Asamblea de la Salud, y la supervisión general de las cuestiones técnicas, financieras y administrativas de política y gestión, según lo estipulado en los Artículos 18, 28 y 31 de la Constitución de la OMS. A menudo, los miembros del Consejo Ejecutivo examinan con rigor y detalle los puntos del orden del día, pero el Consejo en su conjunto no se concentra en asuntos esenciales que requieren una decisión. Tampoco llega a conclusiones claras ni a dar indicaciones u orientaciones definitivas a la Secretaría o a la Asamblea de la Salud, ya sea en forma de resoluciones y decisiones oficiales o de directrices o recomendaciones de carácter menos oficial de las que quede constancia en las actas resumidas.

■ Intervención del Consejo Ejecutivo

- Pedir a la Secretaría que, a partir de enero de 1994, señale en los documentos del Consejo Ejecutivo, de manera clara y apropiada, las cuestiones que requieren asesoramiento, orientaciones o decisiones del Consejo, confirmadas por votación si fuere necesario.
- Velar por que las deliberaciones del Consejo Ejecutivo se centren realmente en todos los asuntos de política sanitaria, cuestiones técnicas, presupuestarias y financieras u otras funciones generales de supervisión o asesoramiento, y culminen en conclusiones o decisiones claras.
- Pedir a la Secretaría que, a partir de 1994, redacte actas resumidas más sucintas, dando menos información sobre declaraciones formuladas en el debate y centrándose más en las conclusiones y decisiones, además de las resoluciones y decisiones adoptadas oficialmente por el Consejo Ejecutivo.

4.2.2.2 Método de trabajo del Consejo Ejecutivo

El método de trabajo aplicado actualmente por el Consejo Ejecutivo al examen de los programas en sesión plenaria no prevé medios apropiados ni tiempo suficiente para estudiar con fruto y a fondo las políticas, prioridades, objetivos, planes y presupuestos programáticos de la OMS. El Consejo tampoco está en condiciones de hacer una evaluación válida y detallada de la ejecución y los resultados de los programas.

El Consejo no puede cumplir adecuadamente su función constitucional a este respecto examinando el proyecto de presupuesto bienal por programas de la OMS únicamente en los años impares. Si examinara los diversos programas por medio de subgrupos del propio Consejo dedicados a todos los elementos antes mencionados y éstos procedieran así en cada reunión, informando luego al pleno del Consejo Ejecutivo para que adoptase la decisión definitiva, se podrían obtener mejores resultados.

■ Intervención del Consejo Ejecutivo

- Establecer subgrupos o comités que se reúnan todos los años durante y en el marco de las reuniones del Consejo para examinar y evaluar diversos programas concretos, prestando atención a los elementos interrelacionados de política, prioridades, objetivos, planes y presupuestos programáticos, así como a otros recursos disponibles, inclusive la tecnología. No sólo se evaluarían el trabajo realizado y los resultados ya obtenidos, sino también los previstos. Los subgrupos interinos recomendarían la adopción de ciertas medidas, inclusive cambios dentro del límite de los recursos disponibles, e informarían al respecto al pleno del Consejo Ejecutivo, que es el único que tiene competencia para adoptar la decisión definitiva.
- Utilizar los mencionados subgrupos o, si procede, establecer otros que asesoren al Consejo Ejecutivo sobre asuntos «transprogramáticos», tales como la administración y las finanzas.

4.2.2.3 Comité del Programa establecido por el Consejo Ejecutivo

El Comité del Programa, establecido en 1976, tiene actualmente dos funciones principales: 1) asesorar al Director General sobre la política y estrategia de la cooperación técnica y la política del presupuesto por programas, y 2) examinar el programa general de trabajo para un periodo determinado, particularmente en relación con el presupuesto por programas. En el marco de estas dos funciones, el Comité del Programa también examina la orientación propuesta por el Director General para el presupuesto por programas siguiente y examina detenidamente los componentes mundiales e interregionales del proyecto de presupuesto por programas, formulando al Director General las recomendaciones pertinentes a este respecto.

Algunas de estas actividades representan ahora una duplicación de la labor realizada por el propio Consejo. En vista de la nueva orientación que se propone, y ateniéndose a los artículos 38 y 39 de la Constitución, parece llegado el momento de que el Consejo Ejecutivo reexamine la necesidad de mantener su Comité del Programa o, al menos, de revisar el mandato de éste. Si decidiera suprimir el Comité, el Consejo debería contribuir en todo caso a establecer el presupuesto por programas con suficiente antelación.

■ Intervención del Consejo Ejecutivo

- Examinar si sigue siendo necesario el Comité del Programa establecido por el Consejo Ejecutivo y reconsiderar el mandato de dicho Comité; examinar la posibilidad de cambiar la cronología de las reuniones del Consejo posteriores a la Asamblea y el plan de trabajo del Comité del Programa para ajustarlo mejor a los trabajos del Consejo y de sus subgrupos.

4.2.2.4 Nombramiento y mandato del Director General y de los Directores Regionales

En vista de la complejidad y de las exigencias crecientes que entraña el máximo nivel ejecutivo de la OMS y advirtiendo la disponibilidad de profesionales de la salud sumamente competentes dentro y fuera de la Organización, convendría revisar las prácticas y los procedimientos de nombramiento utilizados y la duración del mandato del Director General y los de los Directores Regionales, de conformidad con los Artículos 31, 51 y 52 de la Constitución. Cabría examinar las siguientes opciones: limitar el número de mandatos del Director General y de los Directores Regionales; prolongar la duración en años de cada mandato pero limitarlos a uno; servirse de un comité de búsqueda del Consejo Ejecutivo para encontrar candidatos al cargo de Director General; servirse de comités de búsqueda de los comités regionales para encontrar

candidatos a Directores Regionales (como se hace actualmente en el Comité Regional para Europa).

■ Intervención del Consejo Ejecutivo

- Constituir un subcomité especial del Consejo Ejecutivo para que examine las posibles opciones en materia de nombramiento y mandato del Director General y de los Directores Regionales, inclusive la utilización de comités de búsqueda, e informe sobre esta cuestión al Consejo Ejecutivo en enero de 1994.

4.2.2.5 Participación de miembros del Consejo Ejecutivo en la labor de la OMS

La Constitución de la OMS y el vigente Reglamento Interior del Consejo Ejecutivo definen las responsabilidades importantes y prevén una aportación considerable de los miembros del Consejo Ejecutivo. Sin embargo, éstos, incluido el Presidente, suelen permanecer en la actualidad alejados de la labor de la OMS, salvo cuando el Consejo se reúne oficialmente o a través de contactos en calidad de representantes de un Estado Miembro. Además, hay indicios de que los propios miembros del Consejo no siempre están preparados para asumir plenamente sus responsabilidades.

■ Intervención del Consejo Ejecutivo

- Establecer un pequeño grupo de trabajo para que formule recomendaciones sobre la manera de mejorar los procedimientos de designación de miembros del Consejo, de mejorar los procedimientos de elección de la Mesa del Consejo y de conseguir una participación más activa de todos los miembros en la labor de la Organización a lo largo del año. Concretamente, el grupo de trabajo tendría que considerar la posibilidad de designar un presidente electo entre los componentes de la Mesa con un año de antelación a su designación oficial, según lo dispuesto en el Artículo 12 del Reglamento Interior, y la participación continua del presidente saliente durante el año siguiente con miras a mantener el espíritu de equipo en cada reunión del Consejo. El grupo de trabajo también debería examinar los medios y las posibilidades de mejorar la comunicación entre el Presidente, los miembros del Consejo y el Director General e intensificar la participación de los miembros del Consejo a lo largo del año, así como de mantener a todos ellos informados de la participación de cada miembro en la labor de la OMS. El grupo de trabajo debería informar al Consejo sobre este asunto en enero de 1994.

4.2.2.6 Sondeo de la opinión de los Estados Miembros en el Consejo Ejecutivo

El sondeo de opinión de los Estados Miembros realizado por el Grupo de Trabajo durante la 45a Asamblea Mundial de la Salud aportó datos muy útiles sobre las ideas prevalecientes acerca de la pertinencia, el funcionamiento, la eficiencia y la eficacia de la labor de la OMS en todos los niveles de la estructura orgánica. Además, puso de manifiesto la necesidad de mejorar la formulación de políticas, la movilización de recursos y el desarrollo infraestructural para la prestación de asistencia sanitaria, la lucha contra enfermedades endémicas y el establecimiento de un entorno general saludable.

■ Intervención del Consejo Ejecutivo

- Realizar de vez en cuando encuestas para conocer las opiniones e ideas de los Estados Miembros acerca de la pertinencia, el funcionamiento, la eficiencia y la eficacia de la labor de la OMS en todos los niveles de la estructura orgánica.

4.2.3 Comités regionales

4.2.3.1 Método de trabajo de los comités regionales

La idea de que la OMS está constituida por siete organizaciones separadas es inaceptable. Aun reconociendo la existencia de lógicas diferencias entre unas regiones y otras, es imperativo demostrar la unidad de la OMS mediante una mejor coordinación. Por otra parte, la labor de los comités regionales podría fortalecerse introduciendo en el funcionamiento de la Asamblea Mundial de la Salud y del Consejo Ejecutivo algunas de las mejoras propuestas más arriba. Así pues, por ejemplo, podría establecerse (a menos que ya exista) un comité permanente del comité regional encargado del examen previo de los proyectos de resolución. El método de trabajo debería fomentar una concentración más rigurosa de los debates en cuestiones de política, estrategia y programáticas, en la adopción de conclusiones y decisiones, la utilización de subgrupos informales encargados de examinar programas y una mejor coordinación de los respectivos órdenes del día entre los comités regionales, el Consejo Ejecutivo y la Asamblea Mundial de la Salud.

■ Intervención del Consejo Ejecutivo

■ Pedir a los comités regionales que estudien sus propios métodos de trabajo con miras a armonizar sus actividades con la labor de la oficina regional, de las otras regiones, del Consejo Ejecutivo y de la Asamblea Mundial de la Salud, e informar sobre el asunto al Consejo Ejecutivo en enero de 1995.

4.3 Sede

La Sede desempeña una función esencial en el establecimiento y comunicación de la política general, la estrategia, la orientación y la dirección de los programas y actividades de la Organización. También asume la responsabilidad principal en la coordinación con otros organismos de las Naciones Unidas. A este respecto, ciertas funciones de la sede de la OMS relacionadas con la política y la gestión mundial requieren una atención renovada.

4.3.1 Determinación de políticas

La OMS se ha convertido en una fuerza propulsora básica en la mejora de la situación sanitaria mundial mediante su política de salud para todos y de atención primaria de salud. Estos éxitos han suscitado expectativas aun mayores. Unidas al número creciente de Estados Miembros y de resoluciones de la Asamblea Mundial de la Salud, estas expectativas rebasan la capacidad institucional y los recursos de la Organización. El Octavo y el Noveno Programas Generales de Trabajo se centran en la orientación a largo plazo de los programas, pero la rápida evolución de la situación mundial obliga a corregir y reconsiderar regularmente a medio camino las prioridades en coordinación con el Consejo Ejecutivo. Aunque la descentralización de la OMS en el plano de las regiones y de los países facilita la respuesta a las necesidades locales, también puede dificultar la comunicación rápida y eficaz con la Sede y restar interés al personal regional y nacional por la labor sanitaria internacional a escala mundial. Es necesario mejorar la comunicación y coordinación en todos los niveles de la Organización.

■ Intervención del Consejo Ejecutivo

■ Pedir al Director General que examine la posibilidad de establecer un equipo de formulación de políticas a base de la actual plantilla de personal, con la misión de orientar la visión a largo plazo, la dirección de la política y las prioridades programáticas del sector de la salud y de la OMS.

■ Pedir al Director General que refuerce y mejore, en colaboración con los Directores Regionales, la planificación de la política y la capacidad de análisis a fin de poder recomendar prioridades claras en relación con los objetivos, metas y presupuestos de los programas. Estas prioridades se deben coordinar en todos los niveles de la Organización y comunicar anualmente al Consejo Ejecutivo (o al Comité del Programa en caso de que se mantenga).

■ Pedir al Director General que proponga y aplique sistemas apropiados de gestión y comunicación, en particular con los Directores Regionales, a fin de alcanzar los objetivos y metas que se hayan fijado de acuerdo con las prioridades establecidas. Dichos sistemas de gestión y comunicación se servirán de los sistemas de gestión e información (véase el apartado 4.3.2) para una ejecución eficaz y eficiente de la política.

4.3.2 Sistemas de información para la gestión

La Organización no posee un sistema adecuado de gestión e información que permita transmitir rápidamente informaciones sobre gestión de programas, control fiscal, estado de salud, proyecciones sanitarias y control de bienes básicos y de inventarios entre los países, las regiones y la Sede. Las actuales tentativas de mejorar sus sistemas de información para la gestión deben reflejar los principales cambios que se requieren en la Organización para conseguir la capacidad y la compatibilidad de un sistema verdaderamente mundial.

■ Intervención del Consejo Ejecutivo

■ Pedir al Director General que presente un análisis detallado del estado actual, la capacidad, la compatibilidad, y los planes y programas de los sistemas de información para la gestión existentes en el conjunto de la Organización (la Sede, las regiones y los países). El Director General deberá formular planes alternativos para el establecimiento de un sistema mundial OMS en un plazo variable, por ejemplo, de 3, 5 ó 10 años.

El Director General deberá informar en enero de 1994 al Consejo Ejecutivo sobre todas las actividades mencionadas en el apartado 4.3.

4.4 Oficinas regionales

En su calidad de eslabones esenciales de la cadena que se extiende desde los órganos deliberantes de la Organización Mundial de la Salud a los países, las oficinas regionales proceden regularmente a examinar sus propias prioridades programáticas y capacidad de gestión. En particular, como se indica en la Constitución, las oficinas regionales deberán buscar la manera de aumentar sus posibilidades de prestar apoyo administrativo a los comités regionales y de dar efecto en las regiones a las decisiones de la Asamblea Mundial de la Salud y del Consejo Ejecutivo.

4.4.1 Necesidades de personal y perfil de la plantilla

El personal técnico disponible en las oficinas regionales debe corresponder a las necesidades actuales de los Estados Miembros, sobre todo en respuesta a los recientes cambios mundiales. Importa que la Organización utilice ese personal en el nivel más apropiado (la Sede, las oficinas regionales o los niveles subregional, multinacional o nacional) para ejecutar actividades internacionales de salud y prestar apoyo a determinados programas nacionales.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que examine la eficacia de los procedimientos y criterios de la OMS aplicados actualmente en la Sede, las oficinas regionales y los países para establecer plantillas de personal y seleccionar y contratar a éste.

El Director General deberá informar en enero de 1994 al Consejo Ejecutivo sobre las conclusiones y recomendaciones relativas a posibles cambios.

4.4.2 Consultores técnicos

El sondeo de opinión reveló que la OMS debería reforzar su capacidad de cooperación técnica en materia de formulación de política sanitaria, planificación, movilización de recursos e infraestructuras sostenibles. Al parecer, la Organización utiliza reiteradamente un corto número de consultores técnicos de características poco variadas, en detrimento de la diversidad de opiniones sobre la cooperación técnica en sectores concretos.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que, en colaboración con los Directores Regionales y en función de los cambios mundiales, revise las prácticas seguidas por la Organización para obtener asesoramiento técnico y determine los cambios que se imponen en la contratación y el uso de expertos.

El Director General deberá informar al Consejo Ejecutivo en su reunión de enero de 1994 sobre los progresos realizados a este respecto.

4.4.3 Comunicaciones y colaboración

Las comunicaciones entre las oficinas regionales, la Sede y los Estados Miembros se deben reforzar y simplificar (utilizando la tecnología moderna) con objeto de mejorar la eficacia y la capacidad de respuesta rápida de la OMS. También se debe mejorar la coordinación entre los organismos de las Naciones Unidas en las regiones de la OMS a fin de facilitar la colaboración y de poder planificar y ejecutar con mas eficacia los programas. El Consejo Ejecutivo debe seguir celebrando reuniones regulares con los Directores Regionales para examinar estrategias, esbozar posibles iniciativas, intercambiar información operativa y recomendar mejoras en la gestión.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que examine el procedimiento actual de delegación de autoridad entre la Sede y las oficinas regionales e introduzca los cambios apropiados basándose en la experiencia y las necesidades actuales, y que informe al Consejo Ejecutivo en enero de 1994 sobre los progresos realizados a este respecto.
- El Consejo Ejecutivo debe incluir regularmente en su programa de trabajo las reuniones con los Directores Regionales para examinar las estrategias y los progresos realizados en sectores básicos de acción y de gestión.

4.5 Oficinas en los países (representantes de la OMS)

Las oficinas en los países están consideradas como puntos clave de la Organización en materia de planificación, gestión y ejecución de los programas de la OMS. Aunque muchos representantes de la OMS han prestado un valioso apoyo en el desarrollo y la ejecución de los proyectos, algunos no están preparados para llevar a cabo toda la gama de programas de desarrollo sanitario de la OMS. Tanto las oficinas en los países como los representantes de la OMS en toda la Organización deben ser objeto de un apoyo continuo con miras a su fortalecimiento y actualización.

4.5.1 Funciones de los representantes de la OMS

Los representantes de la OMS encuentran con frecuencia creciente problemas de planificación y ejecución de programas que rebasan los límites de la acción sanitaria y de la formación tradicional de los profesionales de la salud. Hay que considerar la posibilidad de ampliar las descripciones de esos puestos y de constituir un «pool» más numeroso de expertos a fin de poder encontrar candidatos con una base profesional más sólida. La capacitación complementaria y la posibilidad de cambiar de destino con más frecuencia son algunas de las opciones de formación permanente que podrían brindarse al personal en los países para mejorar su competencia. En general, el Grupo de Trabajo del Consejo Ejecutivo sobre la Respuesta de la OMS a los Cambios Mundiales llegó a la conclusión de que entre los requisitos que deben exigirse a los representantes de la OMS figuran la experiencia en materia de programas preventivos y terapéuticos, los conocimientos de economía sanitaria y la capacidad de gestión. Es posible, pues, que tanto los representantes actuales de la OMS como los futuros necesiten una formación ulterior.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que evalúe los programas sanitarios en los países, tanto en curso como en proyecto, y determine el conjunto de conocimientos y calificaciones aplicable para seleccionar representantes de la OMS de gran competencia.
- Pedir al Director General que establezca procedimientos apropiados para brindar buenas perspectivas profesionales a los representantes de la OMS, recurriendo a la formación inicial y periódica y a cambios del lugar de destino (entre las regiones y la Sede) en función de las necesidades de la Organización.

4.5.2 El representante de la OMS y la coordinación intersectorial

El representante de la OMS debe ejercer una función de liderazgo en el equipo de las Naciones Unidas del país con respecto a la salud, la nutrición, la planificación de la familia y la higiene del medio. En virtud del mandato que reciben de las oficinas regionales y del Director General, los representantes de la OMS deben asumir la iniciativa en materia de coordinación intersectorial de las actividades sanitarias.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que encomiende a los Directores Regionales y a los representantes de la OMS el liderazgo en materia de coordinación intersectorial entre los organismos de las Naciones Unidas y los principales donantes (véase el apartado 4.6.2) e informe sobre los resultados obtenidos al Consejo Ejecutivo en su reunión de enero de 1994.

4.5.3 Delegación de autoridad en los representantes de la OMS

La delegación de autoridad en los representantes de la OMS varía de unas regiones a otras y se debería revisar, actualizar y unificar, habida cuenta de las circunstancias regionales específicas. Los procedimientos operativos aplicados por las oficinas en los países acusan diferencias considerables y también se deberían revisar, actualizar y unificar. Todas las oficinas de representantes de la OMS deben disponer de un nivel mínimo de recursos operativos. Deben reforzarse los medios de comunicación entre las oficinas de representantes de la OMS, las oficinas regionales y la Sede.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que examine, actualice y unifique la delegación de autoridad, los procedimientos de administración/gestión y de

ejecución de las oficinas en los países y los recursos operativos básicos de las oficinas de los representantes de la OMS en el conjunto de la Organización, y que informe sobre los resultados obtenidos al Consejo Ejecutivo en su reunión de enero de 1994.

4.5.4 Participación de los representantes de la OMS en el diálogo político y técnico

Muchos representantes de la OMS se sienten aislados de los debates de política en el seno de la Organización. Los representantes de la OMS deberían tener más posibilidades de compartir su experiencia y participar en las actividades de formulación de políticas y estrategias de interés para su labor que se emprendan en la Sede y en las oficinas regionales. Además, los representantes de la OMS necesitan recibir sin demora la información técnica clave, estar al corriente de las decisiones de política y tener acceso fácil a la información política, técnica y de gestión pertinente.

■ Intervención del Consejo Ejecutivo

■ Pedir al Director General que revise las funciones de los representantes de la OMS y recomiende medidas apropiadas para mejorar la integración de la labor de los mismos en el establecimiento de las políticas y estrategias de la Organización. Además, el Director General debe aprovechar ciertas innovaciones poco costosas de las técnicas de comunicación, por ejemplo, los CD ROM y la integración con bibliotecas nacionales (de medicina y otras materias) con fichero informatizado, para mejorar el acceso del representante de la OMS a la información.

El Director General deberá informar sobre las medidas adoptadas al Consejo Ejecutivo en su reunión de enero de 1994.

4.5.5 Representación de la OMS en los Estados Miembros

La OMS debe tratar de tener alguna forma de representación en cada Estado Miembro. Los Estados Miembros, en particular los países desarrollados que no necesiten representante de la OMS, tal vez deseen considerar la posibilidad de establecer a sus expensas una «oficina OMS de coordinación» o «punto focal de la OMS».

■ Intervención del Consejo Ejecutivo

■ Pedir al Director General que pregunte a los Estados Miembros si les interesaría tener en su territorio alguna otra forma de representación de la OMS como las antes mencionadas.

El Director General deberá informar al Consejo Ejecutivo en su reunión de enero de 1994 sobre las medidas adoptadas en relación con el apartado 4.5.

4.6 Coordinación con las Naciones Unidas y con otros organismos

4.6.1 Reformas estructurales de las Naciones Unidas

Es esencial la coordinación de los recursos por los principales donantes y el sistema de las Naciones Unidas, requisito previo para que la planificación y el desarrollo de las intervenciones sanitarias sean eficaces. La OMS deberá dirigir la coordinación de todos los asuntos relacionados con la salud dentro del sistema de las Naciones Unidas.

■ Intervención del Consejo Ejecutivo

■ Pedir al Director General que vele por que la Organización responda activamente a las reformas estructurales y operativas que se están introduciendo en las Naciones Unidas y en sus programas. La OMS deberá preparar documentos de carácter conceptual o práctico para facilitar la adopción en el sistema de las Naciones Unidas de procedimientos que promuevan la cooperación y colaboración entre diferentes organismos con miras a resolver problemas de salud y desarrollo.

4.6.2 Coordinación en los planos nacional y mundial

Es necesario mejorar considerablemente los sistemas actuales de coordinación en los planos nacional y mundial dentro de las Naciones Unidas. Teniendo en cuenta la complejidad de los problemas y programas de desarrollo global, es posible que a veces pueda coordinarse mejor el programa general de las Naciones Unidas bajo la dirección del organismo especializado competente (por ejemplo, el Programa Mundial de Alimentos para la alimentación de urgencia, la OMS para a la asistencia sanitaria, la

FAO para las cuestiones de agricultura) en vez de la del PNUD solo.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que entre en contacto con los elementos apropiados de la dirección de las Naciones Unidas para garantizar el aprovechamiento óptimo de las «oficinas unificadas» de las Naciones Unidas con los coordinadores de los organismos especializados de las Naciones Unidas (y no solamente con los del PNUD). El nuevo sistema, coordinado en general por el PNUD, permitiría que los organismos especializados de las Naciones Unidas desempeñaran una clara función rectora en sus respectivas esferas de competencia, por ejemplo, la OMS en materia de salud.

4.6.3 Coordinación de los recursos sanitarios por la OMS

En ciertas circunstancias, la OMS debería tratar de mejorar la orientación y el efecto de los recursos de que disponen otros organismos en pro de la salud, en vez de disputarse el control de los recursos o la responsabilidad principal de la ejecución. En los proyectos de riego, por ejemplo, las instituciones agrícolas podrían desempeñar un importante papel adaptando las prácticas de riego a la lucha contra la esquistosomiasis.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que tome medidas para presentar la información y las recomendaciones apropiadas a los órganos de las Naciones Unidas y de los donantes con responsabilidades en proyectos de desarrollo a fin de que incluyan la vigilancia, la prevención y la lucha contra las enfermedades como componente integral de cada proyecto de desarrollo, intervención programática y servicio concreto en determinadas zonas geográficas.

4.6.4 Regionalización en el marco de las Naciones Unidas

Las diferencias de estructura y procedimientos entre algunas regiones de la OMS y las de otras organizaciones de las Naciones Unidas puede dificultar la coordinación y suscitar problemas operativos en los planos nacional y regional.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que entre en contacto con la Secretaría de las Naciones Unidas a fin de estudiar posibles medios de reducir las diferencias existentes en las regiones y en los procedimientos operativos de los diversos organismos de las Naciones Unidas.

El Director General deberá informar sobre la marcha de todas las actividades mencionadas en el apartado 4.6 al Consejo Ejecutivo en su reunión de enero de 1994.

4.7 Consideraciones presupuestarias y financieras

La OMS se encuentra ahora en el duodécimo año de «crecimiento nulo en términos reales» de su presupuesto ordinario, financiado con las contribuciones de los Estados Miembros. En vista de la importancia relativa de la salud, debe reconsiderarse el principio de este crecimiento cero del presupuesto. En lo posible, se debe obtener información sobre las relaciones costo-beneficios y costo-eficacia para justificar todas las necesidades de recursos. Con ese fin, deberán ajustarse a las prioridades establecidas los procedimientos de solicitud de créditos y administración de recursos financieros, que todos los miembros del personal deben respetar.

4.7.1 Programas extrapresupuestarios y financiación

Los recursos extrapresupuestarios son un importante complemento financiero para mantener ciertas actividades vitales del programa. Los programas extrapresupuestarios aportan a menudo una contribución decisiva a los servicios de salud. Sin embargo, esta situación suele dar lugar a la adopción de políticas y decisiones conflictivas sobre presupuesto por el Consejo Ejecutivo, la Asamblea Mundial de la Salud, los comités regionales y los órganos administrativos de los programas especiales financiados con recursos presupuestarios, dominados por los donantes. La partida de gastos generales acusa un déficit fiscal creciente a causa de la norma del 13% aplicada por las Naciones Unidas a los gastos generales de apoyo. En general, la proporción efectiva de gastos generales necesarios para financiar los programas se aproxima al 35%. Por consiguiente, el

22% aproximadamente de la financiación total de los programas extrapresupuestarios ha de subvencionarse con cargo al presupuesto ordinario; esto supone una carga suplementaria para los programas y servicios del presupuesto ordinario, que carecen de apoyo extrapresupuestario.

■ Intervención del Consejo Ejecutivo

- El Consejo Ejecutivo debe considerar la posibilidad de designar un miembro del Consejo para que forme parte del comité de gestión de cada programa importante que esté financiado con fondos extrapresupuestarios (en general, provenientes sólo de donantes) a efectos de facilitar la coordinación y la compatibilidad de las políticas, decisiones y prioridades con las de la Asamblea Mundial de la Salud y del Consejo Ejecutivo.
- Pedir al Director General que solicite la autorización de la Asamblea Mundial de la Salud para estimar hasta un 35% las tasas apropiadas de gastos generales correspondientes a los programas extrapresupuestarios.
- El Consejo Ejecutivo debe establecer un sistema de ofertas de contribuciones a fin de conseguir fondos adicionales para financiar los programas prioritarios previstos en el presupuesto ordinario, incluidos los que atañen a funciones normativas.

El Director General deberá informar sobre los resultados obtenidos al Consejo Ejecutivo en su reunión de enero de 1994.

4.7.2 Insumos presupuestarios y resultados

Los procedimientos de gestión interna y los sistemas de información deberán facilitar la vigilancia de las actividades tomando como base los insumos presupuestarios y los resultados previstos, a fin de cerciorarse de que responden a metas, objetivos y fines aceptados. Los actuales sistemas de presupuestación y vigilancia carecen de capacidad suficiente para evaluar la eficacia y eficiencia de la planificación y ejecución de los programas como medio de alcanzar los objetivos y metas con los recursos disponibles.

■ Intervención del Consejo Ejecutivo

- Observando que las asignaciones a las regiones y los países se basan sobre todo en las de años anteriores, el Consejo Ejecutivo pide al Director General que establezca sistemas y mecanismos de presupuestación que permitan obtener el máximo beneficio del proceso presupuestario por objetivos y metas, facilitar el logro de las prioridades y prever reajustes periódicos de las mismas a tenor de las nuevas necesidades de salud.

El Director General deberá informar sobre la marcha de las actividades en cada reunión del Consejo Ejecutivo.

4.8 Capacidad técnica e investigaciones

El crédito y la eficacia de la Organización dependen en gran medida de que ésta mantenga y amplíe su capacidad técnica.

4.8.1 Competencia técnica

La competencia técnica debe ser el criterio predominante para seleccionar y contratar personal por largo o corto plazo, teniendo en cuenta al mismo tiempo las resoluciones de los órganos deliberantes relativas a la distribución geográfica apropiada. La Organización debe brindar al personal un adiestramiento técnico periódico para que conserve su competencia técnica y sus perspectivas profesionales. Hay que fomentar la rotación del personal en el ámbito de la Organización e incluso en el exterior.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que mejore los procedimientos relativos al personal con los siguientes fines: empleo de la competencia técnica como criterio fundamental en la selección y la contratación de personal por corto o largo plazo; establecimiento y aplicación de planes de avance profesional y programas de formación permanente; e instauración de un sistema de rotación del personal entre la Sede y las regiones. El Director General deberá evaluar las consecuencias de la distribución geográfica de los puestos en la calidad del personal.
- El Consejo Ejecutivo deberá señalar a la Asamblea Mundial de la Salud las consecuencias que tienen en la calidad del personal, así como en la capacidad de la Organización para cumplir las funciones que le incumben, los nombramientos efectuados en la Secretaría por motivos políticos a raíz de presiones ejercidas por los Estados Miembros.

El Director General deberá informar al Consejo Ejecutivo sobre los progresos realizados a este respecto en el informe bienal sobre contratación de personal.

4.8.2 Iniciativas en materia de investigación

La OMS deberá catalizar y coordinar la naturaleza y los temas de las investigaciones emprendidas en el mundo entero. Hay que redoblar los esfuerzos para lograr que se apliquen rápidamente los resultados de las investigaciones, sobre todo en los países. Los centros colaboradores de la OMS podrían utilizarse también para acelerar las iniciativas de investigación y para contribuir al asesoramiento técnico de la Organización.

■ Intervención del Consejo Ejecutivo

- Con miras a aprovechar lo mejor posible todos los recursos disponibles en el sector de la salud, el Director General debería revisar y actualizar las directrices y los procedimientos existentes en relación con los centros colaboradores de la OMS y la participación de los mismos en iniciativas de investigación a instancias de la Organización. En particular, la revisión deberá centrarse en las posibilidades de facilitar en forma acumulativa la coordinación de los trabajos de investigación a través de la red mundial de centros colaboradores para alcanzar las metas de salud para todos y llevar a cabo otras iniciativas prioritarias en materia de salud.
- Pedir al Director General que exija que cada programa, en el marco de su proceso de desarrollo institucional centrado en la excelencia técnica, comprenda una partida presupuestaria para actividades de investigación básica u operativa.

4.8.3 Centros colaboradores de la OMS

Los centros colaboradores son una fuente importante de capacidad técnica para la Organización en general, y no solamente en lo que atañe a la investigación. La Organización no ha aprovechado plenamente las posibilidades de los centros colaboradores, y no es raro que tras la designación de un centro colaborador no se establezca un plan anual que garantice la contribución de la institución a la labor sanitaria mundial. La utilización de los centros colaboradores puede ser un procedimiento rentable para mantener la capacidad técnica, brindar cooperación técnica o realizar investigaciones apropiadas, sobre todo en sectores programáticos que se hayan visto afectados por limitaciones o recortes presupuestarios.

■ Intervención del Consejo Ejecutivo

- El Consejo Ejecutivo debería constituir un pequeño grupo para que determinara con el Director General las posibilidades de utilizar más los centros. Habría que prestar especial atención a la ejecución de investigaciones de salud prioritarias y a las iniciativas de atención primaria y salud para todos.
- Pedir al Director General que formule con cada centro colaborador planes anuales para facilitar la realización de los trabajos pertinentes de salud internacional y la evaluación de la capacidad del centro para conservar su designación.

El Director General deberá informar al Consejo Ejecutivo en su reunión de enero de 1994 sobre todas las cuestiones tratadas en el apartado 4.8.

4.9 Comunicaciones

La mercadotecnia social, la mejor formación de los profesionales de la salud y la participación de los sectores que influyen en la opinión del público han sido factores decisivos en la aplicación de medidas en pro de la supervivencia infantil y la reducción de riesgos por modificación del comportamiento. Aunque estos éxitos «reproducibles» se han logrado en medios culturales y grupos socioeconómicos muy diversos, la OMS no ha sido capaz de utilizar plenamente y aplicar esos potentes instrumentos en su labor mundial de salud y en los programas de desarrollo sanitario de todos los Estados Miembros.

■ Intervención del Consejo Ejecutivo

- Pedir al Director General que desarrolle la capacidad de la OMS para aprovechar mejor los modernos métodos y técnicas de comunicación, en particular la prensa, la radio y la televisión, para difundir los conceptos de fomento de la salud y prevención de enfermedades.
- Pedir al Director General que publique un informe anual sobre los esfuerzos y programas de la Organización tendentes a mejorar la situación

sanitaria en el mundo. Esta publicación debería ser análoga al informe del UNICEF «Estado Mundial de la Infancia» en cuanto a destinatarios previstos y contexto promocional.

El Director General deberá informar anualmente al Consejo Ejecutivo en su reunión de enero sobre los progresos realizados con miras a introducir medios de comunicación modernos en la Organización.

5. CONCLUSIONES

5.1 Las deliberaciones y recomendaciones del Grupo de Trabajo del Consejo Ejecutivo entrañan una revisión fundamental del funcionamiento de la OMS. Es de esperar que esta labor refuerce la capacidad de la Organización para hacer frente a sus arduas tareas actuales y le permita entrar en el siglo XXI con medios adecuados para aceptar nuevos retos. Los miembros del Grupo hemos recomendado modificaciones de la estructura y los procedimientos con ánimo de mejorar el estado de salud y la asistencia sanitaria de la población de todo el mundo.

5.2 Las medidas recomendadas por el Grupo de Trabajo del Consejo Ejecutivo son de la incumbencia del Director General, del propio Consejo Ejecutivo y de una serie de colaboradores que deberán seguir resueltamente las vías esbozadas en el presente informe. Sin embargo, a fin de asegurar la continuidad, urge encontrar medios para que el Consejo Ejecutivo pueda vigilar esa labor y proseguir las actividades, sin excluir la posible contribución de los actuales miembros del Grupo de Trabajo del Consejo Ejecutivo.

GRUPO DE TRABAJO DEL CONSEJO EJECUTIVO SOBRE LA RESPUESTA DE LA OMS A LOS CAMBIOS MUNDIALES (EB92.R2)

世界衛生機構執行委員會 決議
قرار المجلس التنفيذي لمنظمة الصحة العالمية
RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ
RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

92ª reunión

EB92.R2

Punto 7 del orden del día

18 de mayo de 1993

GRUPO DE TRABAJO DEL CONSEJO EJECUTIVO SOBRE LA RESPUESTA DE LA OMS A LOS CAMBIOS MUNDIALES

El Consejo Ejecutivo,

Reconociendo la complejidad de los problemas de salud y la importancia de la reforma y reestructuración de la OMS de acuerdo con las resoluciones WHA46.16 (Respuesta de la OMS a los Cambios Mundiales) y WHA46.35 (Reforma presupuestaria), las recomendaciones del Grupo de Trabajo del Consejo Ejecutivo sobre la Respuesta de la OMS a los Cambios Mundiales y la iniciativa del Director General como se indica en su alocución ante la Asamblea Mundial de la Salud;

Recordando la declaración efectuada por el Director General en su Introducción al proyecto de presupuesto por programas para el ejercicio 1994-1995 sobre la necesidad de que el sistema de las Naciones Unidas se adapte a la evolución reciente de la situación política, social y económica;

Expresando su gratitud por la labor y las valiosas recomendaciones del informe del Grupo de Trabajo del Consejo Ejecutivo sobre la Respuesta de la OMS a los Cambios Mundiales,

1. HACE SUYOS los conceptos y principios del informe final del Grupo de Trabajo del Consejo Ejecutivo sobre la Respuesta de la OMS a los Cambios Mundiales como base para las medidas en pro de la reforma de la OMS;

2. PIDE al Director General:

1) que prepare documentos sobre la aplicación de las recomendaciones del Grupo de Trabajo sobre la Respuesta de la OMS a los Cambios Mundiales, así como opciones para aplicar las resoluciones WHA46.16 y WHA46.35 de la OMS;

2) que someta los documentos mencionados en el párrafo 1 *supra*, inclusive un calendario y planes de trabajo para la aplicación de las recomendaciones del Grupo de Trabajo, al examen del Comité del Programa establecido por el Consejo Ejecutivo en julio de 1993;

3) que informe al Consejo Ejecutivo en su 93ª reunión sobre los progresos realizados en la aplicación de las recomendaciones del Grupo de Trabajo;

3. PIDE al Comité del Programa:

1) que examine el calendario y los planes de trabajo presentados por el Director General para la aplicación de las recomendaciones del Grupo de Trabajo;

2) que establezca prioridades para la pronta aplicación, en particular las relativas a los trabajos del Consejo Ejecutivo;

3) que determine el mecanismo apropiado de seguimiento, definiendo su mandato y su método de trabajo;

4. PIDE a los comités regionales que estudien las consecuencias de las recomendaciones en lo aplicable a las actividades regionales y de país y que informen al Consejo Ejecutivo en su 93ª reunión.

Cuarta sesión, 18 de mayo de 1993
EB92/SR/4

ANEXO 2

WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTE

EBPC18/WP/3
18 June 1993

PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD
Eighteenth Session

5-9 July 1993

Provisional agenda item 5

THE WHO RESPONSE TO GLOBAL CHANGE

INTRODUCTION

At its ninetieth session the Executive Board established a Working Group on the WHO Response to Global Change. The Group submitted its report to the ninety-second session of the Board. The Forty-sixth World Health Assembly meanwhile adopted resolution WHA46.16 on the subject and requested the Board to examine the recommendations of the Working Group. The Board at its ninety-second session in turn adopted resolution EB92.R2 requesting the Director-General to prepare documents on the implementation of the recommendations prior to review by the Board's Programme Committee in July 1993. The Board further requested the Programme Committee to establish priorities among the recommendations for early implementation and to determine the appropriate follow-up mechanism. This report is being submitted to the Programme Committee in accordance with resolution EB92.R2.

RECOMMENDATIONS

The recommendations of the Working Group are listed in the table in Annex 1 together with the Director-General's views regarding the reform process and its impact. The presentation follows the suggestions made during the ninety-second session of the Executive Board.

The Working Group had grouped its recommendations under headings which correspond to the level of action. However, following the suggestion of some members of the Board, a slightly different grouping may be considered (see Annex 2).

PRIORITIES FOR IMPLEMENTATION

In suggesting the priorities by recommendation (see Annex 2), the Director-General has taken into consideration various factors as outlined below:

(i) discussion at the ninety-second session of the Board on the subject as well as at the Forty-sixth World Health Assembly, while adopting resolution WHA46.16;

(ii) other resolutions or reports of relevance, e.g., resolution WHA46.35 on budgetary reform, resolution WHA46.21 on the special report of the External Auditor;[1]

(iii) recommendations contained in the Joint Inspection Unit report on Decentralization of Organizations: the World Health Organization;[2]

---

[1] Document A46/33.

[2] Will be made available to Programme Committee members.

(iv) "value for money", e.g., which recommendations are likely to yield high returns for a low investment of resources; and finally

(v) current WHO priorities, as stated most recently in the Director-General's Introduction to the programme budget for 1994-1995 as well as his address to the Forty-sixth World Health Assembly.

The Programme Committee is invited to review the proposed priorities closely so that its comments can be fully taken into account in revising the priorities.

TIMETABLE

Work on first priorities in Annex 2 will start immediately. The target completion dates indicated vary depending on the complexity of the recommendation. Second priority items will be undertaken after a further review of the available staff time and resources, but still with the aim of initiating action in the coming year.

ACTION REQUESTED OF THE PROGRAMME COMMITTEE

1. To consider the table in Annex 1 and give comments thereon.

2. To review the proposed priorities in Annex 2.

3. To review the proposed timetable.

4. To propose a monitoring mechanism.

EXECUTIVE BOARD WORKING GROUP ON THE WHO RESPONSE TO GLOBAL CHANGE: Analysis of recommendations in tabular form as proposed by the Board

DEFINITIONS:

Constitution/legal:	Legal basis for action
Procedure:	Indication of type of action needed
Cost:	"Out of pocket" or marginal cost estimate of carrying out recommendation
Programme operations:	Effect on the management of programmes from development to implementation
Structure/functions:	Effect or impact on the structure of the Organization
Budget/finance:	Possible effect on allocation or reallocation of Organization's resources

ABBREVIATIONS USED:

ACHR:	Advisory Committee on Health Research
ADG:	Assistant Director-General
AFI:	Administration and Finance Information Support
BFI:	Division of Budget and Finance
CGS:	Division of Conference and General Services
CRC:	Communications, Records and Conference Services Unit
DGO:	Director-General's Office
GBP:	Office of Governing Bodies and Protocol
GSP:	Global Health Situation Assessment and Projections
HBI:	Health and Biomedical Information Programme
HPP:	Division of Health Protection and Promotion
HRH:	Division of Development of Human Resources for Health
HST:	Division of Epidemiological Surveillance and Health Situation and Trend Assessment
ICO:	Office of International Cooperation
INA:	Division of Interagency Affairs
ITO:	Information Technology Office
LEG:	Office of the Legal Counsel
MIS:	Management Information System
PER:	Division of Personnel
RMB:	Programme for Resource Mobilization
RPD:	Office of Research Promotion and Development
SDP:	Staff Development Programme
WUN:	WHO Office at the United Nations

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.1 MISSION OF WHO							
1. Make an annual assessment of world health status and needs, and recommend relevant WHO priorities for international health action to meet those needs.	Article 2(a) and (f) of Constitution	Replace three-year data collection with two-year data collection from Member States with annual updating by Secretariat	$ 230 000/year	Implies annual adjustment	Change and strengthen health situation and trend assessment	Possible frequent reallocations	Relates to 46
2. Analyse and define for the year 2000 the specific objectives and operational targets, measured through precise indicators, and mobilize appropriate resources to ensure attainment.	Article 2(a) and (v)	Compatible objectives and targets to be established at all levels in the Ninth General Programme of Work	$ 20 000	Reorient policy formulation and allocation towards outcome rather than input	Secretariat support to policy analysis/ evaluation	Change of allocation methodology	Under way as part of the Ninth General Programme of Work. Cost of a meeting with regional offices, at headquarters
3. To the extent that targets will not be met by the year 2000, propose alternative strategies and plans for intensified health programmes, with budgetary resources required to attain minimum goals, objectives and targets for the year 2005, 2010 or as appropriate.	Article 2(a) and (v)	Coordinated participation throughout WHO			Included in later general programmes of work (e.g. 10th and 11th)		Will be part of 1 and 2 above

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4. Study the feasibility of organizing international workshops or other forums to develop consensus for any adjustments or new directions in the strategy for health for all; stress health promotion and disease prevention and their implications for extending lifespan or disability-free years (e.g. through individual and community responsibility).	Article 2(r) and (v)	How to utilize planned workshops and other forums			Cross-programme activities emphasized	Possible effects in long term	Feasibility study needed. Cost can be met from available resources. Coordinated with UN 50th anniversary in 1995
4.2.1.1 WORLD HEALTH ASSEMBLY RESOLUTIONS							
5. Submit to the 1994 World Health Assembly a proposed resolution authorizing the Executive Board, in coordination with the Director-General, to establish a routine procedure for prior review of all resolutions proposed to the World Health Assembly that have potential impact on the objectives, policy and orientations of WHO, or that have implications in terms of staffing, costs, budgetary resources and/or administrative support. The Executive Board and the Director-General will ensure that resolutions proposed to the World Health Assembly are accompanied by the necessary background information, and that the text of the proposed resolutions includes provision for time limit, evaluation and reporting, as appropriate	Articles 28(b) and (c) and 29 Resolutions WHA31.9, WHA44.30	Guidelines necessary for new methods		DGO will strengthen its activities for the implementation and monitoring of recommendations. Report to EB/WHA	DGO		Standard method of costing and evaluation needed. Should lead to fewer and more focused resolutions

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.2.1.2 METHOD OF WORK OF THE WORLD HEALTH ASSEMBLY							
6. Consider and submit to the Board in January 1994 further proposals for improvements in the method of work of the World Health Assembly, to focus discussions on major policy, strategy and programme issues, make better use of audiovisual methods, and realize further economies in the duration and cost of the Health Assembly.	Article 28(b) Resolution WHA46.11	Proposals under preparation		DGO/BFI/ CGS/CRC	DGO		Continuing effort to improve method of work
4.2.2.1 EXECUTIVE BOARD DECISIONS							
7. Identify clearly in Executive Board documents, in an appropriate form, the issues that require the advice, guidance or decision of the Board, confirmed by vote when necessary.	Article 28	Prepare guidelines and follow up		Guidelines must be enforced by executive management	DGO/LEG		Regarding last part of recommenda-tion, use of voting has declined in the UN system
8. Ensure that Executive Board discussions genuinely focus on, and reach clear conclusions and decisions with respect to, all issues concerning health policy, technical, budgetary and financial aspects or other overall supervisory functions.	Article 28	Prepare guidelines and follow up with EB members		DG to report to EB on feasibility	DGO		Briefing for Chairman and EB members

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
9. Prepare summary records that are more succinct, with less reporting of various statements made during discussions, and more focus on conclusions and decisions reached, in addition to the resolutions and decisions formally adopted by the Executive Board.	EB Rule 20	Already under way		Reorientation of HBI	HBI		
4.2.2.2 METHOD OF WORK OF THE EXECUTIVE BOARD							
10. Establish subgroups or committees to meet during, and as part of, the Executive Board sessions each year, to review and evaluate a number of specific programmes, giving attention to interrelated elements of programme policy, priority, targets, plans, budgets, and other available resources including technology. Past performance, outputs and expected outcomes would be evaluated. The temporary subgroups should recommend actions to be taken, including tradeoffs within available resources, and report back to the plenary Executive Board which alone can take the final decision.	Articles 38-39 EB Rule 16	Establish new working arrangements	$ 5000-15 000/ group/year plus travel cost for advisers	Emphasis on evaluation	Cross-programme activities emphasized under DGO coordination		Cost for additional interpretation and Secretariat support. Briefing sessions to be considered
11. Use the subgroups mentioned above, or establish dedicated subgroups as appropriate, to advise the Executive Board on "cross-programme" issues such as administration and finance.	EB Rule 16	Establishment and terms of reference of particular subgroups depend on EB/PC discussions	$ 70 000/year plus travel cost for advisers	BFI supported by DGO	Strengthen BFI		As per 10. See also resolution WHA46.35 regarding Budget and Finance Committee

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.2.2.3 PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD							
12. Reconsider the need for, and the terms of reference of, the Programme Committee of the Executive Board; consider a change in the timing of post-Assembly sessions of the Board, and the plan of work of the Programme Committee to better match the work of the Board and its subgroups.	Articles 38-39 EB Rules 5 and 16 Resolution EB79.R9	Depends on terms of reference established by EB/PC	Travel cost of EB members and their advisers	DGO and BFI	DGO		
4.2.2.4 NOMINATION AND TERMS OF OFFICE OF THE DIRECTOR-GENERAL AND REGIONAL DIRECTORS							
13. Form a special ad-hoc subcommittee of the Executive Board to consider options for nomination and terms of office of the Director-General and Regional Directors, including the use of search committees.	Will require legal advice EB Rule 52	Study assisted by LEG	$ 20 000	Strengthen DGO and LEG	DGO/LEG		Subcommittee may be same as subgroup under 11

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.2.2.5 PARTICIPATION OF EXECUTIVE BOARD MEMBERS IN THE WORK OF WHO							
14. Establish a small working group to recommend how to: improve ways in which the Board members are designated; improve the selection procedures for the officers of the Board; and achieve more active involvement of all members throughout the year in the work of the Organization. Specifically, the working group should consider the possibility of designating a chairman-elect from among the officers of the Board, one year in advance of formal election under Rule 12, and the continued involvement of the outgoing chairman the following year, to permit a team approach at each session of the Board. The working group should also consider ways and means to improve communication and participation among the Chairman, Board members and the Director-General throughout the year, and to keep all Board members informed of the involvement of individual Board members in the work of WHO.	Articles 24-25 EB Rules 12-15	Feasibility study	$ 15 000	DGO/LEG			Possible procedural problem if first year EB member is appointed as Chairman designate. See also 7, 8, 10 and 11

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.2.2.6 EXECUTIVE BOARD POLLING OF MEMBER STATES OPINIONS 15. Conduct from time to time surveys of Member States' opinions and perceptions of the relevance, functioning, efficiency and effectiveness of the work of WHO at all organizational levels.	Article 2(v)	Surveys may be: - during WHA - country-based		HST to assist	DGO/GBP		Use existing staff. Survey results may affect structure, management and resource allocation
4.2.3.1 METHOD OF WORK OF REGIONAL COMMITTEES 16. Request the Regional Committees to study their own method of work with a view to harmonizing their actions with the work of the regional office, other regions, the Executive Board and the World Health Assembly.	Articles 46-50	More uniformity of procedures will be sought. DG will propose to regional committees in 1993	From regional offices	DGO and RDs offices, working group of regional committees	Working group of regional committees plus interregional task force		Cost of regional committees may change
4.3.1 POLICY DETERMINATION 17. Consider the establishment of a policy development team, utilizing current staff to orient the long-term vision, policy direction and programme priorities for the health sector and WHO.	Article 2(a) and (v)	Terms of reference needed. DG will propose to RCs in 1993		Will be part of programme development and evaluation system	Changes in the functioning of executive management	May have long-term effects	Cost will depend on terms of reference. See also 1

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	- Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
18. Strengthen and develop, with the Regional Directors, an improved policy planning and analysis capability/system to recommend clear priorities for programme objectives, targets and budgets. These priorities should be coordinated at all levels of the Organization and reported to the Executive Board (or the Programme Committee if it is retained) on an annual basis.	Articles 2(v), 30 and 51	DG will propose to RCs the strengthening of global policy forum of executive management with support of an interregional task force		Will be part of programme development and evaluation system	As 17 above. Add Directors Programme Management	May lead to reallocations among programmes	Must be supported by MIS in 20
19. Propose and implement appropriate management and communication systems, particularly with the Regional Directors, to achieve the designated objectives and targets according to the priorities identified. Such management and communications systems should be served by the management information systems for effective and efficient policy implementation.	Articles 2(v), 30 and 51	Strengthen policy coordination forum with support of ITO/MIS	$ 230 200/year	Will be part of programme development and evaluation system	As 17 above		Linked to 17, 18 and 20. Cost based on 1 P, 1 G staff

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.3.2 MANAGEMENT INFORMATION SYSTEMS							
20. Provide a detailed analysis of the current status, capability, compatibility, plans and programmes of existing management information systems throughout the Organization (headquarters, regional and country levels). The Director-General should develop alternate plans for a WHO worldwide system which could be implemented within variable time frames, e.g. within 3, 5 and/or 10 years.	Articles 2(v), 30 and 51	Will lead to updating of most programme management and administrative procedures	$ 195 000	AFI system, in conjunction with a new management information system (MIS), will lead to uniformity throughout	An Organization-wide system will allow better management control	Significant resources needed, some may be reallocated from offices and programmes	Cost of analysis and plan preparation only
4.4.1 STAFFING NEEDS AND PATTERNS							
21. Review the effectiveness of current WHO procedures and criteria utilized at headquarters, regional office and country levels for the development of appropriate staffing patterns and the selection and recruitment of staff.	Articles 35 and 53	Review procedures and propose reforms		PER will initiate study	PER		Use existing resources
4.4.2 TECHNICAL CONSULTANTS							
22. Review the practices of providing technical consultation for the Organization and identify changes needed in the provision and utilization of technical experts.	Article 2(v)	Review and change current procedures	$ 20 000	New RPD and PER will initiate studies	PER and RPD		Cost of consultant for three months

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.4.3 COMMUNICATIONS AND COLLABORATION							
23. Review the current delegation of authority between headquarters and regional offices and introduce appropriate changes in the light of experience and current needs.	Article 51	Review current situation		DGO/LEG plus an interregional task force	DGO plus RDs offices coordinated by LEG		
24. Include as part of the Executive Board's working agenda, on a regular basis, meetings with Regional Directors to review strategies and progress on key operational and management issues.	EB Rule 9	Include in agendas of EB		DGO will arrange	DGO		
4.5.1 WHO REPRESENTATIVES' RESPONSIBILITIES							
25. Evaluate current and planned country health programmes and determine the profile of skills and qualifications required to select highly qualified WHO Representatives.	Articles 35 and 53	Evaluate current profiles and selection processes and institute changes as appropriate	$ 30 000	DGO and RDs offices	Establish working group with regional offices and ICO		Six-week consultancy and visit to regional offices
26. Develop appropriate procedures for ensuring career development of the WHO Representatives through initial and periodic training and by rotation of WHO Representatives (between regions and headquarters) in the light of the Organization's current needs.	Articles 35, 36 and 53	Develop appropriate personnel procedures in consultation with Staff Association	$ 28 000	More effective training and management of WRs	HRH and SDP		Cost of feasibility study based on four-month consultancy

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.5.2 WHO REPRESENTATIVE AND INTERSECTORAL COORDINATION							
27. Direct the Regional Directors and the WHO Representatives to provide leadership in intersectoral coordination among the United Nations agencies and between major donors.	Articles 2(b), 51 and 52	Develop guidelines for WRs, including delegation of authority		Change in functions of WR	Regional Directors' offices		INA to be involved
4.5.3 DELEGATION OF AUTHORITY OF WHO REPRESENTATIVES							
28. Review, update and standardize the delegations of authority, the country office administrative/management and operating procedures, and the basic operating resources for WHO Representative offices throughout the Organization.	Articles 51 and 53	Evaluate and change current procedures for delegation of authority for the RD and WR. Prepare new operations manual	$ 14 000	More authority and resources to WR; will require strengthened MIS. HRH/HQ and ICO will prepare manual	More autonomy to WR	May require enhanced WR office	Cost for study only. See also 20, 25, 26 and 27

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.5.4 WHO REPRESENTATIVES INVOLVEMENT IN POLICY AND TECHNICAL DIALOGUE							
29. Review the role of the WHO Representative and recommend appropriate measures to strengthen the integration of the work of the WHO Representative into the policy and strategy development of the Organization. In addition, the Director-General should take advantage of low-cost improvements in communication technologies, such as CD ROMS and integration with electronically keyed national libraries (of medicine and others), to improve access to information for the WHO Representative.	Article 51	Include WR involvement in governing bodies and policy development meetings	$ 100 000/year	HBI and HRH to prepare material	HRH/SDP with PER		Cost of travel to HQ for WRs (20 WRs to HQ/year). CD ROM for libraries under way but could be accelerated. PAHO experience to be reviewed
4.5.5 WHO REPRESENTATION IN MEMBER STATES							
30. Inquire among Member States their interest in having alternate forms of WHO representation, within their countries.	Articles 33 and 53	Obtain views of Member States		DGO/LEG to initiate inquiry on the advice of RDs	DGO and RDs offices		Gradual implementation

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.6.1 UNITED NATIONS STRUCTURAL REFORMS							
31. Ensure that the Organization be active in its response to the structural and operating reforms taking place in the United Nations and its programmes. WHO should develop concept papers or action papers to facilitate the adoption of procedures, within the United Nations system, which further interagency cooperation and collaboration in the resolution of health and development problems.	Article 2(b)	Prepare reports by Secretariat		DGO and INA to prepare report	INA	Already reallocated	
4.6.2 COUNTRY AND GLOBAL COORDINATION							
32. Engage in discussions with appropriate elements of United Nations leadership to ensure optimal use of United Nations "unified offices" with United Nations specialized agency coordinators (not only UNDP coordinators).	Article 2(b)	Discussions under way with Regional Directors		WRs and RDs to initiate dialogue	RDs offices		Related to overall UN reforms and General Assembly decisions

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.6.3 WHO COORDINATION OF HEALTH RESOURCES							
33. Take appropriate measures to present appropriate information and recommendations to the UN/donor agencies responsible for development projects to include disease surveillance, prevention, and control as an integral component of each development project, programme intervention or targeted service for specific geographical areas.	Article 2(b) and (q)	Develop guidelines and form regional office task force		RMB to coordinate with ICO and RDs offices	New RMB function		Needs discussion
4.6.4 UNITED NATIONS REGIONAL STANDARDIZATION							
34. Engage in dialogue with the United Nations secretariat to study means for reducing differences in regions and operating procedures among United Nations agencies.	Constrained by Article 44	Study by outside expert	$ 21 000	INA and WUN will coordinate studies	INA		In progress but difficult to control
4.7.1 EXTRABUDGETARY PROGRAMMES AND FUNDING							
35. Assign an Executive Board member to sit on the management committee of each major extrabudgetary funded programme (generally consisting only of donors), to facilitate coordination and compatibility of policies, decisions and priorities with those of the World Health Assembly/Executive Board.	Article 28 Resolution needed	Resolution needed		DGO to prepare report	DGO		Cost paid by programmes

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
36. Seek approval from the World Health Assembly to have the authority to assess appropriate overhead rates, up to 35% for extrabudgetary programmes.	Articles 18(f) and 57	Will require major changes, after study and consultation		BFI and LEG to continue feasibility study, in consultation with programmes		If implemented major realloca-tions will result	Controversial: Executive Board will have to take decision. Need for common UN policy
37. Establish a pledging system to secure additional funds for priority regular budget programmes including those dealing with normative functions.	Article 57 Financial Regulation 7	Must be developed		Will change proposal mechanisms	New structure in the financial area established		Experiment in 1994
4.7.2 BUDGETARY INPUTS AND OUTPUTS							
38. Noting that the regional and country allocations are based mainly on allocations for previous years, establish budgeting systems/ mechanisms to derive the greatest benefit from the process of budgeting by objectives/targets and to facilitate the achievement of priorities and to provide for periodic adjustments of these priorities in accordance with changing health needs.	Articles 34, 50 and 55	Part of budgetary reform study and Ninth General Programme of Work		BFI will initiate study with DGO and consultation of GBP and regional offices	New budget reform group headed by an ADG	Will be part of basic allocation methods	Start with the 1996-1997 programme budget. Changes for Ninth General Programme of Work

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.8.1 TECHNICAL COMPETENCE							
39. Improve the personnel procedures to ensure: technical competence as the primary basis for the selection and recruitment of long- and short-term staff; the design and implementation of appropriate career development and continuing education programmes; and the development of a staff rotation system between headquarters and regions. The Director-General should assess the impact of the geographic distribution of posts on the quality of staff.	Articles 35, 36 and 53	Changes needed. Review current procedures with task force. Consultation with Staff Association and Ombudsman	$ 30 000	PER will coordinate a task force	PER	WHO will need additional staff to implement	Cost of study by consultant. Cost for staff rotation and training must be established, e.g. as percentage of salary
40. Draw to the attention of the World Health Assembly the impact on the quality of staff and on the ability of the Organization to perform its mandated functions due to politically motivated appointments made by the Secretariat as a result of pressures by Member States.	Articles 35, 37 and 53	DG consultation with Member States considering geographical distribution		DGO and PER in consultation with LEG	PER		Study of past recruitment practices may provide additional data. Geographical distribution is a constraint

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.8.2 RESEARCH INITIATIVES							
41. With a view to ensuring the best possible use of all resources available to the health sector, review and update existing guidelines and procedures related to WHO collaborating centres and their participation in research initiatives for the Organization. In particular, the review should focus on ways to facilitate, in a cumulative manner, the coordination of research efforts by the worldwide network of collaborating centres to achieve health for all targets and other priority health initiatives.	Article 2(b) and (n)	Review guidelines	$ 15 000	RPD will coordinate	Possible changes in RPD		Consultant used
42. Require every programme to include a budgetary item for conducting basic science or operational research activities as part of its institutional development process to achieve technical excellence.	Articles 2(n) and 34 Financial Regulation 3	Change budgetary procedures in consultation with ACHR		RPD	Possible if centrally monitored	May be substantial	Formerly tried in technical programmes. Start with administration as well as technical programmes, in 1996-1997 programme budget

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
4.8.3 WHO COLLABORATING CENTRES Establish a small group to determine with the Director-General ways to expand the use of the centres. A special focus should be given to the implementation of priority health research and PHC/HFA initiatives.	Article 2(b) Regulations for collaborating centres - 3	Review the designation, use and renewal of centres		Refer to ACHR subcommittees	RPD		Base review on Executive Board discussions of the subjects for analysis of process of designating centres providing resource support and institution-strengthening
44. Develop annual plans with each collaborating centre to facilitate the implementation of appropriate international health work, and the evaluation of the capability of the centre to maintain its special designation.	Regulations for collaborating centres - 3	Change from current four-year review to annual review	$ 20 000	More attention will be required from WHO programme managers and Regional Directors	RPD/regional ACHR	May require more resources for monitoring	Consultant to be used to study needs
4.9 COMMUNICATIONS 45. Develop WHO's capability to make greater use of modern communication techniques and methods, particularly mass media tools, to introduce health promotion and disease prevention concepts.	Article 2(v)	Review use of modern techniques with a committee under an ADG		DGO to initiate and coordinate with all ADGs	DGO/HPP		Include in the Ninth General Programme of Work and the 1996-1997 programme budget

Recommendations	Reform processes			Impact of reform			
	Constitution/ legal	Procedure	Cost	Programme operations	Structure/ functions	Budget/finance (money allocation)	Remarks
46. Issue an annual publication which reports on the Organization's efforts and programmes for improving the world health situation.	Article 2(f) and (q)	HST/GSP will propose draft plan for HBI	$ 300 000/year	Will affect preparation of the Director-General's biennial report and interim reports, and HFA evaluation report	HST/GSP	Will require additional resources	Feasibility study in 1994, report in 1995. Cost of production only based on World Bank experience. See 1 with which it is closely tied
5.2 CONCLUSIONS							
47. Devise means for the Executive Board to monitor the work and continue activities, including the potential contribution from the current EBWG members.	Article 28 EB Rule 16	EB/PC discussions in July 1993	$ 80 000 plus travel cost of advisers	Subgroup of Executive Board. Seven-member follow-up group	DGO to coordinate and support		Estimate three meetings

A. GOVERNING BODIES

First priority	Completion time	Second priority	Third priority
5. Resolution to establish a routine procedure for prior review of resolutions proposed to the Health Assembly	EB: January 1994 WHA: May 1994	6. Proposals for improvements in the method of work of the Health Assembly	
7. Identify issues clearly in Executive Board documents that require advice, guidance or decision	January 1994	8. Focus of Executive Board discussions	
10. Establish subgroups or committees to meet during, and as part of, the Executive Board sessions	January 1994	9. Prepare more concise summary records	
12. Reconsider the Programme Committee of the Executive Board	May 1994	11. Use the subgroups to advise the Executive Board on "cross programme" issues	
13. Subcommittee for nomination and terms of office of the Director-General and Regional Directors	Report to EB January 1994, May 1994	14. Small working group to recommend how to improve participation of Executive Board members	
16. Regional committees' study of their method of work	Autumn 1994 EB: January 1995	24. Include meetings with Regional Directors on the Executive Board's working agenda	
47. Devise means for the Executive Board to monitor and continue activities for reform including potential participation by current EBWG members	January 1994	35. Assign an Executive Board member to the management committee of each major programme financed from extrabudgetary resources	
		40. Draw to the attention of the Health Assembly the effects on quality of staff and ability of the Organization to carry out its functions of politically motivated appointments by the Secretariat as a result of pressure by Member States	

B. POLICY DEVELOPMENT AND ANALYSIS

First priority	Completion time	Second priority	Third priority
1. Annual assessment of world health situation and needs, and relevant WHO priorities	Study: Jan. 1994 Operation: 1995	2. For the year 2000, specific objectives and operational targets	3. Targets beyond the year 2000
4. International workshops or other forums	January 1998	11. Use the subgroups to advise the Executive Board on "cross programme" issues	
10. Establish subgroups or committees to meet during, and as part of, the Executive Board sessions	January 1994	15. Occasional surveys of Member States' opinions and perceptions	
17. Policy development team, utilizing current staff, to orient the long-term vision, policy direction and programme priorities	1994		
18. Establish or strengthen and develop, with the Regional Directors, an improved policy planning and analysis capability/system	1995		
23. Review the current methods for delegation of authority between headquarters and regional offices and introduce appropriate changes	September 1994		
46. Issue an annual publication which reports on the Organization's efforts and programmes for improving the world health situation	January 1994		

C. MANAGEMENT ISSUES

First priority	Completion time	Second priority	Third priority
19. Propose and implement appropriate management and communications systems	1995	21. Procedures and criteria for the development of appropriate staffing patterns and the selection and recruitment of staff	
20. Provide a detailed analysis of the current status, capability, compatibility, plans and programmes of existing management information systems throughout the Organization and alternate plans for a WHO worldwide system	mid 1995	22. Review the practices of providing technical consultation for the Organization and determine changes needed	
23. Review the current methods for delegation of authority between headquarters and regional offices and introduce appropriate changes	September 1994		
39. Improve the personnel procedures to ensure: technical competence as the primary basis for the selection; implementation of appropriate career development; and staff rotation system	Start in 1995		
45. Strengthen WHO's capability to use modern communication techniques and methods, particularly mass media	Report in January 1994		

D. WHO REPRESENTATIVES AND WHO COUNTRY OFFICES

First priority	Completion time	Second priority	Third priority
25. Determine the profile of skills and qualifications required for WHO Representatives	January 1995	27. Regional Directors and the WHO Representatives to provide leadership in intersectoral coordination for health	
26. Develop appropriate procedures for ensuring career development for WHO Representatives	mid 1994	29. Review the role of WHO Representatives and recommend appropriate measures to strengthen the integration of their work	
28. Review, update and standardize methods for the delegation of authority, the country office administrative/ management and operating procedures, and the provision of basic operating resources for WHO Representatives' offices	May 1994	30. Determine Member States' interest in having alternate forms of WHO representation within their countries	

E. REFORM OF UNITED NATIONS SYSTEM

First priority	Completion time	Second priority	Third priority
33. Appropriate information and recommendations to the UN/donor agencies to include disease surveillance, prevention, and control	January 1995	31. Report on steps to facilitate the adoption of procedures, within the United Nations system, which further interagency cooperation and collaboration in the resolution of health and development problems	32. Engage in discussions to ensure optimal use of "unified offices" with United Nations specialized agency coordinators (not only UNDP coordinators)
			34. Engage in dialogue with the United Nations system to study means for reducing differences in regions and operating procedures among United Nations agencies

F. PROGRAMME DEVELOPMENT AND BUDGETING

First priority	Completion time	Second priority	Third priority
37. Establish a pledging system to secure additional funds for priority regular budget programmes including those dealing with normative functions	May 1995		36. Seek authority from the Health Assembly to assess appropriate overhead rates, up to 35% for extrabudgetary programmes
38. Noting that allocations are based mainly on previous years, establish budgeting systems/mechanisms to carry out budgeting by objectives/targets	1996-1997 programme budget		

G. RESEARCH AND COLLABORATING CENTRES

First priority	Second priority	Third priority
	41. Review and update existing guidelines and procedures related to WHO collaborating centres and their participation in research initiatives of the Organization	42. Require every programme to include a budgetary item for basic or operational research activities as part of its institutional development process
	43. Establish a small group to determine with the Director-General ways to extend the use of the centres	44. Develop annual plans with each collaborating centre to facilitate implementation and evaluation

ANEXO 3

World Health Organization
Organisation mondiale de la Santé

PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD	Nineteenth Session 29 November - 1 December 1993 Provisional agenda item 3	EBPC19/2 8 October 1993

WHO response to global change

Implementation of recommendations to be reported to the ninety-third session of the Executive Board

Progress report by the Director-General

Overall guidance is provided to the Programme Committee in this document on how the recommendations of the Executive Board Working Group on the WHO Response to Global Change have been grouped into separate documents under this agenda item for ease of consideration. **This document is thus for information only;** action is requested under the separate reports, EBPC19/2.1 to EBPC19/2.10.

1. The Executive Board at its ninety-second session adopted resolution EB92.R2 requesting the Director-General to report on the implementation of the recommendations of the Working Group on the WHO Response to Global Change. In July 1993, the Board's Programme Committee established priorities for implementation among the recommendations of the "Executive Board Working Group on the WHO Response to Global Change", and proposed appropriate follow-up mechanisms. It noted that implementation of some of the processes had already started, and thanked the Director-General for progress already made on recommendations 17, 18, 43 and 45. The Programme Committee also specified which recommendations should be the subject of a report to the Executive Board in January 1994.

2. In preparing these reports it became evident that for better implementation of the related activities, and to avoid overlap, some of the recommendations could be grouped together, since:

- they have a common purpose, i.e., to rationalize the work of the governing bodies and their subcommittees, or to improve certain managerial aspects of the work of WHO;
- they apply to the same parts of the Organization, and grouping them will facilitate implementation and follow-up;
- their regrouping will bring more efficiency and possible savings in their implementation.

3. The following groupings were accordingly used, each forming the subject of a separate document for submission to the Programme Committee and subsequently to the Board in January 1994:

4. **Document EBPC19/2.1: Recommendations 1 and 46**

Make an annual assessment of world health status and needs, and recommend relevant WHO priorities for international health action to meet those needs.

Issue an annual publication which reports on the Organization's efforts and programmes for improving the world health situation.

The Programme Committee itself in July 1993 decided to group recommendations 1 and 46 with a view to giving a global perspective to the proposed reports and to linking more effectively the subjects: world health status and needs, WHO programme priorities, implementation of the Organization's programmes and matters dealt with in various already-existing reports of the Director-General.

5. **Document EBPC19/2.2: Recommendations 2, 3 and 4**

Analyse and define for the year 2000 the specific objectives and operational targets, measured through precise indicators, and mobilize appropriate resources to ensure attainment.

To the extent that targets will not be met by the year 2000, propose alternative strategies and plans for intensified health programmes, with budgetary resources required to attain minimum goals, objectives and targets for the year 2005, 2010 or as appropriate.

Study the feasibility of organizing international workshops or other forums to develop consensus for any adjustments or new directions in the strategy for health for all; stress health promotion and disease prevention and their implications for extending lifespan or disability-free years (e.g. through individual and community responsibility).

Fifteen years have elapsed since the Alma-Ata International Conference on Primary Health Care. Health policies are evolving rapidly throughout the world, and the Organization is undergoing major changes. The restatement of the WHO mission and a full review of programme policies, including specific objectives and operational targets, is thus timely. Recommendations 2, 3 and 4 of the Working Group on the WHO Response to Global Change have been grouped together better to relate the world health strategies and policies, with related targets, to the mission of WHO and the work of its programmes.

6. **Document EBPC19/2.3: Recommendation 5**

Submit to the 1994 World Health Assembly a proposed resolution authorizing the Executive Board, in coordination with the Director-General, to establish a routine procedure for prior review of all resolutions proposed to the World Health Assembly that have potential impact on the objectives, policy and orientations of WHO, or that have implications in terms of staffing, costs, budgetary resources and/or administrative support. The Executive Board and the Director-General will ensure that resolutions proposed to the World Health Assembly are accompanied by the necessary background information, and that the text of the proposed resolutions includes provision for time limit, evaluation and reporting, as appropriate.

This recommendation is presented alone as it can be implemented immediately after its approval by the governing bodies.

7. Document EBPC19/2.4: Recommendation 6

Consider and submit to the Board in January 1994 further proposals for improvements in the method of work of the World Health Assembly, to focus discussions on major policy, strategy and programme issues, make better use of audiovisual methods, and realize further economies in the duration and cost of the Health Assembly.

Ways of implementing recommendation 6 are presented in document EBPC19/2.4; however, elements of documents EBPC19/2.5 and EBPC19/2.6 will also apply to recommendation 6.

8. **Document EBPC19/2.5: Recommendations 7, 8 and 9**

Identify clearly in Executive Board documents, in an appropriate form, the issues that require the advice, guidance or decision of the Board, confirmed by vote when necessary.

Ensure that Executive Board discussions genuinely focus on, and reach clear conclusions and decisions with respect to, all issues concerning health policy, technical, budgetary and financial aspects or other overall supervisory functions.

Prepare summary records that are more succinct, with less reporting of various statements made during discussions, and more focus on conclusions and decisions reached, in addition to the resolutions and decisions formally adopted by the Executive Board.

Ways of implementing recommendations 7, 8 and 9 have been grouped together as they deal with documentation for, organization of and reporting on the discussions in the Executive Board.

9. **Document EBPC19/2.6: Recommendations 10, 11, 12 and 24**

Establish subgroups or committees to meet during, and as part of, the Executive Board sessions each year, to review and evaluate a number of specific programmes, giving attention to interrelated elements of programme policy, priority, targets, plans, budgets, and other available resources including technology. Past performance, outputs and expected outcomes would be evaluated. The temporary subgroups should recommend actions to be taken, including tradeoffs within available resources, and report back to the plenary Executive Board which alone can take the final decision.

Use the subgroups mentioned above, or establish dedicated subgroups as appropriate, to advise the Executive Board on "cross-programme" issues such as administration and finance.

Reconsider the need for, and the terms of reference of, the Programme Committee of the Executive Board; consider a change in the timing of post-Assembly sessions of the Board, and the plan of work of the Programme Committee to better match the work of the Board and its subgroups.

Include as part of the Executive Board's working agenda, on a regular basis, meetings with Regional Directors to review strategies and progress on key operational and management issues.

Ways of implementing recommendations 10, 11, 12 and 24 have been presented together as they deal with measures to improve the support provided by the Executive Board to WHO programme development and management at all levels.

10. **Document EBPC19/2.7: Recommendation 13**

Form a special ad-hoc subcommittee of the Executive Board to consider options for nomination and terms of office of the Director-General and Regional Directors, including the use of search committees.

Information regarding the implementation of recommendation 13 has been gathered and is now presented to the Executive Board Programme Committee for further action.

11. **Recommendation 14**

Establish a small working group to recommend how to: improve ways in which the Board members are designated; improve the selection procedures for the officers of the Board; and achieve more active

involvement of all members throughout the year in the work of the Organization. Specifically, the working group should consider the possibility of designating a chairman-elect from among the officers of the Board, one year in advance of formal election under Rule 12, and the continued involvement of the outgoing chairman the following year, to permit a team approach at each session of the Board. The working group should also consider ways and means to improve communication and participation among the Chairman, Board members and the Director-General throughout the year, and to keep all Board members informed of the involvement of individual Board members in the work of WHO.

A small working group comprising the Chairman of the Executive Board and the Director-General will meet prior to the Programme Committee. On the basis of their discussion the Chairman of the Board will report orally to the Programme Committee on the proposed implementation of the recommendation. A working paper may be prepared for the Board, unless the Chairman wishes to report orally.

12. **Document EBPC19/2.8: Recommendations 19 and 20**

Propose and implement appropriate management and communication systems, particularly with the Regional Directors, to achieve the designated objectives and targets according to the priorities identified. Such management and communications systems should be served by the management information systems for effective and efficient policy implementation.

To provide a detailed analysis of the current status, capability, compatibility, plans and programmes of existing management information systems throughout the Organization (headquarters, regional and country levels). The Director-General should develop alternate plans for a WHO worldwide system which could be implemented within variable time frames, e.g. within 3, 5 and/or 10 years.

Recommendations 19 and 20 are linked by some of the tools for implementation. The Director-General has already acted on recommendation 19 through the creation of a Global Policy Council and a Management Development Committee, comprising senior managerial staff from the regions and headquarters. The development of a management information system in the Organization is an important matter in itself which has been singled out as it will need longer-term follow-up.

13. **Document EBPC19/2.9: Recommendations 23 and 28**

Review the current delegation of authority between headquarters and regional offices and introduce appropriate changes in the light of experience and current needs.

Review, update and standardize the delegations of authority, the country office administrative/management and operating procedures, and the basic operating resources for WHO Representative offices throughout the Organization.

Recommendations 23 and 28 have been grouped together as each deals with delegation of authority and will be followed up within WHO by the same staff.

14. **Document EBPC19/2.10: Recommendation 27**

Direct the Regional Directors and the WHO Representatives to provide leadership in intersectoral coordination among the United Nations agencies and between major donors.

Implementation of this recommendation is the subject of a separate report to emphasize intersectoral coordination among the United Nations agencies, but activities in this area will also be discussed and reported upon with those related to recommendations 10, 11, 12 and 24.

15. Each sub-report will indicate the steps that the Programme Committee may wish to take in forwarding its recommendation to the Board.

= = =

World Health Organization
Organisation mondiale de la Santé

PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD	Nineteenth Session 29 November - 1 December 1993 Provisional agenda item 3	EBPC19/2.1 15 October 1993

WHO response to global change

Implementation of recommendations to be reported to the ninety-third session of the Executive Board

Recommendations 1 and 46

Interim report by the Director-General

Concerned with the need to base WHO's action on an annual assessment of the world health situation and to report that information in an attractive form, the Executive Board Working Group recommended that WHO:

- make an annual assessment of world health status and needs, and recommend relevant [WHO] priorities for international health action to meet those needs (recommendation 1);
- issue an annual publication which reports on the Organization's efforts and programmes for improving the world health situation - the report should be similar to UNICEF's *The state of the world's children* in target audience and promotional content (recommendation 46).

The report of the eighteenth session of the Programme Committee in July 1993 stated that recommendations 1 and 46 would be analysed together with a view to giving a global perspective to such reports and to link effectively the world health situation and needs, the priorities for WHO cooperation, the implementation of the Organization's programmes, and various reports of the Director-General. It stated that a detailed plan giving recommendations on its content, length and target readership would be presented to the Programme Committee in November 1993.

This interim report presents preliminary findings on the feasibility of an annual publication that links the results of an assessment of the world health situation and needs in countries (in order to recommend priorities for WHO cooperation for international health action), and WHO programmes and activities to improve the situation. It states the proposed objective of such a WHO publication on world health, the target readership, scope and content, frequency of issue, and finally the requirements and implications.

CONTENTS

I. RATIONALE

1. The formulation, coordination, monitoring and evaluation of international health policies and strategies require information on the global health situation. WHO undertakes an assessment of the world health status and trends every six years, and issues the results in a publication, the most recent being the *Eighth report on the world health situation*, in 1993.[1] Some WHO programmes funded from extrabudgetary resources also carry out assessments annually, but there has been no comprehensive review by all disease programmes, nor any systematic overall assessment of the global health status and trends by infrastructure programmes. A major constraint has been stated to be scarcity of data on a number of health variables. An initiative was launched in 1988 by the Division of Epidemiological Surveillance and Health Situation and Trend Assessment to assemble information on the magnitude of health problems as estimated by WHO programmes applying their epidemiological judgement to whatever data were available. A document on *Global health situation and projections - estimates* was then brought out. The information is regularly updated and the document revised every two years. The most recent revision relates to 1992 and the information contained therein supplements the *Eighth report on the world health situation*, referred to above. These individual disease estimates should be brought together in an overall assessment of health status and trends, determining the priority of health and health-related problems. The annual assessment of the global health situation and needs will be considered in the context of the annual publication on WHO's work (programmes and activities).

2. WHO has an extensive publications programme including reports on the scientific, technical and managerial aspects of various health and health-related programmes. Information related to an assessment of the health situation appears in such publications as the *Weekly epidemiological record*, *World health statistics quarterly*, *World health statistics annual*, *World health forum*, *Bulletin of the World Health Organization*, *World health* magazine, etc., as well as in the publications and documents of various WHO programmes. Most of these focus on specific health and health-related subjects and are primarily directed at medical and public health professionals in academic, training and research institutions and at health planners and managers and health workers. There is no single publication, except for the *Report on the world health situation* issued every six years, that brings together disease-specific information from all available sources. At the same time, there is an urgent need to make the present mostly descriptive *Report of the Director-General on the work of WHO* a more analytical and evaluative report on what WHO is doing (efforts and programmes) in relation to global health needs and priorities.

3. With the sociopolitical and development environment affecting the global health situation and policies more and more directly, and with international health action to solve high priority health problems lacking direction and support, what is needed is an identity document directed to non-medical professionals, particularly those who decide on the allocation of resources for development activities.

II. PROPOSAL FOR A PUBLICATION ENTITLED *ANNUAL REPORT ON WORLD HEALTH*

4. **Objective:** to provide, through a self-contained, concise but comprehensive annual publication, a review of the global health situation and needs, and of problems faced by health systems, in order to recommend where priority should be given to international health action and to the Organization's activities in that context.

5. **Target readership:** non-medical professionals such as policy-makers and planners for development, heads of donor agencies and other international funding institutions, policy-makers in health (e.g. ministers

[1] *Implementation of the Global Strategy for Health for All by the Year 2000, second evaluation - Eighth report on the world health situation*. Volume 1 (global review); Volume 2 (African Region); Volume 3 (Region of the Americas); Volume 4 (South-East Asia Region); Volume 5 (European Region); Volume 6 (Eastern Mediterranean Region); Volume 7 (Western Pacific Region). World Health Organization, 1993.

of health, social welfare, etc.), financial experts who decide on the allocation of funds, and the educated public as well as opinion-makers in the media and elsewhere.

6. **Scope, contents, frequency and format of the publication:** a comprehensive review of global health and of the work of WHO, authoritative and of extremely high quality in terms of accuracy of content, and style and presentation. It will be oriented to the solution of specific problems, emphasizing a global view of the health scene and WHO activities, followed by an in-depth analysis of 2-3 selected issues, different each year.

7. It will be an annual publication in English and French consisting of about 80 pages, of which about 15-20 pages will be of graphs, tables and pictorials in a two-colour presentation. The choice of format (18 x 25 cm) is intended to make the publication handy.

8. The report will be written by a person with experience in health reporting and be based on the results of a global assessment to be carried out every year and an annual global synthesis of what WHO is doing to improve the global health situation; this may cover such areas as policy orientation, WHO programmes and activities, and organizational aspects including global and regional cooperation. The publication should eventually become a self-contained, authoritative and concise WHO identity document.

9. It is expected that the publication may be issued for the first time in April 1995. Its proposed structure in 1995 and other odd-numbered years, and in 1996 and other even-numbered years, is given below:

1995 and other odd-numbered years	1996 and other even-numbered years
Annual report on world health	**Annual report on world health**
(80 pp. 18 x 25 cm publication in English and French with 15-20 pp. of graphic, tabular and pictorial presentation in two colours)	(80 pp. 18 x 25 cm publication in English and French with 15-20 pp. of graphic, tabular and pictorial presentation in two colours)
Health scene - a global view	Health scene - a global view
. Review of global health - Age-related health status - Disease trends and disease-related risks - High priority health problems	. update of global health situation (including problems) . review of new problems and the priority to be given to them . findings from analysis of selected issues
. Problems facing health systems - Technology - Service delivery - Organization and management	WHO programmes and activities Organizational aspects and cooperation
Constitutional mandate and policy orientation	
WHO programmes and activities	
Organizational aspects, including cooperation	

10. The sources to be used and process to be followed for preparing the proposed annual report on world health are given in the Annex.

Implications and resource needs

Implications:

11. Mechanisms and procedures have been developed, institutionalized and are functioning effectively for the collection and use of disease surveillance data by many programmes such as EPI, GPA, MAL, TUB, etc. that have sufficient extrabudgetary funds for managing them, and by programmes for some other diseases such as cholera subject to mandatory global surveillance and the International Health Regulations. Principles used in the development of such mechanisms and procedures should be extended to other disease programmes.

> It is suggested that mechanisms and procedures should be developed to obtain, at six-monthly intervals at least, disease statistics and related data, and that the Global Policy Council should be mobilized to support their launching since few WHO programmes are concerned with collection of data, other than mortality and, to a lesser extent, morbidity statistics. In the light of the Ninth General Programme of Work, and the implementation of the other recommendations of the Executive Board Working Group on the WHO Response to Global Change, the situation is likely to improve.

12. Although the WHO Constitution stipulates that each Member State "shall report annually to the Organization on the action taken and progress achieved in improving the health of its people" (Article 61), very few Member States report regularly on the national health situation. Most of them, do however, provide comprehensive reports to WHO every three years, following their monitoring or evaluation of progress in the implementation of national health-for-all strategies.

> It is suggested that countries report on the results of health-for-all monitoring at two-yearly instead of three-yearly intervals, and that the scope be confined to health trends, implementation of primary health care and mobilization and use of resources for health. Every six years however, there will be a comprehensive evaluation, as in 1985 and 1991.

13. The present reports of the Director-General on the work of WHO are more narrative and descriptive than analytical and evaluative, and data tends to be repeated from one biennium to the next. With the inclusion of a discussion of the global health situation and of high-priority health problems, the report would be more meaningful.

> It is suggested that mechanisms and procedures be instituted to obtain more meaningful reports from WHO divisions and programmes to obtain a global view of achievements, constraints and challenges for the Director-General's report on the work of WHO as part of the proposed new report.

14. Even with the data available from programmes, minimal efforts are made to analyse, synthesize and assess the situation.

> It is suggested that in-house analytical capability in various health and health-related fields should be mobilized, and that resources should be redirected and supplemented to strengthen the functions related to the assessment of the world health situation.

15. Donor agencies seek a comprehensive, meaningful and authoritative "identity document" on global health priorities, and on WHO's programmes and activities to meet them.

> It is suggested that the proposed annual report should be conceived as a WHO identity document directed towards satisfying this need in the near future.

Professional staff resources:

16. Professional expertise in the following areas would be needed to provide the material and to carry out the functions and activities concerned with the annual assessment and publication of an *Annual report on world health*:

Fields of specialization
Analysis, assessment and publication Health systems analysis Public health administration/health policy analysis Health information analysis/statistics Applied epidemiology WHO programme management Social planning/development economics Selected health issues (topical needs) Public health writing/journalism Translation and proofreading
Health data collection, validation and dissemination Epidemiology Statistics/demography Data management/analysis Statistics/technical support Editing

17. Support staff will include technical assistant, statistical assistants and secretaries.

18. Most of the expertise is available within WHO and can be mobilized. The major focus of activities will be on assembling and analysing data. Many of the professional staff currently working on health-for-all monitoring and evaluation and on collection of health statistics and information and their dissemination can be profitably used for this activity.

Recurrent budget:

19. In addition to the costs relating to WHO staff contributing as part of their regular duties, the annual assessment and publication of an *Annual report on world health* would require the following, annually:

Personnel

		US$
Professional staff	36 m/m	200 000
- Various specializations		
- Public health writing/journalism		
- Translating/proofreading		
Support staff	12 m/m	50 000
Information collection and analysis		20 000
Printing and publishing		100 000
Promotion and distribution		50 000
Total estimated annual cost		420 000
Including:		
Director-General's biennial report (current account)		125 000*
Sections A & B of *World health statistics annual* (current account)		15 000
Estimated net annual cost		280 000

* 50% of biennial budget.

III. ACTION BY THE EXECUTIVE BOARD

20. The Programme Committee may wish to recommend to the Executive Board that:

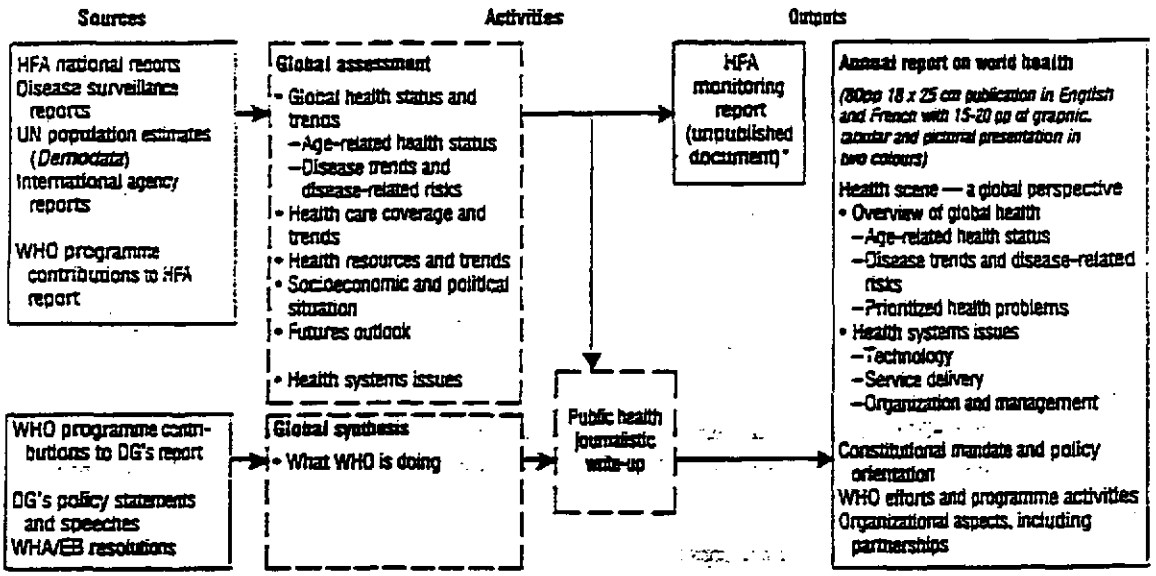
- WHO should launch annual assessments of the global health situation, starting in 1994;
- the findings should be linked to the implementation of the Organization's programmes, including activities carried out in cooperation with other agencies;
- they should be published in an annual report on world health, as outlined herein starting in 1995;
- this publication should incorporate the Director-General's *Report on the work of WHO*, ultimately forming an authoritative WHO identity document of the kind sought by donor agencies;
- the additional resources needed for this publication should be mobilized, i.e. about US$ 280 000 annually, starting in 1994 so that the first issue can appear in 1995;
- the information required for the annual assessments should be obtained through national reports on findings from the monitoring of progress in the implementation of health-for-all strategies, and consequently the present three-year monitoring cycle should be replaced by a two-year cycle confined to trends in health status, implementation of primary health care and mobilization and use of resources for health.

ANNEX

Proposal for an annual report on world health

1995

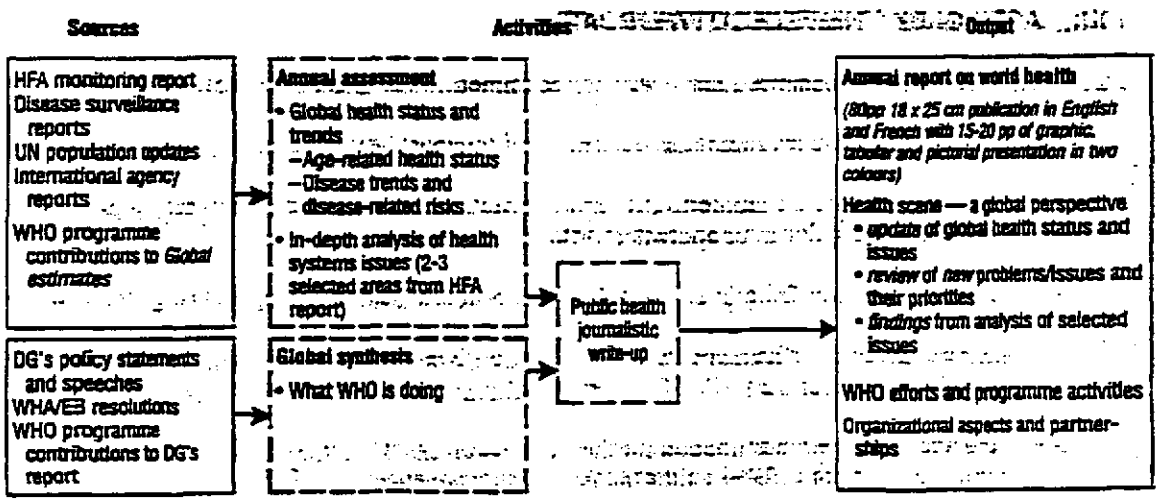
(and other years scheduled for HFA monitoring reports)



* *HFA evaluation report to be published in 1998*

1996

(and years following HFA reports)



Implications:

1. *The annual report on world health* would be the DG's report on *The Work of WHO*
2. HFA monitoring at two-yearly intervals covering trends in health status, implementation of primary health care and resources for health.
3. Revise guidelines for WHO programme contributions to DG's report, to be more analytical and evaluative.

GSP, 29.9.93

= = =

World Health Organization
Organisation mondiale de la Santé

PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD	Nineteenth Session 29 November - 1 December 1993 Provisional agenda item 3	EBPC19/2.2 14 October 1993

WHO response to global change

Implementation of recommendations to be reported to the ninety-third session of the Executive Board

Recommendations 2, 3 and 4

Report by the Director-General

In its concern to maintain WHO's clear sense of mission, the Executive Board Working Group on the WHO Response to Global Change restated that health for all provides a valid and timeless goal; however, it called for more realistic targets in response to the evolution of the world health situation to guide future international work by WHO and Member States, and requested the Director-General in particular to:

- analyse and define for the year 2000 the specific objectives and operational targets, measured through precise indicators, and mobilize appropriate resources to ensure their attainment. WHO therefore should make full use of resources and expertise in regions and countries (recommendation 2)

- to the extent that targets will not be met by the year 2000, propose alternative strategies and plans for intensified health programmes, with budgetary resources required to attain minimum goals, objectives and targets for the year 2005, 2010 or as appropriate (recommendation 3)

- study the feasibility of organizing international workshops or other forums to develop consensus for any adjustments or new directions in the strategy for health for all; stress health promotion and disease prevention and their implications for extending lifespan or disability-free years (e.g. through individual and community responsibility) (recommendation 4)

The present report describes progress in implementing these recommendations and calls for the guidance of the Programme Committee and the Executive Board for further action.

CONTENTS

I. INTRODUCTION

1. While health for all remains the common aspiration or goal of WHO and its Member States, 15 years after the International Conference on Primary Health Care in Alma-Ata and 12 years after the adaptation of the health-for-all strategies the evolution of the world health situation makes it a necessity to review the objectives and targets that were set at that time and to adjust them to what can be achieved by the year 2000 and beyond (see section III below). At the operational level the Working Group on the WHO Response to Global Change emphasized in addition the need to analyse specific operational targets for the year 2000, with indicators to measure progress in achieving them, and to mobilize appropriate resources to ensure their attainment (see section II below). In order to support the Organization in these endeavours the Executive Board Working Group asked the Director-General to investigate the possibility of organizing international workshops or other forums (see section IV below).

II. SPECIFIC OBJECTIVES, OPERATIONAL TARGETS AND RESOURCES

2. While the Working Group on the WHO Response to Global Change has called for the analysis and definition for the year 2000 of specific objectives and operational targets with indicators for their follow-up and estimates of resources for their achievement, resolution WHA46.35 on budgetary reform calls for the identification of realistic programme targets in accordance with established health priorities during the preparation of the programme budget (an exercise which has already started for the period 1996-1997). In implementing the recommendation of the Working Group and resolution WHA46.35 the specific role of WHO among all contributors to the attainment of country, regional and worldwide targets has to be determined.

3. The Ninth General Programme of Work identifies a number of these targets to which the Organization will contribute during the period 1996-2001; some of these targets originate in existing resolutions which most Member States have adhered to. However, as recognized in the Ninth General Programme of Work, these targets do not cover all health development, operational issues and problems that countries and the international health community face. Therefore, to complement this work, an analysis will be made of previous targets and the strategies for health for all to determine which areas and cooperation processes are still relevant to new health challenges and which, 15 years after their establishment, should be less prominent; alternative strategies will be developed whenever necessary. As this analysis should start at the country level, WHO will encourage countries to review systematically their health-for-all strategies in order to define the required health reforms and implement them. WHO will also encourage them to determine the strategic priority areas for collaboration with WHO to increase their own health development capacity. Finally, this process will be strengthened through the budgeting exercise being undertaken in response to resolution WHA46.35, full use being made of the expertise in regions and countries. The process called for by recommendations 2 and 3 has thus been initiated. In the coming two years it will also be strengthened by the systematic review by the Executive Board of the WHO programmes as described in document EBPC19/2.6.

4. It is thus proposed that in the light of the results of:

(a) countries' review of their own health policies; and

(b) reviews by WHO of worldwide programme orientations and targets;

an overall analysis of progress be made at the end of 1994 with a view to presenting a consolidated glob picture of existing objectives and targets (for the year 2000 or beyond); any "missing" objectives in are of public health importance could then be identified. This should involve internal restructuring includir general estimation of the resources necessary to attain minimum goals. A note of caution on this subje should be sounded, as most of the costs and the resources mentioned in recommendations 2 and 3 w depend on national budgets and may be difficult to estimate or secure. However, it will be possible to ma

estimates of the specific contribution of WHO; a first step in this direction will be made in the 1996-1997 programme budget for WHO activities in countries and regions and at headquarters.

5. In the elaboration of strategies for health for all by the year 2000 after Alma-Ata, little interest was shown in the planning for and utilization of resources for health activities; at that time most countries were experiencing economic growth, and many indicators gave hope that it would continue for a while and that part of this growth could benefit the social sector, including health. However, in most countries, the subsequent deteriorating economic situation, demographic evolution and increased demands are imposing an added economic burden on existing health systems. Health plans often cannot be matched with technological and financial resources without endangering the attainment of the most basic health targets. During the past few years WHO has supported several countries in estimating and budgeting for their priority health needs; it has also intensified its cooperation with a growing number of least developed countries (LDCs) and directed bilateral and multilateral resources to meet their priority health needs and to strengthen their capacity to attain better health.

6. Within WHO, as mentioned earlier, the programme budget process will force a matching of programmes with expected resources and a concentration of activities on the solution of priority health problems in the world, including the strengthening of the country health infrastructure upon which sustainable action is dependent. The programme reviews by the Executive Board as described in document EBPC19/2.6 would also link the selection of realistic strategies and particular activities for the Organization's programmes with identified worldwide health targets.

7. The Executive Board, in January 1995, will thus be able to review:

- some of the specific objectives and operational targets to guide future international work by WHO and Member States, together with their indicators, for the years 2000, 2005 or 2010 as appropriate (however, the process of review of health policies by countries, as mentioned in paragraph 4, cannot reasonably be expected to be completed by 1994 in all countries (earlier experience of formulating the national, regional and global strategies shows that it may take approximately three years));
- the support WHO intends to give, in specific terms and with the necessary resources, at least for 1995, 1996, 1997 and, as an indication of trends, for 1998-2001, making full use of expertise in countries and regions and at headquarters;
- measures taken to mobilize resources for intensified cooperation with countries and peoples who have difficulty in meeting their basic health needs.

III. UPDATING THE HEALTH-FOR-ALL STRATEGIES AND RESTATING WHO'S MISSION

8. With the evolution of their national health situation a number of countries are already updating their strategies for health for all. WHO has supported these endeavours through evaluation and monitoring of the health-for-all strategies, including analysis of country health situations, support to country health policy development and strategy implementation and exchange of information on programme policies. While this has enabled individual WHO programmes to respond rapidly to changing situations in countries, there is still a great need at all levels (country, regional and headquarters) for a review of the health-for-all policy implementation. Simultaneously, the Organization is undergoing major changes to adapt to the world health situation. A restatement of WHO's mission to give clear guidance in its work and its internal arrangements will stimulate a sense of common purpose and direction. A number of measures have already been taken to that effect.

9. To strengthen the development of the Organization's policies and strategies, and to ensure their appropriate implementation at all levels, the Director-General has established a Global Policy Council

(GPC), comprising *inter alia* the Regional Directors, the Assistant Directors-General and the Director of IARC. The mandate of the Council includes the review of the WHO health-for-all policy and related regional policies; monitoring of the application of the related targets at all levels and their periodic updating; restatement of the mission of WHO in the light of world change. The Global Policy Council will also deal with managerial issues to ensure that WHO action at headquarters, regional and country levels follows the global policy with due regard to national priorities. A Management Development Committee will prepare the work of the Global Policy Council. These bodies for policy and management will receive support at all levels of the Organization from mechanisms providing information and making proposals. A key element of these mechanisms will be a series of multidisciplinary "development teams" created to develop concepts, elements of policy or management tools; these teams, composed of WHO staff, will cease to exist on completion of their mandates. Their output will be reviewed by the Global Policy Committee or by the Management Development Committee according to the subject of their study. To apply the reforms necessitated by global change a number of these teams will function under the auspices of the Director-General;[1] apart from the tasks mentioned above, document EBPC19/2.8 also describes the tasks of a number of these development teams. External expertise will be pooled through various means described in section IV below.

10. In order to draw on external scientific and political advice, the Director-General may call together a group of health experts and policy-makers who will meet on an ad hoc basis to suggest areas for particular attention in international health work, and to outline the most promising policy orientations in the light of continuing and emerging health problems. They will also advise the Director-General on policy for health and socioeconomic development.

11. In the WHO regions, various mechanisms have already been set up to advise Regional Directors on the practical aspects of health for all, to assess health problems in the region and to formulate strategies for health for all through the establishment of national health development programmes in Member States and the appropriate orientation of the regional office programme. In the European Region this role is played by the Regional Health Development Advisory Council (RHDAC) established at the beginning of 1980 to advise the Regional Director on development and implementation of the regional strategy for health for all by the year 2000. In 1991 it met to review the progress report on updating the regional health-for-all targets after an epidemiological review of the targets and the analysis of Member States' replies to a questionnaire on the targets.

12. Following the reporting proposed in section II above it is proposed that the ninety-sixth session of the Executive Board in May 1995 review and comment on a draft updated strategy for health for all and on a policy document restating WHO's mission in the light of it. The final document would be presented to the Executive Board in January 1996.

IV. INTERNATIONAL EXPERTISE IN SUPPORT OF POLICY DEVELOPMENT

13. Some of the mechanisms used in implementing recommendations 2 and 3 have been described in sections II and III above. In addition it is intended to make full use of the support mechanisms foreseen by the WHO Constitution and to improve their functioning as necessary. These are:

- expert advisory panels providing the Organization with technical guidance and support on a particular subject, either by correspondence or at meetings to which the experts may be invited;

[1] For example, it is envisaged at present that development teams will follow up subjects such as WHO policy development, the WHO programme management information system, the decentralized role of WHO Representatives, etc.

- expert committees convened by the Director-General for the purpose of reviewing and making recommendations on an important subject where there is a major development deserving authoritative expert conclusion;

- scientific groups, which play for research a role comparable to that of expert committees and study groups for the Organizations's programme in general;

- individual programmes can also benefit from the advice of experts through an array of technical and managerial advisory groups;

- WHO collaborating centres,[1] which form part of an international collaborative network carrying out activities in support of the Organization's programme at all levels;

- other mechanisms of collaboration with individual experts, expert groups and institutions - through various forms of contractual agreement - in response to particular requirements.

Finally, it is within the purview of the Executive Board itself to develop consensus on adjustment or reorientation of the strategy for health for all, in which task it may be supported by the regional committees.

14. While these existing mechanisms have proved their worth during the last 40 years, it may prove necessary to organize international workshops or other forums to provide consensus for adjustment or reorientation of the strategy for health for all, as advocated by the Executive Board Working Group on the WHO Response to Global Change, especially in areas where consensus has not yet been reached on attainable targets or where priorities for the future may have to be debated. Such meetings may be held at the regional or at the global level. They may be costly, and it is felt that before embarking on such measures, the use of existing mechanisms should be explored and costs compared. For example, a meeting of eight participants without interpretation would cost about US$ 27 000, while a meeting of 14 participants with interpretation in six languages would cost about US$ 140 000.

15. Considering the ad hoc nature of the needs and the difficulty of funding such meetings when the 1994-1995 programme budget has already been approved, it is proposed that the Executive Board leave to the Director-General and the Regional Directors the decision on the necessity to convene such groups for implementing recommendations 2, 3 and 4, making full use of existing mechanisms, including the Board, regional committees and other planned meetings.

V. ACTION BY THE EXECUTIVE BOARD

16. In the light of its discussion of the present report the Programme Committee may wish to make proposals to the Executive Board for the implementation of recommendations 2, 3 and 4. A general idea of the timetable for the implementation of these recommendations is given below; however, recommendations 2, 3 and 4 call for a redefinition of the health-for-all policy and of the strategies, objectives and targets supporting it. Such an endeavour requires the full participation of the Member States which are party to the achievement of these targets, and the enlistment of a number of health partners in socioeconomic development. The Board will need to follow and monitor progress closely and advise the Director-General on the details and timing of the process as appropriate. In the meantime, the Board at its ninety-third session in January 1994 may wish to:

- endorse the steps already taken by the Director-General and described in sections II and III above;

[1] Through improved and more extensive use of their services the collaborating centres are at present given increased prominence in the work of WHO, a tendency that will continue in the next few years.

- ask the Director-General to propose for review in January 1995 specific objectives and operational targets together with their indicators in all areas of WHO activity for the year 2000 or beyond with appropriate technical cooperation for their implementation;

- review, when it examines the 1996-1997 programme budget, the measures taken to mobilize resources for intensified cooperation with countries having difficulty in reaching these targets in order to ensure that WHO activities for this period and the trends indicated up to the year 2001 are consistent with priority health targets;

- approve the proposal of the Director-General to present to the ninety-sixth session of the Executive Board in May 1995 a progress report for a draft updated strategy for health for all, together with a restatement of WHO's mission in the light of this new strategy (the final document would be presented to the Board in January 1996, the schedule for its finalization depending on to a large extent action by Member States);

- having considered the present system of pooling existing WHO expertise, advise the Director-General and the Regional Directors on the need to organize international workshops or forums to develop consensus for adjustment or reorientation of the strategy for health for all.

= = =

World Health Organization
Organisation mondiale de la Santé

PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD	Nineteenth Session 29 November - 1 December 1993 Provisional agenda item 3	EBPC19/2.3 14 October 1993

WHO response to global change

Implementation of recommendations to be reported to the ninety-third session of the Executive Board

Recommendation 5

Report by the Director-General

The report of the Executive Board Working Group on the WHO Response to Global Change requested the Executive Board to:

- submit to the 1994 World Health Assembly a proposed resolution authorizing the Executive Board, in coordination with the Director-General, to establish a routine procedure for prior review of all resolutions proposed to the World Health Assembly that have potential impact on the objectives, policy and orientations of WHO, or that have implications in terms of staffing, costs, budgetary resources and/or administrative support;

- ensure with the Director-General that resolutions proposed to the World Health Assembly are accompanied by the necessary background information;

- ensure that the text of the proposed resolutions includes provision for time-limit, evaluation and reporting, as appropriate.

The Director-General's proposals on how these recommendations might be implemented are outlined in this document. Since these proposals could be put into effect immediately, it is furthermore proposed that they be tested over a two-year period and that the Director-General report back to the Health Assembly, through the Executive Board, in 1997. The Executive Board may wish to reflect these proposals in the draft resolution that it will submit to the Health Assembly.

CONTENTS

I. RATIONALE

1. The Executive Board Working Group on the WHO Response to Global Change noted that resolutions are sometimes placed before the World Health Assembly without adequate analysis of their relevance to the current or future mission, policy and directions of WHO.[1] Background information on the implications of resolutions, in terms of staffing, costs, budgetary resources and/or administrative support, is often unavailable. The Executive Board Working Group also noted that resolutions often contain no time-limit for validity or any indication of how the implementation and impact of resolutions would be evaluated and reported on.

II. MECHANISMS AND APPROACHES ALREADY ESTABLISHED

2. Article XIII of the Financial Regulations of WHO states that neither the Health Assembly nor the Executive Board shall take a decision involving expenditure unless it has before it a report from the Director-General on the administrative and financial implications of the proposal. Rule 13 of the Rules of Procedure of the Health Assembly states that the Director-General shall report to the Health Assembly on the technical, administrative and financial implications of all agenda items submitted to the Health Assembly before they are considered by the Health Assembly in plenary meeting. No proposal shall be considered in the absence of such a report unless the Health Assembly decides otherwise for reasons of urgency. Nevertheless, these rules are not applied systematically.

3. The governing bodies and the Director-General have, over the years, sought ways to improve the capacity of the Board and the Health Assembly to effectively review draft resolutions and consider their implications before recommending them for adoption and adopting them. In 1978 the Health Assembly adopted resolution WHA31.9[2] on the method of work of the Health Assembly, stating *inter alia* that sponsors of draft resolutions on technical subjects should, whenever feasible and appropriate, be invited to submit background information and/or an explanatory note or memorandum on the proposal contained in draft resolutions and that the Secretariat would report, in writing if feasible or appropriate, on any technical, administrative and financial implications which the proposal might have.

4. In 1991, following discussion of the method of work of the Health Assembly,[3] the Assembly adopted resolution WHA44.30[4] deciding that proposals for resolutions on technical matters should first be considered by the Executive Board, unless the subject matter had been extensively debated by the Health Assembly.

5. The WHO Constitution gives the Board the authority to undertake such detailed prior review of draft resolutions at the request of the Assembly[5].

III. PROPOSALS FOR IMPROVING MECHANISMS AND PROCEDURES

6. The mechanisms described in section II are applied, albeit not on a systematic basis. A number of ways of improving on present practices and thereby meeting the concern of the Executive Board Working Group on the matter are outlined below.

---

[1] Document EB92/4, Report of the Executive Board Working Group on the WHO Response to Global Change, page 3, item 4.2.1.1.

[2] Handbook of Resolutions and Decisions, Vol. II, p. 221.

[3] See document WHA44/1991/REC/1, Annex 8.

[4] Handbook of Resolutions and Decisions, Vol. III, p. 154.

[5] Article 28(c).

(a) Prior review

7. In most cases, draft resolutions originate in the Executive Board and are considered by it before being transmitted to the Health Assembly for adoption.

8. When a draft resolution is proposed in the Health Assembly without the matter having been previously reviewed by the Executive Board, it is proposed that:

- The Chairmen of Committees A and B, in consultation with the Executive Board representatives to the Committee, and supported by the Committee's secretariat, on behalf of the Director-General, would review available material and information and decide whether the Committee concerned had sufficient information concerning the draft resolution. If not, they would take the necessary steps to obtain the information required.

- The Chairman of the Committee concerned would refer the matter to the General Committee which would then decide whether it was appropriate for the draft resolution to be considered in the Committee concerned. Otherwise, the General Committee would recommend an appropriate course of action.

(b) Background information, time-limit for validity of resolutions, and follow-up and reporting on implementation

9. In the usual situation where draft resolutions are first considered by the Board:

- The Director-General would ensure that the necessary background information, including information about the implications of adopting the draft, was provided to the Board and subsequently transmitted to the Health Assembly. Such information could be included in the document on the subject or could be provided as an addendum to the draft resolution.

- The Chairman of the Board, supported by the Director-General, would ensure that when appropriate draft resolutions clearly set out a realistic time-limit for validity of the resolution and an appropriate mechanism and interval for following up and reporting on implementation.

10. When a draft resolution is proposed in the Health Assembly without prior review by the Board:

- The Chairmen of Committees A and B would, as appropriate, proceed as outlined in (a), "Prior review" above and, with the support of the Director-General, to ensure that, when appropriate draft resolutions clearly set out a realistic time-limit for validity as well as an appropriate mechanism and interval for following up and reporting on implementation. They would further review available material and information and decide whether they have sufficient information to allow adoption of the draft resolution. Such information could be provided in the document on the subject or as an addendum to the draft resolution itself.

IV. ACTION BY THE EXECUTIVE BOARD

11. It is proposed that the above mechanisms and approaches be tested over a period of two years, with effect from January 1995. The Director-General would review the results and report to the Fiftieth World Health Assembly through the ninety-ninth session of the Executive Board in 1997.

12. In the light of its discussion, the Executive Board may wish to adopt the following resolution:

The Executive Board,

Having considered the report of the Director-General on mechanisms and procedures for the development, review and follow-up of resolutions;[1]

Recalling resolutions WHA31.9 and WHA44.30 on the method of work of the Health Assembly and the mechanisms they recommended for the development, review and follow-up of resolutions, and considering that such mechanisms need to be applied in a more systematic fashion;

Sharing the concern expressed in the report of the Executive Board Working Group on the WHO Response to Global Change,[2] namely that:

- resolutions are sometimes placed before the World Health Assembly without adequate analysis of their relevance to the current or future mission, policy and orientation of WHO;
- background information on the implications of adopting resolutions in terms of staffing, costs, budgetary resources and/or administrative support is often unavailable and;
- resolutions often contain no time-limit for validity or any indication of intended evaluation and reporting on implementation;

1. THANKS the Director-General for his report summarizing the rationale for the Working Group's recommendation, describing the mechanisms and approaches already established and proposing mechanisms to ensure a more systematic approach;

2. ENDORSES the proposed approach for establishing a routine procedure for prior review of resolutions submitted to the Health Assembly;

3. RECOMMENDS to the Forty-seventh World Health Assembly the adoption of the following resolution:

The Forty-seventh World Health Assembly,

Having considered the report of the Director-General,[1] as well as the report and recommendations of the Executive Board Working Group on the WHO Response to Global Change,[2] concerning mechanisms and procedures for the development, review and follow-up of resolutions of the World Health Assembly;

Bearing in mind Article XIII of the Financial Regulations of WHO and Rule 13 of the Rules of Procedure of the Health Assembly, as well as resolutions WHA31.9 and WHA44.30 on the method of work of the Health Assembly;

Considering the desirability of more systematic prior review of all resolutions proposed to the World Health Assembly that have potential impact on the objectives, policy and orientation of WHO or that have implications in terms of staffing, costs, budgetary resources and administrative support;

1. REITERATES the general principle that these resolutions should first be reviewed by the Executive Board and then submitted for approval by the Health Assembly;

[1] Document EB93/_ "Mechanisms and procedures for the development, review and follow-up of resolutions".

[2] Document EB92/4, Report of the Executive Board Working Group on the WHO Response to Global Change, page 3, item 4.2.1.1.

2. AUTHORIZES the Executive Board, in coordination with the Director-General, to establish a routine procedure for prior review of such resolutions along the lines proposed;

3. REQUESTS the Director-General to ensure that the necessary background information, including information about the implications of adopting resolutions proposed, is provided as a matter of routine to the Executive Board and subsequently transmitted in an appropriate manner to the Health Assembly;

4. REQUESTS the Chairman of the Executive Board, supported by the Director-General to help to ensure that, when appropriate, draft resolutions that are first introduced in the Executive Board clearly set out a realistic time-limit for validity of the resolution and an appropriate mechanism and interval for following up and reporting on implementation;

5. REQUESTS the Chairmen of the main Committees A and B of the Health Assembly, and supported by the Director-General, to decide whether the Committee concerned has sufficient information and whether to refer the matter to the General Committee;

6. REQUESTS the General Committee in such cases, and in consultation with the Director-General, to make a recommendation as to whether the draft resolution could be considered by the Health Assembly and what further information (if any) would be needed or whether any other appropriate course of action should be taken;

7. ALSO REQUESTS the Chairmen of Committees A and B to endeavour to ensure that, when appropriate, draft resolutions that are introduced in their committees, clearly set out a realistic time-limit for validity of the resolution and an appropriate mechanism and interval for following up and reporting on implementation;

8. RECOMMENDS that these mechanisms and approaches be tested over a period of two years by the Executive Board and the Health Assembly, with effect from January 1995;

9. REQUESTS the Director-General to review the results and to report in 1997 to the Fiftieth World Health Assembly through the Executive Board in 1997.

* * *

World Health Organization
Organisation mondiale de la Santé

PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD | Nineteenth Session 29 November - 1 December 1993 Provisional agenda item 3 | EBPC19/2.4 15 October 1993

WHO response to global change

Implementation of recommendations to be reported to the ninety-third session of the Executive Board

Recommendation 6

Report by the Director-General

The method of work of the World Health Assembly has been continually under review by the Executive Board. Thus many improvements in the conduct of the Health Assembly have already been implemented, the most recent being the consideration of a report by the Board (document WHA46/1993/REC/1, Annex 5) resulting in resolution WHA46.11. In order to further improve the method of work of the Health Assembly, the Executive Board Working Group on the WHO Response to Global Change requested the Director-General to:

- consider and submit to the Board in January 1994 further proposals for improvements in the method of work of the World Health Assembly, to focus discussions on major policy, strategy and programme issues, make better use of audiovisual methods, and realize further economies in the duration and cost of the Health Assembly.

The Programme Committee of the Executive Board is requested to provide additional guidance to the Director-General in order to permit the preparation of concrete proposals for improving the method of work of the Health Assembly.

CONTENTS

I. DEBATES IN THE PLENARY HEALTH ASSEMBLY AND ITS COMMITTEES

1. In accordance with Article 34 of the Rules and Procedure of the World Health Assembly, the work of the Health Assembly is carried out primarily in the plenary and the two main committees - Committee A, which deals predominantly with programme and budget matters, and Committee B, which deals predominantly with administrative, financial and legal matters. During the first week of the Assembly delegations address the plenary, their statements lasting no more than ten minutes. After the first two days attendance in the plenary drops, until towards the end of the week delegates find themselves addressing an almost empty room. In accordance with resolution WHA46.11, Member States are invited to contribute to joint statements in plenary by regional or other appropriate groupings, instead of presenting individual country statements.

2. The committees, on the other hand, are well attended, but many delegates describe their country situations in their interventions rather than address themselves to the items on the agenda. In addition, the frequent turnover of members of the delegations requires frequent restating of the Health Assembly procedures. If agendas were structured and annotated so that delegates had more information on the major issues in advance of the discussion, the deliberations could be more sharply focused. The debates in the committees could also be improved by modifying the presentation of documents to highlight issues that require the guidance of or decision by the Assembly.

3. The impact of these changes on the efficiency and effectiveness of the Health Assembly would be monitored.

II. DOCUMENTATION AND AUDIOVISUAL MATERIALS

4. Much of the work of the Health Assembly is conducted through debates, and delegates rely on oral presentations to make their viewpoints known. Voting is still done by show of hands, or roll-call, and counting is done manually. With the recent developments in technology, it is appropriate to consider more effective ways of conveying points of view and organizing the voting.

5. Different types of visual presentation have been tried for some of the Technical Discussions, but neither the committee rooms nor the plenary hall are well suited to it; in addition, such presentations have proved to be costly. New methods are being tried of presenting highlights of selected programmes outside the meeting rooms. The Board will be experimenting in future with audiovisual presentations during programme reviews (see document EBPC19/2.6) and the results will provide valuable indications for similar experimentation during the Health Assembly.

6. Efforts are under way to reduce the volume of documentation for the forthcoming Board session and to highlight policy and strategy issues on which guidance is required (see also EBPC19/2.5). The documentation for the Health Assembly will be improved as a result of the experience gained in the Board.

III. DURATION OF THE HEALTH ASSEMBLY

7. A decade ago, the Health Assembly lasted approximately three weeks. With time, many efforts to rationalize the work of the Assembly and reduce its duration have been made, resulting in its present duration of less than two weeks. In order to make this possible, simultaneous meetings of the two main committees, or a meeting of a committee concurrently with the general debate in the plenary, had to be permitted. While a shorter duration of the Assembly is preferred by delegations with many delegates and advisers, it represents a strain on small delegations.

8. It is now proposed to hold the Health Assembly and the short Board session thereafter within a two-week period. The financial savings would be of the order of US$ 200 000 - but such savings would be

absorbed if two night sessions were held. Further shortening of the duration would be counterproductive in that small delegations would find it impossible to attend simultaneous committee meetings.

9. If the Board feels it worth while further to shorten the Health Assembly, it may also wish to consider holding biennial Assemblies. This proposal has been considered in the past, and deferred, but the time may have come to reconsider the matter.

IV. ACTION BY THE EXECUTIVE BOARD

10. The Executive Board will, in future, experiment with various innovations in its own method of work (document EBPC19/2.5). The Board, after monitoring the results of such experiments, may wish to propose the incorporation of successful innovations in the method of work of the Health Assembly.

= = =

World Health Organization
Organisation mondiale de la Santé

PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD	Nineteenth Session 29 November - 1 December 1993 Provisional agenda item 3	EBPC19/2.6 15 October 1993

WHO response to global change

Implementation of recommendations to be reported to the ninety-third session of the Executive Board

Recommendations 10, 11,12 and 24

Report by the Director-General

Concerned that the current method of work of the Executive Board in reviewing programmes does not provide adequate means to carry out in-depth reviews of WHO programmes, the Working Group recommended that the Board:

- establish subgroups or committees to meet during, and as part of, the Executive Board sessions each year, to review and evaluate a number of specific programmes ... (recommendation 10), and

- use the subgroups mentioned above, or establish dedicated subgroups as appropriate, to advise on "cross-programme" issues such as administration and finance (recommendation 11).

In order to avoid duplication of work done by the Board itself or by its existing committees it also recommended that the Board:

- reconsider the need for, and the terms of reference of, the Programme Committee (recommendation 12).

Finally, in order to improve communication at all levels of the Organization, and with the Executive Board itself, on strategical, operational issues it recommended that the Board:

- include as part of its working agenda, on a regular basis, meetings with Regional Directors to review strategies and progress on key operational and management issues (recommendation 24).

The proposals for the implementation of the above recommendations have been grouped to better deal with the common purpose of improving the support provided by the Executive Board to WHO programme development and management and of facilitating the exchange of views on these subjects between all levels of the Organization and the Executive Board.

CONTENTS

I. GENERAL FRAMEWORK

1. The Executive Board Working Group on the WHO Response to Global Change proposed a number of measures to improve the support provided by the Executive Board to WHO programme management at all levels; most of them advocated closer involvement of Board members in orienting WHO programme activities and monitoring the efficiency of their management.

2. Recommendation 10 concerns measures "to establish subgroups or committees to meet during, and as part of, the Executive Board sessions each year, to review and evaluate a number of specific programmes, giving attention to interrelated elements of programme policy, priority, targets, plans, budgets, and other available resources including technology. Past performance, outputs and expected outcomes would be evaluated. The temporary subgroups should recommend action to be taken, including trade-offs within available resources, and report back to the plenary Board, which alone can take the final decision". Recommendation 11 proposes the use of "the subgroups mentioned above, or [establish] dedicated subgroups as appropriate, to advise the Executive Board on 'cross-programme' issues such as administration and finance".

3. The establishment of these subgroups for in-depth programme reviews was considered at the same time as proposals for the creation of an administration, budget and finance committee of the Executive Board; also the need for and terms of reference of the Programme Committee of the Board were to be reconsidered to avoid overlap between its functions and the planned functions of other bodies (recommendation 12). Their justification and terms of reference will have to be reviewed as part of the common task of improving the Board's involvement in determining the policy and managerial framework of the Organization's programme. Finally, the costs of various alternatives should be considered, together with the most efficient scheduling of the meetings.

4. Recommendation 24 of the Executive Board Working Group on the WHO Response to Global Change concerns measures "to include as part of the Executive Board's working agenda, on a regular basis, meetings with Regional Directors to review strategies and progress on key operational and management issues". Currently, the Regional Directors present reports on significant regional developments, including regional committee matters each year to the Board, usually at the very beginning of the January session. The presentation and ensuing discussion take approximately a full day. In implementing recommendation 24, care should be taken to avoid duplication in such presentations. On the contrary, it should provide an added opportunity to maintain and even strengthen the policy and unity of the Organization's programme, linking closely the strategy reviews with the in-depth programme reviews to be effected by the Board's subgroups (see also paragraph 27 below).

5. In keeping with the principles described above, the following sections, together with document EBPC19/3, contain a set of linked proposals in response to the individual recommendations 10, 11, 12 and 24 of the Executive Board Working Group on the WHO Response to Global Change. It is intended that the proposed mechanism should provide Board members with:

- better knowledge of programme policy and management at all levels of the Organization together with the possibility to follow up closely major issues of concern;
- the possibility to systematically monitor the activities of the Organization; and
- practical tools for programme analysis, evaluation and orientation and opportunities to react promptly to key programme, operational, managerial, administrative and financial issues.

II. PROGRAMME REVIEWS BY EXECUTIVE BOARD SUBGROUPS
(Recommendation 10)

Definition of the subgroups and schedule of work

6. It is proposed that the Board should form subgroups that will meet during, and as part of, each January session. In elaborating the proposals to implement recommendation 10, and particularly in determining the frequency of programme reviews, careful consideration must be given to:

(i) the feasibility of reviewing all the WHO programmes within a reasonable period;

(ii) other commitments of the Board limiting the number of days to be spent on detailed programme reviews during a session;

(iii) the need to keep a certain geographical balance in subgroups of the Board;

(iv) the need for proper WHO staff support (headquarters and regions) during these reviews;

(v) considerations of cost and logistics.

7. On the one hand the rapid evolution of the world health situation, progress in basic sciences and managerial techniques and the need for WHO's programme to adapt to these changes, call for frequent reviews by the Executive Board, perhaps on an annual or biennial basis. On the other hand, cost considerations mentioned in (v) above, and the need to spend enough time on each programme to ensure in-depth review, limit the number of programmes that can be analysed each year. In this perspective if all the programmes are to be reviewed every three years this would allow two detailed evaluations within the six-year period of a General Programme of Work. (There are in fact approximately 30 programme entities to be reviewed.)

8. A decision would have to be taken on whether the Executive Board should form two, three, four or more subgroups. Considering that, the smaller the group is, the easier the discussion, but that costs and logistics dictate a smaller number of groups, it is proposed that the Board be split into three subgroups of 10 members each; the Chairman could attend each of the subgroups successively, ensuring liaison between the subgroups with a view to improving methods of work and facilitating the exchange of ideas. Division into three subgroups would permit a reasonable geographical balance to be maintained in each group.

9. If three subgroups are created it is proposed that the approach be tested in January 1994 for at least one day with the following programmes:

Programmes	No. of days
Diarrhoeal Diseases and Acute Respiratory Infections	1
Noncommunicable Diseases*	1
Family and Community Health (components of Maternal Health, Child Health and Adolescent Health)	1

* The review of this programme was already on the agenda of the Executive Board in January 1994.

10. The programmes to be reviewed are presented in the Annex in groups of three, with an indication of the number of days necessary for the review, in order to give an idea of the future workload and to enable the Programme Committee to propose a schedule to the Board. The Board may also wish to entrust the subgroups, on an ad hoc basis, with specific programme matters of an urgent nature.

Methods for the in-depth reviews

11. As proposed by the Working Group, the reviews will concentrate on an analysis of the interrelated elements of programme policy, programme priorities, targets, activities and their "outputs or outcomes", together with funds and other resources devoted to their implementation. However, the emphasis of the review by the subgroups will be on programme strategies and trends, particularly new programme strategies for the future, and not simply on ways to make past activities more efficient. The review process must be forward-looking and must seek new, more effective approaches, with the possibility that particular activities and/or programmes would be discontinued. While leading to a more "informed" budgeting process, the reviews will not be budget reviews *per se*.

12. In this context a first component of the review will consist of an evaluation of past and current activities of the programme, concentrating on outputs and the potential impact of the programme on specific health situations in countries individually and on the world health situation as a whole. The relevance and adequacy of past and present activities will be reviewed, as will the efficiency and effectiveness of technology, approaches and methods used by programmes to further their activities and achieve their targets.

13. A substantial amount of time will be devoted to the orientation of future activities of the programmes in the light of the above analysis, and to determining the resources that would and/or should be available for their implementation. To facilitate the achievement of approved health targets the role of WHO in each programme area will be restated, and priorities for the implementation of programme activities will be determined in relation to available resources. Expected results may be defined, and ways and means of monitoring progress in WHO activities and their impact on the health targets will be devised.

14. Potential effects of activities on other programmes, in particular those relating to practical improvements in programme management, administration and financing, will be determined and reported for the consideration of the Executive Board at its plenary session, or of the Administration, Budget and Finance Committee (or its equivalent) if deemed necessary.

15. The reviews in subgroups will mainly take the form of oral and audiovisual presentations, searching questions and thorough answers. The direct involvement of programme staff in the discussions will also obviate the need for preparation of lengthy background documents. For reasons of economy, it is proposed that verbatim or summary records would not be made of the discussions in the subgroups; following the review each subgroup will prepare a summary of its discussions and conclusions for submission to the Executive Board (in plenary); time should thus be allotted for each subgroup to reach a consensus on the summary (see also paragraph 18 below).

Documents

16. The proposed programme reviews are intended to give policy orientation to programmes and to maximize their efficiency through proper managerial approaches in programming, budgeting, monitoring and evaluation. The reviews should provide the greatest opportunity for dialogue and debate and reduce to a minimum the amount of paperwork required. Consequently, programmes should in general not be asked to prepare specific documents for the reviews, but already existing documentation as evidence of current ways of selecting activities for priority and managing them. In fact, in the normal course of programme management, evaluation, planning and budgeting documents are produced which should serve as the basis for the analysis by the Executive Board. What might be necessary is a short explanatory checklist, with cross-references to existing documents and a few methodological explanations to the Executive Board subgroups. Whenever necessary, long-term strategies and options for the future of the programme may be summarized for the purpose of the reviews. The documents and any supporting publications that may be of relevance to the discussion should be available in the meeting room; copies could be distributed upon request.

17. During previous discussions, Executive Board members have regularly requested that programmes be presented in a more attractive and effective manner, with slide projections, charts and other types of graphic presentation. Programme staff will thus be encouraged to prepare a short introduction (about 15 minutes), making the best use of audiovisual technology, and also making available material for distribution to members of the subgroup as appropriate or on request. The greater part of each programme review should be devoted to questions and answers and dialogue among all participants, supplementary documentation being made available as and when needed.

Costing for three subgroups

18. Most of the following calculations rest on the assumption that the duration of the January session of the Executive Board will not be substantially increased by the subgroup reviews, as the Board itself may spend less time reviewing individual programmes than before.

19. The marginal costs for meetings of three subgroups for a total of three days (using all working languages) should be approximately US$ 30 000. However, if the Board is not prolonged by a number of days because of the subgroup meetings, this cost will be reduced to US$ 15 000. Each additional day of subgroup meeting will cost marginally US$ 5000. However, another day of plenary meetings may be necessary to examine the reports of the subgroups and consolidate recommendations. To these costs WHO staff time may have to be added.

Involvement of Regional Directors and regional offices in the reviews

20. As part of WHO's decentralized management the regional offices play an essential role in the implementation of a great number of programme activities, particularly those in direct support of individual countries, appropriately adapted to local circumstances. It is thus indispensable to analyse activities at country and regional levels, as well as at global level, for complete review of a programme. Furthermore, integrated review by headquarters and regional offices should ensure better complementarity of efforts to reach global, regional and country targets. It is equally indispensable that regional staff are actively involved in the introductions and debates of the programme reviews and related reporting, especially when programmes have a strong or very specific regional component.

21. Such participation should also contribute to "review of strategies and progress on key operational and management issues in meetings" with Regional Directors as advocated by recommendation 24 (see also section IV below).

Report to the Executive Board

22. In order to make optimal use of the subgroup mechanism and to avoid reopening general discussions in the Executive Board, the reports of each subgroup to the Board should concentrate on proposals for its guidance; recommendations for specific activities should specify timing and resources for their implementation (with present budgetary constraints, transfers within available resources may be recommended whenever necessary). As the Board will have to consider a number of reports each year, special care should be taken to present proposals in a succinct way that will facilitate decisions, and to avoid reopening debates already held in subgroups; however, the necessary time should be reserved in the Board's schedule. As an economy measure, the Board should consider accepting the reports from each subgroup in two working languages only (French and English).

III. "CROSS-PROGRAMME" ISSUES SUCH AS ADMINISTRATION AND FINANCE (Recommendation 11)

23. Section II above covers most of recommendation 11; in fact, since administrative-and-financial issues raised by subgroups will often have to be discussed by the Board in plenary, a subgroup to review such

issues may be of little value. Furthermore, the terms of reference of the proposed Administration, Budget and Finance Committee (see document EBPC19/3) would also go a long way towards meeting some of the concern expressed in recommendation 11. If the Programme Committee agrees, it is thus proposed to implement recommendation 11 as outlined in section II above, in consultation with the proposed Administration, Budget and Finance Committee of the Board when necessary.

IV. PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD (Recommendation 12)

Background

24. In May 1976, the fifty-eighth session of the Executive Board created a Programme Committee to advise the Director-General on the policy and strategy involved in responding to resolutions on technical cooperation and on programme budget policy, and to review the general programmes of work. Between 1976 and 1988 various resolutions added a number of functions, dealing with programme management and development issues, including the preparation of guidance for the programme budget and the review of its global and interregional components.

25. The Executive Board Working Group on the WHO Response to Global Change expressed concern that some of the activities of the Programme Committee might duplicate the work of the Board itself. In addition, it felt that in view of the various new mechanisms proposed (recommendations 10 and 11), the time had come for the Board to reconsider the need for and terms of reference of the Programme Committee. In July 1993 the Programme Committee, after considering document EBPC18/WP/2, "Terms of reference of the Programme Committee of the Executive Board - Report by the Director-General", which provided detailed information on the composition of the Programme Committee and on its responsibilities,[1] deferred its decision until its session of 29 November - 1 December 1993, at which time it would also "consider a change in the timing of post-Assembly sessions of the Board, and the plan of work of the Programme Committee to better match the work of the Board and its subgroups".

Scheduling of Executive Board post-Assembly sessions

26. A short session of the Executive Board traditionally takes place in the week following the closure of the World Health Assembly; as a consequence of the adoption of resolution WHA46.11, in even-numbered years (when a proposed programme budget is not discussed) this meeting will now take place within the two-week period following the opening of the Health Assembly, i.e. on the Friday and Saturday of the second week. In odd-numbered years the meeting takes place immediately after the closure of the Health Assembly. Considering the concern of the Working Group of the Executive Board on the WHO Response to Global Change to effect reforms without adding to the cost of the governing bodies, and bearing in mind the usefulness of the Executive Board evaluating and taking action on recommendations made at the World Health Assembly, it is proposed that this schedule be maintained.

Flow of work of Executive Board committees

27. Over the past few years a number of committees of the Executive Board have met on a regular or ad hoc basis. The following table shows the situation which prevailed in 1992 and 1993:

[1] For the information of Programme Committee members, an average four-day session of the Committee costs approximately US$ 130 000.

Nature of committee	Periodicity	Duration of meeting	Membership
Programme Committee	Once a year	3-5 days	12
Committee on Drug Policies	Annual or biennial	2 days	8
Prize committees (4)	Once during EB	Total 5 hours	4-5
Working Group on the WHO Response to Global Change	Met 5 times	4 hours to 2 days	7
Financial Committee to meet before the Assembly	Once before Assembly	2 hours	4
Standing Committee on Nongovernmental Organizations	Once during EB	2-3 hours	5

In addition, the Working Group on the WHO Response to Global Change proposed the creation of a Budget and Finance Committee (see document EBPC18/Conf.Paper No.3), and the formation by the Executive Board of a number of subgroups or committees, as explained in sections II and III above.

28. In analysing the potential flow of work of the committees of the Board, consideration has to be given to the workload of the Board itself, the flow of work of national government administrations, the preparation of documents for committees of the Board by the WHO Secretariat, and the cost of the meetings of these committees, which can be high, especially when they take place outside the normal sessions of the Board or the World Health Assembly.

29. To fulfil the necessary functions and to keep the number of committees/subgroups within reasonable limits, the following may be considered:

Prize committees	No change proposed (two evening sessions).
Standing Committee on Nongovernmental Organizations	No change (one evening session).
Financial committee to meet before the Health Assembly	No change proposed (to meet for half a day before the Health Assembly) or the functions of the financial committee could be taken over by half-day meeting of Budget and Finance Committee (see below).
Committee on Drug Policies	The workload of the committee is decreasing as the Action Programme on Essential Drugs is firmly established and most potentially conflicting issues can be resolved by consensus. The functions of the committee could then be pursued by subgroups of the Board whenever necessary.
Working Group on the WHO Response to Global Change	Having completed its mandate, this Group could be disestablished, the Board itself ensuring the follow-up of implementation.
Programme Committee	Thorough programme reviews and recommendations for programme orientation will now be made by the subgroups or committees of the Board mentioned below. Financial responsibilities of the Programme Committee could be transferred to the proposed Administration, Budget and Finance Committee.

	Ad hoc committees, i.e. for the development of the General Programme of Work or for the update of specific global worldwide policies and strategies, could be established for specific purposes, with a time-limit.
	Consideration may then be given to disestablishing the Executive Board Programme Committee in its present form.
Budget and Finance Committee	Programme of work and functions are described in document EBPC19/3. It could meet in the week prior to the Board's session in January and, if replacing "The Financial Committee to meet before the Assembly", on the Monday morning preceding the Health Assembly.
Subgroups or subcommittees	These could meet during the first week of the Board; their duration (between two and four days) will depend on their workload and the decision of the Board (see section II above).

V. MEETING BETWEEN EXECUTIVE BOARD MEMBERS AND REGIONAL DIRECTORS (Recommendation 24)

30. The active involvement of regional offices and, more specifically, of Regional Directors in the scheme proposed in section II above will ensure that the Executive Board is regularly informed on matters relating to programme implementation in regions and countries; in addition, the Board may need to review with Regional Directors different aspects of issues of importance to WHO regional office operations, as well as ways and means to strengthen communications between all levels of the Organization and increase the effectiveness of WHO's response in a number of situations. At present most of these matters could be raised during the review by the Board of the reports of Regional Directors on significant regional developments (see paragraph 4 above). If selective reporting by Regional Directors on strategies and progress on key operational and management issues is introduced on a regular basis in the agenda of the Board, consideration may be given to grouping the discussions on:

- the reports of the Regional Directors on significant regional developments;
- the discussion by the Executive Board of reports of its subgroups on thorough programme reviews; and
- the discussions at the meetings proposed in recommendation 24.

The timing of these discussions on the Executive Board's agenda should be determined with care and flexibility so as to lead up to or benefit from other agenda items. Furthermore, in order to avoid overlap, it may be necessary to specify the purpose, form and expected result of each of these reviews. To facilitate informal exchange of views, the Programme Committee may wish to envisage the feasibility of private meetings between Board members, the Director-General, Regional Directors and selected staff members on a number of specific issues.

VI. RECOMMENDATION TO THE EXECUTIVE BOARD

31. In the light of its discussion of this report the Programme Committee may wish to make proposals to the Executive Board for the implementation of recommendations 10, 11, 12 and 24, in particular regarding:

- the scheme proposed in section II above, including the scheduling of the reviews and reporting by subgroups to the Executive Board;

- the proposal to implement recommendation 11 (section III);

- the future of the Programme Committee (section IV), the scheduling of the post-Assembly session of the Board, and the scheduling of the various subgroups and/or subcommittees of the Board;

- proposals to implement recommendation 24 (section V), including the feasibility of regrouping different forms of reporting by Regional Directors on developments in their region, with a view to greater efficiency of the discussions in the Executive Board, including the type of meetings to be held between its members and Regional Directors, and the documents for such meetings.

ANNEX

PROGRAMMES TO BE REVIEWED BY THE EXECUTIVE BOARD SUBGROUPS

PROGRAMMES	NO. OF DAYS
Diarrhoeal Diseases and Acute Respiratory Infections (proposed 1994)	1
Noncommunicable Diseases (proposed 1994)	1
Family and Community Health (components of Maternal Health, Child Health and Adolescent Health) (proposed 1994)	1
Nutrition, Food Security and Safety	1
Equipment and Supplies Services for Member States	1/2
Health Situation and Trend Assessment	1
General Programme Development and Management	1/2
Health and Biomedical Information Support	1
Essential Drugs, Vaccines and Other Supplies	1
Vaccine and Immunization, including Poliomyelitis Eradication	1
Tropical Disease Research and Control	1-1/2
Family and Community Health (components of Health of the Elderly and Occupational Health)	1/2
Human Resources for Health	1
Administrative Services	1
Organization and Management of Health Systems Based on Primary Health Care	1
Environmental Health (components of Chemical Safety)	1
Quality of Care and Health Technology	1
Other Communicable Diseases, including Zoonoses	1/2
Research Policy and Strategy Coordination	1/2
Disability Prevention and Rehabilitation	1/2
Mental Health	1/2
Family and Community Health (components of Human Reproduction Research and Training)	1/2
Health Education and Healthy Life-styles	1
Coordination and Mobilization of International Action for Health	1/2
Public Policy and Health	1/2
Environmental Health (except Chemical Safety)	1
Strategic Support to Countries	1/2
Aids and Sexually Transmitted Diseases	1
Governing Bodies	1/2

= = =

Women

World Health Organization
Organisation mondiale de la Santé

PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD	Nineteenth Session 29 November - 1 December 1993 Provisional agenda item 3	EBPC19/2.7 19 October 1993

WHO response to global change

Implementation of recommendations to be reported to the ninety-third session of the Executive Board

Recommendation 13

Report by the Director-General

One of the recommendations of the Working Group on the WHO Response to Global Change was for the Executive Board:

- to consider options for nomination and terms of office of the Director-General and Regional Directors, including the use of search committees.[1]

This report presents possible options related to this question, both for the Director-General and the Regional Directors.

[1] Document EB92/1993/REC/1, Annex 1.

CONTENTS

I. DIRECTOR-GENERAL

1. Article 31 of the Constitution is the only article related to the selection of the Director-General. It provides that "the Director-General shall be appointed by the Health Assembly on the nomination of the Executive Board on such terms as the Health Assembly may determine". The International Health Conference in 1946 considered it appropriate to leave to the Health Assembly the responsibility for determining the conditions of the appointment and to establish the procedure to be followed.

2. Accordingly, the provisions related to the selection of the Director-General are contained in the Rules of Procedure of the World Health Assembly (Rules 108 to 112) and of the Executive Board (Rule 52). The present system was established in 1974. Before that date the rules provided only that when the office of the Director-General was vacant or after notification of a pending vacancy, the Executive Board would nominate the Director-General, the candidatures being submitted for the first time during a private meeting of the Executive Board. The Health Assembly would then consider the nomination of the Board during a private meeting.

3. Following concern expressed by one government, it was proposed to allow time (such as six months) between the submission of candidatures and the nomination of a candidate by the Executive Board. Some governments, however, feared that such a long period would pave the way for canvassing and would stimulate political pressure. As a compromise it was agreed that there should be an interval between the circulation of the names of candidates and the election, but that it would not exceed one or two weeks. This is the letter and the spirit of existing Rule 52 of the Rules of Procedure of the Executive Board.

4. A number of options might be considered related to the selection and appointment of the Director-General. For the sake of clarity, three main aspects are reviewed below.

(1) Qualifications of the candidate

5. From the discussions which took place between 1987 and 1989 in the Programme Committee and at the eighty-third session of the Executive Board when they considered the Organization's structure,[1] as well as the comments made at the regional level and in particular on the system adopted in the European Region, it can be concluded that for the post of the Regional Director, and by analogy the Director-General, the following background would be required:

- appropriate qualification and experience in public health;
- proven leadership capability;
- demonstrated managerial ability;
- broad understanding of global health issues;
- commitment to the work of WHO;
- political, cultural, and diplomatic sensitivity at the global level.

In the case of Regional Directors, the qualifications would include familiarity with and understanding of regional health issues.

[1] More detailed criteria considered by the Board at its eighty-third session are reproduced in document EB81/1988/REC/1 (pp. 195-197), and criteria for candidates for the post of Regional Director in the European Region are reproduced in Annex 1 to the present document.

6. At the same time, it is generally recognized that such criteria should act only as guidelines in order to help focus the search, and not as rigid qualification criteria.

(2) Selection process

7. Under the present system there is no methodical search for suitable candidates. The establishment of a search committee having as its goal the identification of suitably qualified candidates might therefore be envisaged. However, the establishment of any search committee involving prior assessment of official candidatures would require an amendment of Rule 52 of the Rules of Procedure of the Executive Board, which stipulates that candidatures shall be distributed to members of the Executive Board under confidential cover on the opening day of the session at which a Director-General is to be nominated. Alternatively, the establishment of a search committee to review the curricula vitae of suitably qualified candidates who could then be considered for nomination by members of the Board in accordance with the existing procedure would assist members in their task of finding suitable candidates and would not require an amendment of Rule 52.

8. Under the first option, involving an assessment of official candidatures, the terms of reference, membership and method of operation of the committee could be as follows:

(a) **Terms of reference**

(i) To encourage the submission of suitable candidatures, bearing in mind the qualifications mentioned above;

(ii) to gather additional information on the candidates if needed;

(iii) to evaluate and interview candidates as necessary;

(iv) to transmit its assessments to members of the Executive Board.

(b) **Membership of the committee**

The committee should have limited membership, such as six persons, in order to work efficiently. A system for replacement of members having the same nationality as candidates could also be established so as to minimize the risk of national preference influencing the assessment of the committee.

(c) **Method of operation**

- The search committee could be established at the session of the Executive Board following the Health Assembly.
- The Director-General could call immediately thereafter for candidatures, and would ask for the candidatures to be submitted at the latest five months before the election date.
- The candidatures received could then be transmitted to the members of the search committee within two weeks after that deadline.
- If no proposal was received or no candidate was considered suitable by the search committee, the committee could decide to extend the deadline, and the members of the Executive Board would be immediately informed by the Director-General of such an extension. During that period the committee could itself identify candidates and propose them for nomination.

- The conclusions and assessments of the search committee could be distributed to the members of the Board on the opening day of the session or a little earlier.

- Nomination could take place at the end of the session of the Executive Board.

9. Under the second option, involving an assessment of potential candidates for proposal under Rule 52, the terms of reference and membership suggested above would remain the same, with change only in the timing and the method of operation. The committee could be established by the Executive Board earlier than in the first option, preferably at the January session of the Board one year before the nomination. The committee would then proceed with its search and assessment activities, reporting its assessment of potential candidates directly to Board members under confidential cover at the same time as the Director-General issues the call for nominations, as currently provided under Rule 52 (i.e. six months before the Executive Board session). All requirements of this rule would thus be complied with. A possible drawback of this option is that if other candidates were to be proposed in addition to those assessed by the search committee, there would be no mechanism for assessing them.

(3) Term of office

10. The Technical Preparatory Conference (1946) recommended that the term of office of the Director-General should be five years. The International Health Conference disregarded that proposal and left it to the Health Assembly to decide the matter. Although the Assembly did not insert any provision in its Rules of Procedure, the practice since the establishment of the Organization has been to give the Director-General a five-year renewable contract. In the United Nations and in the specialized agencies the duration of the contract of the executive heads varies from four years (IMO, WMO, IAEA) to six years (FAO, UNESCO, ITU), but in most cases it is five years (United Nations, ILO, World Bank, UPU). In most cases within the United Nations system the term of office is renewable without limitation.

11. Two main alternatives have been considered with respect to the term of office of agency heads: a single longer term of office of the Director-General, which would protect the Director-General against political pressure and would limit the physical and intellectual constraints of a re-election process; or a shorter mandate renewable only once. The first option was presented at the time of the election of the Secretary-General of the United Nations in 1990 when it was recommended that a single mandate of seven years be adopted.[1] The second option exists in some specialized agencies, namely UNESCO, UPU and ITU.

12. A mandate of five years renewable only once was favoured by some governments when discussions on the subject took place in Geneva in 1987.

13. A decision to modify the term of office of the Director-General would not require any change to the Rules of Procedure of the Executive Board or the Health Assembly, though a decision to limit the renewability of a term of office would best be incorporated in the Rules of Procedure of the Health Assembly.

II. REGIONAL DIRECTORS

14. The current text of Article 52 of the Constitution provides that "The head of the regional office shall be the Regional Director appointed by the Board in agreement with the regional committee."

[1] Urquhart B, Erskine C. *A world in need of leadership: tomorrow's United Nations*. Uppsala, Dag Hammarskjöld Foundation, 1990.

15. As originally presented during the preparatory conferences leading up to the adoption of the Constitution, the order of responsibility was the reverse: the Regional Director was to be appointed by the regional committee with the approval of the Executive Board. The change has generally been interpreted as a wish by the drafters of the Constitution to strengthen the role of the Executive Board in the process of selecting Regional Directors. Subsequent practice, however, has not reflected these relative levels of involvement and it is generally recognized that selection of the Regional Director is for all practical purposes carried out at regional level. In each region only one name is submitted to the Executive Board, which has the possibility of either accepting or rejecting the nomination. At the same time, however, the practice is not inconsistent with the actual wording of Article 52 of the Constitution, in that "appointed by the Board" can be interpreted to mean either that the Board shall have the primary role in the decision or that it shall have the final decision.

16. The subject of the selection and appointment of Regional Directors was discussed in 1956; in 1964 (when it was suggested that the regional committees present several candidates for consideration by the Board - a measure which was provisionally implemented by one region); and again in 1988. Only the Regional Committee for Europe favoured the use of a search committee, while others took a neutral position or preferred maintaining the *status quo*. At the time of the last review in 1989, the Board "Having reviewed the views expressed by the [Programme] Committee, the regional committees and the Health Assembly on the issues involved ... concluded that the present practice remained the most satisfactory, while noting the need to follow up on the current experimental approach of the Regional Committee for Europe for the selection of the Regional Director".[1]

17. In assessing various options for the selection of Regional Directors, it should be borne in mind that the Regional Directors act in a double capacity. They represent the Organization and its chief technical and administrative officer, the Director-General, within the region and, as head of the regional office, they carry out the decisions of the governing bodies, as provided in Articles 51 and 52 of the Constitution. However, as an elected official within the region, the Regional Director represents also within the Organization the interests of the Member States of the region. For this reason the Regional Director needs the confidence of the Member States of the region, the Executive Board, and the Director-General.

(1) Qualifications and term of office of Regional Directors

18. Two of the aspects considered in the selection of the Director-General are applicable also to the selection of Regional Directors. First, the qualifications of the candidate as a chief executive are generally the same, except that in meeting the last criterion listed for the Director-General (related to the political, cultural and diplomatic sensitivities), it might be argued that a candidate from the region would be the most suitable.

19. The observations related to the term of office of the Director-General could also apply to most of the Regional Directors; in practice the term has generally been five years. Different considerations would apply, however, in the case of the term of office of the Regional Director for the Americas, which coincides with the four-year term of office of the Director of the Pan American Sanitary Bureau (which acts as the secretariat of PAHO) as provided in the Constitution of PAHO. By agreement between WHO and PAHO, the governing bodies of PAHO (Pan American Sanitary Conference and the Directing Council) and the Bureau serve respectively as the Regional Committee and the WHO Regional Office for the Americas. Consequently, the Director of the Bureau and the Director of the Regional Office must be the same person.

(2) Selection process

20. The proposal for a search committee made in connection with the election of the Director-General would need to be modified with regard to membership and mode of operation in order to function in a

[1] Decision EB83(1).

regional context. Taking as an example the use by the Regional Committee for Europe of a search committee,[1] the regional committee could establish a search committee of limited membership at its session preceding the session when the nomination is to be made. The search committee could actively seek good candidates and/or review candidatures proposed by Member States. The Director-General could advise the Member States of the region 11 months before the session that nominations for Regional Director may be submitted up to five months before the session. Immediately after that deadline, the Director-General would transmit the candidatures received to the search committee. If no candidature was submitted, or if the candidatures submitted were not deemed suitable, the time-limit could be extended by the search committee and the Director-General would inform the Member States accordingly. The assessments of the search committee could be circulated among the Member States of the region 10 weeks before the regional committee, which would take the final decision during a private meeting, as is the current practice

21. A similar system was used for the selection of a new Director of IARC at the thirty-fourth session of its Governing Council in April 1993, though without modifying the Rules of Procedure of the Governing Council (which are similar in relevant parts to the Rules of Procedure of the regional committees for the election of Regional Directors). Consequently, the usual 12-week rule for the submission of candidatures had to be respected, although the Director-General issued a request for candidatures approximately 11 months before the Council session (i.e., five months before the date stipulated by the Rules of Procedure). Maintaining the 12-week rule required the search committee to review the candidatures in stages (meeting both before the deadline for submission of candidatures and after the deadline in order to consider candidatures submitted only shortly before the deadline). Furthermore, although the search committee itself sought out desirable candidates, only those candidatures submitted to the Director-General in accordance with the Rule of Procedure were submitted by the Director-General to the Member States of IARC and considered by the Governing Council. The search committee submitted its assessments of the candidates separately to the Member States.

(3) Involvement of the Director-General and of the Executive Board

22. In order to achieve optimal balance in reflecting the interests of both the region and the Organization as a whole, two points need to be considered in the selection of Regional Directors.

(a) Possible role of the Director-General

During previous debates on the matter, it was generally recognized that the Director-General should be more involved in the selection process, at least through informal consultations, but no consensus was achieved regarding any further degree of his involvement.

Such involvement could occur in several stages. The Member States of the region could seek the views of the Director-General when the Regional Director is due for re-election. The search committee could also consult the Director-General as often as it deemed appropriate during the review of the candidatures. Both the regional committees and the Executive Board could also consult the Director-General during their respective private meetings before the nomination takes place. However, the usefulness of such consultations for the Executive Board would depend on whether it had more than one candidate to consider for the post (see (b) below).

The establishment of any of these informal consultation practices would not, in principle, require any amendment to the Rules of Procedure of the regional committees. However, if a more formal mechanism for increased participation of the Director-General were to be established, those Rules of Procedure would then need to be modified. One possibility, suggested in the 1993 report

[1] Text of the relevant provisions of Rule 47 of the Rules of Procedure of the Regional Committee for Europe is reproduced in Annex 2.

of the Joint Inspection Unit,[1] is that a system could be established by which the Director-General would, after obtaining agreement from the regional committee concerned, propose a candidate for the post of Regional Director for confirmation (formal appointment) by the Executive Board. In the case of PAHO, since Article 54 of the WHO Constitution on the integration of that organization into WHO has not yet been fully implemented, an initial question arises of whether such an arrangement would be accepted as at least not contravening the PAHO Constitution.

(b) **Possible increased involvement of the Executive Board**

As suggested in the report of the Joint Inspection Unit, informal consultations could take place between the Director-General, the Executive Board and the regional committees on suitable candidates. The Director-General could act as an intermediary. Through those consultations it should be possible to select a candidate acceptable to both the regional committee and the Executive Board.

Another possibility, already suggested (and rejected) during the 1987-1989 Programme Committee review, would be for the regional committee to propose more than one candidate, leaving to the Board responsibility for the final selection. This proposal would require amending the Rules of Procedure of the regional committees. When it was originally made, the Regional Committee for the Americas considered that it would require an amendment of the PAHO Constitution.

III. ACTION BY THE EXECUTIVE BOARD

23. In the light of its discussions of the present report, the Programme Committee may wish to make proposals to the Executive Board concerning the implementation of recommendation 13, in particular regarding:

Director-General

- appropriate guidelines for the qualifications of Director-General;
- possibility of establishing a search committee and amending as appropriate the Rules of Procedure of the Executive Board;
- term and renewability of office of the Director-General;

Regional Directors

- appropriate guidelines for the qualifications of Regional Directors;
- term and renewability of office of Regional Directors;
- possibility of establishing a search committee with or without amendments to the Rules of Procedure of the regional committees;
- possibility of increasing the involvement of the Director-General and/or the Executive Board in the selection process of Regional Directors.

[1] *Decentralization of organizations within the United Nations system. Part III: The World Health Organization.* Document JIU/REP/93/2, pages 18 and 37.

ANNEX 1

CRITERIA FOR CANDIDATES FOR THE POST OF REGIONAL DIRECTOR IN THE EUROPEAN REGION

The following criteria were approved as guidelines by the Regional Committee at its fortieth session (resolution EUR/RC40/R3).

The candidate must have a true commitment to WHO's mission. The candidate should be truly committed to the values, roles and policies of WHO and notably the goal of health for all. There should be clear evidence of his/her personal involvement in furthering that commitment.

The candidate must have proven leadership qualities and integrity. The candidate must have demonstrated long-term and consistent leadership qualities. A commitment to outcomes and effective results - as opposed to merely a concern about processes - is essential, and the person must be dynamic. Ability to communicate in a clear and inspiring way is an important requirement. Such communication skills need to be effective with widely different target groups, including the mass media, and involve direct personal contact with political and other leaders in the public health field, health personnel, a wide range of academic and other professional groups outside the health sector, and WHO staff, etc. In view of the high goals of WHO and its impartial international character, the personal integrity of the candidate and the ability to withstand pressures from official or private sources contrary to the interests of the Organization are essential.

The candidate must have proven managerial ability. The person should have demonstrated clear ability to manage a complex organization in the health field. His/her performance in that role should have demonstrated a determination to make a thorough analysis of the problems and possibilities for solving them; the setting of clear goals and objectives; the design of appropriate programmes for optimal use of the total resources; the efficient use of those resources; and a careful process for monitoring and evaluation. Importance should be attached to the candidate's skills in fostering teamwork - with appropriate delegation of responsibility - and in creating a harmonious working environment. In view of the need for the work of the Region to interact with and actively support the efforts of other regions and headquarters, the candidate's ability to work effectively with leaders, at both national and international levels, in health and other sectors, is an important element.

The candidate should be a person professionally qualified in the field of health and having a sound knowledge of public health and of its epidemiological basis. This type of qualification and background would greatly assist the candidate in the performance of his/her duties, and in contacts with national health administrations.

The candidate must have a broad understanding of the health problems and political, cultural, ethnic and other sensitivities in the Region. In view of the above, it follows that the candidate would normally be a national of one of the Member States of the Region. The candidate should be fluent in more than one of the working languages of the Regional Committee, and knowledge of others would be an asset.

* * *

Note: The above criteria have been adopted only for the European Region. They are reproduced here because the underlying considerations may have some relevance to the post of Director-General or of Regional Director in other regions.

ANNEX 2

RELEVANT PROVISIONS OF RULE 47 OF THE RULES OF PROCEDURE OF THE REGIONAL COMMITTEE FOR EUROPE

1. At its session preceding the one at which a person is due to be nominated as Regional Director, the Committee shall appoint a Regional Search Group to make a preliminary evaluation of candidates for nomination in the light of the criteria specified by the Committee and to perform related functions as set out in this Rule.

2. Not less than eleven months before the date fixed for the opening of a session of the Committee at which a person is due to be nominated as Regional Director, the Director-General shall inform each Member of the Region that he will receive proposals of names of candidates for nomination by the Committee as Regional Director.

3. Any Member of the Region may propose the name or names of one or more persons, each of whom has indicated willingness to act as Regional Director, submitting with each proposal particulars of the person's qualifications and experience. Such proposals shall be sent to the Director-General so as to reach him not less than seven months before the date fixed for the opening of the session. This time-limit may be extended by the Chairman of the Committee on the proposal of the Regional Search Group. Any such extension shall be communicated by the Chairperson of the Regional Search Group to the Director-General, who shall promptly inform the Member States of the Region.

4. A person holding office as Regional Director for the Region shall, if he is eligible and has so requested within the time-limit referred to in paragraph 3, be a candidate for nomination without being proposed under the preceding paragraph.

5. Not later than two weeks after the expiration of the time-limit referred to in paragraph 3, the Director-General shall transmit a list of names and all particulars of candidates received to the Chairperson of the Regional Search Group.

6. The Director-General shall, not less than ten weeks before the date fixed for the opening of the session, cause copies of all proposals for nomination as Regional Director (with particulars of qualifications and experience) received by him within the period specified to be sent to each Member of the Region and shall indicate to each Member whether or not the person holding the office is a candidate for nomination. Copies shall be sent to each representative appointed to attend the session of the Committee as well as to the Chairperson of the Regional Search Group.

7. At the same time, the Chairperson of the Regional Search Group shall send, under confidential cover, the evaluation report of the Search Group to the Chairman of the Committee, to each Member State of the Region for the attention of its chief representative designated to attend the Committee's next session, and to the Director-General.

8. If within the prescribed time-limit no proposals have been received in accordance with paragraph 3, and no request has been made by a person holding office as Regional Director for the Region as described in paragraph 4, or if in the opinion of the Regional Search Group the candidatures submitted did not offer an adequate choice for the Committee, the Regional Search Group shall propose the extension of the time-limit in accordance with paragraph 3. It shall take such action as it considers appropriate to identify potential candidates and report to the Member States of the Region on the results of such action. The Regional Search Group may also propose the name or names of one or more persons for nomination as Regional Director in accordance with the procedure set out in paragraph 3.

= = =

World Health Organization
Organisation mondiale de la Santé

PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD	Nineteenth Session 29 November - 1 December 1993 Provisional agenda item 3	EBPC19/2.8 18 October 1993

WHO response to global change

Implementation of recommendations to be reported to the ninety-third session of the Executive Board

Recommendations 19 and 20

Report by the Director-General

Although the regional and country-level decentralization of WHO facilitates responsiveness to local needs, the Working Group on the WHO Response to Global Change felt that this could create obstacles to rapid, effective communication with headquarters and encourage regional and country-level staff to be less responsive to global international health work.

The Working Group was also concerned that the Organization did not possess an adequate management and information system which would permit the rapid flow of information on programme management, fiscal control, health status, health projections and other information related to countries, regions and headquarters. It therefore requested the Director-General to:

- propose and implement appropriate management and communication systems, particularly with the Regional Directors, to achieve the designated objectives and targets according to the priorities identified. Such management and communications systems should be served by the management information systems for effective and efficient policy implementation (recommendation 19); and

- provide a detailed analysis of the current status, capability, compatibility, plans and programmes of existing management information systems throughout the Organization (headquarters, regional and country levels); and develop alternate plans for a WHO worldwide system which could be implemented within variable time frames, e.g. within 3, 5 and/or 10 years (recommendation 20).

The creation of the Global Policy Council (GPC) and of the Management Development Committee (MDC) has already addressed to a large extent the concern expressed in recommendation 19. Current efforts under way to upgrade the existing management information system relate to recommendation 20 and will reflect the major changes needed for the Organization to achieve the capability and compatibility required for the gradual implementation of a truly global system.

CONTENTS

I. GENERAL PRINCIPLES

1. As described in document EBPC19/2.2, paragraph 9, the Director-General has established a Global Policy Council (GPC) to strengthen the development of the Organization's policies and strategies, and to ensure their appropriate implementation at all levels. A Management Development Committee (MDC) will prepare the work of the GPC, and these bodies for policy and management (see their terms of reference in Annexes 1 and 2 respectively) will receive support from a series of multidisciplinary development teams created to devise concepts and elements of policy or management tools. This should go far in implementing recommendation 19. The remaining provision of this recommendation will be implemented together with recommendation 20.

2. While recognizing the decentralized managerial structure of WHO, the Executive Board Working Group emphasized the need for a truly global WHO information system. It also emphasized that the system should not only carry programme information at all levels where it is needed, but should also buttress the essential managerial function of the Organization and facilitate accountability at all levels. As such the WHO management communications and information system would serve as one of the tools to improve the overall effectiveness of the management of WHO. Emphasis will therefore be placed on programme management needs; epidemiological information for WHO programmes will be integrated progressively. In this respect due consideration will be given to the necessary vetting of the content of data bases and limitations on their accessibility, the emphasis being on an information system for effective WHO management more than for public access. Finally, attention will be given to the training required for WHO staff to make effective use of and to service the tools available to them.

3. A rapid overview of the present situation and needs has provided indications for the development of the system and shows a number of positive developments that have already taken place and that will allow faster implementation of the proposed worldwide information system:

- there are at headquarters and in a number of regional offices several programme management information subsystems operational on either a programme or regional basis and proving satisfactory to their users; with some modifications these systems have the potential to contribute to a newly designed one (see section II below);

- there are a number of fully operational subject-oriented systems, such as the Administration and Finance Information System (AFI) and the official mailing list, which could later be integrated into a global system without causing major problems (see section II below);

- from 1984 to 1988 a detailed study was made at all levels of the Organization (starting at the country level) on the needs and requirements of information for programme management; it will be possible to capitalize on most of the results of the study in developing the new system; it also indicated how a worldwide WHO system should cater for health situation information (such as country-based and worldwide epidemiological, programme, administration and financial information (see section III below));

- however, in the meantime, progress has been made on substantial matters resulting in a better knowledge of country health situations, programmes and targets (this is continuing - see also documents EBPC19/2.1 and EBPC19/2.2) and on technology available for telecommunications[1] or storage of information. Furthermore, the present emphasis on improvement of programme management and better targeting of programme policies and accountability is creating a positive climate for the development of an information system which should allow for progress in this area and decisions taken to be propagated rapidly.

[1] The chart in Annex 3 gives an indication of current telecommunication links between headquarters and the six regional offices.

4. It is in this perspective that the information in the following section is given and that a plan of work is proposed for the gradual implementation of a global WHO information system; the monitoring of this development by the Executive Board is also indicated in section V below.

II. CURRENT STATUS OF WHO MANAGEMENT INFORMATION SYSTEMS

5. A detailed **inventory** of all existing systems at all levels of the Organization is currently under way. In the meantime the situation can be summarized as follows. At **headquarters**, the largest computerized information system is AFI. The system comprises a number of components including budget, accounts, payroll, treasury, personnel administration and supplies. It provides management information, but exists of course principally to facilitate the Organization's management of its financial and human resources. There is also a set of common management information systems operated on microcomputers distributed throughout headquarters and connected by a local area network. The systems range from a budget management system (which permits data from AFI to be drawn down by individual programmes to assist in planning and monitoring) to a register of individuals and institutions with whom WHO collaborates. In addition many individual programmes have developed management information systems specific to their own needs. The degree of development of these systems has depended principally on the financial resources available to the programmes, in particular extrabudgetary resources, as WHO does not make any central budgetary provision for coordinated computer programme development.

6. At the **regional offices** there are a wide variety of computer systems, some of them more fully developed and integrated than at headquarters. A common regional administration and finance system is in place in five of the six offices (PAHO has its own system). The core modules of these regional office administration and finance systems are identical and fully compatible with the headquarters systems, each system being enhanced by features required by individual offices. All six offices transfer information to the headquarters AFI system. Other systems are specific to regional offices, for example the Programme Management System in the African Region and the Integrated Management Information System in the European and Western Pacific Regions.

7. At the **country level** there are wide differences in access to management information systems and in generation of information for such systems by individual WHO offices. In some areas of the world, this aspect is complicated by the lack of telecommunication links.

8. In summary, the systems in the administrative fields are generally well developed and homogeneous but still need more country-level links. The systems in the technical fields are varied. Their development has often depended on individual managers being able to find funding within their programme. While they will provide inspiration and practical information on what is feasible or not, a corporate WHO approach must be developed. Nevertheless, there is a solid base on which to build an integrated worldwide system.

III. PROGRAMME MANAGEMENT INFORMATION SYSTEM STUDY

9. During the 1980s, the Organization launched an initiative to develop a Programme Management Information system. Activities were initiated to study the country/WHO information interface and the flow of information from country through region to global levels and back again. As a result, an information framework for WHO Representatives, a common framework for regional programmes and one for headquarters programmes were devised. It did not at that time prove feasible to implement the system for a variety of reasons, but there still exists a framework for re-launching this initiative. In view of recent changes in the functions at each level of the Organization and the progress in informatics and telematics, the studies made in the 1980s will have to be reviewed and updated, in full consultation involving all levels of the Organization. It will also be necessary to review the usefulness to WHO of aspects of the new Integrated Management Information System which is being developed for the United Nations, but which can be made available later to specialized agencies, though it would have to be adapted to WHO's needs.

IV. FURTHER STEPS IN THE DEVELOPMENT OF WHO INFORMATION SYSTEMS

10. On the basis of the already existing systems, data from previous studies, and the points made in sections I, II and III above, it will be necessary to study further:

- WHO programme requirements arising since the last survey;
- the contents of the information system itself (i.e., for epidemiological basis and country information programme development, programme management and evaluation and various "cross-programme" issues);
- the mechanisms for reporting between the different echelons of the Organization or the procedure for access programmes and Executive Management (i.e., on a "need-to-know" basis, at regular intervals, etc.);
- the most appropriate technology to support the information system.

11. To tackle these issues the Director-General is establishing a limited number of global/interregional development teams; in particular, one on communication technology and one dealing with the contents of the information system, including the feasibility of integrating the already existing systems into a WHO worldwide system.

12. Considering the urgency given to this recommendation by the Executive Board Working Group and the Director-General, it is intended to move into gradual implementation as soon as possible, and to proceed by regular reporting on progress (step by step) to the Executive Board. The first report in May 1994 should contain a detailed schedule of what would be developed within the next five years. In conjunction with the detailed plan, an estimate of financial requirements will be prepared.

V. ACTION BY THE EXECUTIVE BOARD

13. The Programme Committee of the Executive Board may wish to report to the Executive Board that the Director-General has already acted to a large extent on recommendation 19 by creating a Global Policy Council and a Management Development Committee, and recommend that:

- it emphasizes that the development of the WHO worldwide management information system, covering all levels of operation of the Organization (country, region and headquarters) and addressing all facets of programme management as well as scientific and epidemiological information, is of the highest priority;
- it endorses the plan presented in section IV above (with any necessary modifications after discussion), and will monitor its progressive development.

ANNEX 1

WORLD HEALTH ORGANIZATION

INFORMATION CIRCULAR No. 53

IC/93/53
4 August 1993

Distribution: HQ + RO

ORIGINAL: ENGLISH

GLOBAL POLICY COUNCIL

To strengthen the development of the Organization's policies and strategies, and to ensure their appropriate implementation at all levels of the Organization, the Director-General has decided to establish a Global Policy Council.

The Global Policy Council will comprise the Director-General, the Regional Directors, the Assistant Directors-General and Director IARC. When necessary, staff from headquarters, regional or country offices will be invited to participate. The secretariat of the Council will be assured by the Cabinet of the Director-General.

The mandate of the Council will be:

- to restate the mission of WHO in the light of world changes;
- to review the WHO health-for-all policy and its regional variations; to monitor the development of the related targets at all levels; and to ensure periodic updating;
- to ensure, through a coordinated approach to programming, budgeting, monitoring and evaluation, that programme implementation at headquarters and at regional and country levels follows the global policy while giving due respect to national priorities;
- to adjust the managerial structure of the Organization in line with the reforms emanating from the study on WHO response to Global Change.

The Global Policy Council will hold four regular sessions a year; additional special sessions may be scheduled as required to deal with specific policy issues.

****

ANNEX 2

WORLD HEALTH ORGANIZATION

INFORMATION CIRCULAR No. 54

IC/93/54
4 August 1993

Distribution: HQ + RO

ORIGINAL: ENGLISH

MANAGEMENT DEVELOPMENT COMMITTEE

The Director-General, in pursuance of the reform and restructuring process in response to global change, has decided to establish a Management Development Committee (MDC), linking programme management in headquarters and the regional offices.

The main functions of the Management Development Committee are:

- to coordinate the application of the managerial process at all levels of the Organization, including programming, implementation, monitoring and evaluation;
- to ensure the coherence and complementarity of programme activities, their technical content and approach, and the programme budget, in line with the Organization's agreed policies, strategies and priorities;
- to follow up development of the general programmes of work and the related biennial programme budgets;
- to review issues related to all facets of WHO management as proposed by the Global Policy Council and to follow up their implementation whenever necessary.

The membership of the Management Development Committee will include the Assistant Directors-General or their alternates, Director IARC, the Executive Directors, and the Directors of Programme Management or their alternates from the six regions. Staff from headquarters, regional offices and country offices will be invited to participate as required, depending on the issue in question. The Cabinet of the Director-General will ensure secretariat support.

The Management Development Committee will normally meet in regular session twice a year, as well as in such special sessions as may be required to deal with specific programme development and management issues.

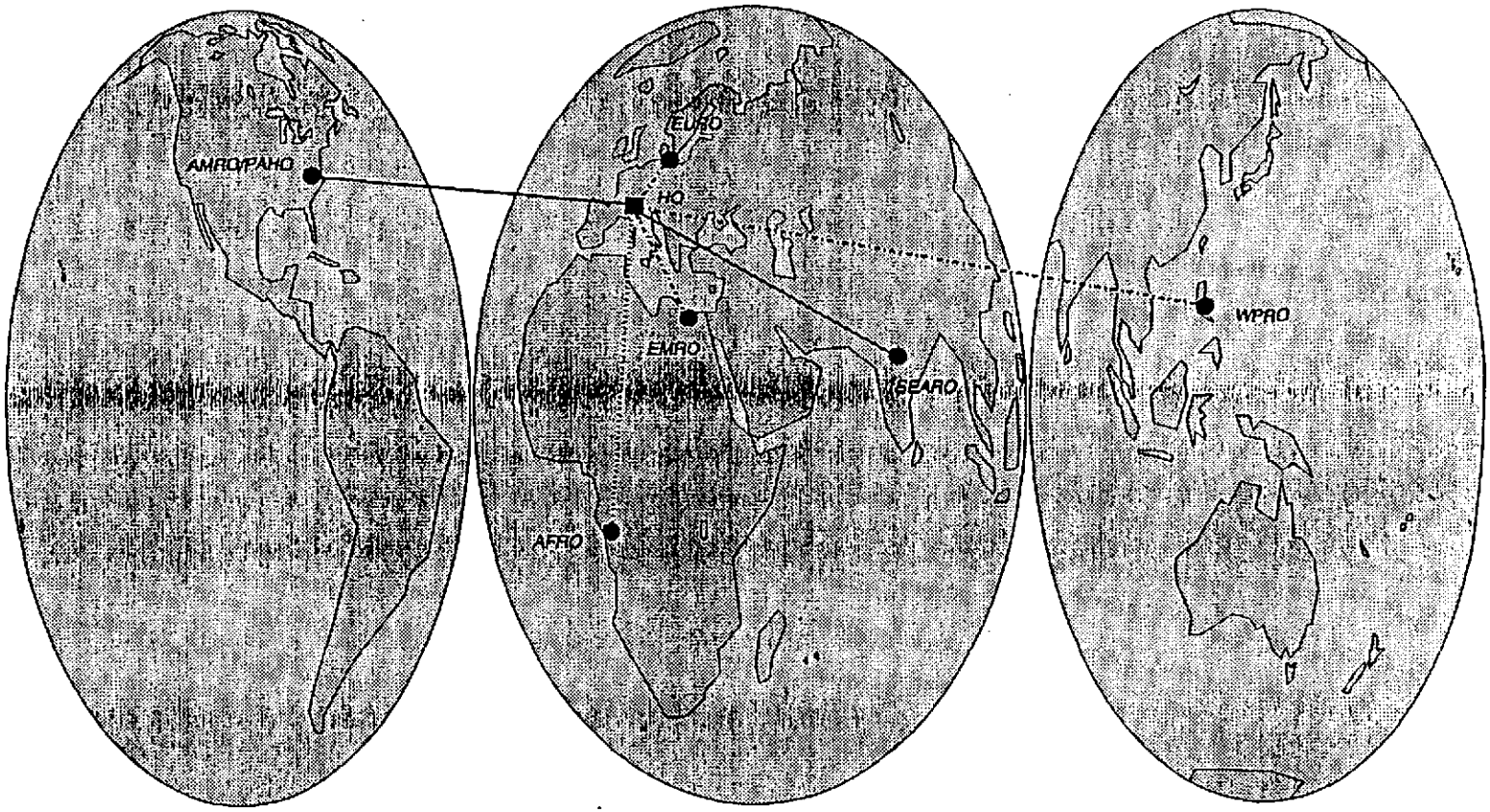
To ensure the unity of WHO programme management, the members of the Management Development Committee at headquarters (MDC/HQ) will meet once a month to follow up more specifically the global components of programme development and management.

****

WORLD HEALTH ORGANIZATION

ESTABLISHED COMPUTER-BASED TELECOMMUNICATION LINKS WITH REGIONAL OFFICES

(Telephone/Fax/Telex links are available for all sites)



..... Telephone line link only

- - - - Public Data Network (PDN) link only
(electronic mail, file transfer, remote computer access)
cost: by PDN service provider per traffic + connect time.

——— Internet/BITNET (subsidized) electronic mail only + PDN links
(electronic mail at very low fixed cost, file transfer, remote computer access via PDN)

— • — • Full Internet IP link (very low fixed cost) + PDN link (used less)
(e-mail, file transfer, remote computer access, information services, news, etc. world-wide) available only at HQ. planned for AMRO.

World Health Organization
Organisation mondiale de la Santé

PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD	Nineteenth Session 29 November - 1 December 1993 Provisional agenda item 3	EBPC19/2.9 19 October 1993

WHO response to global change

Implementation of recommendations to be reported to the ninety-third session of the Executive Board

Recommendations 23 and 28

Report by the Director-General

The Executive Board Working Group on the WHO Response to Global Change recommended that the Executive Board request the Director-General to:

- review the current delegation of authority between headquarters and regional offices and introduce appropriate changes in the light of experience and current needs (recommendation 23);
- review, update and standardize the delegations of authority, the country office administrative/management and operating procedures, and the basic operating resources for WHO Representative offices throughout the Organization (recommendation 28).

This report presents the background and current situation with respect to delegation of authority between headquarters and regional offices, and the delegation of authority to and operational capabilities of WHO Representatives' offices.

CONTENTS

I. CONSTITUTIONAL BASIS

1. Article 44 of the Constitution of the World Health Organization provides that "the Health Assembly shall from time to time define the geographical areas in which it is desirable to establish a regional organization". Article 46 states that "each regional organization shall consist of a regional committee and a regional office". No specific indication is given of the size, role or authority of a regional office. However, Article 51 provides that "subject to the general authority of the Director-General of the Organization, the regional office shall be the administrative organ of the regional committee", whose composition and functions are described in Articles 47 and 50. As indicated in Articles 44 and 45, respectively, "there shall not be more than one regional organization" in each geographical area, and "each regional organization shall be an integral part of the Organization". (The special situation of the Pan American Health Organization is dealt with by Article 54 of the Constitution.)

2. The Constitution of WHO does not require or refer to the establishment of country offices (known today as the "WHO Representatives' offices" or "WROs"). However, the functions of WHO set out in Article 2 make it clear that in addition to the "normative" functions of WHO as "the directing and coordinating authority on international health work", the Organization is expected "to assist Governments, upon request, in strengthening health services" and "to furnish appropriate technical assistance" and other actions which today go by the generic name "technical cooperation with Member States". While this cooperation can be extended from both regional and global levels, it has proved expedient, at least in most developing countries, for WHO to have an established physical presence in the country concerned in the form of a WHO Representative's Office (WRO), or in some countries a Liaison Officer. There is nothing in the WHO Constitution, however, to suggest what the delegation of authority to or the operational functioning of a WHO Representative's Office should be. This has been a matter of historical evolution.

II. EVOLUTION OF DELEGATION OF AUTHORITY BETWEEN HEADQUARTERS AND THE REGIONAL OFFICES

3. In the early years of WHO in the 1950s and early 1960s, the Organization was managerially and programmatically centralized. During the 1960s, as the regional organizations expanded and strengthened their programmatic and administrative capabilities, authority to draw up plans and proposals for technical assistance projects was delegated to the regions, although authority to establish allotments was not; indeed signed plans of work still had to be approved by and filed with headquarters before authority to spend under any source of funds was granted. At the outset of the 1970s, a major review of delegation of authority was undertaken, resulting in the transfer of budgetary authority virtually entirely to the regional offices, within overall regional regular budget allocations, subject only to certain standards of control and accountability contained in the WHO Financial Rules and Regulations and the Manual, applicable to the entire Organization. Regional offices strengthened their administrative systems and procedures, sometimes at the expense of uniformity between regions and headquarters.

4. Authority to accept and administer extrabudgetary funds (i.e., voluntary contributions, gifts, bequests) lies initially with the Health Assembly, or the Executive Board acting on its behalf, provided the conditions attached are consistent with the objective and policies of the Organization, pursuant to Article 57 of the WHO Constitution. During the early 1970s, this authority was specifically re-delegated by the Board to the Director-General, subject to subsequent reporting, and pursuant to Article 7.2 of the Financial Regulations. Acceptance and administration of voluntary funds remains an essentially global responsibility, although authority to spend may be transferred to a region. The definitions of the Voluntary Fund for Health Promotion and its sub-accounts remains a function of the Executive Board at global level, although contributions may be designated for a regional purpose. Article 50(f) of the Constitution envisages that regional committees may "recommend additional regional appropriations" to supplement the central regular budget. While this is a regional empowerment, it has global implications of concern to the Board and the Health Assembly.

5. In the late 1970s, the Organization undertook a major review of WHO's approach to "technical cooperation" with countries as well as its structure and function. The term "technical cooperation" came to replace the term "technical assistance" in WHO's vocabulary as a way of indicating a shift from externally-provided aid projects to cooperative activities integral to national health programmes. In resolution WHA29.48 (1976)[1] the Health Assembly requested the Director-General:

> *to reorient the working of the Organization with a view to ensuring that allocations of the regular programme budget reach the level of at least 60% in real terms towards technical cooperation and provision of services by 1980.*

From 1978-1981 steps were taken to cut down all avoidable and non-essential expenditure on establishment and administration both at headquarters and in the regional offices, and to transfer resources available to developing countries programmes. A major organizational study of "WHO structures in the light of its functions" was reported in 1980.[2] The Health Assembly in resolution WHA33.17 (1980)[3] requested a redefinition of the functions of the regional offices and headquarters. Regional offices were assigned the primary responsibility for direct technical cooperation and support to countries while headquarters provided back-up support to the regions and carried out global coordination, health policy development, biomedical research, standard-setting and other "normative" functions. During the 1980s, WHO's managerial processes for programme planning, budgeting, implementation, monitoring and evaluation were further developed, and a greater degree of compatibility between regions and headquarters was achieved, including an Administrative and Financial Information system (AFI). At the same time, responsibility for management information on country operations was transferred virtually entirely to the regions, which had not only the effect of strengthening the regional offices, but also of weakening headquarters' knowledge of activities and developments at the country level.

6. Today each region has virtually full authority and responsibility for the planning and use of the regional allocation under the WHO regular budget, including the establishment and control of country planning figures, and they receive authority to spend extrabudgetary funds for planned activities, subject to certain conditions of consultation or policy depending on the source of funds. Central Budget and Finance services continue to keep track of the situation, in order to help ensure global accountability as well as, for example, compliance with the "10% rule" governing transfer between appropriation sections. The Director-General establishes overall regional allocations and issues general guidance for programme budgeting. The regional offices in turn establish the planning figures for individual countries. Regional offices are fully responsible for selection, recruitment and administration of all regional staff, except for selection of professional staff at the P.6/D.1 level or above, which are referred to the Senior Staff Selection Committee at headquarters. Other administrative responsibilities are delegated to the regional offices, including authorization up to US$ 20 000 for purchase of supplies and equipment, subject to rules governing, for example, local versus international purchase. Construction or transfer of regional office premises/accommodation is subject to global control, particularly when it affects the Real Estate Fund. Although regional offices use a central administrative and financial system they operate their own management information systems. The Director-General has recognized the need for better compatibility and communication between these systems in the regions and at headquarters, which is particularly important in relation to decentralized authority in a regionalized organization.

7. In the face of global change it is evident that past methods are "good, but not good enough". The Director-General, the Executive Board and the Health Assembly have called for a review of the functions and delegation of authority between the regions and headquarters, and a follow-up with necessary reforms. Ways need to be explored to enhance the ability of different regions and levels of the Organization to respond to common challenges. It is increasingly apparent that countries face health-and-human-

[1] *Handbook of Resolutions and Decisions*, Vol. II, page 12.

[2] Document WHA33/1980/REC/1, pages 82-97.

[3] *Handbook of Resolutions and Decisions*, Vol. II, pages 48-50.

development problems that cannot be fully solved within any one country's territorial borders. Environmental pollution, for example, does not respect national boundaries. The control of certain major diseases, such as AIDS, poliomyelitis, cholera and malaria, requires intercountry cooperation. Relief and rehabilitation following major man-made and natural disasters often require global cooperation and support from the entire United Nations system and others. The Director-General has suggested that consideration be given to greater use of intercountry teams for specific time-limited purposes, as well as interdisciplinary interregional teams, that will be more responsive to these needs and situations. Such new approaches will require common policies, better adapted managerial processes and the fullest cooperation and unity among all regions and levels of the Organization, including a new understanding of the authority and responsibilities of all concerned.

III. ROLE, AUTHORITY AND RESPONSIBILITY OF THE WHO REPRESENTATIVE AT COUNTRY LEVEL

8. The key figure in WHO's technical cooperation with most developing countries is the WHO Representative (WR) assigned to and stationed in the country. For a brief period in the early 1980s the title of WR was changed to "WHO Programme Coordinator (WPC)" in an effort to emphasize the WPC's programmatic functions, as compared to purely "representative" functions. This led to problems of recognition of WPC status at country level - and besides, the WPC did, after all, have to "represent" and make accessible to a country all that WHO had to offer. So the title reverted to "WHO Representative" and the role and functions of WRs were completely revised and incorporated in the WHO Manual (Volume L2) in 1986.

9. The Director-General and the Regional Director, in close consultation with the government concerned, may decide to establish a WHO office (WRO) in a country and to appoint a WHO Representative (WR) to cooperate with the government on behalf of the Organization as a whole and act as the senior officer responsible for its activities in that country. The decision whether to establish an office of a WHO Representative in a country depends on the express wish of the government concerned, and also takes into account such factors as the size of the country, its state of development, the nature and extent of its health problems, the importance of WHO's programme of technical cooperation, the existence of country offices or representatives of other organizations and agencies, and, of course, financing. As a general rule, any country receiving a substantial allocation of regular budget and/or extrabudgetary resources (e.g., one or two million US dollars, not counting the cost of the WRO itself) should have an office of a WHO Representative subject to availability of funds. When appropriate, and under multi-country arrangements, a WR may serve more than one country. Today, 110 countries are served by 105 WROs.

10. In 1986, the functions of WHO Representative were redefined and clarified. They fall under seven general headings:

1. National, regional and global health policy formulation and implementation;
2. Planning, programming and management of national health programmes;
3. Planning and management of the WHO cooperative activities in the country;
4. Mobilization and rationalization of the use of available resources;
5. Guidance and supervision of WHO staff in the country;
6. Coordination within the country and with external partners;
7. Representative and other functions at country level.

11. The above functions reflect the fact that WHO is above all a **technical** health agency, as distinct from an aid or funding agency. The country representatives of virtually all other organizations in the United Nations system are charged with the coordination, planning, implementation and evaluation of external assistance projects, activities and services provided by those organizations, as well as the supervision of United Nations staff, mobilization of resources, collaboration with other partners, and representative functions. The functions of such country representatives are thus analogous to five of the WR functions (namely 3, 4, 5, 6 and 7 above), but not the first two. The first, namely national, regional and global health policy formulation and implementation, is unique to the WHO Representative, and derives directly from WHO's constitutional responsibility as "the directing and coordinating authority on international health work". The second, namely planning, programming and management of national (not WHO) health programmes, is also unique, in the sense of being Organization specific. Even if not one dollar of WHO funds is spent on a particular national health programme, the WR is by duty bound to provide his personal involvement and advisory services to that national programme upon request of the government (this WR function should not be confused with "national execution" of United Nations system projects, which refers to national officials taking responsibility for implementation of externally funded projects or activities). The reason why the governments of so many developing countries have requested that the WRO be located in or near the ministry of health or on other government premises is because of WR functions 1 and 2, which are unique to WHO. Thus, while WHO is amenable to sharing common United Nations system premises, the location of the WRO is essentially for the government concerned and WHO to decide, according to what is best for the country.

12. WHO Representatives act under the authority of the Director-General and the Regional Director on behalf of the Organization as a whole, and are responsible for all aspects of its work in their country of assignment. WHO Representatives establish and maintain close contact with the highest levels of the national health administration and, by agreement with the government by virtue of Article 33 of the Constitution, with other government departments. The WHO Representative is vested with the formal delegated authority, based on the functions enumerated in paragraph 10 above, to negotiate with the government on WHO's cooperative programme activities in the country, in accordance with the policies adopted by the Member States collectively in the governing bodies of WHO, and with the regional directives on them. This includes negotiations on programme formulation and subsequent modification and implementation related to WHO's resources at country level, conducted mainly through the flexible and continuing process of programme budgeting. The WR and the government concerned share the ultimate responsibility for the proper use of WHO's regular budget country planning figure and additional extrabudgetary resources, in accordance with the overall policies, priorities, procedures and standards of accountability of both the government and WHO.

13. A frequent, and perhaps justified, criticism of present WROs in many countries is that they are sometimes too weak and, compared with the country representatives of some other agencies, the WR himself lacks sufficient authority over the use of resources. Recognizing this, the Director-General and Regional Directors have initiated discussions and a study of ways of strengthening the office of the WHO Representative. One way, of course, would be to increase its staff, and this is being done at some WRO locations. However, it must be recognized that to increase the complement of every WRO by only *one* staff member would be very costly to the Organization's regular budget. During a time of economic recession and no budget growth in real terms, this added expense for WROs could only come out of resources otherwise available for health programme activities. Greater use of local national professionals is one way of helping to contain staff costs. Management information systems will be strengthened with appropriate links between country, regional and global levels. Attention will be paid to use of new electronic communications technologies. The levels of basic operating resources will be reviewed, and operating procedures for WROs will be better standardized.

14. At the request of the Director-General, the Regional Director for the Western Pacific has prepared an informal paper entitled "Strengthening the office of the WHO Representative". The paper deals with the resources, functions, responsibility and accountability of WRs, and in particular makes detailed proposals concerning delegation of authority (for example, it is proposed that WRs should have authority

to purchase urgent office supplies up to US$ 2000, project supplies up to US$ 10 000, and local services up to US$ 2000 per contract). These and other proposals will be considered and refined through an internal consultative process.

15. The Director-General intends to establish a time-limited interregional task force on the issues arising relating to delegation of authority with the aim of reporting in the course of 1994. The Global Policy Council, comprising the Director-General, Assistant Directors-General and Regional Directors will review the results; new procedures established would be reflected in the WHO Manual.

IV. ACTION BY THE EXECUTIVE BOARD

16. In the light of its discussions on the present report and the current action indicated therein in response to recommendations 23 and 28, and noting the intention to establish a mechanism for further review, the Programme Committee may wish to propose that the Executive Board request the Director-General during the course of 1994 to continue to review and update working relations and delegation of authority between headquarters, regional offices and WHO Representative offices in the light of experience and changing needs, and to provide information on his decisions to the Executive Board at its ninety-fifth session in 1995.

= = =

World Health Organization
Organisation mondiale de la Santé

PROGRAMME COMMITTEE OF THE EXECUTIVE BOARD	Nineteenth Session 29 November - 1 December 1993 Provisional agenda item 3	EBPC19/2.10 22 October 1993

WHO response to global change

Implementation of recommendations to be reported to the ninety-third session of the Executive Board

Recommendation 27

Report by the Director-General

The Executive Board Working Group on the WHO Response to Global Change emphasized that the role of the WHO Representative should be "to provide leadership in health, nutrition, family planning and environmental health to the United Nations country team". WHO Representatives should receive a mandate from the regional offices and the Director-General to take the initiative in regard to intersectoral coordination of health activities. The Working Group thus requested the Director-General to:

- direct the Regional Directors and the WHO Representatives to provide leadership in intersectoral coordination among the United Nations agencies and between major donors (recommendation 27).

This recommendation emphasizes intersectoral coordination among the United Nations agencies, but activities in this area will also be discussed and reported upon with those related to recommendations 10, 11, 12 and 24 (see document EBPC19/2.6). These activities will also be strongly influenced by measures taken in answer to the concerns expressed by the Executive Board Working Group on the coordination with United Nations and other agencies especially regarding "country and global coordination".

CONTENTS

I. PROPOSALS FOR THE IMPLEMENTATION OF RECOMMENDATION 27

1. In considering the functions of WHO in response to worldwide changes, the Executive Board Working Group suggested that the role of WHO Representatives should be, *inter alia*, "to provide leadership in health, nutrition, family planning and environmental health to the United Nations country team"; in particular, WHO Representatives should receive a mandate from regional offices and the Director-General to take the initiative in regard to intersectoral coordination of health activities. On this basis it was suggested that the Director-General be requested to direct Regional Directors and WHO Representatives to provide such leadership among the United Nations agencies and between major donors.

2. This proposal is basically in conformity with the WHO policy and guidelines on the role and functions of the WHO Representative as expressed in the WHO Manual, volume I.2.60: "The WHO Representative helps the government to promote coordination within the health sector and between health and other sectors involved in health development and collaborates fully with the representatives of all sources of multilateral or bilateral collaboration within the country and with any national coordinating bodies. The WHO Representative is expected to establish especially good working relationships with the representatives of the United Nations agencies in the country, to keep them informed of all WHO activities, to promote joint activities and, whenever possible, to help in the establishment of, and to use, joint services".

3. In the review of action that could be taken to strengthen the leadership role of the WHO Representative, it has become evident that the role is quite different according to the country of assignment and that the action to be taken would have to be modulated in the light of the actual situation. In addition, in considering the general question of coordination in the United Nations system, and the various actions already being taken by the Director-General in reply to other recommendations of the Executive Board Working Group on the WHO Response to Global Change, the specific points raised by recommendation 27 should be seen within the more general framework of the redefinition of the role of WHO at the country level, improvement of the Organization's functions in particular in response to resolution WHA33.17, and new modalities for collaboration with the office of the United Nations Coordinator at country level.

4. Consequently, a first phase in the implementation of recommendation 27 would require an analysis of the situation at country level, regarding not only the role of WHO but also the respective activities of various United Nations agencies in countries as well as their specific mandates and the coordination mechanisms established by the United Nations General Assembly. The analysis could be carried out by regional offices and WHO Representatives in each country in close collaboration with headquarters and through direct contacts with other United Nations programmes and agencies. This might be done initially by selecting one country in each of the six WHO regions for closer analysis.

5. In a second phase, the feasibility of applying lessons learned and measures taken to other countries will be explored and, whenever necessary, further analysis could be carried out. Simultaneously, proposals could be developed to specify the role of the WHO Representatives and to determine how to provide them with the tools to improve WHO leadership at country level. Of particular importance would be close involvement of the ministry of health and other ministries concerned with socioeconomic development in the countries concerned, considering their overall responsibilities for coordination of technical cooperation.

II. ACTION BY THE EXECUTIVE BOARD

6. In following up recommendation 27, the Executive Board may wish to recommend to the Director-General that he:

- undertakes a rapid review of the situation in a number of countries giving due consideration to the results of similar studies previously carried out, using already-existing mechanisms, such as the Global Policy Council, the Management and Development Committee and coordination mechanisms at regional or country level;

- considers the above-mentioned studies and proposals for fulfilling recommendation 27 as part and parcel of a wider consideration of the role and functions of WHO at the country level (including implementation of recommendations 29 and 30) and of intersectoral coordination among the United Nations agencies and between major donors (see recommendations 32 to 34).

= = =