

*executive committee of
the directing council*



PAN AMERICAN
HEALTH
ORGANIZATION

*working party of
the regional committee*

WORLD
HEALTH
ORGANIZATION



84th Meeting
Washington, D.C.
June 1980

Provisional Agenda Item 17

CE84/10 (Eng.)
25 April 1980
ORIGINAL: ENGLISH

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

In accordance with operative paragraph 7 of Resolution XXIV of the XXVI Meeting of the Directing Council, which reads: "To request the Director to inform the 84th Meeting of the Executive Committee on the results of the deliberations of the Sixty-fifth Session of the Executive Board of WHO and the Thirty-third World Health Assembly on the regional responses to this Study and the implications for the Region of the Americas," the 84th Meeting of the Executive is informed that the Executive Board, at its 65th session in January 1980, considered Document EB65/18, the WHO Director General's Report, his Introductory Statement, and a draft resolution prepared by him. After nearly four days of wide-ranging debate, no clear conclusions were reached. Rather, Resolution EB65.R12 was formulated as a "consensus," consisting of a draft resolution for the Assembly's consideration and recommended approval. Copies of the Director-General's Introductory Statement and Resolution EB65.R12 are attached as Annexes I and II.

In referring this study to the Thirty-third World Health Assembly for decision in May 1980, just prior to the meeting of the Executive Committee, it was decided to alert all Member Governments to this agenda item well in advance. Accordingly, the PAHO Director sent a letter (Annex III) to all Ministers of Health of the Region with a copy of Resolution EB65.R12. The Director-General's Report to the Executive Board (Document A33/2 of 13 March 1980) was sent to Member Countries directly from Geneva. Representatives of two countries on the PAHO Executive Committee (Mexico and the United States of America) were Members of the Executive Board at its Sixty-fifth Session, and the Member from Jamaica was a member of the Working Group that drafted Resolution EB65.R12.

Additional discussions on this output will undoubtedly take place at the Thirty-third World Health Assembly. The Regional Director will report directly to the Executive Committee on this discussion.

Annexes

INTRODUCTORY STATEMENT ON THE STUDY OF WHO'S STRUCTURES
IN THE LIGHT OF ITS FUNCTIONS MADE AT THE SIXTY-FIFTH SESSION
OF THE EXECUTIVE BOARD - January 1980

by

Dr H. Mahler
Director-General

Mr Chairman, distinguished members of the Board, ladies and gentlemen,

We are embarking on the review of a subject which is so vital to the future of our Organization that I am taking the unusual step of highlighting now the essentials as I see them, and immediately distributing to you the text of my introduction so that you can think about it overnight before starting the debate in the morning.

When the Thirty-first World Health Assembly requested me to re-examine the Organization's structures in the light of its functions in order to ensure the promotion of integrated action at all levels, it unleashed a gigantic managerial review of unprecedented magnitude for any international organization, and for that matter for any national administration. The Study itself has been carried out at all levels in a well-integrated manner. For, the issues were considered by Member States individually and by subcommittees of the Regional Committees and the Regional Committees themselves, as well as by various fora in the Secretariat. I have participated in some of these debates and have studied the reports of all of them carefully before drawing my own conclusions.

You have these conclusions and the reports of the Regional Committees before you. On the surface, the results may not appear to have the sparks of a volcanic eruption. On closer scrutiny, I think you will find that the implications are far-reaching for the whole Organization, but since many of them are in fact being progressively put into practice after years of maturation, the change they represent may not be so apparent.

In 1976 events at the Twenty-ninth World Health Assembly symbolized a turning point in the history of WHO which reflected a turning point in the relationships between the Member States of the United Nations system as a whole. What was being questioned, and is still being questioned, is no less than the credibility and usefulness of the United Nations and its agencies in a world in which resources are so unevenly distributed, world-wide unity is the aim that is being proclaimed, and yet the enhancement of national interests is the reality that is being practised. The frustrating negotiations over the establishment of the New International Economic Order certainly do not add to the credibility of internationalism.

And yet, in the midst of all this, WHO has been useful in building up a whole series of health doctrines that have changed the face of public health in a relatively short time. The Organization has done so in a spirit of peaceful cooperation among its Member States. It has succeeded in defining the unusual goal of health for all by the end of the century. It has been able agree on ways of reaching that goal with overriding emphasis on national strategies. It has started to develop mechanisms for rationalizing the international transfer of resources for health to ensure adequate support for these strategies. And its efforts have gained the support of the United Nations in the form of an outstanding resolution its General Assembly recently adopted, in which health is recognized as an integral part of development.

Such achievements are the fruits of truly international collaboration and give prestige to internationalism. The action of Member States following the collective decisions they have taken in WHO cannot escape international notice. For internationalism implies widespread visibility, which of course exposes weaknesses as well as strengths. Whatever countries now do of their own free will in the field of health may or may not conform to the patterns they have shaped collectively in WHO, but is nevertheless exposed to the view of all other Member States of WHO. So all Member States can judge whether their own actions and those of others in the field of health are in keeping with collective WHO policy or not. This situation adds to the social drama of what countries do or do not do within their own boundaries, in much the same way as local events become dramatized by being displayed throughout the world on television screens. The spotlights are on health for all.

Now that such bold policies have been adopted in WHO, many crucial questions have to be answered:

- Can we put these policies into practice?
- And if we can, how?
- Can we carry out policies like these in the midst of world political and economic crises?
- Can we work against the exigencies of time?

Your views on these issues are required if we are to proceed further. If we decide to try, we must at least make sure that our processes, our structures and our working relationships are in the best possible shape to support our efforts with maximum force and minimum waste. The talking is over. From now on our ability to ensure action for health is the yardstick of our relevance.

What do I mean when I say "we" must ensure action for health? By "we" I mean all the component parts of the Organization, and first and foremost Member States, both individually and collectively, and of course the Secretariat. I must confess that I was somewhat disturbed by the over emphasis being given in some quarters to the role of the Secretariat and to the equation of the Organization's functions and structures with those of its Secretariat. I am all too aware of a prevailing belief that what is most required is a drastic reorganization of the Secretariat, such as the creation within it of a supra-structure for primary health care, particularly at headquarters, and even the conversion of the Secretariat into a huge primary health care base. Would this really make much difference to the health of the people, and in particular the underprivileged, in any of WHO's 152 Member States? I am absolutely convinced that such solutions would be utterly self-defeating. Neither primary health care, nor strategies for building up health systems based on it, can be imposed from the outside. They have to spring from the wells of national energy; this energy, invested by countries individually for their own development, and collectively to support one another's health development, is the key to useful action.

What WHO can and must do if it is to be true to the resolutions it has adopted, is to influence and support its Member States in building up health systems that are based on primary health care, that deliver programmes using appropriate technology, and that are inspired by social awareness as expressed by a high degree of community involvement. To help build up such national health systems does not necessarily imply creating monolithic structures in the WHO Secretariat. What it does imply is the need to define and organize WHO's programmes in such a way as to rely on the most valid information in the domains of the health and socioeconomic sciences and arts, and to draw on the most suitable expertise in the health and socioeconomic sectors, whether this information and the expertise reside at the national or the international level. The Organization must also ensure that this knowledge and these resources are made to converge wherever they are needed, and in the final analysis that is in countries, for countries and by countries.

So I submit to you once more my central theme of the overriding importance of the action of Member States within the cooperative of Member States that WHO is by its very Constitution. The usefulness of WHO in support of the attainment of health for all will depend on the single-mindedness and intensity with which Member States apply, nationally as well as internationally, the policies and principles they have generated and adopted in WHO. That is my conviction. But to find out what kind of WHO Member States want, it is necessary to assess the response of their governments to a number of questions:

- Are governments ready to introduce in their own countries the policies they have adopted in WHO?
- Are they ready to base their requests for technical cooperation with WHO only on those policies?

- Are they ready to provide material support to other countries to implement these policies with a view to concentrating international resources for health on the development and implementation of strategies for health for all?
- Are they ready to cooperate with one another to apply these policies collectively in small or large groupings, within the regional and global structures of WHO or outside them?
- Are they ready to work together to influence other sectors at national and international levels to take the necessary action for health for all?

If they are, half the battle will be won. I said "half the battle" because the determined agreement of Member States to take such action is half the battle. The other half depends on what the Thirty-first World Health Assembly, when it asked me to carry out this Study, called "integrated action", and what I prefer to call "well-coordinated action", so that energies are properly orchestrated to focus on essentials. How can we achieve such coordinated action? Again, it is necessary to assess the response of governments to a fundamental question:

- Are governments ready for collective self-control by accepting WHO's directing and coordinating role in international health work, it being understood that WHO is the collectivity of its Member States?

Before assessing the reply of governments to that question it must be clear what their answer implies. To make this clear a further series of questions has to be asked:

- Do governments want one Organization whose component parts act in concert at all levels, rather than six independent regions and one independent global centre?
- Are governments ready to maintain continuing dialogues with WHO and to tighten their coordinating mechanisms so as to ensure the mutual relevance and support of their own health development strategy on the one hand and of their technical cooperation with WHO and with other Member States of WHO on the other?
- Are they ready to ensure that WHO's action in their country reflects faithfully the role assigned to it by its governing bodies?
- Are they ready to make increasing use of their Organization as a neutral intermediary to arrange and support cooperation among themselves?
- Are they ready to coordinate the representation of individuals acting on their behalf in WHO's governing bodies?
- Are they ready to make sure that their national health policies are taken into account in their Regional Committee, that the decisions of the Regional Committee

receive proper attention in the Health Assembly and the Board, and that the Board and Health Assembly resolutions are properly reflected in the work of the Regional Committees?

- Are they ready to accept a monitoring and control function for the Regional Committees so as to ensure the proper reflection of national, regional and global health policies in regional programmes, and the proper implementation of these programmes?
- Are they ready to have WHO's action in their country reviewed by the Regional Committees?
- Are they ready to accept the follow-up and review by the Health Assembly of the implementation at all levels of resolutions adopted by it?

If Member States are ready, this augurs well for the unity of the Organization. For those who wish to coordinate have to be ready to be coordinated. However, if Member States talk one way in WHO's governing bodies and subsequently act in another way at home and in WHO's structures, they cannot evade the television spotlight phenomenon I referred to a few moments ago, and are exposing themselves and ourselves to international accusations of insincerity, or naivety, or both. It is my feeling that the Member States of WHO have sufficient trust in one another to accept mutual control through mutual coordination. It is based on this assumption that I envisage the support role of the Secretariat throughout the Organization. In my report to you I attempted to specify this role at all policy and operational levels, and to show how staff should interrelate with Member States, with the governing bodies and with one another, at each of these levels.

Please do not think I am trying to belittle the importance of the Secretariat. On the contrary, its work in facilitating the coordination of the activities of the Organization by its Member States, and in catalyzing cooperation between WHO and its Member States and among Member States, demands a higher degree of technical and managerial competence, not to mention social wisdom, than any independent action. To fulfil its new role properly, the Secretariat has to be able to cope with the needs of Member States in all their diversity - political, social, economic, cultural, technical, managerial and, not the least, the human element. In the final analysis, it is the bringing together of that human diversity in cooperative efforts which will determine whether action will be concentrated and effective.

I believe that Member States do trust their Secretariat. However, to maintain this trust, staff will have to adapt themselves to their new role, to continue to place the interests of Member States before their own, and to participate energetically in shaping the Organization's programmes and supporting their implementation, not only in their own immediate sphere, but also outside their normal organizational unit, whenever this is required.

I am sure that in doing so they will achieve the job satisfaction they are all looking for. At the same time, they have to realize that democratic participation is not synonymous with anarchy. The Director-General and the Regional Directors are elected by Member States and are accountable to them. Having this responsibility, they must have the authority to ensure that Member States receive the support they require and desire.

I have tried to spell out in my report how the nature, the scope, the correlation and the coordination of the work of the Organization could be improved and how its control could be strengthened. I now turn to you, distinguished Members of the Board, to ask for your judgement on these issues. For it now lies with you to assess what Member States really expect of their Organization - at one extreme a funding agency or discussion club, and at the other a true cooperative of countries acting together vigorously at national and international levels to attain social justice in health and thus contribute significantly to social justice in human development.

- Do you consider that the Member States of WHO want the kind of WHO I have outlined?
- If so, do you think I have outlined reasonable ways by which Member States can participate in and control such an Organization?
- Are you ready as a Board to assume the functions proposed for you and to organize your work accordingly?
- Are you ready to foster increased correlation between your activities and those of the Regional Committees in support of the overall control of the Health Assembly?
- Are you ready to monitor on behalf of the Health Assembly the way the Regional Committees reflect the Assembly's policies in their work, and the manner in which the Secretariat provides support to Member States individually, as well as collectively in the Regional Committees, Executive Board and Health Assembly?

When I ask if you are ready, I have to point out at the same time the sensitive nature of these functions. But if you are ready, I am ready to do my utmost to support you and to ensure timely and adequate Secretariat support to the Organization's Member States individually and collectively by strengthening the consistency of the Secretariat's work at all levels. I say this on behalf of the Regional Directors too, realizing as they do the sensitive nature of this commitment.

Finally, Mr Chairman and distinguished Members of the Board, I should like to ask you to make decisions now so that we can get on with the job, invigorated not only by a sense of unity, but by structures, processes and working relationships that foster unity. Now that the strategies for health for all are becoming ripe for implementation, we must have a

World Health Organization freed from the agonies of organizational uncertainty, so that we can all devote our full energies to supporting Member States in making these strategies effective. It is for this reason that I am haunted by time. I would therefore plead with you, whatever you agree with, or disagree with, categorically, please say so categorically. As for those issues on which you have doubts, please try to resolve them during this session of the Board, or ask me to clarify them so that you can decide. And whatever you decide, please make clear-cut recommendations to the next World Health Assembly, spelling out responsibilities of Member States individually and collectively and of the Secretariat in supporting them.

I am personally convinced that WHO is big enough to accept the challenge it has set itself; that is why I have taken such pains to indicate how I believe the Organization can meet this challenge. I hope you are convinced, and I hope that you are ready in turn to convince the Health Assembly.

Mr Chairman, distinguished Members of the Board, I am taking another unusual step. I am leaving with you, along with the text of my introduction, a draft resolution for your consideration. I hope you will understand my motives for doing so. This draft resolution is in no way an attempt to force your hand; it is merely a synthesis on your behalf of the main issues that I have proposed in my report. I realize that you may have different perspectives, which could lead to considerable modifications in the draft resolution, but I believe that having the outline of such a resolution at your disposal will facilitate your work. Thank you for your attention and for your indulgence.

- - -

24 January 1980

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

The Executive Board,

Having considered the Director-General's report on the study of WHO's structures in the light of its functions,¹ in response to resolution WHA31.27,

1. THANKS the Director-General for his report;
2. RECOMMENDS to the Thirty-third World Health Assembly that it adopt the following resolution:

The Thirty-third World Health Assembly,

Recalling that the main social target of governments and WHO in the coming decades is the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life;

Guided by the declaration and recommendations of the International Conference on Primary Health Care held in Alma-Ata, and by resolution WHA32.30 concerning the formulation of strategies for health for all by the year 2000;

Noting with satisfaction the United Nations General Assembly resolution 34/58 on health as an integral part of development, which reinforces the responsibilities entrusted to WHO in connexion with the attainment of health for all by the year 2000;

Recalling that by its Constitution WHO is an organization of Member States cooperating among themselves and with others to promote the health of all people, and that this cooperative action embodies the truly international nature of the Organization;

Mindful of WHO's constitutional functions of acting as the directing and coordinating authority on international health work and of entering into technical cooperation with its Member States and facilitating technical cooperation among them;

Convinced that through its international health work the Organization can be a powerful instrument in helping to reduce international tension, to overcome racial and social discrimination, and to promote peace;

Realizing that in consequence of the above, unprecedented efforts will be required in the health and related socioeconomic sectors throughout the world;

1. DECIDES:

- (1) to concentrate the Organization's activities over the coming decades, as far as is possible in the light of all its constitutional obligations, on support to national, regional and global strategies for attaining health for all by the year 2000;

¹ Document EB65/18 and Add.1-3.

(2) to focus the Organization's cooperative activities within the United Nations system on joint efforts to support health as part of development, to devise the New International Development Strategy and to establish the New International Economic Order;

(3) to strengthen the roles of the Organization in promoting action for health in addition to indicating how such action might be carried out, and in developing health technologies that are effective, socially acceptable and economically feasible, and ensuring that they are available to Member States;

(4) to take all possible measures to maintain the unity of the Organization within its complex structures, to harmonize policy and practice throughout the Organization, and to ensure a proper balance between centralized and decentralized activities;

(5) to ensure that the Organization's directing, coordinating and technical cooperation functions are mutually supportive and that the work of the Organization at all levels is properly interrelated;

(6) to influence the channelling of all available health resources, including those of other relevant sectors and nongovernmental organizations, into support for national, regional and global strategies for health for all;

(7) to increase its monitoring and control function with respect to the work of the Organization, including the follow-up and review of the implementation of resolutions adopted by it;

(8) to improve further its work methods and in particular to consider carefully the practicability of resolutions and other policies before adopting them, and to promote greater initiative by the regional committees in proposing resolutions to the Health Assembly;

2. URGES Member States in the spirit of the policies, principles and programmes they have adopted collectively in WHO:

(1) to review the role of their ministries of health, strengthening them as necessary so that they can fully assume the function of directing and coordinating authority on national health work;

(2) to mobilize all possible resources in the country that can contribute to health development, including those of other relevant sectors and nongovernmental organizations;

(3) to tighten their coordinating mechanisms so as to ensure the mutual relevance and support of their own health development strategy on the one hand and their technical cooperation with WHO and with other Member States of WHO on the other;

(4) to ensure that WHO's action in their country reflects adequately resolution WHA31.27 concerning the conclusions and recommendations of the Executive Board's organizational study on "WHO's role at the country level, particularly the role of WHO representatives", and in particular the shift from technical assistance to technical cooperation;

(5) to consider the possibility of increasing the use of their Organization as an effective intermediary to facilitate cooperation among them;

(6) to establish or strengthen mechanisms for ensuring continuing dialogue and cooperation with their Organization with a view to making sure that national and international health programmes are well coordinated;

(7) to coordinate their representation at regional committees and the World Health Assembly, and to designate representatives to the regional committees and delegates to the Health Assembly who will later be in a position to influence national health policy so as to make it consistent with collective health policy adopted in WHO;

(8) to take into account as far as possible the multidisciplinary nature of health activities when establishing their delegations to the World Health Assembly and the regional committees;

(9) to bring their national health policies to the attention of the regional committees;

(10) to coordinate their representation in WHO and in the United Nations and its specialized agencies on all matters relating to health, and particularly the role of health in development;

3. URGES the regional committees:

(1) to intensify their efforts to develop regional health policies and programmes in support of national, regional and global strategies for health for all, and to consider establishing or strengthening appropriate subcommittees to this end;

(2) to promote greater collaboration in the region between the activities of WHO and those of all other bodies concerned, including those of the United Nations system and nongovernmental organizations, in order to stimulate common efforts for attaining health for all by the year 2000;

(3) to support technical cooperation among all Member States, particularly for attaining health for all;

(4) to foster the channelling of external funds for health into priority activities in the strategies for health for all of the countries most in need;

(5) to extend and deepen their analysis of the interregional, regional and national implications of Health Assembly and Board resolutions, and to provide such analyses to Member States;

(6) to increase their monitoring, control and evaluation functions so as to ensure the proper reflection of national, regional and global health policies in regional programmes and the proper implementation of these programmes, and to include in their programme of work the review of WHO's action in individual Member States in the Region;

4. REQUESTS the Executive Board:

(1) to strengthen its role in giving effect to the decisions and policies of the Health Assembly and in providing advice to it, particularly with respect to ways of attaining health for all by the year 2000, among others by ensuring that the Organization's general programmes of work, medium-term programmes, and programme budgets are optimally oriented towards supporting the strategies for health for all of Member States;

- (2) to become increasingly active in presenting major issues to the Health Assembly and in responding to the comments of delegates;
 - (3) to foster the correlation of its work with that of the regional committees and the World Health Assembly, among others reviewing carefully and drawing conclusions from the policy proposals of the regional committees in matters of worldwide interest, particularly in preparation for the ensuing Health Assembly;
 - (4) to monitor on behalf of the Health Assembly the way the regional committees reflect the Assembly's policies in their work, and the manner in which the Secretariat provides support to Member States individually, as well as collectively in the regional committees, Executive Board and Health Assembly;
 - (5) to review regularly measures taken by the relevant bodies of the United Nations system in the areas of health and development, and to ensure the coordination of WHO's activities with the activities of those bodies in order to promote an intersectoral approach to health development, thus facilitating the attainment of the goal of health for all by the year 2000;
5. REQUESTS the Director-General and Regional Directors to act on behalf of the collectivity of Member States in responding favourably to government requests only if these are in conformity with the Organization's policies;
6. REQUESTS the Director-General:
- (1) to ensure the provision of timely, adequate and consistent Secretariat support to the Organization's Member States, individually and collectively, and to this end to take all the measures within his constitutional prerogatives that he considers necessary;
 - (2) to foster the execution of collaborative field projects by national staff of the country concerned, to review the engagement of international WHO field staff, and to take any measures required so that such WHO staff identify themselves with the national programme in which they are working;
 - (3) to redefine the functions of the regional offices and of headquarters in such a way as to ensure that they provide adequate and consistent support to Member States in their cooperation with WHO and among themselves, and to adapt accordingly the organizational structures and staffing of the regional offices and of headquarters;
 - (4) to ensure the implementation of the decisions in this resolution in pursuit of the goal of health for all by the year 2000.



PAN AMERICAN HEALTH ORGANIZATION

Pan American Sanitary Bureau, Regional Office of the

WORLD HEALTH ORGANIZATION

525 TWENTY-THIRD STREET N W WASHINGTON, D.C. 20037, U.S.A

CABLE ADDRESS OFSANPAN

TELEPHONE 223-4700

IN REPLY REFER TO AM/175-80

(COPY)

APR 22 1980

Sir,

I am writing to you in reference to the discussion on WHO's Structures in the Light of its Functions that will take place in plenary session at the Thirty-third World Health Assembly.

You will recall that the Thirty-first World Health Assembly requested the Director-General to undertake such a study with a view to ensuring that activities at all operational levels promote integrated action. The matter was reviewed extensively by the Regional Committees in 1979, and the Director-General presented his report to the Executive Board at its Sixty-fifth Session in January 1980.

The discussion in the Board was very extensive. It revealed varied expectations from WHO, particularly concerning the degree to which WHO's international health work should influence national health work, agreement on which is vital for WHO's support to national strategies for health for all. The Executive Board finally reached a consensus in the form of Resolution EB65.R12 of which I am attaching a ... copy for your convenience. In this resolution, the Executive Board made a number of extremely important recommendations to the Thirty-third World Health Assembly in the form of a draft resolution. You will no doubt wish to discuss these recommendations thoroughly so that the views of your Government can be fully expressed at the Assembly in May 1980.

The highlights of these recommendations are: that WHO should concentrate its activities on support to national, regional and global strategies for attaining health for all by the year 2000; that it should emphasize action for health in addition to indicating how such action might be carried out; that in so doing, the unity of the

./...

Organization should be maintained and that a proper balance between centralized and decentralized activities should be ensured; that the monitoring and control of the activities of the Organization should be undertaken as a combined effort of Member States; that Member States should strengthen their national health work and their involvement in the work of WHO in the spirit of the policies, principles and programs they have adopted collectively in WHO; that the Regional Committees (Directing Council in the Americas), the Executive Board and the World Health Assembly should intensify their efforts in support of strategies for health for all, and that they should increase the correlation of their activities to this end; and that the Director-General should ensure the implementation of the decisions in the draft resolution as well as the provision of timely, adequate and consistent secretariat support to the Organization's Member States.

I thought I ought to inform you of the Board's recommendations in advance so that you have adequate time to prepare for the discussion.

The Director-General's report to the Board is being sent to you by Headquarters as part of document A33/2 entitled "Study of WHO's Structures in the Light of its Functions: WHO's Processes, Structures and Working Relationships." The report of the Regional Committee for the Americas appears in full as Annex 2.

Sincerely yours,

Héctor R. Acuña
Director

... Attachment