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XXVI Meeting

regional committee

WORLD HEALTH ORGANIZATION

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REPORT OF THE AD HOC COMMITTEE ON THE "STUDY OF WHO's STRUCTURES IN THE LIGHT OF ITS FUNCTIONS"

Introduction

The 31st World Health Assembly in May 1978 marked the occasion for Member States to reaffirm the need for integrated action throughout the Organization in order to achieve the main social target of Governments and WHO, as reflected in Resolution WHA30.43, namely the attainment by all the peoples of the world, by the year 2000, of a level of health that will permit them to lead a socially and economically productive life.

Within this general framework, the Director-General developed a background document, in July 1978, entitled "Study of WHO's Structures in the Light of its Functions" (DGO/78.1). This document contains a series of provocative questions, and numerous concepts and ideas. These constitute the basis for consideration and further development by the Member Governments of the World Health Organization. In addition to exploring innovative approaches in international health cooperation, the document stimulates a new awareness of the vital role played by other sectors in health initiatives, and the role of health in development.

Background

Document DGO/78.1 was considered at the 81st Meeting of the Executive Committee of the Pan American Health Organization at the specific request of the XX Pan American Sanitary Conference held in St. George's, Grenada, West Indies. The Conference considered it important that the role of PAHO/WHO in this Region be reevaluated and redefined. Others Regions of the World Health Organization are conducting similar reviews. The Executive Committee, in undertaking this task, selected the Governments of Ecuador, Trinidad and Tobago, and the United States of America to serve, on behalf of the Member Governments, as an Ad hoc Committee or Working Group.

The Director of PASB invited the three countries to nominate representatives to serve on the Ad hoc Committee. The Ad hoc Committee had its initial meeting at PAHO Headquarters on 5 January 1979, and at that time it was determined that an additional Staff Group to the Ad hoc Committee should be assembled to prepare a summary analysis of the background document (DGO/78.1) and to develop a questionnaire for use by Member Governments in the Region of the Americas. The major objective was to solicit and obtain the views and recommendations of all Member Countries on what should be the future role of PAHO/WHO in the Region of the Americas.

The Ad hoc Committee and Staff Group then studied, analyzed and summarized Document DGO/78.1. It felt that its first task was to extract and define the principal points in the paper. Efforts then focused on the identification of major issues and options. During the discussions of both the Committee and the Staff Group, several issues not included in the background paper were raised. The Ad hoc Committee consolidated all of the issues and developed a questionnaire that could be transmitted, with the background document and the summary analysis, for review and response by the Governments of the Region of the Americas.

The Committee recognized the interrelationships between this study and the goal of the attainment of health for all by the year 2000, set by the 30th World Health Assembly in Resolution WHA30.43, and the work of the 63rd Session of the Executive Board and the 32nd World Health Assembly in "Formulating Strategies for Health for All by the Year 2000" (Document A32/6 dated 15 February 1979).

The Committee further recognized that this study was closely related to technical cooperation among developing countries, declared and reemphasized by the World Health Assembly in Resolutions WHA28.76, WHA29.48, and WHA30.43; by the Executive Board in Resolutions EB57.R50, EB58.R11, EB59.R9, EB59.R52, and EB60.R4; and most recently by the XX Pan American Sanitary Conference in Resolution CSP20.25, which also calls upon the Director to prepare and maintain an "information bank" where Member Countries can obtain data on technical expertise, training, equipment, etc., under the TCDC program.

These important interrelationships are reflected in the questionnaire sent to Member Governments in April 1979 to elicit their views on WHO/PAHO functions and structures.

Progress Report

On the basis of the six responses (Ecuador, El Salvador, France, Guatemala, Paraguay, and Venezuela) received prior to the opening of the 82nd Meeting of the Executive Committee on 25 June 1979, an interim report was presented to that meeting. As of 15 August 1979, seven more responses (Brazil, Chile, Cuba, Mexico, Peru, Trinidad and Tobago, and the United States of America) were received. These 13 responses, because of time constraints, form the basis of this report to the XXVI Meeting of the Directing Council, and of this Region's response to be submitted by the Director of PASB to the Director-General of WHO by the end of the year. All the regional responses will be considered by the WHO Executive Board in January 1980.

To strengthen this Region's submission to Geneva and to make it as fully representative as possible, the preparation of this report was necessarily delayed to include the two additional country responses received in Washington during the month of August. It is hoped that the essential features of the discussions in the Directing Council can be incorporated in the final regional report, if the Council so approves.

REPORT OF THE AD HOC COMMITTEE OF THE EXECUTIVE COMMITTEE TO THE XXVI MEETING OF THE DIRECTING COUNCIL ON THE "STUDY OF WHO's STRUCTURES IN THE LIGHT OF ITS FUNCTIONS"

The report has been compiled from the answers to the questionnaire, grouped by the principal headings in the Director-General's background paper (Document DGO/78.1) entitled "Study of WHO's Structures in the Light of its Functions," July 1978.

I. Political, Social and Economic Context (Questions 1-4 of Questionnaire)

1. What type of cooperation do you wish to receive from PAHO/WHO?

2. Should PAHO/WHO have a political role (such as outlined in DGO/78.1, paragraph 3) or concentrate on the technical aspects of health problems?

3. Does your Government consider total coverage (as defined in the Declaration of Alma-Ata) of your entire population by the year 2000 a realistic goal?

   3.1 If not total coverage, will you concentrate on selected groups (e.g., industrial/agricultural workers, pregnant women, schoolchildren, etc.)? If so, what groups?

   3.2 What will be the content of the coverage in terms of the definitions of primary health care in the Declaration of Alma-Ata, item VII, paragraph 3?

   3.3 Will coverage be assessed quantitatively by numbers of population receiving services, the content of services, the geographic and financial accessibility of these services, or by outcome indicators of health status, e.g., maternal and infant mortality?

4. Do you have any other comment on this chapter?

The type of cooperation most clearly identified by Governments was the availability of expert consultation through various mechanisms--staff expertise, outside consultants, and the identification and utilization of

potential advisory resources not now being exploited. Technical areas identified included information, coordination, rural health services, infrastructure, and manpower development. Emphasis was placed on the multisectoral approach to health in the context of socioeconomic development.

There was a strong consensus that PAHO/WHO should concentrate on the "technical aspects" of health, with the political role focused at the global level to enhance WHO prestige in the eyes of decision-makers.

The majority considered "health for all by the year 2000" a realistic goal. Some planned to work toward it in stages, starting with high-risk groups and expanding services and coverage from these existing foci, especially to rural populations. There was essential agreement that the elements of primary health care, identified in the Declaration of Alma-Ata, will be included in health services.

Coverage will be assessed both by the content and utilization of services by the population as well as by health status outcome indicators.

II. WHO's Functions (Questions 5 and 6)

5. Do you consider that it is necessary to change the word "assistance" in the WHO Constitution, Chapter II, under Functions, Article 2, subparagraphs (c), (d), and (q) to "cooperation"?

Article 50, Subheading (b) of WHO's Constitution gives the Regional Committee the responsability "to supervise the activities of the regional office." The comparable section of the Constitution of PAHO, namely Chapter III, Article 9, "The Council/Regional Committee," makes no mention of this function.

6. In the light of the Agreement between WHO and PAHO, should the two Articles be brought into conformity?

6.1 If so, should this responsibility be delegated by the Directing Council/Regional Committee to the Executive Committee working closely with the Director of PASB/Regional Director for the Region of the Americas?

A slight majority favored changing the word "assistance" to "cooperation" in the WHO Constitution (Chapter II, under Functions, Article 2, subparagraphs (c), (d), and (q), and bringing Articles 50 (b)

of the WHO Constitution and Chapter III, Article 9, of the PAHO Constitution into conformity, i.e., Directing Council/Regional Committee supervision of the activity of the regional office, via the Executive Committee, as en element of its currently increasing participation.

III. Problems Concerning WHO's Structure (Question 7)

7. What changes, if any, would be needed in WHO/PAHO structure to accomplish health for all by the year 2000?

7.1 If so, what can be done to further intersectoral cooperation and integration of programs?

Changes in the structure were considered unnecessary, but there needs to be a change in philosophy and orientation.

There should be greater emphasis on interdivisional coordination facilitated by small multidisciplinary groups, at global and regional levels, to give higher visibility and authority to intersectoral program orientation, decentralization, program budgeting and TCDC (through greater allocation of TCDC funds at the national level and greater use of national technical staff).

IV. Meaning of Technical Cooperation (Questions 8-11)

8. What special role should the Region of the Americas play for WHO as a whole in the light of this Region's experience in TCDC?

9. What initiatives does your Government wish to undertake or solicit in TCDC?

10. Are PAHO centers contributing as much as they should to TCDC?

11. What more can the Regional Office (PAHO) do to promote TCDC in the Region?

It was proposed that PAHO might document its experience in TCDC, including that with subregional groupings, and make the information available to others.

Proposed TCDC initiatives varied widely, from specific national programs to intercountry exchanges of information and subregional mechanisms.

PAHO centers, in the majority view, have not contributed adequately to TCDC. A greater role for the centers would evolve if there was more information on the kinds of cooperation available through them and if they were better known outside the host country.

The greatest contribution envisioned for the Regional Office to TCDC would be better collection, organization and dissemination of information on available resources, technology, expertise, etc., thus facilitating cooperation between countries.

V. The Nature of Global Programs (Questions 12-14)

12. Should there be closer links between WHO/PAHO and national planning/programming and, if so, how can this be implemented?

13. Do you believe that a combination of the top-down/bottom-up concept of planning functions in practice?

14. Do you believe that your contributions to regional and global policies are heard and incorporated?

Closer links are desired between PAHO/WHO and national planning. These could be established through synchronization of short- and medium-term planning, and of the regional Ten-year Health Plan and the WHO Programs of Work (now six years). The establishment of national policies will permit PAHO/WHO policies to reflect the interests of Member Countries, and will foster consolidation of national-regional-global program budgeting.

There was uniform belief that a combination of national-to regional-to global, and reciprocal global-to regional-to national planning, does function well in practice.

Governments had mixed judgements on the impact of their individual contributions to regional and global policies. The general feeling was that country contributions could and should be enhanced through subregional groups, Governing Bodies, task forces, etc.

VI. Review of the Organization's Structures (Questions 15-19)

15. Does your Government experience difficulties in implementing the policies you adopted and approved in:

15.1 The World Health Assembly?

15.2 The Regional Committee?

16. Taking into account the principles governing TCDC, are your requests for technical cooperation with WHO/PAHO in conformity with these policies of the Organization?

    16.1 Do national bodies which formulate health policy take account of the Organization's resolutions?

    16.2 Does the Organization's technical advice (resolutions, recommendations by expert committees, etc.) enter your health planning system?

    16.3 If so, how?

    16.4 Is there any control mechanism to see that this takes place?

17. What other mechanisms are presently used in your country to apply policies adopted by the Assembly and the Directing Council/Regional Committee?

18. What do you think of the proposal (DGO/78.1, paragraph 25) that Ministries of Health need to be strengthened politically and/or technically?

19. Does you country have a health advisory council?

    19.1 If so, at what levels?

    19.2 If so, what is its membership?

    19.3 If so, what are its functions?

    19.4 If not, do you plan to establish such a council? What would be its membership and functions?

Generally governments have been able to implement the policies adopted and approved in the World Health Assembly, but a majority did not respond to the same question on the Regional Committee. Nonconformity among policies of various UN agencies was cited as a negative factor. PAHO/WHO activities must be prioritized.

Governments indicated that their requests for technical cooperation were in keeping with TCDC policies.

The Organization's resolutions do influence national health policies and are entering the planning system of the countries in an increasingly formal, structured fashion, with control mechanisms to monitor the procedures, e.g. subregional meetings of Ministers of Health, offices dealing with international health policies.

The proposal that Ministries of Health need to be strengthened was readily accepted, with strong emphasis on the "technical" but with reservations on the "political," the feeling being that the latter is a delicate matter of national sovereignty and requires delicacy and caution.

The great majority of countries have health advisory councils at the highest level, with a powerful membership. Functions vary widely and include "advisory to the Prime Minister," consultation, coordination, and technical assessment.

VII. Measures for Strengthening Regional Committees (Questions 20-24)

20. Could Regional Committees be strengthened by the inclusion of other sectors as part of national health delegations?

21. Are present arrangements for cooperation, including research among Member States in the Region of the Americas, satisfactory?

    21.1 If not, how can they be improved?

22. Are consultation procedures between the Governments and the Organization satisfactory in the Region of the Americas for program budget preparation?

    22.1 If not, how can be improved?

    22.2 Should the Directing Council/Regional Committee participate in technical audits of selected program areas?

    22.3 If so, should this be done by the Directing Council or delegated to the Executive Committee?

23. Should the Directing Council/Regional Committee be requested to review, for duplication and financial/administrative implications, resolutions which Member States plan to introduce at the Assembly?

23.1 If so, what type of resolutions should be treated in this way and which should not?

23.2 What procedures would be appropriate?

24. In what other ways can the Directing Council/Regional Committee be strengthened?

There was a universal feeling that Committees would benefit from intersectoral representation on delegations, in keeping with agenda topics and national constraints, but not at the expense of the health sector.

Arrangements for cooperation, including research among Member States, could be significantly improved. The TCDC mechanism was identified as a means for achieving this, as was more and better information on national resources.

As regards program budget preparation, there is a call for greater Regional Comittee/Directing Council (Executive Committee) participation through better dialogue with countries, the establishment of a program committee, and appropriate subcommittees. A key link is seen to be high caliber Country Representatives. Technical audits of programs by the Directing Council, either directly or through the Executive Committee, are encouraged, recognizing that the latter mechanism has already been activated by the Director of PASB.

There was support for prescreening of proposed resolutions, looking especially at duplication and financial implications, but the complexity of the procedure for doing so, the right of each country to introduce resolutions, and the disparate timing of meetings of PAHO vs. WHO Governing Bodies, all make it difficult to implement.

Earlier access to documentation, more consistent delegation membership, highest level of representation possible, intersectoral consultation before meetings, better preparation at the national level (with assistance from PASB staff) were identified as factors which would strengthen the Directing Council/Regional Committee.

VIII. Changes Required by Regional Offices to Facilitate Technical Cooperation Among Developing Countries (TCDC) (Questions 25-28)

25. What further steps are needed to promote and facilitate technical cooperation among developing countries, and between developed and developing countries?

25.1 What structural changes, if any, are required to strengthen the role of the Regional Office as an active coordinating center for TCDC?

25.2 Should coordination of TCDC, in health, primarily be the responsibility of WHO or UNDP?

26. How can relationships between the Secretariat of the Regional Office and Member States be improved at all operational levels?

27. Should the Regional Office be used more extensively for in-service training of key national staff?

27.1 Are there financial/administrative constraints in your country in implementing such an arrangement?

27.2 Is your country prepared to cooperate with PAHO/WHO by making available select nationals for programming, consultations, and operational duties for limited periods?

27.3 If so, are there any national conditions/ constraints?

28. As proposed in paragraph 65 of DGO/78.1, do you perceive a "stronger political role" for the Director of PASB/Regional Director?

28.1 If so, is there need for "political advisers" to the Regional Director? (as suggested in DGO/78.1, paragraph 66)

Heavy emphasis was placed on the need for more information (data bank), an inventory of countries' needs and resources, made widely available to encourage and facilitate technical cooperation. A role was also seen for the Centers in the Region, as well as subregional groupings and the establishment of a focal point for TCDC.

Structural changes are not considered necessary, but coordination must be strengthened and emphasized. Small multidisplinary, interdivisional groups could serve as focal points to promote, coordinate and facilitate TCDC.

It was recommended that program budget levels be assigned to subregional groups, in the same way as they are regionally and globally.

As regards UNDP vs. WHO having primary responsibility for coordination of TCDC, in general the view was that this should be shared responsibility and integration of health and development.

Improved relationships between the Regional Office and Member States rest heavily on competent, high caliber Country Representatives. Implicit in the responses was the attendance of these Representatives, as appropriate, at meetings of the Governing Bodies.

The benefits of using the Regional Office for in-service training of key nationals are recognized and, within individual constraints, will be sought. The same is true of making nationals available to PAHO, through the Regional Office, for consultation, programming and operational duties as the individual's responsibilities permit.

There was a 2:1 split against a greater political role for the Regional Director (paragraph 65 of DGO/78.1) and opposition to the need for "political advisers" to him.

IX. Strengthening the Role of the Executive Board of WHO (Question 29)

29. Taking note of the endorsement of participation of representatives of the Executive Board in the Assembly, as set out in Resolution WHA30.50, is there a need to strengthen the Executive Board?

29.1 If so, how?

About half of the Governments responding felt that the Board was adequate, but others believed it could be strengthened by creation of more working groups/ad hoc committees to monitor specific areas--TCDC, UN system changes, health for all.

X. Improvement of the Work of the World Health Assembly (Questions 30 and 31)

30. With the advent of biennial budgeting, should the Assembly be held annually or biennially?

31. With the advent of biennial budgeting, should the meeting of the Directing Council be held annually or biennially?

Nine of 13 respondents felt that, with biennial budgeting, the Assembly should meet biennially. New mechanisms could be developed for elections of countries to nominate members to serve on the Executive Board.

A bare majority felt that the Directing Council might meet biennially.

In both instances, it was felt that the Executive Board (WHO) and the Executive Committee (PAHO) could handle any pressing issues in the off years.

XI. Schedule of Meetings of the Governing Bodies of PAHO (Question 32)

32. Do you consider that the schedule of the PAHO Governing Bodies should be modified?

It was the majority view that a change might be considered to synchronize the WHO and PAHO meetings.

XII. Global and Regional Office Changes as a Result of Decentralization (Questions 33-39)

33. With the strengthening of the Regional Offices envisaged, what will be the impact on the functions, structure and size of the Global Office?

34. In which areas is further decentralization of major function or decision-making power desirable? (i.e., from global to regional and from regional to country level).

    34.1 What criteria should govern such decentralization?

    34.2 Who should decide whether such decentralization should be effected?

35. Should the help of outside consultants be sought to review WHO's managerial procedures and structures?

36. How can existing national institutions and centers be better utilized in PAHO/WHO programs?

37. Should WHO's regional boundaries be changed to match those of the UN system?

38. As discussed in DGO/78.1, paragraphs 78-80, do you envisage a greater political role for the Director-General in promoting the adoption world-wide of the goal of health for all by the year 2000?

    38.1 If so (as proposed in DGO/78.1 paragraph 80), is there a need for a "small support" group to advise the Director-General?

39. Should multidisciplinary teams (paragraph 71 of DGO/78.1) be created at the global and regional levels to achieve integration of interdivisional programs?

The emphasis was on a more compact, highly qualified technical-managerial staff at the Global Office, with further decentralization to country level particularly. Headquarters should be more oriented along "functional program" rather than divisional lines. The Global Office should remain a focus of expertise and excellence in the principal disciplines of WHO programs.

There was a note of caution about overly rapid decentralization beyond the capacity to absorb it. Opinions on the criteria that should govern decentralization varied from national to regional priorities, even to the Executive Board in consultation with the Director-General and the Assembly.

The use of outside consultants to review WHO's procedures and structures did not receive majority support.

National institutions and centers could and should be more widely used for consultation and training, and in generating initiatives.

While some thought that the WHO regional boundaries might be changed to conform to those of the UN, the ultimate consideration had to be the good of the countries being served by the regional offices.

There was a cautious attitude to a "greater" political role for the Director-General, it being felt that an adequate level of activity now exists. Sentiment was against a "small support" group to advise the Director-General.

A significant majority felt that multidisciplinary teams would be advisable, and even necessary, at the global and regional levels to achieve integration of interdivisional programs.

XIII. Strengthening of Country Representative's/Coordinator's Office (Questions 40-42)

40. Should these country representative's offices be phased out, maintained as they are, or strengthened?

41. If maintained/strengthened, should there be increased programmatic and administrative/financial authority, in keeping with the needs of the country, the capacity of the office and the procedures/regulations of the organization?

42. Do you favor further experimentation with the use of national personnel as PAHO/WHO representatives and project managers, as recommended in the Executive Board Organizational Study on WHO's Role at the Country level, particularly the Role of the WHO Representatives?

These was unanimity that these offices should be maintained and strengthened, and that increased programmatic and administrative/financial authority should be delegated, dependent on the capacity to absorb and use it for the benefit of the country served.

Further experimentation with the use of national personnel as PAHO/WHO representatives and project managers was viewed with caution and even negatively.

XIV. Further Comments on Document DGO/78.1 (Question 43)

43. Do you have any further comments on the document (please identify by the paragraph number)?

There was a recommendation that more regional and subregional meetings be held to expand on the concepts of primary health care and extension of coverage (as expressed in the Declaration of Alma-Ata).

Two responses urged the elimination of political items from the agenda of the World Health Assembly.

Annexes

CD26/27 (Eng.
ANNEX I

executive committee of the directing council

PAN AMERICAN HEALTH ORGANIZATION

working party of the regional committee

WORLD HEALTH ORGANIZATION

82nd Meeting
Washington, D.C.
June-July 1979

STUDY OF WHO'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS

SUMMARY ANALYSIS BY THE AD HOC COMMITTEE OF THE PAHO EXECUTIVE COMMITTEE

MARCH, 1979

CHARGE TO THE AD HOC COMMITTEE

Arising out of Resolution WHA31.27, operative paragraph 3, and its consideration by the XX Pan American Sanitary Conference, the 81st Executive Committee appointed an Ad hoc Committee consisting of Ecuador, Trinidad and Tobago, and the United States of America, to conduct an analysis of the Director General's background paper DGO/78.1, entitled "Study of WHO's Structures in the Light of its Functions", and to submit a draft document to the 82nd Executive Committee in June, 1979.

COMPOSITION OF THE AD HOC COMMITTEE

Dr. John H. Bryant, USA, Chairman
Dr. Marcelo Endara Miño, Ecuador
Mr. Hubert Blackett, Trinidad and Tobago

The Ad hoc Committee held three meetings on 5 January, 8 February and 8 March, 1979. However Mr. Blackett was unable to attend on March 8

COMPOSITION OF THE STAFF GROUP

The Staff Group appointed by the Ad hoc Committee convened on 22 January 1979 and was composed of:

Dr. Edmundo Granda, Ecuador (22 January-2 February)
Ms. Pearl Colthurst, Trinidad and Tobago (22 January-7 February)
Dr. Robert de Caires, USA (22 January-16 March)

On 25 January, Dr. Marcelo Endara Miño, member of the Ad hoc Committee, joined the Staff Group and worked with the Group through 7 February, and later from March 5-7, accompanied by Dr. Jaime del Pozo.

The Regional Director assigned Mr. Frank Lostumbo to provide secretariat support to the Ad hoc Committee and the Staff Group.

STUDY OF WHO'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS

INTRODUCTION

The Ad hoc Committee has studied the Constitution of PAHO and WHO, background documentation which included the Resolutions and Studies of past Governing Bodies on structure and functions, and the Sixth General Program of Work of WHO.

The Staff Group, in the course of its work, met with the Director, the Deputy Director, the Assistant Director, the Chief of Administration, and the Chiefs of the Divisions of Health Services and Human Resources. It also had the opportunity to study the comments from nineteen members of the professional staff of PAHO on Document DGO/78.1.

The Ad hoc Committee and the Staff Group then studied, analyzed and summarized document DGO/78.1, entitled "Study of WHO's Structures in the Light of its Functions", background paper presented by the Director General.

The Ad hoc Committee felt that its first task was to extract and define the principal points in the paper. Efforts then focused on the identification of major issues and options. During the discussions by both the Committee and the Staff Group, several issues not included in the background paper were raised. The Ad hoc Committee consolidated all of the issues and developed a questionnaire that could be transmitted, with the background document and the summary analysis, for review and response by the Governments of the Region of the Americas.

The Committee recognized the inter-relationships between this study and the goal of the attainment of health for all by the year 2000, set by the 30th. World Health Assembly in resolution WHA 30.43, and the work of the Executive Board in "Formulating Strategies for Health for all by the Year 2000" (EB 63/47 dated 11 January 1979).

The Committee further recognized that this study was closely related to technical cooperation among developing countries, declared and reemphasized by the World Health Assembly in resolutions 28.76, 29.48 and 30.43; by the Executive Board in resolutions 57.R50, 58.R11, 59.R9, 59.R52 and 60.R4; and most recently by the XX Pan American Sanitary Conference in Resolution XXV, which also calls upon the Director to prepare and maintain an "information bank" where Member Countries can obtain data about technical expertise, training, equipment, etc., under the TCDC program.

These important inter-relationships are reflected in the Questionnaire being sent to Member Governments to elicit their views on WHO/PAHO functions and structures. These views will be of critical importance in formulating the report of the Ad hoc Committee to the 82nd. Executive Committee.

This paper covered a very wide range of subjects and is complex. The language is difficult to follow and contained "code" words which may not be familiar to all readers. In the effort made to present many points of view there are inevitable contradictions. As a result, the document is diffuse.

There follows a summary analysis of the background paper by chapter headings. After each chapter heading the numbers of the pertinent paragraphs of the background paper are given in parentheses, for easy reference.

The purpose of this analysis is to highlight the major points of interest to PAHO/region of the Americas, and to facilitate the responses of the Member States to the questions raised in DGO/78.1 and the related questions developed by the Committee and the Group.

Matters of particular importance to PAHO/Region of the Americas are summarized below:

1. Staff of the highest technical/managerial competence to serve as Country Representatives.

2. Recognition of the key functions of intersectoral cooperation and integration of programs.

3. Prominence of the focus of responsibilities for these two functions in the PAHO structure.

4. The inter-relationships of this study to the goal of health for all by the year 2000 and to TCDC.

5. Strengthening of PASB/Regional Office for the Americas, while maintaining global coordination and cooperation.

6. Cooperation with governments in the development of program budget requests in keeping with the goal of health for all by the year 2000 and TCDC.

7. Cooperation with Member States to facilitate execution of approved global and regional policies.

8. Programming from the country level upward to regional and global levels.

9. National self-reliance in health (expanded role of the Regional Office in training key national staff)

10. Active participation by Member States in the development of PAHO/WHO policies and priorities, and in reflection of these in budget allocations.

11. Greater contribution of the Directing Council/Regional Committee to the work of the Executive Board and the World Health Organization.

12. Decentralization to the country level.

13. Scheduling of PAHO Governing Bodies in relation to the timing of meetings of the Executive Board and the World Health Organization.

FUNCTIONS AND STRUCTURES (GENERAL STATEMENT)

Functions and structures have not been, nor can they be, readily separated in the background paper. They are, however, interwoven in the whole fabric of the document. An attempt has therefore been made by the Ad hoc Committee to depict functions and structures in a graphic relationship. The following table was developed to identify major functions and the relationship to appropriate structures:

Functions	Structures
1. Intersectoral cooperation	WHO-UN Bodies Regional Committees Countries
2. Integration across categorical program lines, in order to achieve health for all by the year 2000*	
3. Promote the recognition by other sectors of the contribution of health to social and economic development economic development	HQS — UN changes, Intersectoral, HFA/2000 Regions Country
4. Stimulate national self-reliance in health	
5. Foster programming from country level, upward through the regions to the global level.	
6. Technical cooperation among developing countries)	
7. Decentralization	Decentralization
8. Support the strengthening of national political will, to implement health policy.	Global Regional Regional Committees Subregional Groups ACMR'S Bureau TCDC Country Country Representatives
Committees	
Representative	

*Designated HFA/2000, for convenience

The background paper adequately discusses functions 3, 4, 5 and 6 (which form a natural cluster), and 7 and 8. An analysis of the document identifies certain problems associated with the first group: lack of adequate strenght at the Ministry of Health (MOH) level, gaps between global and national plans/programs, and the "consultant reflex" (a tendency to use outside consultants rather than TCDC).

Intersectoral cooperation and integration across categorical programs, which are themselves inter-related, are not discussed as major functions (numbers 1 and 2 above) in their own right in the background paper. They have crucial importance for both the Organization and Member States. At all three levels of the Organization intersectoral cooperation has special significance with other parts of the UN system, regionally, multi- and bilateral agencies, non-governmental organizations, foundations, etc. For Member States intersectoral cooperation is necessary for placing health in the context of socioeconomic development, with agriculture, education, industry, and social welfare being among the obvious partners.

Integration across categorical programs is a critical element for the Organization, especially at the global level, where "functional programs" (paragraph 71 of DGO/78.1) have been created to replace the bureacratic divisional structure by a multidisciplinary approach to specific program objectives. This need exists similarly at the regional level. At the country level it is essential for any meaningful approach to the goal of health for all by the year 2000, both by the Organization and the National Ministry of Health.

Responsibilities for intersectoral and integration functions, which are themselves inter-related, must be clearly recognizable in specific foci in the Organization's structure. They must also permeate the whole structure, in terms of cooperation and coordination.

It is the Ad hoc Committee's suggestion that Member States consider a recommendation that the Executive Board establish an Ad hoc (or permanent) Committee to monitor the changing structure of the U.N. and the impact on WHO, and to advise the Director General on what action, if any, is necessary or appropriate. At the Global and Regional levels the existing coordination function could be expanded to include this responsibility vis-a-vis the Director General and the Regional Directors.

It is also the Committee's view that the intersectoral/integration functions, which are key to the goal of H.F.A/2000, would benefit from a high profile in the Organization's structure, at headquarters, regional,

subregional and national levels. This could be achieved by small, multi-disciplinary groups whose responsibility and authority, stemming from the DG and Regional Directors, would cross divisional lines in terms of planning, and programming. At the national level, Country Representatives working closely and through the Ministry of Health with other sectors, could monitor and facilitate intersectoral and integrated operations.

POLITICAL-SOCIAL AND ECONOMIC CONTEXT (PARAGRAPHS 2-5)

The WHO/PAHO should function in a context in which health is an integral part of socio-economic development and social-economic productivity of developing countries.

Health goals must be socially relevant and contributory to the new economic order so as to achieve a goal of health for all by the year 2000, utilizing TCDC and primary health care. The guidelines for and components of primary health care are set out in the Declaration of Alma Ata (Annex I, document EB63/PC/WP/6 dated 30 October 1978) and may be summarized as follows:

Primary health care is essential health care made universally acceptable, at a cost the country and community can afford, and forms an integral part of the health systema and of the overall social and economic development.

Primary health care:

1. Reflects and evolves from the economic, sociocultural and political characteristics of the country and its communities.

2. Addresses the main health problems.

3. Includes at least: health education; proper nutrition; safe water and basic sanitation; maternal and child health care including family planning; immunization; prevention, control and treatment of common diseases and injuries; and provision of essential drugs.

4. Is intersectoral.

5. Requires maximum community and individual self-reliance and participation.

6. Is sustained by mutually supportive referral systems.

7. Relies at local and referral levels on health workers, as well as suitably trained traditional practitioners as needed.

The Alma Ata Conference states that primary health care is the key to attaining the goal of health for all by the year 2000.

EXECUTIVE BOARD ORGANIZATIONAL STUDY ON WHO'S ROLE AT THE COUNTRY LEVEL PARTICULARLY THE ROLE OF THE WHO REPRESENTATIVES*

(Paragraphs 6 - 7)

The conclusions and recommendations of the above study are given in paragraph 6 of DGO/78.1.

The principal recommendations of the Study are:

(a) Replace the donor/recipient relationship by one of true cooperation and partnership.

(b) Encourage increased self reliance in the countries.

(c) Integrate programs at the organizational and country levels.

In order to implement these three recommendations, certain measures or requirements are identified:

(1) A better contact/dialogue between the Organization and the countries through the Ministries of Health. This implies an increased responsibility and commitment on the part of national officials for the determination of country needs and the requests to be made by their Government to the Organization. This will result in a more equitable and better distribution and use of international resources.

(2) A key factor will be the selection of WHO Program Coordinators/PAHO Country Representatives. These individuals must be very carefully selected and will require special training to ensure wide knowledge of the broad disciplines of public health; experience in health within the context of social/economic development; fluency in the language of the country of assignment; have the confidence of the Government and possess the capability to propose new ideas without imposing them on the country.

*Document EB59/20, 20 December 1976

In the Region of the Americas there are established subregional organizations as the Andean Group, CARICOM and Central America. Selected PAHO Country Representatives could be made familiar with these groups and serve as representatives of the Organization. They could be stationed in the cities in which the headquarters of the subregional groups are located and serve as a close link to the Regional Office.

WHO FUNCTIONS (PARAGRAPHS 8 - 9)

On page 4, Paragraph 8 of the Document DGO/78.1 and also Paragraph 9, the conclusion is reached that there is no need for changes in the Constitution of WHO. Attention is directed to two items:

1) In Chapter II of the Constitution, under Functions, Article 2, Sub-items (c), (d), and (q) the word "assistance" is used. This is at variance with the concept and philosophy of cooperation and partnership.

2) Article 50 of the Constitution of the WHO, subheading (b) calls upon the Regional Committee "to supervise the activities of the regional office". The comparable section of the Constitution of PAHO, namely Chapter III, Article 9, "The Council", makes no mention of supervision of regional activities.

PROBLEMS CONCERNING WHO STRUCTURES (PARAGRAPHS 10-13)

The present structures, as defined in the Constitution of WHO/PAHO are sound, if complex. There are flexible relationships between the regional organizations (of which PAHO is one) and the three Constitutional organs of WHO, the World Health Assembly (WHA), the Executive Board (EB) and the Secretariat. The strengthening of Regional offices will encourage regional solidarity. If this is overdone it may pose a problem of "global fragility" and fragmentation of global regional ties. The key interface between Member States and the Organization is at the country level where the Organization is represented by a Coordinator/Representative.

However, there are certain problems in the effective use of this structure:

1) lack of adequate communication between and within all levels.

2) Duplication of effort at all levels.

3) Fragmentation at all levels, an example being the divisional structure which fosters a vertical approach in contrast to integrated programs.

4) A gap between global and regional policy and its execution at the national level.

Certain measures that could lead to a resolution of these problems are discussed under "Review of the Organization's Structures".

MEANING OF TECHNICAL COOPERATION (PARAGRAPHS 14-17)

The basic "weakness" appears to be a too passive response and attitude of the Organization to the requests of the Governments. A variety of problems may result from such a response: programs become isolated rather than integrated; fragmentation of effort, and inappropriate requests which do not conform to the policies established by the WHA and the Pan American Sanitary Conference. In some degree this may be due to a lack of understanding in some countries of the true role of the Organization.

Under ideal circumstances (and this has certainly taken place on occasions in the past) the nationals determine and lay out their needs, in detail; the Country Representative will study these with the nationals and, as appropriate, offer constructive criticism; additional suggestions will evolve; and the resulting proposals will be the end result of collegial interchange. The Country Representatives and the Regional Office will review these proposals in the context of the Regional Office-/Headquarters responsibility for priorities and available resources. There will then be rediscussions with the country, leading to the final program budget in the light of realities.

The Organization's response will be influenced by socioeconomic and technical factors, with the country playing a major role in the first and WHO/PAHO in the second. This approach will stimulate self reliance.

The evolution of TCDC, as outlined above, is the best guarantee that the real needs of the countries will be reflected in requests to an responses by WHO/PAHO.

THE NATURE OF GLOBAL PROGRAMS (PARAGRAPHS 18-19)

There have been two processes at work in the past. Programs which originate at the global level and are passed down to the country level.

More recently, a reverse trend is developing, in which programs are developed at the country level, and passed upward through sub-regional and regional levels, to the global level; this latter system provides many entry points for TCDC.

There are endeavors which logically emanate from the global level, but even these require active participation and initiatives locally. Examples are programs which, from their initial stage, have an obvious global implication. An example is smallpox erradication. Similar ones now current are the tropical diseases research program (TDR), the program of research in human reproductior (HRP), and the expanded program on immunization (EPI). Nevertheless, even a program as large as the TDR has to have components at the regional and country levels, and are the result of integrated program planning; its success will ultimately depend on the strengthening of national capabilities in research and delivery of services.

REVIEW OF THE ORGANIZATION'S STRUCTURES* (PARAGRAPHS 20-27)

To ensure that the Governments apply the policies adopted by them in the Governing Bodies:

1) WHO/PAHO must assist Governments in expanding their capability to absorb and utilize the technical information made available to them, as a stepping stone to self-reliance.

2) Countries should have a better knowledge and appreciation of WHO policies, for example the Sixth General Program of Work, so that they can more fully utilize the services available through PAHO and WHO. This can be achieved if countries actively participate in the development of WHO policies and if WHO technical advice (resolutions, recommendations of WHO Expert Committees, working groups, etc.) is systematically fed into the health planning systems of the countries.

3) Country programs should be comprehensively planned so that they can be directed toward broad country needs instead of isolated projects.

4) Ministries of Health should improve:
   a) Intersectoral dialogue with other national agencies, leading to formulation of a national policy which will be better related to health needs and resources.

   b) Increased intersectoral cooperation, e.g., social security, agriculture, education.

*In this paper the term "structures" is used in its strict sense and does not include "processes" as set out in paragraph 20 of document DGO/78.1.

c) Integration of the Health Planning Unit with the national socioeconomic planning structure.

d) Continuity and broadening of national representation in the Governing Bodies.

5) The Organization should continue its efforts to provide documentation for meetings of the Governing Bodies as early as possible and to improve their value by making them concise.

6) Early selection by Governments of their representatives to the Governing Bodies to facilitate timely and adequate study of the documents, formulation of official policy and better participation in the meetings.

7) The scheduling of subregional meetings in phase with those of the Governing Bodies.

MEASURES FOR STRENGTHENING REGIONAL COMMITTEES (PARAGRAPHS 32-39, 47-51)

1) To achieve further strengthening of representation of countries on the Regional Committee (Directing Council) there should be intersectoral dialogue and consultation prior to the meeting. Depending upon the agenda of the particular Regional Committee, consideration should be given to inclusion on the delegation of representatives from such sectors as social security, agriculture, finance and foreign affairs.

2) The contribution of Regional Committees to the policy of the Organization can be expanded. At present, the Director General submits to the Regional Committee, in advance, the agenda of the coming meeting of the Executive Board. There should be adequate time for review by the Regional Committee to permit comment on any policy matters affecting the Region and advice on such matters that are not on the agenda, to the Director General and the Executive Board.

3) Article 24 of the WHO Constitution deals with the choice by each elected country of its member to the Executive Board. While under the Constitution this member may not represent his own country, the Ad hoc Committee considers that it would be appropriate if he combined technical expertise in public health with a broad knowledge of the Region from which he comes, thus strengthening his contribution to the deliberations of the Board.

4) At present, the Regional Committees review of the program and budget is largely a passive one, in that it listens to presentations by

the regional staff. The Regional Committee could play a more active role if the Directing Council decides to assume the responsibility for a technical audit of selected programs, including research. If it does, the Directing Council could identify the program areas and delegate to the Executive Committee the responsibility for making a random sampling of countries and designating, from its membership, countries to nominate an individual to participate in the audit. Such an audit could include an evaluation of the social relevance of programs and of priorities, as reflected in budget allocations.

5) The current resolution process of the World Health Assembly might be strengthened by submission of such resolutions to the Regional Committee of the Region in which they originate, before going to the Board and Assembly. In this way overlap with previous resolutions can be avoided and the important financial and managerial implications studied.

6) Regional Committees should be encouraged to establish communications and exchanges of information with other regional committees.

CHANGES REQUIRED BY REGIONAL OFFICES TO FACILITATE TCDC (PARAGRAPHS 28-31, 52-53 and 65-66)

1) Greater involvement of the nationals in programming. One mechanism might be the application of procedures developed by the TDR and HRP programs (e.g., individual or small group consultations, task forces and scientific advisory groups) with appropriate modifications from research to delivery of services.

2) Greater use of nationals in program operations. There are now various mechanisms available for doing this. These might be augmented by such measures as:

a) Contracting with a Ministry of Health or national institutions/centers to provide specific consultation services in designated fields, within and outside the country.

b) Greater use of nationals as short-term consultants.

c) Assignment of selected nationals to PAHO/WHO for varying periods to gain experience and to perform operational duties under flexible administrative/financial arrangements between the country and the Organization.

3) The Regional Office can play a greater role in developing information systems with respect to availability of resources within Member Countries, for example a roster or panel by specialty of consultants available in the Region.

4) The Regional Offices should, in keeping with the principles of TCDC, encourage countries to create their own capability to develop technology appropriate to their needs and conditions.

5) With regard to the establishment of a "bureau" for coordination of TCDC at the regional level, PAHO already has such mechanisms in place, (liaison Office, two professionals and two secretaries) which require further development.

In the context of TCDC and Health for all by the year 2000, there should be a delegation by the Regional Director of responsibility for the coordination and supervision of program operations "to a second in command". The Regional Director will thus have more time to concentrate on policy and global issues.

STRENGTHENING THE ROLE OF THE EXECUTIVE BOARD (PARAGRAPHS 40-42)

Greater attention should be paid to regional matters and especially those dealing with policy. Concerning TCDC, consideration might be given to the establishment of two more ad hoc committees, one on the relationship of health to social and economic development and the second to relationships with the rest of the U.N. system.

The Executive Board is playing an increasing role in the work of the World Health Assembly. Not only has the duration of the WHA been shortened, but consideration of agenda items has been expedited by the presentation to the WHA of the Board's discussions and recommendations. The Executive Board has shown increasing interest in the work of the Regions and this trend should be encouraged. In this way the role of the Board, vis-a-vis both the WHA and the Regions, will be enhanced.

IMPROVEMENT OF THE WORK OF THE WORLD HEALTH ASSEMBLY (PARAGRAPHS 43-44)

With the advent of biennial budgeting it may no longer be necessary to review the entire program and budget each year. In the "off year" the Director General will report on the changes made from the budget approved by the Assembly in the previous year. Consideration can therefore be given to the holding of an Assembly every second year. This would require a change in the Constitution.

Parallel with the approval of biennial budgeting in the Regions, the Pan American Health Organization could consider a similar change in the scheduling of the meetings of the Directing Council. With the acceptance of health for all by the year 2000 as the top priority, the Global Office presentation of its program budget reflects the subordination of categorical projects to broad programs such as HFA/2000. The Regional Director's budget presentation should be in conformity with this format.

GLOBAL AND REGIONAL OFFICE CHANGES AS A RESULT OF DECENTRALIZATION (PARAGRAPHS 65-80)

There have already been certain changes in Geneva. One of these is the reduction in staff which presumably will continue. Another is the shift in the mix of staff toward generalist-managers. Another change described in the document is the creation of "functional programs" (paragraph 71) to achieve convergence of disciplines. Decentralization of operations to the Regional Offices is already underway.

Certain functions are unique to the Global Office. One of these is the collection, analysis and dissemination of information in such areas as the availability of health technology and the determination of health conditions in the world. Another uniquely global function is the publication of standards, such as for drinking water, and the manufacture and quality control of drugs.

Consideration might be given to the creation of a group at HQS which would have two principal functions. The first will be to assist the Director General in monitoring changes in the UN structure as these may affect the World Health Organization (paragraph 77 of DGO/78.1). The second, to advise the Director General on an intersectoral approach to health for all by the year 2000 (paragraph 80 of DGO/78.1).

In anticipation of a positive response by the political leaders of the World to the Director General's appeal at the 31st World Health Assembly, to adopt HFA/2000 as the World Social Goal there is a proposal to create a small "political" group (paragraph 80 of DGO/78.1) around the Director General "to protect the Organization as a whole and the Director General personally". A similar group is suggested at the Regional level (paragraph 66 of DGO/78.1.) These proposals will require the attention of Member Governments at the highest level.

A principal theme is further decentralization from global to regional and country levels, of functions and decision-making.

The role of national institutions (and for this Region the PAHO centers) could be expanded and be essential for TCDC, and the goal of HFA/2000.

STRENGTHENING OF COUNTRY REPRESENTATIVE'S/COORDINATOR'S OFFICE (PARAGRAPHS 54-58)

The selection of appropriate persons to be country coordinators/ country representatives has been discussed under the heading of the Executive Board study on the role of WHO at the country level. Decentralization implies strengthening of the country coordinator's/country representative's office. This entails increased programmatic and administrative/financial authority, in keeping with the needs of the country and the capacity of the office, and within the procedures and regulations of the Organization. This delegation must be made in such a way as to prevent fragmentation of program.

Paragraph 57 of document DGO/78.1 raises the possibility of the ultimate abolition of country representative's offices. For this region such a contingency appears remote.

ORGANIZATIONAL RELATIONSHIPS WITH MEMBER STATES AT ALL LEVELS (PARAGRAPHS 81-84)

The success of WHO's activities depend on the maximum involvement of Member States; their institutions and personnel. These principles have been successfully applied in the management of the Organization's research activities and their broader application should now be considered.

The Program Committees at the global, headquarters and regional levels have strengthened the managerial structure of the Organization. Greater coordination and exchange of information are necessary for greater cohesion at all operational levels. The timing of the meetings of the Executive Committee (June/July) and the Directing Council (September-October) is out of step with that of the Assembly (May) and the Executive Board's Program Committee (November) and the Board itself (January). The present schedule means that the Governing Bodies of PAHO will be considering the PAHO program budget for the biennium 1980-1981 after the consideration and approval ob the WHO program budget by the Board and the Assembly.

CD26/27 (Eng.)
ANNEX II
DGO/78.1

WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

STUDY OF WHO'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS

Background paper prepared

by the

Director-General

CONTENTS

Geneva, July 1978

INTRODUCTION

1. The Thirty-first World Health Assembly, in resolution WHA31.27, having considered the Executive Board's Organizational Study on WHO's role at the country level, particularly the role of the WHO representatives, requested the Director-General inter alia to re-examine the Organization's structures in the light of its functions, as recommended in the Study, with a view to ensuring that activities at all operational levels promote integrated action, and to report thereon to the sixty-fifth session of the Executive Board to be held in January 1980. The document that follows is intended as a background paper for this re-examination.

POLITICAL, SOCIAL AND ECONOMIC CONTEXT

2. Before embarking on the Study of WHO's structures in the light of its functions, it is necessary to analyse the political, social and economic context in which the Organization will function in the future, particularly within the United Nations system. This can be characterized by a rapid socializing tendency within Member States, particularly in developing countries, and the political determination of these countries to increase their social and economic productivity, among other ways by overcoming the burden of disease. International changes in this direction are expected to be even more rapid. Multisectoral effort for development is a historical imperative both nationally and internationally.

3. The aspirations of developing countries to improve the lot of their people were articulated in the Declaration of the New International Economic Order, to which health has an important contribution to make. Well coordinated social, economic and political action could convert this Economic Order into a genuine international development Order. WHO's functions will be heavily influenced by the contribution that health can make to this New Development Order. If health is important for development, and if WHO consists of Member States cooperating among themselves in the spirit of the Constitution to attain an acceptable level of health for their people, it follows that WHO is equally important both for health and for development. The crucial question that has to be asked is in which way and to what extent governments want WHO and what kind of WHO they want.

4. The future of WHO cannot but be affected by current trends in the Organization. Guided by the principle of social justice, WHO's recently adopted policies reflect a growing concern for the social purpose of health development and for the role of health in promoting social and economic development. To reduce the gap between the health level of the developed and the developing countries a policy was adopted aiming at reorienting the work of the Organization to ensure greatly increased technical cooperation with countries. This policy is in full accord with the Organization's constitutional functions. The strategy for giving effect to this policy is based on the formulation and vigorous implementation of socially relevant technical cooperation programmes, directed towards defined national health goals, that foster national self-reliance in health matters and contribute directly and significantly to the improvement of the health status of the populations concerned. However, justice in the distribution of health resources cannot be achieved through technical cooperation between WHO and its Member States alone. Technical cooperation among countries, and particularly among developing countries, is even more important. Recent policy has emphasized WHO's duty to complement technical cooperation among countries as part of broader cooperative socioeconomic schemes whenever indicated, making full use of the capacities and potentialities of developing countries, including manpower, training and research facilities and exchange of technical information. This concept is implicit in the Organization's regional structure.

5. Encouraged by one major stride in the direction of international health justice, the Organization quickly took another when it decided that the main social target of governments and WHO in the coming decades should be the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. A blueprint has been formulated that aims at attaining this target. An essential feature of this blueprint is the preferential allocation of health resources to the

social periphery both within and among countries. To attain the target, priority programmes have been identified and the mechanisms required for health development described, a beginning has been made in assessing the resources needed, and the political support that is essential for success has been highlighted.

THE EXECUTIVE BOARD ORGANIZATIONAL STUDY ON WHO'S ROLE AT THE COUNTRY LEVEL, PARTICULARLY THE ROLE OF THE WHO REPRESENTATIVES

6. Fundamental to the evolution of WHO's policies is the recent emphasis on action in countries, including intersectoral collaboration for development. The Executive Board presented to the Thirty-first World Health Assembly its Organizational Study on WHO's role at the country level, particularly the role of the WHO representatives. Below is a complete list of the conclusions and recommendations of the Executive Board Study. As mentioned in the Introduction above, it was the last recommendation that led the Thirty-first World Health Assembly to request the Director-General to undertake the present Study.

(a) The donor to recipient "assistance" approach should be abandoned and replaced by real cooperation between the Member States and WHO as equal partners.

(b) The ultimate aim of any collaboration should be the country's self-reliance; this implies a gradual change in the mode of collaboration so as to adapt it, at each moment, to the country's real needs.

(c) One of the essential functions of the Organization is to collaborate with countries in planning, management and evaluation of their own health programmes; this type of collaboration should enable the countries to select the activities they should undertake in order to solve their priority problems, and to determine the fields of application of collaboration with WHO and other cooperating agencies.

(d) Programming at country level will place WHO in a better position to develop its programmes at the regional and global levels.

(e) In order to fulfil its role at country level, the Organization should actively seek all means of facilitating dialogue with nationals at country level, and at other echelons of the Organization.

(f) The dialogue between WHO and governments should lead to increased participation of national authorities in, and responsibility for, the work of WHO.

(g) WHO should contribute to a more equitable distribution of health resources, both between and within countries.

(h) The new methods of collaboration imply a better utilization of all the resources which WHO can mobilize, whatever their origin.

(i) Development of the WHO representatives' role should be continued by strengthening their technical functions and reducing their representative functions.

(j) The function of liaison between WHO and the governments, hitherto performed by WHO representatives, could benefit from new approaches that would make greater use of national skills and resources.

(k) Further experimentation should take place with the use of national personnel as WHO representatives and project managers.

(l) There is a need for continuing evaluation of different approaches to cooperation and coordination at the country level with particular reference to the roles of WHO representatives, national coordinators and other mechanisms, such as national coordinating committees.

(m) In the light of their functions as defined in the report, the title of WHO representative should be changed to that of "WHO coordinator", and where national personnel fill this function their title should be "WHO national coordinator".

(n) New methods for WHO action at country level together with reorientation of the WHO representatives' functions require a new type of public health training in which the Organization should play the role of pioneer in conjunction with appropriate educational bodies.

(o) The training referred to in section (n) above should emphasize health management; the training should take place as far as possible in the regions themselves, should be geared to practical national problems in health management, should be based on national institutions and should be organized jointly for national and international health personnel.

(p) The change in the type of relationship between Member States and WHO requires a re-examination of the Organization's structures in the light of its functions.

7. The Executive Board Study mentioned above took a step further the theme developed in a former Executive Board Organizational Study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States. When the Twenty-eighth World Health Assembly reviewed that study it defined the need for an integrated approach to the development of the Organization's programmes, all programme activities at all levels being mutually supportive and parts of a whole. It also stressed the importance of programme planning being viewed as a joint endeavour in which national authorities, WHO representatives, Regional Committees, Regional Offices, the Executive Board, the World Health Assembly and WHO Headquarters should all be involved; and it urged that the Organization's mechanism for the allocation and re-allocation of resources should comply with the principle of responding to integrated programme planning (resolution WHA28.30).

WHO'S FUNCTIONS

8. WHO's farsighted Constitution clearly indicates the Organization's functions. They can be summarized as its constitutional roles of the directing and coordinating authority on international health work and of technical cooperation with Member States. Its coordinating role includes the exchange of valid information among Member States, and the fostering of technical cooperation among them. The use by Member States of WHO as a neutral platform for the exchange of valid information and the application of this information in all national health programmes and in technical cooperation with WHO and with other countries, can only lead to strengthening national self-reliance. All these functions have to be fulfilled in such a way as to provide an integrated response to the needs of Member States.

9. The Constitution is as relevant today as when it was first adopted. The present Study is therefore based on the premise that no changes are required in the Constitution. The programmes based on the Constitution naturally vary in the light of the changing world health situation, but this in no way implies any need to modify the Constitution as such.

PROBLEMS CONCERNING WHO'S STRUCTURES

10. If the Organizaton's functions are clear, what about its structures? WHO has a complex structure, constitutionally based on three organs - the World Health Assembly, the Executive Board and the Secretariat. The functions of each and the relationships between them are clearly defined in the Constitution. At the same time, there are regional arrangements with six regional organizations, each consisting of a Regional Committee and a Regional Office. The functions of the Regional Committees and of the Regional Offices were also clearly defined in the Constitution. There are rather flexible relationships between the regional organizations and the three constitutional organs of WHO.

11. This Study will therefore have to deal with the structures in countries for dealing with the political and technical interface between the national authorities and WHO; the Regional Committees; the Regional Offices; Headquarters, or as it will be called in this Study, "the Global Office"; the Executive Board; and the World Health Assembly.

12. What problems, then, exist in the structure of WHO that have to be resolved in order to permit the Organization to fulfil its functions effectively and efficiently? To deal with the widely different needs of Member States, the regional arrangements have been strengthened. This has led to regional solidarity, but the solidarity of each region has carried with it the seeds of global fragility. Global policy has become too far withdrawn from national reality, and globally determined action often has not adequately responded to local needs. Similarly, local activities often have not adequately reflected global policies. These contradictions between global guidance and national execution have often led to a less than optimal use of WHO's resources in countries. Moreover, different aspects of the same programme, provided on the one hand by Headquarters and on the other hand by the Regions, have become divorced from one another, whereas in order to be effective they should be closely interrelated. It is necessary to ensure that the right relationships exist between WHO staff in countries and the national authorities concerned; between the Regional Offices and the Regional Committees; among the Regional Offices themselves; and between the Regional Offices, the Global Office, the Executive Board and the World Health Assembly. Decentralization of management should strengthen unity of effort rather than lead to fragmentation of effort. The regional arrangements have to foster this unity and this can only be achieved through true interregional cooperation, since regional self-reliance does not imply regional self-sufficiency. The managerial and technical strengths of the regional structure have to be made to match its undoubted political advantages.

13. While there is much talk of an integrated approach to the Organization's programmes, in fact there is duplication of effort at the different operational levels. This is detrimental to the effective functioning of the Organization within countries. It is necessary to spell out what is meant by an integrated approach both in principle and in practice so that its application will give rise to concrete results. Inadequate communications within the Secretariat have often been blamed for weaknesses in providing an integrated response to countries' needs, but inadequate communications between the Secretariat and Member States are of even greater importance. Responsibility for improving these communications devolves on all sides. Member States vary widely in their perception of the functions of the Organization. The roles of international coordination on health matters and of technical cooperation are not always accepted as such, or are interpreted differently by different Member States. Some Member States even ignore the Organization's constitutional role as a technical agency, merely requesting equipment and supplies. Yet all Member States have repeatedly expressed their interest in cooperating with one another, and it is WHO's fundamental constitutional role to foster this cooperation in every possible way.

THE MEANING OF TECHNICAL COOPERATION

14. It is also necessary to clarify the real significance of technical cooperation. In the new programme budget policy and strategy it has been defined as activities that have a high degree of social relevance for Member States in the sense that they are directed towards defined national health goals and that they will contribute directly and significantly to the improvement of the health status of their populations through methods that they can apply now and at a cost they can afford now. While this definition has been accepted in principle, its meaning in practice is less clear. On no account can the concept be allowed to be considered as a new name for technical assistance. In providing technical assistance in the past WHO has either agreed passively to government requests, or has imposed its own vertical type of programme on countries. In both cases, the process has led in most instances to fragmented WHO projects that have had little real influence on the improvement of the national health situation, and that have not promoted the self-sustaining growth of the relevant programme in the country after WHO's departure. The reason for such relatively low impact of WHO's assistance lies mainly in the inadequate interest shown by governments in using WHO in a more effective way and their lack of commitment to programmes they themselves had adopted in Regional Committees and the World Health Assembly.

15. Technical cooperation, on the other hand, implies that no matter at what operational level programme doctrines have been generated or programme activities implemented, the programmes have to be concerned with solving specific priority national health problems. The development of technical cooperation programmes implies the identification of needs in countries by these countries, as well as the identification or generation of appropriate methods for meeting these needs. It is necessary to develop technical methods that take full account of the social and economic context in which they are to be applied. These social and economic factors emanate from the countries. Suitable methods can also emanate from the countries, and it is WHO's duty to spot these methods, to analyse them and to transfer the appropriate information to all countries which require them. It is also WHO's duty to generate appropriate technical methods that take account of the social and economic factors involved in their application, if existing methods are inadequate or non-existent. The development of these methods has to be arrived at through cooperation among countries, WHO acting as a stimulator, catalyst and coordinator. Thus, the most suitable technical cooperation programmes are likely to be arrived at through a process of mutual influencing of socioeconomic and technical factors, the former deriving mainly from the countries, the latter often deriving from WHO through the coordination of activities in countries for the development of the technical methods concerned. This is one way in which the exercise by WHO of its coordinating role should lead to relevant programmes of technical cooperation.

16. Programmes of technical cooperation in and among countries can also be made more effective through support from various regional mechanisms. These include, for example, regional multidisciplinary panels of experts; Regional Advisory Committees on biomedical and health services research, which bring individual expertise from various countries to bear on research requirements and questions of research policy in each region; and national centres that are recognized as regional centres for operational research, development and training in specific programme areas, where countries work together to solve common problems and to build up cadres of national personnel trained for self-reliance in developing the programme concerned in their country.

17. The more general application of technical cooperation programmes at all operational levels should result from discussions in the Regional Committees that give rise to the realization of the need for inter-country cooperation. The proper manifestation of such cooperation should also be through national rather than Secretariat mechanisms. In like manner, global technical cooperation programmes should result from the realization of the worldwide nature of the problem and the need to solve it through cooperation among countries that transcends the boundaries of individual regions. The evolution of technical cooperation programmes in such a way is the best guarantee that the real needs of Member States will be reflected in their demands on WHO, and that their specific requests for technical cooperation will conform to the policies they have adopted in the resolutions of the Health Assembly and other deliberating organs.

THE NATURE OF GLOBAL PROGRAMMES

18. The Assembly resolutions mentioned in paragraphs 1 and 7 above imply the formulation of global programmes as a result of integrated programme planning. It is necessary to clarify what is meant by integrated programme planning. At the Thirty-first World Health Assembly, it was made clear that two distinct yet closely interlinked processes are at work, the one a process for national health development and the other a process for the development of WHO's programme in response to national health development. The national health development process consists of country health programming, national health programme budgeting, national health programme evaluation and national health information systems support. The WHO programme development process consists of WHO medium-term programming, programme budgeting, health programme evaluation and information systems support. Ideally, integrated programme planning will result from the proper application of the national process for programme development in all WHO's Member States, and the corresponding response of the WHO process for programme development. In practice, there are multiple entry points to each of these processes.

19. It is not possible to wait until all Member States have introduced country health programming. In addition to making most use of the multiple entry points into the managerial processes for programme development, account also had to be taken of political processes. Whatever the mixture of political and managerial processes for arriving at global programmes, there should be no separate Headquarters' programmes, but rather global promotion and coordination of regional programmes that reflect countries' real needs.

REVIEW OF THE ORGANIZATION'S STRUCTURES

20. In this Study, the term "structures" includes processes for improving the effectiveness and efficiency of the Organization. In order to re-assess the Organization's structures in the light of what has preceded, it is pertinent to raise a number of questions. For each of these questions answers are provided for review.

21. What are the best ways of ensuring that governments apply in their own countries the policies adopted by them in the World Health Assembly and Regional Committees, and that their requests for technical cooperation with WHO comply with these policies and conform to the definition of technical cooperation appearing in the new programme budget policy and strategy?

22. Member States have to understand their responsibilities towards the Organization if they are to assume their proper role of guiding its policies, applying them to their own health development and requesting technical cooperation from WHO in conformity with these policies. A major effort therefore has to be made to make countries aware of their responsibilities and of the benefits that can accrue to them by fulfilling these responsibilities. Once countries are convinced, they will exert the necessary pressures on the Organization in all its organs at all levels. It is therefore necessary to emphasize the mutually supportive nature of WHO's coordinating and technical cooperation roles. As part of its coordinating role the Organization has to make valid technical information available to all its Member States, and as part of its technical cooperation role it has to collaborate with Member States on request in ensuring that this information is properly absorbed and utilized. When this is properly understood Member States will be in a better position to correlate country activities with World Health Assembly resolutions, and to grasp the significance of the regular budget being used mainly to support nationwide programmes rather than for isolated projects, or fellowships, supplies and equipment that do not form part of a well defined programme. Member States will also be in a better position to channel massive extrabudgetary funds into the implementation of priority national programmes. It is stressed that developed countries have the same rights and obligations as developing countries, although their technical cooperation with WHO will obviously assume different forms, for example the participation of collaborating centres in programme activities that are highly relevant to their health problems, such as the control of cardiovascular disease and cancer, mental health and the care of the aged.

23. For a better understanding of WHO's policies, national authorities might well study again such documents as the Sixth General Programme of Work, the policy and strategy for the development of technical cooperation that was adopted by the Thirtieth World Health Assembly[1] and the resolutions of the World Health Assembly and Regional Committees. To this end use can be made as required of whatever mechanism exists to ensure the political and technical interface with WHO in the country. The Secretariat should prepare any additional material required by countries to clarify policies. A careful analysis has to be made of the meaning of technical cooperation, for example as outlined in this paper.

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[1] See WHO Official Records No. 238, pages 181-209.

24. The establishment and maintenance on a continuing basis of the national health development process as mentioned in paragraph 18 above would help countries to define their priority health problems as well as the most appropriate ways of solving them. In so doing they might well put into practice the public health doctrines evolved by them in WHO by defining national health policies and programmes for giving effect to these doctrines. Such a process will lead to country-wide programmes to cover the total population rather than isolated projects which cannot possibly have any real effect in improving the national health situation. At the same time the process should help to identify activities for cooperation with other countries, including external funding on a real partnership basis. This could help to channel bilateral and multilateral support into the country's priority programmes and could include those activities for which WHO's cooperation is particularly appropriate. To this end the new system of programme budgeting and management of WHO's resources at the country level should be useful.[1] The main effect of this new system should be to develop the WHO programme budget in countries in terms of broad health programmes responding to nationally defined needs and priorities and to defer detailed programme planning until nearer the operational period, so that it can be brought into closer harmony with the national health programming process. Governments ought to be ready to give up money from WHO's regular budget for the implementation of isolated projects in order to invest it both in the national health development process and in the broad programmes that result from this process. WHO's funds at the country level could be put to better use to improve national capacities for absorbing and using valid information. The national centres for research, development and training mentioned in paragraph 16 above could well be used for this purpose. In making their requests to WHO, governments might well use the components of the definition of technical cooperation mentioned in paragraph 14 above as criteria for assessing the validity of their proposals. These criteria may also be useful for joint programming of the resources of WHO, UNDP and other United Nations agencies in the country, an effort which has just started and which should be given full encouragement and at least a fair try.

25. To ensure the proper application of the national health development process, Ministries of Health will have to be strengthened politically and technically in most countries, if necessary at the expense of their administrative functions. Under the present power structures, Ministries of Health often have little influence, real powers of development being vested in Prime Ministers' Offices or in Ministries of Economic Affairs and Planning. One of WHO's main tasks is to help strengthen Ministries of Health, particularly now that many Heads of States have realized the importance of health for social and economic development. It is necessary to capitalize on this new political reality and to build up Ministries of Health that will assume a central role in promoting health as part of social and economic development in close relationship with other sectors.

26. An additional way to ensure that countries' requests for technical cooperation with WHO comply with the Organization's policies is to establish national health advisory councils. Such councils can bring together expertise and personalities representing a wide range of interests in health and in political, economic and social affairs, including the health service consumer, to explore health matters as they related to social and economic development in general, as well as political, social and economic matters as they relate to health. These councils could be used in a continuous advisory capacity to WHO, thus strengthening the joint formulation of technical cooperation programmes in the country. A further way is to strengthen existing institutions or establish new institutions as national centres for research, development and training in specific programmes of the type mentioned in paragraph 16 above, that are recognized and used both within the country concerned and by other countries as part of technical cooperation among them. These centres would maintain close contacts with WHO, and, either independently or within the framework of WHO, among themselves.

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[1] Each Regional Director could refer to the document on programme budgeting and management of WHO's resources at the country level that was presented to the Regional Committee a year ago.

27. Finally, to ensure continuity and consistency in their relationships with WHO, governments should either send the same representative both to the Regional Committee and to the World Health Assembly or should ensure proper coordination between the different representatives. In a broader context, if governments are to derive the most from the United Nations system as a whole, they would do well to coordinate the views expressed by their representatives in the various United Nations fora.

28. What further practical steps are required to promote technical cooperation among developing countries (TCDC) and between developed and developing countries? What structural changes are required in Regional Offices to strengthen their role as active coordinating centres for TCDC?

29. The first step is for governments to study the real implications of technical cooperation among themselves - politically, economically and technically. This understanding should be fostered in the Regional Committees which should help to arrange agreements between governments for technical cooperation on health matters. A subcommittee of the Regional Committee might well be set up specifically for this purpose. The national centres referred to in paragraph 26 above should be encouraged to cooperate with similar centres in other countries. When formulating programme budget proposals, those components that could well benefit from being implemented through TCDC should be identified. The financing of TCDC activities in cash and in kind is largely the responsibility of the countries themselves, but WHO will have to cover the indispensable overhead technical and administrative costs. Information on priority health needs of countries and sources of meeting these needs has to be gathered. The information has to be distilled, analysed and then synthesized for proper dissemination among the countries of the region. It is important to collect relevant information from other sectors involved in social and economic development as well as from the health sector. Within the Secretariat, the Regional Office will have to create mechanisms for ensuring timely and appropriate exchanges of information among countries interested in the possibility of technical cooperation among themselves. The Regional Offices will also have to maintain relationships with the Regional Economic Commissions for this purpose. At the same time they have the duty of informing one another of information relevant to TCDC. Proper contacts have to be maintained with the UNDP Information Referral System for Technical Cooperation among Developing Countries (TCDC/INRES).

30. As for technical cooperation among developed and developing countries, as mentioned in paragraph 24 above in connexion with the national health development process, the identification of priority programmes and activities for which there are inadequate resources in the developing countries should help to channel the cooperative efforts of the more developed countries into the most productive forms of cooperation. Also, twinning of institutions might be instituted, whereby an institution in one country cooperates closely with a similar institution in the other country. Both developing and developed countries require specific mechanisms for arriving at this type of cooperation, WHO having essentially a catalytic and coordinating role.

31. Regional Offices will no doubt have to create bureaux to coordinate TCDC. These bureaux will have to ensure that all programme activities take into account the possibility of TCDC. They will have to maintain contacts with other sectors at the regional level and to be closely involved in the information service mentioned above. They may also have to deal with commercial matters related to TCDC, including legal matters such as support to countries who so wish in reaching agreements and signing contracts. The bureaux will also have to provide support to any subcommittee of the Regional Committee set up for TCDC. These activities have obvious implications for the type of staff required for such bureaux. They will probably be quite different from the categories of staff employed in Regional Offices until now.

32. How can the Regional Committees be further strengthened?

33. The Regional Committees are crucial for involving Member States deeply in the work of the Organization, as part of the growing trend for the governing bodies to play a more active role in the Organization's affairs. This implies that these Committees should be strengthened so that they become a sort of parliamentary forum for the review and control of all regional activities, including the supervision of the activities of the Regional Offices in accordance with Article 50 of the Constitution.

34. The constitutional functions of the Regional Committees relate to policy, control, regional cooperation with other organizations and programme budget matters. To fulfil these functions the Committees have to display a high degree of leadership and determination. This has strong political implications, because, in order to gain acceptance of the application of the Organization's new policies, and to ensure the implementation of its new strategies, the full political support of all Member States will be required. Ways therefore have to be sought of creating greater awareness of policy issues within the Regional Committees so that these issues can be dealt with at the regional level and so that health administrators will be in a better position to deal with them in their own countries.

35. Among the policy issues with which Regional Committees will increasingly have to deal are intersectoral and inter-agency social and economic development activities in countries and at regional level; the introduction of new concepts of health services and health manpower which are likely to arouse the opposition of the established health professions; opposition from professional and commercial sources to the adoption of drug policies aimed at providing essential drugs for all and at establishing drug industries in developing countries; agreement on criteria for the selection of countries for vaccine production as part of the policy of reaching regional self-reliance in matters of vaccine supply; political and commercial arbitration in relation to the development and application of appropriate technology for health; and the resolution of any problems resulting from commercial interests or questions of prestige when attempts are made to put technical cooperation among developing countries into practice.

36. As for the programme budget aspects of the work of the Regional Committees, the new arrangements for the development of programme budgeting and management of WHO's resources at the country level offer an excellent opportunity to hold fundamental discussions with countries on the nature and extent of programmes for technical cooperation with WHO. On the basis of these discussions, the Regional Committees can now hold reviews of broad programme proposals, instead of the former practice of reviewing detailed project proposals. These broad reviews should include not only country programmes, but also common problems for which inter-country cooperation within the framework of WHO is indicated, as well as any global support required. They should help to ensure that the Organization's programmes are based as far as possible on countries' real needs based on first hand information rather than on second hand assumptions concerning the nature of these needs. They should also attempt to select programmes to be given priority in general and for the attraction of extrabudgetary funds in particular.

37. The Regional Committees are assuming an increasingly important role in guiding the direction of health research through the review of the proposals of the Regional Advisory Committees on Medical Research. This should lead to radical re-thinking of the vital role of socially relevant research in health promotion and thereby in technical cooperation for health development. The Regional Committees will have to pay particular attention to the strengthening of countries' research capacities, which can best be achieved through participating in the planning and conduct of research that is relevant to the health development of their own people.

38. Additional ways of involving the Regional Committees more deeply in the work of the Organization that are being progressively put into practice are: the establishment of a Programme Committee with functions similar to those of the Programme Committee of the Executive Board; the creation of subcommittees to foster technical cooperation among countries; the establishment of subcommittees or ad hoc groups for reviewing national proposals for technical

cooperation with WHO; the close involvement of the Committees in the development of regional mechanisms for programme development, such as multidisciplinary panels of experts and the recognition of certain national centres of the type mentioned in paragraph 16 above as regional centres for programme development; the designation of individuals to represent the Organization at relevant meetings of regional economic commissions or other regional organizations and to report thereon to the Regional Committees; special studies by working groups, including country visits.

39. To strengthen Regional Committees and make it possible for them to fulfil their leadership role it is necessary to ensure the highest possible level of national representation. National representatives should have the power to make decisions on behalf of their governments.

40. How can the work of the Executive Board be further strengthened?

41. The Executive Board is playing an increasingly active role in giving effect to the decisions and policies of the Health Assembly and in acting as the Executive Organ of the Assembly and adviser to it. Its membership has been enlarged in proportion to the increased membership of the Organization. Its deliberations are becoming increasingly frank and open and its candid dialogues deal with crucial policy issues and programme priorities. To this end it is setting up working groups and committees of which the Programme Committee is a striking example. Other illustrative examples are the ad hoc committees on malaria and on drug policies and the ad hoc committee on cancer which gave rise to the establishment of the Director-General's Coordinating Committee on Cancer. The Board will no doubt wish to establish other groups to deal with priority issues from time to time.

42. The Board is also playing a more decisive role with respect to the Assembly, at which its representatives are active in introducing programme and budget matters and in responding to the comments of delegates. Yet the potentials for strengthening the work of the Board are far from having been exhausted, particularly with respect to the relationships between the Organization and the rest of the United Nations system in connexion with the mutually supportive effects of health and development and the establishment of the New International Economic Order.

43. How can the work of the World Health Assembly be improved?

44. The work of the Assembly too is being greatly intensified particularly in determining the policies of the Organization. The growing awareness of the need for global political action for health will no doubt engage the priority attention of the Assembly in the coming years. It will be called upon to a greater extent than ever before to give its full support to global efforts for health and through health for development and peace. It is also in a unique position to encourage harmonious relationships between Member States at all levels of development and of all shades of political ideology.

45. Some of the resolutions of recent years - such as resolution WHA29.48 on programme budget policy which requested the Director-General to reorient the work of the Organization towards greatly increased technical cooperation; resolution WHA30.43 on technical cooperation which decided on the main social target of governments and WHO in the coming decades, popularly known as "health for all by the year 2000"; and resolution WHA31.27 which requested the Director-General to undertake the present Study - will have a profound influence on world health development and on the work of WHO for many years to come. At the same time, the Assembly, the Board and the Regional Committees would do well to devote more of their time to analysing the implications of existing resolutions for the work of the Organization and for action within Member States, as well as to monitoring the implementation of these resolutions, rather than concentrating on additional resolutions which may add little to those previously adopted.

46. Constant efforts are being made to improve the methods of work of the Assembly and this should continue. Article 13 of the Constitution states that "The Health Assembly shall meet in regular annual session". In the light of the present Study, the World Health Assembly

will, if it so wishes, be in a better position to discuss whether to hold biennial instead of annual Assemblies, a matter which was raised by the President of the Thirty-first World Health Assembly.

47. In which way can relationships between the Regional Committees, the Executive Board and the World Health Assembly be improved?

48. To strengthen the political unity of the Organization and to promote the process of formulating global programmes starting from countries, there is a need for closer inter-relationships between the Regional Committees, the Board and the Assembly. While the Regional Committees have been increasingly active in fulfilling the function described in Article 50(a) of the Constitution "to formulate policies governing matters of an exclusively regional character", they have been less active in fulfilling Article 50(e) "to tender advice, through the Director-General, to the Organization on international health matters which have wider than regional significance". Moreover, Article 50(g), which gives the Regional Committees "such other functions as may be delegated to the Regional Committee by the Health Assembly, the Board or the Director-General", has been applied consistently only with regard to the review of the regional programme budgets, which form part of the global programme budget later reviewed by the Executive Board and the World Health Assembly.

49. Apart from these reviews by the Regional Committees and the occasional discussion of certain matters which the Director-General wishes them to consider prior to submission to the Executive Board, the sessions of these Committees tend to be considered as coming at the end of the yearly cycle of meetings of the main organs of the Organization. It is now necessary to adopt a forward-looking approach that would better synchronize the work of the Regional Committees with that of the Board and the Assembly, rather than the Regional Committees merely being informed of decisions taken by these bodies. One way of achieving this synchronization is to correlate the agenda of the Executive Board and the Regional Committees. Thus, the preparation of a draft provisional agenda for any session of the Executive Board well in advance would make it possible to include certain items in the agenda of the Regional Committees so that they could have preliminary discussions of the subject matter and make recommendations through the Director-General to the Executive Board. In this way the deliberations of the Regional Committees would have an important influence on the totality of the Organization's activities.

50. Similar action could be taken with respect to Executive Board Organizational Studies, the subject matter of which could be discussed by the Regional Committees, whose reports would then be submitted to the Executive Board. In these ways, the work of the Executive Board and Assembly would be greatly influenced by the work of the Regional Committees. In like manner, more extensive analyses in the Regional Committees of the regional implications of World Health Assembly and Executive Board resolutions should help to strengthen the impact of these resolutions on national health policies.

51. The Director-General is already taking measures to ensure the correlation of the agenda of the Regional Committees and the Executive Board.

52. How can relationships between the Secretariat and Member States at all operational levels be improved?

53. To ensure the right relationships between staff and national authorities, all concerned must understand and accept the truly international nature of the Organization. Supra-nationalism has no place in WHO. Field staff, to the extent that they will be engaged at all in the future in the light of the increasing employment of national personnel, and the execution of WHO supported programmes and projects by the government concerned, will have to identify themselves with the national programme in which they are working and to feel part of the national health personnel. At all levels, the emphasis should be on the mobilization of national resources, including national participation in meetings dealing with programme development. Staff have a crucial role in providing sound information to the Regional Committees, Executive Board and World Health Assembly so as to enhance the ability of these bodies to take rational policy decisions. To enable them to do so, further measures will

have to be taken to strengthen the capacity of staff to identify with the Organization's policies and to participate in translating them into action.

54. In which way can and should the WHO Programme Coordinators' (WPC) offices be strengthened to permit them to fulfil the tasks devolving on them in the light of the latest Executive Board Study?

55. The strengthening of the functions of WHO Programme Coordinators, and particularly their technical functions, in accordance with the Executive Board Study, makes it necessary to review the structure of their offices. In addition to coordinating the WHO Programme in a country and acting as Chief of the WHO team participating in that programme, the function of liaison between WHO and the government authorities devolves on the WHO Programme Coordinators. The Coordinators have to maintain close links not only with the Ministry of Health, but also, depending on the pattern of organization and on the desire of the government concerned, with other ministries whose activities are related to health and with the representatives of the United Nations and other international agencies concerned. The WPCs also have to be vigilant in ensuring that governments agree to execute health projects in which WHO is collaborating.

56. It would therefore seem reasonable to transfer further technical, administrative and financial responsibilities from the Regional Offices to the offices of the WHO Programme Coordinators. These responsibilities would be discharged under the guidance and control of the Regional Office. To permit the WHO Programme Coordinators to assume these additional responsibilities their offices may have to be strengthened with appropriate technical and administrative staff. It has to be realized however that this could carry the danger of creating small WHO units within countries, which would be counter to the principle of mobilizing national action and resources as much as possible.

57. Taking account of the greater emphasis being given to the participation of governments in the work of WHO, should there be a gradual phasing out of WPCs' offices accompanied by a phasing in of new direct relationships between the Regional Offices and governments?

58. National self-reliance in health matters makes it inevitable that governments should consider alternative ways of ensuring the political and technical interface with WHO in the country. Quite apart from the employment of national health personnel as WHO Programme Coordinators, other solutions are being found. A growing number of countries have established units in the Ministry of Health which constitute the link between their country and the Organization and which are responsible for the coordination of WHO's activities in the country. Other solutions are international relations offices within Health Ministries; and international cooperation committees, either within Ministries of Health or within the framework of an interministerial structure. These solutions conform to resolution WHA29.48, which aims at a better use of the technical and administrative resources available in countries, and particularly in the developing countries.

59. How will the strengthening of the WPCs' offices and the presence of increasing numbers of national experts in countries (partly as a result of WHO Fellowships), affect the internal organization and staffing pattern of the Regional Offices? What will be the effect of establishing direct relationships between Regional Offices and governments if WPC's offices are phased out?

60. The strengthening of the WPCs' offices or the establishment of direct relationships between Regional Offices and governments are likely to have similar effects on the internal organization and staffing pattern of the Regional Offices. At present these Offices are mainly staffed on the technical side by Regional Advisers who often maintain direct contacts with their technical counterparts in country projects. The emphasis on broad programmes and on the coordinating role of the WPC will eliminate this arrangement.

61. The functions of WHO regional officers are already being reoriented towards the formulation and management of regional programmes and towards technical support for activities in the country at the request of the WHO Programme Coordinator or at the direct request of the government concerned. Regional Office staff will also be engaged to an increasing extent in

the servicing of the work of multidisciplinary panels of experts, such as the Regional Advisory Committee on Medical Research, in providing the kind of information that will make it easier for the Regional Committees to arrive at decisions and in acting as a clearing house for TCDC. Administrative and financial officers in the Regional Office will have to provide increased support to the management of resources assigned to countries, as prescribed by the WHO Programme Coordinator. They will also have an increasingly important role to play with respect to newer arrangements for providing fellowships and supplies and arranging for exchange of personnel as part of technical cooperation among developing countries.

62. The creation of special bureaux to permit the Regional Office to act as a clearing house for TCDC has already been referred to in paragraph 31. As mentioned in paragraph 29, an efficient information service for TCDC will have to be developed.

63. As part of the new policy of decentralization, certain functions and activities hitherto the responsibility of the Organization's Headquarters, will be transferred to the regional level, for example, many research responsibilities and the management of interregional projects. Regional Offices are also being made responsible for the worldwide coordination of certain global programmes. In order to put these new functions into practice, a further review of management systems at Regional Office level may be required, as well as the strengthening of practical collaboration among the regions on matters of common interest.

64. All the above will have profound consequences for the staffing of the Regional Offices. There will be a need for more generalists who are capable of synthesizing national expertise and experience into regional programmes and of distilling essential information from detailed data in a number of fields for dissemination to countries. This information will also be used to prepare documents that will help the Regional Committee to make rational decisions based on political, social and economic factors in addition to technical factors. Regional Office staff will often have to work in multidisciplinary programme teams aimed at attaining objectives through a wide variety of political, social, economic and technical measures, or at dealing with the totality of a country's health problems. The staff of the Regional Office will no doubt have to include a limited number of experts in social and economic affairs. Most of the technical expertise in the various fields of health will be obtained from national personnel, either through national or regional centres for specific programme areas or through staff working in the Regional Offices for comparatively short periods of time.

65. As the Regional Directors assume a stronger political role, outside the health sector too, e.g. for the promotion of "health for all by the year 2000", and act to an increasing extent as the Director-General's alter ego for global matters in their region, what will be the implications, if any, for the structure of the Regional Offices?

66. Increasing political responsibilities, such as meetings with Heads of State and Ministers of Health, fighting the cause of health as part of social and economic development at regional political organizations, and appearing before Regional Economic Commissions, will make it necessary for Regional Directors to delegate programme responsibilities to an increasing degree to a second in command. At the same time, they will have to keep a close control on the use of funds in their development programme so that these are used for genuine high priority technical cooperation programmes whose implementation will have effects beyond the immediate use of the money invested in them. To fulfil their political role adequately, Regional Directors may require political advisers, and if they do, it would be wise to select them on a rotational basis from Member States, possibly with a coordinator in the Regional Office. Regional Directors are elected politically and are therefore vulnerable to political pressures and counter pressures. To protect the Organization and the Regional Directors personally, it may be useful to form around them a small group of national representatives on a rotational basis to provide a measure of collective political protection and power. This group could consist of individuals nominated by the Regional Committee on the proposal of the Regional Director.

67. In turn, how will changes in the structure of the Regional Offices, such as those implied above, as well as additional changes in their functions, such as their deep involvement in research management, and consequent additional changes in their structure, affect the functions and structure of the global level of the Secretariat?

68. The activities of the Global Office of the Secretariat have gradually changed as the management of the Organization's activities have become increasingly decentralized, and this trend is bound to continue. As mentioned in paragraph 12 above, central activities tended to become aloof from the expressed needs of Member States. Research in particular became a Headquarters' prerogative, divorced from nationally expressed needs. It was all too often dictated by needs as perceived by Headquarters staff. Interregional projects proliferated that had not been requested by the regions and that had not resulted from the identification of similar needs in a number of regions following a rational process of programming. Much of the time of Headquarters' staff was devoted to managing these projects.

69. All this is rapidly changing. The global level now has to function with greater awareness of the fundamental importance of the impact of the WHO programme in countries, and its work therefore has to be more clearly oriented towards the practical solution of countries' problems. Direct technical cooperation activities devolve on the regions but the Global Office must be ready to support these efforts by providing valid information on health development and health technology. Greater attention will therefore have to be paid to the international transfer of valid information on health matters, the Global Office having prime responsibility for absorbing, distilling, synthesizing and disseminating information that has practical value for countries in solving their health problems. In this way WHO will be better able to provide the world with an objective assessment of what is really valuable for health development, and to identify those health problems for which there is as yet no suitable answer. It is the Organization's responsibility to ensure not only that the most valid health information is collated, analysed and adequately disseminated but also that this information is properly absorbed by those who require to use it. This last activity is the responsibility of the national and regional levels, but the global level has to support them. An additional information function that is of extreme importance is the provision of the right kind of information to the Executive Board and World Health Assembly to help these bodies make rational policy and programme decisions. This information will be a blend of political, social, economic, scientific, technological and managerial elements.

70. The global level has greater access than any other level to the multiple sources of political power and bilateral and multilateral funds, yet on the other hand the regional level has greater access to the sources of information concerning the real health needs of Member States. This highlights the importance of close collaboration between these levels. The global level has the responsibility of promoting global programmes that have been arrived at by the processes outlined in paragraphs 14 to 19 above, ensuring interregional coordination and supporting the regions. An increasingly important function at this level is to direct the worldwide political struggle for health and to maintain adequate contacts for this purpose with the world's leaders, with various political, social and economic bodies, and with the United Nations and the other specialized agencies of the United Nations system.

71. When Headquarters was dealing mainly with highly technical programmes as separate entities, the divisional structure was suitable. The present challenge of channelling expertise from various sources and disciplines to converge on attaining specific programme objectives in countries makes this bureaucratic divisional structure inappropriate. Recent experience with the creation of functional programmes for this purpose is showing promise. Another mechanism for this purpose that has given encouraging results is the interdivisional programme team. It is realized that the reorganization of the structure at Headquarters according to programmes and the increased use of interdivisional programme team will create managerial problems at the executive level, but these are problems that will have to be resolved.

72. To increase programme effectiveness while reducing WHO's staff establishment and the expenditure of the Organization's resources, greater use will have to be made of nongovernmental organizations in many fields of health. This should help to ensure worldwide involvement in the programmes concerned. In some areas, particularly in research and in the development of technology, whole programme areas may have to be contracted out to WHO collaborating centres. More testing of newer programme concepts, for example in the areas of primary health care and rural development, will have to be carried out by countries themselves, rather than institutionalized at Headquarters or in Regional Offices.

73. The new functions and structures of the Global Office have clear implications for its staffing. Greater reliance will have to be placed on national experts for specific scientific and technical issues. There will undoubtedly be a greater need within the Office for generalists, who, irrespective of their basic discipline, are capable of taking a global view of broad health problems, of synthesizing the information required to help resolve them, of dealing with global policy issues concerning a wide variety of health and related socioeconomic matters, of promoting and coordinating complex efforts on a worldwide scale, and of mobilizing the world's health and scientific community for international deliberation and action as individuals as representatives of their government and as members of nongovernmental organizations.

74. The question of the location of the Global Office was raised during the sixty-first session of the Executive Board. In accordance with Article 43 of the Constitution "the location of the Headquarters of the Organization shall be determined by the Health Assembly after consultation with the United Nations". The new functions and consequent structure of the Global Office that emerge from this Study may help the Assembly to decide whether it wishes to deal with this matter or not.

75. What additional structural changes, if any, are required to strengthen the Organization's role in relation to the restructuring of the United Nations system, and to enhance its contribution to the establishment and realization of the New International Economic Order? Will it be necessary and possible to modify the regional affiliation of certain countries, as well as the number and boundaries of regions, in order to conform with the proposal to have identical regional structures for the whole United Nations system?

76. All United Nations agencies will eventually be affected by any restructuring of the United Nations system, and in particular by measures to concentrate efforts for development. The extent to which the United Nations system will be able to make a significant contribution to the establishment and maintenance of the New International Economic Order will depend to a high degree on its ability to work intersectorally. WHO has pledged itself to such joint endeavours. Yet, gnawing doubts exist as to the real determination of governments to introduce the New International Economic Order and to convert it into a genuine international development order. If this determination does not exist, can WHO afford to take the risk of involving itself deeply in joint inter-agency efforts for development, possibly at the expense of some of its other activities? The answer to this question is particularly important in view of the limitations of the Organization's resources, which make it imperative to invest them in order to derive the greatest benefit from them to world health and to avoid as far as possible any waste of effort. On the other hand, can WHO, which has been a pioneer in advocating intersectoral collaboration for development and in demonstrating the interdependence of health and development, take the risk of not throwing its full weight into United Nations efforts for the New International Economic Order? It should be added that WHO has consistently emphasized intersectoral and inter-agency collaboration first and foremost at the country level, building up to regional and subsequently global action.

77. It would seem that the Organization must make greater efforts than ever before, both within and outside the United Nations system, in whichever bodies it may have an influence, to struggle for health as part of social and economic development. At all times and in all fora it should continue to insist on action first and foremost in countries. It may have to channel the energies of a small number of health generalists into these efforts, to convert a small number of existing posts to posts in the political and economic sciences, and to create a panel of experts in these disciplines from both developing and developed countries, as it does in relation to any other programme area. At the beginning, this effort may have to be concentrated in the Director-General's office, but as progress is made it will no doubt be necessary to decentralize it to the regional level.

78. As for the regional affiliation of countries and the number and boundaries of regions, in accordance with Article 44 of the Constitution these are matters on which the Health Assembly will have to decide.

79. Will any structural changes be required in the light of a hopefully positive response to the Director-General's appeal to the political leaders of the world, in his address to the Thirty-first World Health Assembly, to adopt "health for all by the year 2000" as the world social goal for the end of the twentieth century, and to use health as a lever for social and economic development and as a platform for peace.

80. A positive response to the Director-General's appeal to the world's leaders will place heavy additional responsibilities on the Organization in working in various political arenas for health, development and peace. This may entail the creation of a small support group in the Director-General's office, perhaps identical with the one mentioned above in relation to the New International Economic Order. In addition, the Director-General is elected politically and is exposed to national, regional and global political pressures. At the same time, he is directing the political struggle for health on behalf of the Organization, which reinforces the political pressures on him. His latest appeal to the world's leaders can only increase his political responsibility. To protect the Organization as a whole, and the Director-General personally, it may be useful to form around him a small group of members of the Executive Board, or individuals who are nominated by the Executive Board on the proposal of the Director-General. Such a group, together with the Director-General, should help to provide a measure of global political protection and power to the Organization.

81. How can the interrelationships between the various operational levels within the Secretariat be improved?

82. Wide staff participation at all operational levels in the development and implementation of the Organization's programmes is the best way of ensuring fruitful interrelationships within the Secretariat. Both formal mechanisms and informal consultations have to be strengthened to this end. New dimensions have been given to the Organization's managerial structure by the creation of Regional Programme Committees in Regional Offices, the Headquarters Programme Committee and the Global Programme Committee. Regional Programme Committees deal mainly with the review and monitoring of the implementation of regional programme activities; the Headquarters Programme Committee advises and assists in the development and implementation of the Organization's programme on the basis of the policies and strategies evolved by the World Health Assembly and Executive Board; the Global Programme Committee, consisting of the Director-General, Deputy Director-General, Regional Directors and Assistant Directors-General, coordinates the management of the Organization's programme on a global scale. It is now necessary to establish closer relationships between these Committees in order to reach greater cohesion at all operational levels. This could be achieved by discussing common issues in each of the Committees and by ensuring adequate intercommunications in order to create a better understanding of one another's problems. This implies the rationalization of the information flow in all directions. The Organization's information system will have to be used more purposefully to this end. Regional Programme Committees and the Headquarters Programme Committee each have the responsibility of ensuring the widest possible involvement of staff in their respective offices in the issues under review, and their subsequent enlightenment concerning the outcomes of the deliberations.

83. Crucial to the improvement of the efficiency of the Secretariat as a whole in responding to countries' needs is a more systematic coordination of the review of programme budget proposals in the regions and in the Global Office. In so doing it has to be realized that there are infinite variations in countries' needs, but that at the same time there are usually common global themes as increasingly articulated in the General Programmes of Work for a Specific Period, and that in all cases there is a need for an integrated response to countries' needs at whatever level the response takes place. Problems of timing exist, but these will have to be analysed thoroughly and overcome. When medium-term programming by programming groups representing all operational levels and with strong national involvement encompasses all programmes, and updating of the medium-term programme becomes a continuing process, a major step forward will have been taken in ensuring a high degree of coordination of activities across the world. The problem of timing for the programme budget review should then be less acute, but nevertheless a specific process will still have to be set in motion for the formulation of the biennial programme budget.

84. When the above processes take root, along with the consistent application by countries of the national health development process mentioned in paragraph 18 above, WHO will have gone far in implementing resolution WHA28.30, according to which the Organization's mechanism for the allocation and reallocation of resources should comply with the principle of responding to integrated programme planning.

THE INTERACTION AND INTERDEPENDENCE OF ALL ORGANS AT ALL OPERATIONAL LEVELS AS ILLUSTRATED BY THE MANAGEMENT OF WHO'S RESEARCH ACTIVITIES

85. Whatever the degree of fruitfulness of the interrelationships between the various operational levels of the Secretariat, it cannot be sufficiently stressed that the key to the success of WHO's activities lies in cooperation among Member States. The Secretariat has to service the best interests of such cooperation. Maximum involvement of Member States, their institutions and their personnel in the work of the Organization is therefore essential. Nowhere are the above principles more apparent than in the new mechanism for the management of the Organization's research activities which are about to be introduced for a trial period of two years. This mechanism illustrates well how the Organization's structures are being reorganized in the light of its functions. It is therefore presented in some detail below.

86. The new plan for the management of WHO's research activities is based on the following main principles:

- research activities should form an integral part of programmes and should therefore be managed in the same way as all other programme activities;

- emphasis must be laid on the development of national research capabilities, on national determination of research priorities in the light of social health policy and on national implementation of research activities.

These principles apply to research at whatever operational level it is planned and conducted. From the perspective of Member States there can be only one integrated WHO managerial system.

87. In the plan, two vital issues are closely interlinked, namely the development of research capabilities in Member States, in particular in developing countries, and the conduct of research for the immediate solution of health problems. Impatience for immediate results could lead to imposing research activities on countries before they are ready for them, or to attempts at solving problems for countries instead of with them. At the same time, the best way for countries to develop research capabilities is to participate in the planning and conduct of research.

88. Additional complexifying factors are the need for managerial consistency coupled with scientific cohesion and effectiveness at all operational levels, and this in an area in which there are all too few people with the necessary research and research management knowledge and experience. Yet, it is just such competence that is so important not only for research as such, but also for the improvement of health management in the broadest sense.

89. The plan is based on a number of fundamental concepts and guiding principles. The new policy laying primary emphasis on technical cooperation with and among Member States, and the strategy being evolved for its implementation, have profound repercussions on WHO's research activities. Research in WHO is now more intimately identified with health development in general, and responsibility for its planning and execution spread over the national, regional and global levels of the Organization. The promotion of national self-reliance in health research is fundamental. Countries have to develop their own health research capabilities and to cooperate among themselves for the benefit of the less privileged. Since WHO's research activities should be an intrinsic element of health development, they have to be undertaken in relation to socially relevant health goals, and not for their own sake.

90. The research component of the WHO programme has to be conceived, planned and managed as one mosaic, with well-coordinated national, regional and global components. Activities have to be evolved in response to country needs and have to take root where such needs are most directly felt, namely in the countries themselves. The research component of the programme, however, cannot be a mere aggregate of national fragments. The mosaic has to follow a pattern, and it is the role of the Organization to set that pattern on a regional and global basis. The criteria for determining at which operational level a research activity should take place are those that appear in the Sixth General Programme of Work and that apply to programme activities in general. The correct allocation of activities to the appropriate operational level should form the basis of the allocation of funds for research from both the regular budget and extrabudgetary resources.

91. Health research activities in countries should ideally address problems for whose solution research is necessary, that have been identified in the course of the country health programming process. These activities may bear on scientific substance, on the development of national research capability or on research management. In addition, the country may participate in research that has been fostered by WHO as part of its regional or global research activities and that is of relevance to the country concerned. WHO's research activities at the regional level have to be based on needs emanating directly from countries, as well as on adaptations of global research policies and priorities to national requirements. In like manner, global research activities have to be based on a synthesis of global needs emanating from regional research activities on the one hand, and the research requirements of global health policies and programmes on the other.

92. Research management functions also have to be distributed rationally among the various operational levels in keeping with the respective roles of these levels in the planning and implementation of the programme in general. The Director-General therefore maintains full authority over research activities in WHO and is solely accountable for them to the Executive Board and the World Health Assembly. He delegates responsibility for some of these activities. Major responsibility is delegated to the Regional Directors for activities conducted in countries or at the regional level, and, as the alter ego of the Director-General and on behalf of the Secretariat as a whole, for all matters of a global nature in the Region. The Regional Directors are accountable to the Director-General, as well as to the Regional Committees as far as regional research activities are concerned.

93. The management of research in WHO has to be based on the greatest possible involvement and contribution of the world scientific and health community. WHO staff members too have to be involved, it being self-evident that they function as part of the Secretariat as a whole, whatever their operational level of assignment and the administrative framework in which they normally work. They, together with representatives of the world scientific and health community, have to form for each major programme an Organization-wide programme team whose function it is to guarantee the scientific, technical and managerial cohesion of the research activities undertaken at every operational level. A senior technical officer will be designated to ensure the scientific and technical coordination of that team. He will be accountable in the final analysis to the Director-General, as well as to the Regional Directors for all aspects of research for which they have been made responsible. These research coordinators will have no executive responsibilities other than those attached to the post they normally hold. The location of this post may be in the Organization's Global Office or in one of the Regional Offices, depending on the focal point for the research concerned.

94. The mechanisms and resources for research management will be based on the above fundamental concepts and guiding principles. It is of primordial importance to develop suitable research management mechanisms in countries. At other levels, the Regional Committees, the Executive Board and the World Health Assembly are becoming involved to an increasing extent in the planning and management of WHO's entire programme, including its research component. The Advisory Committees on Medical Research at the global and regional levels are acquiring ever-growing importance, and will have to continue to develop closer working relationships among themselves and with the Organization's constitutional organs, including the Secretariat.

95. The principal means of implementing specific research activities is a contractual technical service agreement. The preparation, negotiation, conclusion and execution of such an agreement will devolve upon that level of the Secretariat which has technical and financial responsibility for the research to which the agreement relates. Contractual technical service agreements will normally be signed by the Regional Director or staff designated by him. Contractual technical service agreements managed at the global level will be signed on behalf of the Director-General by staff designated by him.

96. The selection of experts relating to research will be the responsibility of the Regional Directors, who will act in close consultation with the research coordinator mentioned in paragraph 93 above. Regional Directors' proposals for appointment of experts will be submitted for the approval of the Director-General, who has to report on all appointments to the Executive Board.

97. The network of WHO collaborating centres will serve the Organization as a whole, being used for national, regional or global research support, training or reference according to uniform management criteria. The selection of institutions and the procedure of designation will be the responsibility of the Regional Directors, whose proposals will be submitted for the approval of the Director-General. The decision to recognize national centres will be taken by the Regional Directors. The major responsibility for research training will also devolve upon the Regional Directors. Use will be made of national research training institutions for training both national and international staff.

98. While all concerned will participate in the evaluation of the plan, its implementation will also be monitored and ultimately evaluated by the Global Advisory Committee on Medical Research in cooperation with the Regional Advisory Committees on Medical Research. To this end, the Chairman of the Global ACMR, together with the Chairmen of two of the Regional ACMRs, will fulfil a function similar to that of external audit, and will be provided with full information on progress and on problems. Governments too will be kept fully informed of research taking place in their country and the Regional Committees and Executive Board will be kept fully in the picture.

99. It is realized that two major events may well modify the plan outlined above, namely the results of the Executive Board's Organizational Study on "the role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO"; and the present Study of the Organization's structure in the light of its functions. Nevertheless, the plan as envisaged complies with the needs expressed in resolutions WHA28.30 and WHA31.27 for integrated action throughout the Organization; for programme planning to be viewed as a joint endeavour in which national authorities in their own countries and in the Regional Committees, Executive Board and World Health Assembly, as well as all operational levels of the Secretariat, are all involved; and for WHO to foster national self-reliance in health matters, in particular through technical cooperation with countries in the planning, programming, implementation and evaluation of their health programmes.

SCHEDULE FOR THE STUDY

100. The following schedule is proposed for the Study:

(1) Discussion in Global Programme Committee . . . . . May 1978

(2) Introduction of proposed Study in Regional Committees and setting up of appropriate ad hoc groups or subcommittees of the Regional Committees to carry out the Study in the Regions . . . . . September 1978

(3) Consultations with governments (not only Ministries of Health) . . . . . November 1978 - July 1979

(4) Review of progress in Global Programme Committee . . . . . January 1979

(5)	Review by Regional Committees of reports of ad hoc groups or subcommittees based on country consultations	September 1979
(6)	Consideration of the matter in the Regional Programme Committees and Headquarters Programme Committee	June 1978 - June 1979
(7)	Review by Global Programme Committee of recommendations and proposals of Regional Committees, Regional Programme Committees and Headquarters Programme Committee	Date to be decided at fourth session of GPC in January 1979
(8)	Preparation of the Director-General's Report to the Executive Board	October - November 1979
(9)	Review of Director-General's Report by Executive Board	January 1980
(10)	Review of Executive Board's Report by World Health Assembly	May 1980

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