

PAN AMERICAN HEALTH ORGANIZATION

XXVIII Meeting

WORLD HEALTH ORGANIZATION



XXXIII Meeting

regional committee

Washington, D.C. September-October 1981

INDEXED

Provisional Agenda Item 18

CD28/26 (Eng.) 27 July 1981 ORIGINAL: SPANISH-ENGLISH

STATUS OF THE IMPLEMENTATION OF THE DIRECTING COUNCIL'S RECOMMENDATIONS ON WHO'S STRUCTURES IN LIGHT OF ITS FUNCTIONS

After examining the report and recommendations by the Sub-committee on the Study of WHO's Structures in Light of its Functions, the XXVII Meeting of the Directing Council (1980) decided, in Resolution X, to take specific actions to seek to implement those recommendations.

This paper describes the status of the actions planned, ongoing and completed, in implementation of Resolution X, and includes the recommendations of the Executive Committee formulated during its 86th Meeting in June.

The implications of the study pertain not only to the Region of the Americas, but to the role of the Region in relation to the functions of the World Health Organization at the global level.

To facilitate the consideration of this agenda item, in the present document each operative paragraph of Resolution X is quoted and followed by an account of the activities either completed or in progress.

Introduction

The Study of WHO's Structures in Light of its Functions was based on resolutions of the World Health Assembly, the Directing Council and the Executive Committee. The views of the Member Governments were incorporated into a regional report, which was considered, along with reports from the other five Regions, by the Executive Board and the World Health Assembly. A Subcommittee (Brazil, Guyana and the United States of America) reviewed the discussions in those bodies and submitted a report and recommendations to the XXVII Meeting of the Directing Council. These were examined by the Council, which resolved to seek to implement recommendations to Member Governments and to the Director.

Status of Recommendations Addressed to:

- 1. The Directing Council:
- a) To utilize the leadership capacity that exists in the Region in order to play a stronger role in relation to the Governing Bodies of WHO, particularly in view of the need to maintain continuity between biennial Assemblies, by:
 - i) Sharing regional information and experience in dealing with health problems;
- A summary to the Annual Report of the Director could provide the highlights of regional activities for the information of the Director-General, the Executive Board and the World Health Assembly. The report on the meeting of the Regional Committee/Directing Council, now part of the documentation for the Executive Board, could be another means of exerting a leadership role, which could be reinforced by appropriate interventions by Board members from the Region.
 - ii) Presenting resolutions at the global level in relation to health needs and programs, and proposing planning and administrative mechanisms;
- During the course of the meetings of the Directing Council/Regional Committee, resolutions for possible presentation at the global level could be identified. If approved, Member Governments could be encouraged to support them in the next sessions of the Executive Board and the Assembly.

- iii) Making the expertise of individuals from specific Member Countries available to WHO expert committees;
- In consultation with Member Countries, through the Country Representatives and technical divisions at Headquarters, the Director has been able to recommend prominent health professionals of the Region to the Director-General for consideration as candidates for expert advisory committees.
 - b) To promote increased emphasis on monitoring and evaluation of the Organization's activities;
- Among the evaluations of the Pan American Centers, those of CFNI, INCAP, CAREC and CLAP have been finished. Determination of administrative/management costs will be an integral part of future evaluations, as requested by the Council, and it is being incorporated into reviews already started. The evaluation procedure for the Centers, approved by the Executive Committee at its 82nd Meeting in 1979, has been flexible and versatile, but one vital element of the process--inputs from the countries served by the Center--has proved to be very time-consuming and, thus far, incomplete. Alternatives need to be explored, in keeping with the special circumstances of each Center.

The Director can propose to the Executive Committee and the Directing Council that special evaluations be made of stated program areas and the results presented to them. Such studies are already in progress, including the one of the malaria control program, in which national programs have been reviewed and reformulated and their manpower requirements determined. A methodological scheme has been worked out for the evaluation by a multidisciplinary team of national and PAHO/WHO staff of the implementation of the Expanded Program on Immunization. After undergoing a field test, this scheme has been put into use in several countries.

In regard to the AMRO System of Programming and Evaluation of technical cooperation (AMPES), a manual has been written to improve its operation; several components of the System have been revised, expanded and put in order, and administrative steps have been taken to improve its performance in the programming and budgeting of technical cooperation with the countries themselves, and to make it the basic channel for the monitoring and evaluation of that cooperation.

- c) To consider the establishment of a regional mechanism for improving the flow of extrabudgetary resources available for priority programs, including from global to regional level of WHO.
- This mechanism has been designed to identify needs and available resources for technical cooperation. Additional personnel have been assigned to the Office of the Director to serve the needs of the entire Organization. A group is being formed to perform the following functions: a) identify with precision the needs that can be met with funds from external sources; b) identify potential sources of extrabudgetary funds to finance these unmet needs; and c) provide the technical cooperation required for drawing up proposals with a high probability of being financed.

2. The Member Governments:

- a) Establish dynamic and evolving national "health for all" plans that include appropriate indicators and quantifiable objectives so as to provide the means for measuring the progress in health already made and still to be made;
- Twenty-four governments have submitted national plans for "health for all." The regional strategies have been formulated and have been approved by the Governing Bodies. A Draft Plan of Action was prepared which has been submitted to the Executive Committee for consideration and will be presented, with that Body's recommendations, to the Directing Council for examination and approval. Guidelines are in preparation for use in the countries to harmonize their national strategies and plans with those at the Regional level.
 - h) Ensure, in cooperation with the Secretariat, the national health programs are appropriately consistent with the worldwide and Regionwide priorities of the Organization;
- Regular use of the AMPES System, within the established priorities of PAHO/WHO, as set by the Member Countries.

- c) Place emphasis at the national level on the equitable redistribution of available resources within health and related sectors for technical cooperation among developing countries;
- The regional plan of action will include the identification of specific opportunities for intersectoral collaboration for TCDC.
 - d) Work to maintain the continuity and to enhance the preparation and coordination of Delegations to the meetings of the Governing Bodies of PAHO and WHO, in order to achieve a more consistent participation;
- Briefing of delegations to the Governing Bodies before meetings will greatly facilitate meaningful participation, as will a continuum of technical representation. Consideration is being given to the preparation of a "manual" type briefing document, similar to those distributed before the meetings of the Executive Board and the Assembly. It is important that Ministers be briefed, prior to the meetings, on the major agenda items coming up for discussion, especially those in which a Minister has particular interest.
 - e) Set up joint PAHO/country health programming committees, with multisectoral participation, in order to facilitate the exchange of information on health programming and collaboration in the formulation and execution of PAHO programs.
- The AMRO Programming and Evaluation System requires that PAHO country staff meet at appropriate times with the national health authorities and program directors to discuss and agree upon a medium-term program of cooperation within the frame of the general policies of PAHO. A detailed annual program of cooperation is also discussed and agreed upon. This program is jointly monitored, periodically updated, and evaluated by the national authorities and PAHO's country staff.

PAHO staff at the country level have been requested to inquire about, and to promote the possibility of, establishing multisectoral committees.

3. The Director:

- a) Strengthen the Organization's plan and programs designed to give increased support to the achievement of health for all by the year 2000, by:
- The Plan of Action to meet the goal of health for all provides for a series of actions to strengthen the Organization's capacity to support this goal.
 - i) Increasing the horizontal integration of the technical components of the Secretariat in order to ensure full coordination of the staff's capabilities in respect of multisectoral, national, regional and world strategies;
- An increasing number of multidisciplinary working groups have been established for program review and development, and have played a key role in the drafting of the Plan of Action to implement the regional strategies. Two major interdivisional groups are working with the EPI and the program on the diarrheas.
 - ii) Endeavoring to synchronize the Organization's planning cycles with those of WHO, taking into consideration the planning cycles of other agencies within the United Nations system;
- In cooperation with agencies of the U.N. system a timetable of planning cycles is being developed. Better synchronization of the meetings of the Governing Bodies of PAHO and WHO is also under study. A paper "The Managerial Process for WHO's Program Development," was prepared in Geneva, stressing the importance of the managerial process for national health development. This document was considered, with AMRO participation, by WHO's Program Development Working Group, which met in WHO's Regional Office for the Eastern Mediterranean last March. Discussions on this topic continue.

- Analyzing the content and timing of the Meetings of the Executive Committee and the Directing Council in order to strengthen PAHO's contribution to the review process of the Executive Board and World Health Assembly, and making recommendations to the 86th Meeting of the Executive Committee;
- The current programming cycles and meetings of the Governing Bodies of PAHO and WHO are out of step. The Program Development Working Group, with membership from Geneva and the Regions, has under study the management of the WHO programming process, including possible changes in the present WHO programming cycles. Further discussions on this matter must therefore await the recommendations of the Working Group and the action on them by the Executive Board. At this time there appears to be little if any advantage to a consideration of changes in the scheduling of the Executive Committee and the Directing Council.
 - iv) Seeking ways to broaden scope of the ACMR in order to utilize its capabilities in the regional priority-setting process;
- The membership of the Advisory Committee on Medical Research is being broadened by inclusion of multidisciplinary skills.
 - b) Consider reorienting the role and functions of the Pan American Health and Education Foundation (PAHEF) to serve as a mechanism for multisectoral fundraising;
- A draft for new terms of reference was sent to the PAHEF Board for consideration at their meeting in April. The Director will brief the Committee on the results of the Board's discussions.
 - c) Devise additional mechanisms for assisting Member Governments in evaluating their health status and the effectiveness of programs undertaken within or outside the Organization to deal with national health problems, in order to aid the Governments in future health planning and programming;

- The evaluation process for the Pan American Centers, approved by the 82nd Meeting of the Executive Committee, is being adopted and extended to PAHO and country programs, with national participation, e.g. malaria control. Indicators are being developed based on national systems. The Regional Plan of Action calls for monitoring and evaluation mechanisms which will help keep the countries better and more currently informed on their own health situations.
 - d) Increase the emphasis on evaluation, utilizing AMPES and the Pan American Centers model, to review both AMRO and the country projects in terms of their priority in achieving health for all by the year 2000, and to report on the progress made in these evaluations to future Meetings of the Directing Council;
- This is closely linked to 1 b) and 3 c) and is an integral part of the Plan of Action for implementation of the strategies.
 - e) Play a more vigorous leadership role in working with Member Governments to facilitate their interaction to pursue TCDC efforts in matters of common interest, using such mechanisms as the Pan American Centers and Advisory Committees to focus on:
 - i) Stimulating cooperative activities at subregional levels;
- Mechanisms are already well established at subregional levels, e.g. the Andean Group, the Caribbean and Central America. A document was prepared which PAHO/WHO presented to the meeting of the Program Development Working Group in Alexandria, Egypt. Also, for the Workshop on Primary Health Care held in Saint Lucia PAHO/WHO prepared a document which cites a number of examples of TCDC in the Caribbean subregion. Working groups for international cooperation are being formed.
 - ii) Providing information calculated to encourage a dialogue among interested countries;
- The Country Representatives, with the cooperation of the Member Governments, are working to identify 10 institutions and organizations that can promote and carry on TCDC activities. The Pan American Centers have been good starting points.

- iii) Establishing and coordinating the exchange of information;
- This is included in the Plan of Action for health for all by the year 2000.
 - Representatives so as to include qualified applicants with international experience coming from a variety of backgrounds (e.g., the social sciences, engineering, business administration) and with appropriate basic skills and experience, particularly in management, to meet the wider responsibilities of the coming decades;
- The terms of reference and post descriptions for Country Representatives have been revised and approved by the Director. Present and future appointments will be made on the basis of the new criteria.
 - Representatives and to delegate to them increased responsibilities, at the same time improving communications and managerial support and providing more flexible administrative guidelines for field work. In conjunction with this, the Director should:
 - i) Emphasize inservice training for field office staff by means of seminars, workshops, correspondence courses and other continuing education mechanisms;
- An interdivisional working group has prepared, with the participation of the Operations Management Office and the Personnel Department, a report that will serve as a frame of reference for the design of a program of continuing education for the field staff. This program will emphasize managerial aspects of technical cooperation.
- General guidelines for personnel training in the framework of Resolution X and in keeping with the guidelines of the Regional Plan of Action are in preparation. Also, coordination is being fostered among activities promoted by WHO/Geneva for training in management procedures for national health development programs.

- ii) Devise ways in which Country Representatives can participate in the preparation and analysis of PAHO documents;
- This is being done routinely.
 - iii) Ensure that all Country Representatives are informed of the decisions made by the PAHO Governing Bodies.
- PAHO/WHO Country and Area Representatives and Center Directors have been asked to analyze--jointly with their staff--the Directing Council's Final Report from the standpoint of PAHO's cooperation in the countries where they have been assigned.