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**REPORT OF THE EXECUTIVE BOARD WORKING GROUP ON THE WHO
RESPONSE TO GLOBAL CHANGE**

At its 92nd session, held in Geneva in May 1993, the WHO Executive Board considered the Report of its Working Group on the WHO Response to Global Change. In its resolution endorsing the concepts and principles of the Report, the Board requested the Regional Committees to study the implications of the recommendations as applicable to regional and country activities and to report their findings to the Executive Board in January 1994. The full text of the Report is contained in Annex I and the Board's resolution in Annex II. The Regional Committee is requested to review the report and to comment particularly on its recommendations.

Annex I - Report of the Executive Board Working Group on the WHO Response to
Global Change

Annex II - Executive Board Resolution EB92.R2

CD37/21 (Eng.)
ANNEX I

**REPORT OF THE EXECUTIVE BOARD WORKING GROUP ON THE
WHO RESPONSE TO GLOBAL CHANGE
(Document EB92/4)**

**World Health Organization
Organisation mondiale de la Santé**



Executive Board
Ninety-second Session

Provisional Agenda item 7

Report of the Executive Board Working Group on the WHO response to global change

Profound changes - political, economic and social - are affecting the world, and the World Health Organization must respond to these in order to remain effective in international health work. In January 1992 the Executive Board decided¹ to undertake a review of WHO's response to these global changes through a Working Group appointed from among its members.²

An interim report was presented by the Working Group to the Executive Board at its ninety-first session³ and the comments and suggestions made by Board members have been taken into account in preparing this final report which the Board is invited to consider.

¹ Handbook of Resolutions and Decisions, Vol. III, third edition, pages 160 and 161, Decisions EB89(19) and EB90(3)

² Handbook of Resolutions and Decisions, Vol. III, third edition, page 161, Decision EB90(10)

³ Document EB91/19

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REPORT OF THE EXECUTIVE BOARD WORKING GROUP ON THE WHO RESPONSE TO GLOBAL CHANGE

1. WORKING GROUP – RATIONALE AND WORKING METHODS

1.1 The World Health Organization (WHO) faces critical challenges as a result of recent global political, economic, social and health changes. Concerned with the need to respond to these profound changes, the Executive Board decided to undertake a review of the extent to which WHO could make a more effective contribution to global health work and in Member States. The Board established a Working Group on the "WHO Response to Global Change" (EBWG). [The terms of reference and membership of the Group are provided in decisions EB89(19) and EB90(10)]

1.2 In January 1992, a preparatory group was set up by the Executive Board to refine the terms of reference and work plan for the EBWG. One of the tasks undertaken by the preparatory group during the Forty-fifth World Health Assembly (WHA) was to survey, by means of a questionnaire, the personal opinions of delegates (Member States) regarding WHO's achievements.

1.3 The Working Group, which was formed by the Executive Board at its ninetieth session in May 1992, met three times during the remainder of 1992 and twice in 1993. During those meetings, the EBWG reviewed important documents and exchanged views with the Director-General, the six Regional Directors (RD) and members of the Secretariat. These exchanges contributed significantly to a better understanding of the critical factors underlying the accomplishments and shortcomings of WHO. They also enabled the EBWG to identify opportunities for improving the effectiveness of the Organization.

2. BACKGROUND – GLOBAL CHANGE

2.1 The end of the "Cold War" has stimulated a major ongoing realignment of global political and economic relationships. In many countries, these global changes have also been accompanied by greater emphasis on market based economies and

democratic reforms which stress individual rights and responsibilities for health, food, housing, education and political representation. At the same time, the decline in the pace of economic growth and the growing debt burden in many countries have resulted in fewer resources for international development activities and for national funding for health and social sector programmes. Confronting these serious limitations, national authorities worldwide have become increasingly preoccupied with health sector financing, particularly the sharply rising costs of medical care which threaten the sustainability of cost-effective primary health care interventions.

2.2 These dramatic global changes have also been accompanied by other transitions that have significantly affected health status and disease patterns. These include: growing environmental health problems resulting from natural resource degradation and pollution, and improper use and disposal of hazardous materials; significant demographic changes caused by rapid population growth in some countries, unplanned urbanization, and mass migration of refugees due to natural and man-made disasters; and greater expectations regarding the level and quality of health care created by expanding medical technology and health awareness. The spread of the AIDS pandemic and the resurgence of diseases such as tuberculosis and malaria threaten to jeopardize hard-won improvements in health status, particularly in terms of life expectancy and infant mortality.

3. WHO – PRESENT ORGANIZATION AND OPERATION

3.1 The achievements of WHO over the past two decades have been substantial. The report on the "Second Evaluation of the Implementation of the Global Strategy for Health for All" records the improvements achieved in health status, underscoring the important contribution of WHO's normative or global activities and country-level technical cooperation activities. Although WHO has undeni-

ably helped to improve global health status, other factors including rising individual health expectations, the pace of global change and WHO's expanding programme responsibilities are outpacing current resources and institutional capacity.

3.2 Since its inception in 1947, WHO has been recognized for providing leadership to global health programmes and initiatives. However, WHO's recent attempts to attract resources from other sectors into health and its broader ventures into the general field of development have not been fully successful. Moreover, other United Nations agencies or international bodies have increased their efforts to assume direction of specific health and environmental initiatives. While the involvement of other institutions is important, it should not displace WHO's leadership of those initiatives. In order to maintain health sector leadership, WHO must strengthen its capabilities in epidemiological analysis, policy analysis and priority determination, programme planning and management, resource mobilization, management information systems, health research, international communications, and communications with the public.

3.3 In general, WHO technical staff are of high quality. The Organization's unique capability to assemble worldwide technical expertise to assess health needs, analyse major health issues, and implement health work is recognized. However, the further strengthening of the role of WHO depends on enhancing the competence, proficiency and capacity of staff and advisers. In this regard, the EBWG identified several critical areas including recruitment policies; the relative technical and managerial weaknesses of WHO country representatives; fragmented and compartmentalized management of global, regional and country programmes; the difficulties of effectively rotating personnel between headquarters and regions and interregionally; the lack of comprehensive programmes for staff evaluation, training and development; and the underutilization of the personnel and technical capabilities of WHO collaborating centres.

3.4 Financial constraints remain major obstacles to implementing and sustaining health services at the global and national levels. Nevertheless, WHO has demonstrated ingenuity in adjusting to 12 consecutive years of "no real growth" in the regular

budget through extrabudgetary resources which increased from about one-fifth of the budget in 1970 to slightly more than half in 1990. Paradoxically, these extrabudgetary programmes have created a financial drain on regular budget programmes which must subsidize the extrabudgetary administrative activities. Moreover, while these extra-budgetary resources usually support important health interventions, competing policy and budgetary considerations often arise between decisions of the Executive Board, the World Health Assembly, and Regional Committees and those of the donor dominated management structures of the extrabudgetary supported programmes.

3.5 The Constitution envisaged the regional areas established by the World Health Assembly and the regional organizations as integral components of WHO. In principle, the regional organizations should decide on matters of an exclusively regional character and carry out within the region the decisions of the World Health Assembly and the Executive Board. In practice, the Organization is often described as "seven WHOs": headquarters and the six regional offices. The Organization must avoid compartmentalization and fragmentation between headquarters, regions and countries, especially with regard to budgetary resource utilization, staff development, information systems, research and evaluation methods, and collaborative international health work.

3.6 Since 1978, the Organization has captured the world's attention with the call of "Health for All by the Year 2000" (HFA/2000) through "primary health care" (PHC). This call has been the basis for major accomplishments in: globally unifying PHC concepts; developing PHC services; affirming principles of health equity; reducing disease specific morbidity and mortality; and improving global health status. The EBWG found that, although HFA/2000 remained valid as a guiding principle, the Organization and Member States have not been able to finance and implement their programmes at a pace which would ensure the achievement of HFA/2000 targets. The EBWG concluded that the Organization is, thus, at a pivotal decision point. WHO must either redouble its efforts and concentrate its resources on achieving HFA/2000 goals or revise those goals to achievable levels in the light of the changing world conditions.

4. FUTURE DIRECTIONS FOR WHO

The main issues identified by the Working Group which require action are listed in the following paragraphs.

4.1 Mission of WHO

The WHO objective, described in the Constitution, is to enable Member States to ensure the attainment by all peoples of the highest possible level of health. To achieve this, WHO must have a clear sense of mission and direction. "Health for All" provides a valid and timeless aspirational goal. The association of "Health for All" with the Year 2000 has been a motivational concept for the past fifteen years. However, it can now be seen as limiting, sometimes misunderstood and proposing a time frame which is not universally attainable. More realistic operational targets and indicators are needed to guide future international health work by WHO and Member States. Operational targets, such as eradication of poliomyelitis or dracunculiasis, and extension of PHC, should define minimum acceptable levels of health status or services, consonant with the principle of equity. Thus, the year 2000 can represent only the first milestone in the continuum towards "Health for All".

■ Executive Board Action

- Request the Director-General to make an annual assessment of world health status and needs, and recommend relevant WHO priorities for international health action to meet those needs.
- Request the Director-General to analyse and define for the year 2000, the specific objectives and operational targets, measured through precise indicators, and mobilize appropriate resources to ensure attainment. This should make full use of resources and expertise in regions and countries.
- Request the Director-General, to the extent that targets will not be met by the year 2000, to propose alternative strategies and plans for intensified health programmes, with budgetary resources required to attain minimum goals, objectives and targets for the year 2005, 2010 or as appropriate.

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

These actions should be completed and reported to the January 1994 session of the Executive Board by the Director-General.

4.2 Governing Bodies

4.2.1 World Health Assembly

4.2.1.1 World Health Assembly resolutions

Resolutions are sometimes placed before the World Health Assembly without adequate analysis of their relevance to the current or future mission, policy and directions of WHO. Background information on their implications in terms of staffing, costs, budgetary resources and/or administrative support is often unavailable. In many cases, such resolutions contain no time limit for validity (i.e. "sunset clause") or indication of intended evaluation and reporting on implementation. This could be overcome if all proposed resolutions were subject to prior review by the Executive Board acting as the executive arm and facilitator of the work of the Health Assembly.

■ Executive Board Action

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

4.2.1.2 *Method of work of the World Health Assembly*

Many improvements have been made in the method of work of the Health Assembly in recent years. However, the agenda and discussions could be better focused on major policy, strategy and programme issues, while fully respecting the freedom of expression of delegates at the Health Assembly. This is particularly true of discussions in plenary, but it also applies to the debates in main Committees A and B. Greater advantage could be taken of modern audiovisual methods of presentation, in order to reduce documentation, and focus attention on issues requiring advice or decision. Measures should be taken to further shorten the duration of the Health Assembly, with resulting savings in costs.

■ *Executive Board Action*

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

4.2.2.1 *Executive Board decisions*

The Executive Board has gradually ceded a large part of its constitutional functions to the Secretariat, particularly some of the decision-making relating to its role as the executive organ of the Health Assembly, and the overall supervision of technical, financial and administrative policy and management, as contained in Articles 18, 28 and 31 of the WHO Constitution. Often the Executive Board members discuss items on the agenda extensively and knowledgeably, but the Board as a whole fails to concentrate on essential matters requiring decision. It fails to reach clear conclusions, and give definitive guidance or direction to the Secretariat or the Health Assembly, whether in the form of formal resolutions and decisions, or less formal guidelines or recommendations recorded in the summary records.

■ *Executive Board Action*

- Request the Secretariat, beginning in January 1994, to identify clearly in Executive Board documents, in an appropriate form, the issues

that require the advice, guidance or decision of the Board, confirmed by vote when necessary.

- Ensure that Executive Board discussions genuinely focus on, and reach clear conclusions and decisions with respect to, all issues concerning health policy, technical, budgetary and financial aspects or other overall supervisory or advisory functions.
 - Request the Secretariat, beginning in 1994, to prepare summary records that are more succinct, with less reporting of various statements made during discussions, and more focus on conclusions and decisions reached, in addition to the resolutions and decisions formally adopted by the Executive Board.
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4.2.2.2 *Method of work of the Executive Board*

The current method of work of the Executive Board in reviewing programmes in plenary sessions does not provide either adequate means, or sufficient time, to carry out meaningful, in-depth review of WHO programme policies, priorities, targets, plans, and budgets. Nor is it able to conduct a meaningful, in-depth evaluation of programme implementation, outputs and outcomes.

The review only in odd-numbered years of the proposed WHO biennial programme budget does not afford the opportunity for the Board to fulfil properly its Constitutional function in this respect. If the Board were to carry out various programme reviews by means of Executive Board subgroups, dealing with all elements indicated above, and doing so at each session, reporting back to the plenary Executive Board for final decision, a better result could be achieved.

■ *Executive Board Action*

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

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

4.2.2.3 Programme Committee of the Executive Board

Currently, the Programme Committee, established in 1976, has two major functions: (1) to advise the Director-General on the policy and strategy for technical cooperation and programme budget policy; and (2) to review the general programme of work for a specific period, in particular as it relates to the programme budget. Within these two functions, the Programme Committee also reviews the Director-General's proposed guidance for the next programme budget, and reviews in detail the global and interregional components of the proposed programme budget and makes recommendations to the Director-General thereon.

Some of these activities now duplicate work done at the Board itself. In view of the new approach proposed above, and in line with Articles 38 and 39 of the Constitution, the time has come for the Executive Board to reassess the need for its Programme Committee or, alternatively, to revise its terms of reference. If it is decided to disestablish the Committee, the Board should, nevertheless, contribute to the development of the programme budgets at an early stage.

■ Executive Board Action

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

4.2.2.4 Nomination and terms of office of the Director-General and Regional Directors

In view of the growing complexity and demands placed on the highest executive leadership of WHO, and recognizing the availability of highly capable health professionals within and outside the Organization, consideration should be given to reviewing practices and procedures for the nomination and the duration of the terms of office of the Director-General and Regional Directors, in consonance

with Articles 31, 51 and 52 of the Constitution. Options to be considered include: limiting the number of terms for the Director-General/Regional Directors; increasing the number of years of a term, but restricting to one; using a search committee of the Executive Board to identify candidates for nomination to the post of Director-General; using search committees of the Regional Committees to identify candidates for Regional Director (as is being used in the Regional Committee for Europe).

■ Executive Board Action

- To form a special ad-hoc subcommittee of the Executive Board to consider options for nomination and terms of office of the Director-General and Regional Directors, including the use of search committees, and report thereon to the Executive Board in January 1994.

4.2.2.5 Participation of Executive Board members in the work of WHO

The Constitution and current rules of procedure for Executive Board members outline significant responsibilities and provide for a considerable input from Executive Board members. However, Board members, even the Chairman, at present are often isolated from the work of WHO except when the Board is in formal session or through contacts as representatives of a Member State. In addition, there are indications that Board members themselves have not always been prepared to assume their full responsibilities.

■ Executive Board Action

- To establish a small working group to recommend how to: improve ways in which the Board members are designated; improve the selection procedures for the officers of the Board; and achieve more active involvement of all members throughout the year in the work of the Organization. Specifically, the working group should consider the possibility of designating a chairman-elect from among the officers of the Board, one year in advance of formal election under Rule 12, and the continued involvement of the outgoing chairman the following year, to permit a team approach at each session of the Board. The working group should also consider ways and means to improve communication and participation among the Chairman, Board

members and the Director-General throughout the year, and to keep all Board members informed of the involvement of individual Board members in the work of WHO. The Working Group should report to the Board by January 1994.

4.2.2.6 Executive Board polling of Member State opinions

The opinion poll of Member States conducted by the Working Group during the Forty-fifth World Health Assembly (WHA45) provided useful information on perceptions of the relevance, functioning, efficiency and effectiveness of the work of WHO at all organizational levels. It showed a need to strengthen policy formulation, resource mobilization, and infrastructure development for health care delivery, control of endemic diseases and assurance of a healthy overall environment.

Executive Board Action

- The Executive Board should conduct from time to time surveys of Member States' opinions and perceptions of the relevance, functioning, efficiency and effectiveness of the work of WHO at all organizational levels.

4.2.3 Regional Committees

4.2.3.1 Method of work of Regional Committees

The perception that WHO is composed of seven separate organizations is unacceptable. While recognizing the valid differences between regions, there is a compelling need to demonstrate the unity of WHO through better coordination. Furthermore, the work of the Regional Committees could be enhanced by certain of the improvements in the functioning of the World Health Assembly and the Executive Board proposed above. Thus, for example, a standing committee of the Regional Committee (where this does not already exist) could be concerned with prior review of draft resolutions. The method of work should encourage sharper focus of discussions on policy, strategy and programme issues, the adoption of conclusions and decisions, the use of informal subgroups for programme review, as well as better coordination of agendas among Regional Committees, the Executive Board and the World Health Assembly.

Executive Board Action

- Request the Regional Committees to study their own method of work with a view to harmonizing their actions with the work of the regional office, other regions, the Executive Board and the World Health Assembly, and report thereon to the Executive Board in January 1995.

4.3 Headquarters

The role of headquarters in developing and communicating overall policy, strategy, direction and leadership of the Organization's programmes and activities is essential. Headquarters also assumes the major responsibility for coordinating with other United Nations agencies. In this regard, certain functions at WHO headquarters, related to policy and global management, require renewed emphasis.

4.3.1 Policy determination

WHO has become a major force in improving global health status through its policy of Health for All and primary health care. These accomplishments have created additional expectations. When coupled with increasing numbers of Member States and of resolutions from the World Health Assembly, the expectations are outpacing the resources and institutional capacity of the Organization. The Eighth and Ninth General Programmes of Work provide a long-term focus for programme direction, but the rapidity of global change requires regular mid-course correction and reconsideration of priorities in coordination with the Executive Board. Although the regional and country-level decentralization of WHO facilitates responsiveness to local needs, it can also create obstacles to rapid, effective communication with Headquarters and may encourage regional and country-level staff to be less responsive to global international health work. Improvement in communications and coordination is required at all levels of the Organization.

Executive Board Action

- Request the Director-General to consider the establishment of a policy development team, utilizing current staff, to orient the long term vision, policy direction and programme priorities for the health sector and WHO.

- Request the Director-General to strengthen and develop, with the Regional Directors, an improved policy planning and analysis capability/system to recommend clear priorities for programme objectives, targets and budgets. These priorities should be coordinated at all levels of the Organization and reported to the Executive Board (or the Programme Committee if it is retained) on an annual basis.
- Request the Director-General to propose and implement appropriate management and communication systems, particularly with the Regional Directors, to achieve the designated objectives and targets according to the priorities identified. Such management and communications systems should be served by the management and information systems (MIS) (4.3.2 below) for effective and efficient policy implementation.

4.3.2 *Management Information Systems*

The Organization does not possess an adequate management and information system which would permit the rapid flow of information on programme management, fiscal control, health status, health projections and commodity/inventory control between countries, regions and headquarters. Current efforts under way to upgrade the management information system should reflect the major changes needed for the Organization to achieve the capability and compatibility required for a truly global system.

■ *Executive Board Action*

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

The Director-General should report to the Executive Board on all activities in 4.3 by January 1994.

4.4 *Regional Offices*

As critical, intermediate links in the chain extending from the World Health Organization governing bodies to countries, regional offices regularly undertake an examination of their programme priorities and management capabilities. In particular, as outlined in the Constitution, the regional offices should determine how they can strengthen their capability to provide administrative support to the regional committees and carry out within the regions the decisions of the World Health Assembly and the Executive Board.

4.4.1 *Staffing needs and patterns*

The technical expertise available in regional offices should correspond to the current needs of Member States, particularly in response to the recent global changes. It is important that the Organization utilize the most appropriate level of technical staff (headquarters, regional office, sub-regional/multi-country level or country level) to implement international health work and support specific country programmes.

■ *Executive Board Action*

- Request the Director-General to review the effectiveness of current WHO procedures and criteria utilized at headquarters, regional office and country levels for the development of appropriate staffing patterns and the selection and recruitment of staff.

The Director-General should report to the Executive Board on findings and recommendations for change by January 1994.

4.4.2 *Technical consultants*

The opinion poll indicated that WHO should strengthen its capability to provide technical cooperation in the areas of health policy formulation, planning, resource mobilization and sustainable infrastructures. The Organization seems to use, repeatedly, limited numbers and types of technical consultants which restrict the variety of views of technical cooperation for specific areas.

■ Executive Board Action

- Request the Director-General, in collaboration with the Regional Directors and in the light of the global changes, to review the practices of providing technical consultation for the Organization and identify changes needed in the provision and utilization of technical experts.
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The Director-General should report on progress to the January 1994 session of the Executive Board.

4.4.3 Communications and collaboration

Communications between regional offices, headquarters and Member States should be strengthened and streamlined (with modern technology) to enhance WHO's effectiveness and speed of response. Coordination between United Nations agencies in the WHO regions should also be enhanced to facilitate collaboration and effectiveness of programme planning and implementation. The Executive Board should continue to have regular meetings with the Regional Directors to discuss strategies, outline opportunities for initiatives, exchange operational information and recommend management improvements.

■ Executive Board Action

- Request the Director-General to review the current delegation of authority between headquarters and regional offices and introduce appropriate changes in the light of experience and current needs, and report on progress to the Executive Board by January 1994.
 - The Executive Board should include as part of its working agenda, on a regular basis, meetings with Regional Directors to review strategies and progress on key operational and management issues.
-

4.5 Country Offices (WHO Representatives)

Country offices have been recognized as being the key point within the Organization for the planning, management and implementation of WHO programmes. Although many WHO Representatives have provided excellent support for project development and implementation, a number of WHO Representatives are not prepared to imple-

ment the full spectrum of WHO health development programmes. Country offices and WHO Representatives throughout the Organization require continued strengthening and modernization.

4.5.1 WHO Representatives' responsibilities

WHO Representatives (WR) are increasingly faced with planning and programme implementation issues that extend beyond the boundaries of health and the traditional training of health professionals. Broader position descriptions and an expanded pool of expertise need to be considered to identify candidates with a stronger base of professional skills. Additional training and greater rotational opportunities in assignments are among the continuing education options that could be developed to enhance the current skills of the country-level staff. In general, the EBWG concluded that the requirements for the WHO Representative include experience with preventive and curative health programmes, health economics and managerial skills. Thus, future and current WHO Representatives might require additional training.

■ Executive Board Action

- Request the Director-General to evaluate current and planned country health programmes and determine the profile of skills and qualifications required to select highly qualified WHO Representatives.
 - Request the Director-General to develop appropriate procedures for ensuring career development of the WHO Representatives through initial and periodic training and by rotation of WHO Representatives (between regions and headquarters) in the light of the Organization's current needs.
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4.5.2 WHO Representative and intersectoral coordination

The role of the WHO Representative should be to provide leadership in health, nutrition, family planning and environmental health to the United Nations country team. WHO Representatives should be mandated by the regional offices and the Director-General to take the initiative in regard to intersectoral coordination of health activities.

■ Executive Board Action

- Request the Director-General to direct the Regional Directors and the WHO Representatives to provide leadership in intersectoral coordination among the United Nations agencies and between major donors (see 4.6.2), and report to the January 1994 session of the Executive Board on the results.
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4.5.3 *Delegation of authority to WHO Representatives*

Delegations of authority to WHO Representatives vary between regions and should be reviewed, updated and standardized, with due recognition of specific regional circumstances. Operating procedures followed by country offices differ significantly. They should be reviewed, updated and standardized. A minimum level of operating resources should be available to all WHO Representative offices. Communications links between WHO Representative offices, regional offices and headquarters should be strengthened.

■ Executive Board Action

- Request the Director-General to review, update and standardize the delegations of authority, the country office administrative/management and operating procedures, and the basic operating resources for WHO Representative offices throughout the Organization, and report to the January 1994 session of the Executive Board on the results.
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4.5.4 *WHO Representatives' involvement in policy and technical dialogue*

Many WHO Representatives have a sense of isolation from policy debate within the Organization. The WHO Representatives should have a greater opportunity to share their experiences and be involved in activities related to policy and strategy development, relevant to their work, which are undertaken by headquarters and regional offices. In addition, WHO Representatives need to be informed promptly of key technical information and policy decisions and have easy access to relevant policy, technical and managerial information.

■ Executive Board Action

- Request the Director-General to review the role of the WHO Representative and recommend appropriate measures to strengthen the integration of the work of the WHO Representative into the policy and strategy development of the Organization. In addition, the Director-General should take advantage of low-cost improvements in communication technologies, such as CD ROMS and integration with electronically keyed national libraries (of medicine and others), to improve access to information for the WHO Representative.
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The Director-General should report on the action taken to the January 1994 session of the Executive Board.

4.5.5 *WHO representation in Member States*

WHO should seek to have some form of representation in each Member State. Member States, particularly developed countries which do not have a need for WHO representatives, may wish to consider setting up a "WHO coordination office" or "WHO focal point" at their expense.

■ Executive Board Action

- Request the Director-General to inquire among Member States their interest in having alternate forms of WHO representation, as mentioned above, within their countries.
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The Director-General should report to the January 1994 session of the Executive Board on actions under 4.5.

4.6 *Coordination with United Nations and other agencies*

4.6.1 *United Nations structural reforms*

Coordination of resources by major donors and the United Nations system is essential. It is the prerequisite for the effectiveness of planning and developing health care interventions. WHO should take the lead in ensuring coordination within the United Nations system for all health related matters.

■ Executive Board Action

- Request the Director-General to ensure that the Organization be active in its response to the structural and operating reforms taking place in the United Nations and its programmes. WHO should develop concept papers or action papers to facilitate the adoption of procedures, within the United Nations system, which further interagency cooperation and collaboration in the resolution of health and development problems.
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4.6.2 Country and global coordination

The current country and global coordination systems within the United Nations need to be significantly improved. In view of the complexity of overall development problems and programmes, coordination of the overall United Nations programme can sometimes be better achieved through the leadership of the specialized United Nations agency concerned, e.g. World Food Programme for emergency feeding, WHO for health care, FAO for agriculture issues, rather than by UNDP alone.

■ Executive Board Action

- Request the Director-General to engage in discussions with appropriate elements of United Nations leadership to ensure optimal use of United Nations "unified offices" with United Nations specialized agency coordinators (not only UNDP coordinators). The newly-designed system, under the overall coordination of UNDP, could provide clear leadership of the "UN country-team" by the specialized United Nations agencies in their areas of expertise, e.g. WHO on health matters.
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4.6.3 WHO coordination of health resources

In certain circumstances WHO should seek to improve the orientation and impact of the resources available to other agencies to improve health, rather than compete for resource control or assume responsibility for primary implementation. For example, in irrigation projects, agricultural institutions could play a major role by adjusting irrigation practices to control schistosomiasis.

■ Executive Board Action

- Request the Director-General to take appropriate measures to present appropriate information and recommendations to the UN/donor agencies responsible for development projects to include disease surveillance, prevention, and control as an integral component of each development project, programme intervention or targeted service for specific geographical areas.
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4.6.4 United Nations regional standardization

Differences in structures and procedures between some WHO regions and those of other United Nations organizations can impair coordination and give rise to operating problems at the country and regional levels.

■ Executive Board Action

- Request the Director-General to engage in dialogue with the United Nations secretariat to study means for reducing differences in regions and operating procedures among United Nations agencies.
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The Director-General should report on progress of all activities in 4.6 to the January 1994 session of the Executive Board.

4.7 Budgetary and financial considerations

WHO is currently in its twelfth year of "no real growth" for the regular budget which is financed through the assessment of Member States. In view of the relative importance of health, the principle of zero budget growth should be reconsidered. To the extent possible, cost-benefit and cost-effectiveness information should be developed to justify all resource requirements. To this end, procedures for making budgetary requests and managing financial resources should follow established priorities and be adhered to by all staff members.

4.7.1 Extrabudgetary programmes and funding

Extrabudgetary resources are an important financial supplement to sustain vital programme activities. Extrabudgetary programmes often provide a

crucial contribution to health services. However, this situation often creates competing policy and budgetary decisions for the Executive Board, the World Health Assembly, Regional Committees and the donor dominated management structures of the special extrabudgetary programmes. There is a growing fiscal "overhead gap" created by the 13% overhead support cost standard mandated by the United Nations. In general, the actual overhead required to support programmes approaches 35%. Therefore, the regular budget must subsidize the extrabudgetary programmes by some 22% of overall funding levels. This creates an additional burden for those regular budget programmes and services which are without extrabudgetary funds.

■ **Executive Board Action**

- The Executive Board should consider assigning an Executive Board member to sit on the management committee of each major extrabudgetary funded programme (generally consisting only of donors), to facilitate coordination and compatibility of policies, decisions and priorities with those of the World Health Assembly/Executive Board.
 - Request the Director-General to seek approval from the World Health Assembly to have the authority to assess appropriate overhead rates, up to 35%, for extrabudgetary programmes.
 - The Executive Board should establish a pledging system to secure additional funds for priority regular budget programmes including those dealing with normative functions.
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The Director-General should report results to the January 1994 session of the Executive Board.

4.7.2 **Budgetary inputs and outputs**

Internal management procedures and information systems should permit monitoring of activities, based on budgetary inputs and anticipated outcomes, to ensure that they support accepted goals, objectives and targets. Current systems of budgeting and monitoring do not provide sufficient capability to monitor the effectiveness and efficiency of programme planning and implementation in achieving objectives/targets with available resources.

■ **Executive Board Action**

- Noting that regional and country allocations are based mainly on allocations for previous years, the Executive Board requests the Director-General to establish budgeting systems/mechanisms to derive the greatest benefit from the process of budgeting by objectives/targets and to facilitate the achievement of priorities and to provide for periodic adjustments of these priorities in accordance with changing health needs.
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The Director-General should report on progress at each Executive Board session.

4.8 **Technical expertise and research**

The credibility and effectiveness of the Organization largely rest on maintaining and expanding its technical expertise.

4.8.1 **Technical competence**

Technical competence should be the overriding criterion in the selection and recruitment of long- and short-term personnel while bearing in mind the resolutions of the governing bodies regarding an appropriate geographical distribution. Periodic training should be provided by the Organization to maintain the technical skills of staff and ensure career development. Staff rotation throughout – and even outside – the Organization should be encouraged.

■ **Executive Board Action**

- Request the Director-General to improve the personnel procedures to ensure: technical competence as the primary basis for the selection and recruitment of long- and short-term staff; the design and implementation of appropriate career development and continuing education programmes; and the development of a staff rotation system between headquarters and regions. The Director-General should assess the impact of the geographic distribution of posts on the quality of staff.
 - The Executive Board should draw to the attention of the World Health Assembly the impact on the quality of staff and on the ability of the Organization to perform its mandated functions due to politically motivated appointments made by the secretariat as a result of pressures by Member States.
-

The Director-General should report to the Executive Board on the progress made in these areas in the biennial report on recruitment.

4.8.2 *Research initiatives*

WHO should catalyse, as well as coordinate, the nature and topics of research undertaken worldwide. Increased efforts are required to ensure the rapid application of research findings particularly at the country level. The WHO collaborating centres could be further utilized to accelerate research initiatives and contribute to the technical expertise available to the Organization.

■ *Executive Board Action*

- With a view to ensuring the best possible use of all resources available to the health sector, the Director-General should review and update existing guidelines and procedures related to WHO collaborating centres and their participation in research initiatives for the Organization. In particular, the review should focus on ways to facilitate, in a cumulative manner, the coordination of research efforts by the worldwide network of collaborating centres to achieve health for all targets and other priority health initiatives.
- Request the Director-General to require every programme to include a budgetary item for conducting basic science or operational research activities as part of its institutional development process to achieve technical excellence.

4.8.3 *WHO collaborating centres*

Collaborating centres provide an important source of technical capability to the Organization in general, not only in research matters. The potential of the collaborating centres has not been fully utilized by the Organization and, frequently, after the designation of a collaborating centre by WHO, no annual plan is established to ensure an institutional contribution to global health work. The use of the collaborating centres might provide a cost-effective approach to maintain technical capabilities, provide technical cooperation or conduct appropriate research, particularly for programme areas which have been constrained by limited or decreasing budgetary resources.

■ *Executive Board Action*

- The Executive Board should establish a small group to determine with the Director-General ways to expand the use of the centres. A special focus should be given to the implementation of priority health research and PHC/HFA initiatives.
- Request the Director-General to develop annual plans with each collaborating centre to facilitate the implementation of appropriate international health work, and the evaluation of the capability of the centre to maintain its special designation.

The Director-General should report to the January 1994 session of the Executive Board on all areas of 4.8.

4.9 *Communications*

Social marketing, improved education of health professionals and mobilization of opinion makers have been major factors in achieving interventions for child survival and for the adoption of risk reduction behaviours. Although these "reproducible" breakthroughs have occurred in multiple cultural settings and varying socioeconomic groups, WHO has not been fully able to utilize and transfer these powerful tools to its global health work and the health development programmes of all Member States.

■ *Executive Board Action*

- Request the Director-General to develop WHO's capability to make greater use of modern communication techniques and methods, particularly mass media tools to introduce health promotion and disease prevention concepts.
- Request the Director-General to issue an annual publication which reports on the Organization's efforts and programmes for improving the world health situation. The report should be similar to UNICEF's "The State of the World's Children" in target audience and promotional context.

The Director-General should report to the Executive Board annually at the January session on the progress being made to introduce advanced communication capabilities into WHO.

5. CONCLUSIONS

5.1 The discussions of the EBWG, and its recommendations, amount to a fundamental revision of the way in which WHO functions. It is hoped that this work may strengthen the Organization in its ability to face today's daunting tasks and take it into the twenty-first century with the means to meet new challenges. We have recommended changes in structure and process with a view to improving health status and health care throughout the world.

5.2 The work recommended by the EBWG is the responsibility of the Director-General, the Executive Board itself, or a series of working partners who must resolutely pursue the opportunities outlined in this report. However, to ensure continuity there is an urgent need to devise means for the Executive Board to monitor the work and continue activities, including the potential contribution from the current EBWG members.

CD37/21 (Eng.)
ANNEX II

**EXECUTIVE BOARD WORKING GROUP ON THE
WHO RESPONSE TO GLOBAL CHANGE
(Resolution EB92.R2)**



世界衛生組織執行委員會決議

قرار المجلس التنفيذي لمنظمة الصحة العالمية

RESOLUTION OF THE EXECUTIVE BOARD OF THE WHO
RÉSOLUTION DU CONSEIL EXÉCUTIF DE L'OMS
РЕЗОЛЮЦИЯ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА ВОЗ
RESOLUCION DEL CONSEJO EJECUTIVO DE LA OMS

Ninety-second Session

EB92.R2

Agenda item 7

18 May 1993

EXECUTIVE BOARD WORKING GROUP ON THE WHO RESPONSE TO GLOBAL CHANGE

The Executive Board,

Recognizing the complexity of health problems and the importance of reform and restructuring of WHO in accordance with resolutions WHA46.16 (WHO Response to Global Change) and WHA46.35 (Budgetary Reform), the recommendations of the Executive Board Working Group on the WHO Response to Global Change and the initiative of the Director-General as noted in his address to the World Health Assembly;

Recalling the statement by the Director-General in his Introduction to the proposed programme budget for the financial period 1994-1995 about the need for the United Nations system to adapt to recent global political, social and economic developments;

Expressing gratitude for the work and valuable recommendations of the Executive Board Working Group Report on the WHO Response to Global Change;

1. **ENDORSES** the concepts and principles of the final report of the Executive Board Working Group on the WHO Response to Global Change as the basis for action towards the reform of WHO;
2. **REQUESTS** the Director-General:
 - (1) to prepare documents on the implementation of the recommendations of the Working Group on the WHO Response to Global Change as well as options for implementing World Health Assembly resolutions WHA46.16 and WHA46.35;
 - (2) to present the documents noted in (1) above, including a timetable and workplans for implementation of the Working Group's recommendations, for review by the Executive Board Programme Committee in July 1993;
 - (3) to report on progress in implementing the Working Group's recommendations to the Executive Board at its ninety-third session;
3. **REQUESTS** the Programme Committee:
 - (1) to examine the timetable and workplans submitted by the Director-General for the implementation of the Working Group's recommendations;
 - (2) to establish priorities for early implementation, in particular those related to the work of the Executive Board;

(3) to determine the appropriate follow-up mechanism, defining its terms of reference and method of work;

4. REQUESTS the Regional Committees to study the implications of the recommendations as applicable to regional and country activities and to report to the Executive Board at its ninety-third session.

Fourth meeting, 18 May 1993

EB92/SR/4