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

The Working Group on the WHO Response to Global Change was created in May 1992 during the ninetieth session of the WHO Executive Board, in order to consider how and in what measure WHO could contribute more effectively to global health work. This group prepared a report that was considered during the ninety-first session of the Executive Board. At its ninety-second session, the Executive Board adopted Resolution EB92.R2, which called for the creation of a plan to implement the recommendations of the Working Group.

At the nineteenth session of the Program Committee of the Executive Board, to be held from 29 November to 1 December 1993, a progress report will be presented regarding the implementation of the recommendations to be presented in the ninety-third session of the Executive Board (EBPC19/2).

The report of the Working Group was presented for the consideration of the delegates during the XXXVII Meeting of the Directing Council of the Pan American Health Organization, held from 27 September to 1 October, 1993 at PAHO/WHO headquarters in Washington, D.C. The Report of the Executive Board Working Group on the WHO Response to Global Change (EB/92/4) was presented for discussion as Item 5.13.

During the discussion of this topic, it was suggested that the matter be referred to the Subcommittee on Planning and Programming, scheduled to meet in Washington, D.C., during the month of December, in order to analyze in depth the impact of global change on the Organization and how PAHO can respond to the process. In this regard, the Secretariat was requested to prepare a document that would serve as the basis for the discussions of the Subcommittee on Planning and Programming, in response to which this document is presented. The recommendations emanating from the work of the Subcommittee will constitute part of the Region's position during the meeting of the WHO Executive Board.

The structure of the document includes an analysis of the Report of the Working Group (EB92/4), an analysis of the document presented to the Program Committee (EBPC18/WP/3), including a summary of the recommendations, an examination of the effect that the proposed changes would have on the Pan American Health Organization following the format of Document EBPC19/2, and a series of general conclusions.

(Esp.)

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ANNEXES

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- Annex 2: The WHO Response to Global Change (EBP18/WP/3, June 18, 1993).
- Annex 3: WHO Response to Global Change. Implementation of recommendations to be reported to the ninety-third session of the Executive Board (EBPC19/2).

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

1. Background

The Working Group on the WHO Response to Global Change was created in May 1992 during the ninetieth session of the WHO Executive Board, in order to consider how and in what measure WHO could contribute more effectively to global health work. This group prepared a report that was considered during the ninety-first session of the Executive Board. At its ninety-second session, the Executive Board adopted Resolution EB92.R2, which called for the creation of a plan to implement the recommendations of the Working Group on the WHO Response to Global Change⁹.

At the nineteenth session of the Program Committee of the Executive Board, to be held from 29 November to 1 December 1993, a progress report will be presented regarding the implementation of the recommendations to be presented in the ninety-third session of the Executive Board (EBPC19/2).

The report of the Working Group was presented for the consideration of the delegates during the XXXVII Meeting of the Directing Council of the Pan American Health Organization¹⁰ and offered for discussion as Item 5.13: Report of the Executive Board Working Group on the WHO Response to Global Change (EB/92/4). The Director-General, Dr. Nakajima, had suggested that PAHO establish a working group in order to ensure that the impact of the recommendations at the global level would be considered. It was therefore requested that the Regional Committee study the implications of applying the Working Group's recommendations for regional and country activities and that it communicate its findings to the meeting of the WHO Executive Board in January 1994.

Some delegates expressed their concern over how the Region of the Americas could have an impact on the WHO reform process and how the proposed changes in the recommendations for WHO would impact on PAHO and the Region¹¹. While the conditions that led to the reform process in WHO may or may not be present in PAHO, the Organization would, however, be affected by some of them and should be prepared to respond to these changes.

During the discussion of this topic, it was suggested that the matter be referred to the Subcommittee on Planning and Programming, scheduled to meet in Washington, D.C., in

⁹Resolution EB92.R2, requests the Director-General to prepare documents on the application of the Recommendations of the Working Group on the WHO Response to Global Change, as well as options for the application of resolutions WHA46.16 and WHA46.35, and sets explicit deadlines for the delivery of such documents.

¹⁰Held from 27 September to 1 October 1993 at PAHO/WHO Headquarters in Washington, D.C.

¹¹Provisional Summary Record of the Fourth Plenary Session. 28 September 1993. XXXVII Meeting of the PAHO Directing Council. Document CD37/SR/4.

December, in order to analyze in depth the impact of global change on WHO, its repercussions on PAHO, and how PAHO can respond to the process. In this regard, the Secretariat was asked to prepare a document that would serve as a basis for the Subcommittee's discussions, in response to which this document is presented. The recommendations emanating from the work of the Subcommittee on Planning and Programming will constitute part of the Region's position during the meeting of the WHO Executive Board.

This document responds to the request of the delegates to the XXXVII Meeting of the Directing Council. It is structured as follows: analysis of the Report of the Working Group (EB92/4), analysis of the document presented to the Program Committee (EBPC18/WP/3), examination of the effect of the proposed changes on the Pan American Health Organization (following the format of document EBPC19/2), and conclusions.

2. Summary of the Recommendations of the Working Group

A summary of the recommendations of the Working Group is presented below:

Mission of WHO (Recommendations 1 to 4)

Although the goal of health for all by the year 2000 (HFA/2000) constitutes a milestone and not an end in the process of equitably improving the living conditions of the populations and has been the driving force behind important changes in international public health, it seems more difficult nowadays to identify with any certainty which areas really have improved as a result of applying the strategy of primary health care. In this regard, there is an urgent need to develop operational indicators and targets that will make possible more periodic evaluations and reorientation of policies and strategies.

Governing Bodies (Recommendations 5 to 16)

The recommendations here refer to the need for the World Health Assembly and the Executive Board (EB) to streamline their methods of work through committees that examine specific programs and cross-program matters, focusing the deliberations more on matters of policy, strategy, and programs and recommending improvements in the selection procedures of the EB Members. It is requested that the mandate, the chronology of the meetings, and the plan of work of the Program Committee established by the EB in 1974 be reconsidered to bring them more into line with the work of the Board and the subgroups. Periodic opinion-polling of delegates regarding "the relevance, operation, efficiency, and effectiveness of the work of WHO" is recommended. The appointment and mandate of the Director-General and the Regional Director are discussed, indicating the need to review articles 31, 51, and 52 of the Constitution.

Regional committees are requested to study how to make their activities compatible with those of the EB and the World Health Assembly and to report in January 1995 to harmonize actions by WHO and the regions in the utilization of financial resources, staff training, information systems, research methods, evaluation, and international collaboration in health.

Headquarters (Recommendations 17 to 20)

WHO has played a vital role in promoting the primary health care strategy with the goal of HFA/2000. However, this general policy appears to have exceeded the institutional capacity for execution, and it is necessary to review the general 6-year programs of work in mid-stream to reorient them and facilitate their execution. Furthermore, the recommendations point out the need to manage the decentralization of the regions, so that this process does not represent a distancing from Headquarters.

The information systems that link headquarters and the regional offices, as well as these and the countries, suffer from grave communications deficiencies in matters of program management, fiscal control, health status, health projections, and commodity/inventory control. The Director-General is urged to formulate alternative plans for the establishment of a worldwide WHO information system within variable timeframes period of 3, 5, or 10 years.

Regional Offices (Recommendations 21 to 24)

This chapter addresses the topics of staffing needs and patterns, technical consultants, communications, and collaboration among regional offices. The recommendations in this case are targeted toward reviewing the procedures for hiring staff as well as the professional profiles of both staff and short-term consultants in order to adapt them to the demands of global change. The need to modernize communication systems linking Headquarters and the Regional Offices as well as these and other United Nations agencies in the regions is cited.

Country Offices/WHO Representative Offices (Recommendations 25 to 30)

This deals with topics related to the functions of WHO Representative Offices, their leadership in intersectoral coordination, the delegation of authority to the representatives, their participation in the political and technical dialogue, and the representation of WHO in the Member States.

Some capabilities are identified that would be necessary to enable WHO representatives to perform more effectively. These are: experience in therapeutic and preventive programs, knowledge of health economics, and managerial skills. Moreover, the recommendation concerning the leadership of the WHO representatives in the countries in health-related matters is clear. With regard to the delegation of authority, the Working Group suggested that the administrative, management, and project execution procedures of representatives be standardized, admitting fewer variations, and that country offices be provided with a minimum of operational resources.

Coordination with the United Nations and Other Agencies (Recommendations 31 to 34)

The report points out the need for WHO to adjust to the structural reforms of the United Nations, thereby strengthening coordination at the national and global level. Also cited is the need to coordinate activities linked to health resources and regionalization, within the

framework of the United Nations. In this regard, WHO should continue to coordinate all cooperation in the area of health, and procedures to facilitate coordination and cooperation among agencies are to be studied and put in place. It is urged, moreover, that the means be found to reduce structural and procedural differences. It is also pointed out that the scheme used for coordinating the programs at the country level should not be always that of the United Nations Development Program (UNDP). For specific problems that require the knowledge of a specialized agency, the latter should be the coordinating unit.

Another area of interest is the need for WHO to ensure, through liaison with the appropriate institutions or agencies, that aspects connected with the surveillance, prevention, and control of disease are considered in development projects.

Budgetary and Financial Considerations (Recommendations 35 to 38)

This section points out the need to ensure that the objectives of programs financed with extrabudgetary funds are consistent with the policies, decisions, and priorities established by the World Health Assembly and the EB. It is suggested, moreover, that a pledging system be established to secure additional funds. It is also proposed that the overhead rates for managing these programs, now at 13%, be reviewed and raised to 35%, a percentage more in line with the real cost.

With regard to budgetary inputs and outputs, it is requested that a budgeting system be established that makes it possible "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..."

Technical Expertise and Research (Recommendations 39 to 44)

Problems related to the technical competence of WHO, the coordination of the various types of research at the global level, and the role of the collaborating centers are mentioned. In this regard, the need for technical competence as a key criterion for contracting personnel is underscored, as is the need to invest in the human resources already contracted, making more frequent use of rotation between Headquarters and the regions. The potential impact of political appointments on the quality of the cooperation provided to Member States is pointed out.

More effective utilization of the collaborating centers in advancing the goals of HFA/2000 is urged, as well as a review of the guidelines that govern the promotion of health research, pointing out the need for every technical program to devote part of its resources to these activities.

Communications (Recommendations 45 to 47)

These recommendations point out the need for WHO to make maximum use of the technological advances in communications to disseminate the concepts of health promotion and disease prevention.

3. Analysis of the WHO Response to Global Change

The Report of the Executive Board Working Group points out the need to restructure WHO in light of global changes. These changes can be summarized as follows: support for market economies and democratization that emphasizes individual rights and responsibilities in the areas of health, nutrition, housing, education, and political representation. Also mentioned are slower economic growth and the growing debt burden worldwide, cutbacks in funding for international development activities, and domestic financing of social sector programs, with rising medical costs. Other changes include the exacerbation of environmental problems, the degradation of natural resources, pollution, urbanization, migration, and the spread of AIDS, plus a resurgence of malaria and tuberculosis.

The Report of the Working Group, presented during the ninety-first session of the EB, includes "Future Directions for WHO", which is broken down into specific headings and proposes concrete actions in the following areas: mission of WHO; governing bodies; Headquarters; regional offices; country offices (WHO Representative Offices); coordination with United Nations and other agencies; budgetary and financial considerations; technical expertise and research; and communications.

The general orientation of the recommendations of the Working Group (EB92/4) is toward modernization, adaptation to global change, greater compatibility between policies and strategies and the technical programs that are designed and implemented, greater transparency and responsibility with regard to the resources utilized, whose impact should be measured through operational indicators. Several recommendations refer to greater participation by the EB in the management of WHO Programs. In general, the recommendations indicate the need for WHO to upgrade its expertise in epidemiological and policy analysis, setting priorities, resource mobilization, management information systems, health research, international communications, and communication with the public. The Report indicates problems connected with staffing policies, the technical and administrative deficiencies of Representatives, disjointed management of world, regional, and national programmes, and difficulties in effectively rotating personnel between Headquarters and the regions, as well as the interregional area, a lack of integrated programs for the evaluation, training, and upgrading of staff, and poor utilization of the staff and technical expertise of collaborating centers.

Document EBPC18/WP/3, dated 18 June 1993, was prepared in accordance with resolution EB92.R2 and was submitted for the consideration of the Program Committee, at its eighteenth session, 5-9 July 1993. WHO initiatives in response to the recommendations will be presented at length during the nineteenth session of the Executive Board Program Committee, scheduled to meet from 29 November to 1 December 1993 in document EBPC19/2.

WHO has changed a great deal since 1948, in terms of a shift in emphasis from the elimination of certain diseases toward an approach centered on health and development during the 1970s and from a technical to a more political stance on health issues.

Furthermore, WHO membership rose from 55 members in 1948 to 178 in 1992. This fact alone demands a substantial change in the nature of the cooperation with the countries. Circumstances have changed not only in terms of social, economic, political, and technological trends and the structure and health needs of the population, but also in terms of human resources, international cooperation, and the priorities, interests, and skills of the bilateral agencies¹². According to some authors, moreover, Member Governments have expressed dissatisfaction with red tape, costs, meetings, reports, and the lack of budgetary transparency and effectiveness in some operational activities¹³. This requires WHO, like any other modern organization, not only to adapt but play an active role in the area of international cooperation. This will enable it to maintain its leadership position in health, supporting the processes to improve the health status of the populations.

Some trends have been identified in the area of international cooperation that to some degree explain the present situation, in which change in WHO is demanded and endorsed on several fronts. Among these trends are the following:

- A growing tendency to de-emphasize cooperation from the multilateral agencies, who distinguished themselves through the quality and the nature of the cooperation they provided to Member Governments. In recent years, donors have gained experience in international cooperation and are channeling it through non-governmental organizations, private agencies, and institutions and agencies from their own country.
- The multilateral agencies are not perceived as being useful in devising policies for developed countries; however, these countries influence less developed countries indirectly through intermediary organizations or directly through bilateral assistance. By controlling a large percentage of the resources, the largest donors influence policies either directly or indirectly.
- The countries' capabilities in terms of human resources in health care, especially doctors, have increased, and what appears to be most necessary now is training in management and administration in the field of health.
- Other agencies have expanded their activities to the field of health and consider WHO an equal partner. This is the case of the World Bank, for example, which has advanced a thesis on health care in its latest edition of the World Development Report and has plans to redirect a large percentage of its annual budget of US\$350

¹²"The reason why WHO has wasted opportunities to play a strategic role in policy development and planning at the country level centers on the weaknesses of its current structure. Better coordination, rivalry and competition between agencies, multiple and duplicated demands for evaluation missions, accounting systems, and other bureaucratic procedures..." Walt, G. WHO Under Stress: Implications for Health Policy. *Health Policy* 24:125-144, 1993.

¹³Walt, G. op. cit. p 130. Taylor, A. L. Making the World Health Organization Work: A Legal Framework for Universal Access to the Conditions for Health. *American Journal of Law and Medicine*, 37(4), 1992.

billion toward preventive medicine for almost one billion people living in poverty¹⁴.

- In Latin America, cutbacks in European cooperation can be foreseen in the coming years, owing to political, economic, and social changes in the Eastern and Central European countries, as well as in Africa. Some donors, moreover, are promoting cooperation schemes that are a little different, and preferably in fewer areas than before.

The evaluation report on the implementation of the global strategy of HFA/2000¹⁵ is clear about the challenges of the strategy, which at present can be summarized as: the responsibility that governments bear toward disadvantaged populations; definition of the role of governments in health care; resources for health care; inequities in health; human rights issues; implementation of health measures; and international cooperation in health. However, few recommendations in the document prepared by the Working Group attempt to respond to those great challenges to the Organization.

The document consists of two introductory pages and two annexes in tabular form that examine the recommendations of the Working Group in terms of the reform processes (legal, procedural, and cost aspects) and the impact of the reform (program operation, structure and functions, and budget and finance). In some cases remarks are included.

Annex 1, in tabular form, presents an analysis of the recommendations as proposed by the EB. Annex 2 focuses on presenting the pertinent resolutions related to the Governing Bodies in the same format, assigning three levels of priority to them and establishing a deadline for the completion of the implementation process.

The recommendations that refer to the Governing Bodies are classified under four headings and broken down into policy development and analysis; management issues; WHO representatives and WHO country offices; reform of the United Nations system; program development and budgeting; and research and collaborating centers.

The structure of Annex 1 makes it impossible to distinguish clearly between a global and a strategic WHO orientation, since each focuses on the need to respond to each of the recommendations of the Working Group. Furthermore, in general, the cost figures indicated in the document are not sufficiently well-grounded to be considered usable indicators by the Governing Bodies.

In terms of aspects related to the governance of WHO, it is necessary to distinguish

¹⁴Greene, S. World Bank Espouses Public Health for Those in Poverty. *Nature*, Vol. 364, 22 July 1993.

¹⁵WHO. *Implementation of the Global Strategy for Health for All by the Year 2000: Second Evaluation*. Geneva, 1993.

among the objectives of WHO, as indicated in its Constitution, the mission, as articulated by the Director-General, and the health status of the population. Accordingly, the recommendations should refer basically to the functions of the World Health Assembly and the EB.

With respect to the first body, the World Health Assembly, the response to the recommendations should include:

- Studying the work of the Assembly (the participation of the ministers of health, usefulness of the technical discussions, the nature and number of resolutions, and the degree of monitoring).
- Presentation of the study to the EB and to the World Health Assembly.

With regard to the second body, the EB, it is urged that the recommendations permit this governing body to resume its original constitutional functions that call on the EB to:

- Process documents and resolutions before passing them to the World Health Assembly.
- Establish the necessary subcommittees and provide them with terms of reference (including the Program Committee).
- Be truly executive in its operations.

Concerning the recommendations that refer to the evaluation of programs by the EB or that encourage members to become more involved in the work of WHO, this does not appear to be too urgent a problem in comparison with others, since responsibility for program evaluation is shared with the regional committees.

Perhaps the most basic recommendation relates to managerial matters. From reading the documents presented, however, it is not clear what is meant by the "policy determination." The Organization's policies should be discussed jointly and reviewed by the Director-General, the Assistant Directors, and the Regional Directors. This is a separate topic and differs from technical cooperation in planning and policy analysis. With regard to WHO priorities, these are clearly described in the Ninth General Program of Work. As a result, the recommendation that refers to policy determination¹⁶ should be reviewed, and the Director-General should propose to the EB the regulation of the managerial committee mentioned above.

Many of recommendations¹⁷ of the Working Group could be put in place if WHO developed a planning, programming, budgeting, and evaluation system similar to AMPES,

¹⁶Recommendation 4.3.1. EBPC18/WP/3, page 8.

¹⁷Recommendations 19 and 20 (determination of policy and management information systems), pages 9 and 10 (EBPC18/WP/3).

employed by PAHO and considered one of the more effective systems¹⁸, especially when utilized in conjunction with the logical approach to project planning and management. The Organization's response to the recommendations should indicate immediate action to study the design and application of this system globally.

WHO's response to recommendations 21, 22, 25, and 26¹⁹, should be formulated jointly between Headquarters and the Regional Offices. These recommendations refer respectively to staff and management, technical consultants, and the responsibilities of the WHO representatives. These are crucial areas that involve the entire Organization and the implementation of its longer-term human resources policies.

It is necessary, moreover, to differentiate between upgrading the capabilities of the WHO representatives and those of their offices. In this regard, it is significant that only one recommendation (25) deals with this subject which is vital for the management, evaluation, and sustainability of the cooperation programs. WHO must formulate guidelines for the training of its representatives in order to optimize the fulfillment of its triple policy, technical, and administrative function.

The recommendations with respect to coordination with other United Nations agencies are not clearly addressed in the document.

Annex 2 lists 25 priorities. In this regard, no more than five could be proposed that could be attended to within a brief span and with some degree of effectiveness, while a reasonably longer term should be established for the remaining 21. These five are:

- To prioritize the work of the World Health Assembly.
- To ensure that the EB fulfills its constitutional role.
- To define the role of the Subcommittees for the EB.
- To establish a senior managerial group for WHO as part of the institutional framework; this would include the Director-General, the Assistant Directors, and the Regional Directors.
- To establish a system for planning, programming, budgeting, and evaluation.

Each recommendation should have clear objectives, a plan with a specific timetable, well-defined responsibilities, and a budget.

¹⁸Rundin, U. et al. *The Cooperation between the Pan American Health Organization and the Nordic Countries*. A study of project preparation, reporting, and financial arrangements, commissioned by DANIDA, FINNIDA, NORAD, and SIDA.

¹⁹Recommendation 21 refers to the staffing needs and patterns; recommendation 22 is concerned with the contracting of technical consultants; 25 and 26 refer to the responsibilities of the WHO Representatives (EBPC18/WP/3, pages 11 and 12).

Another observation of the Report of the Working Group is that it is precisely in the budget document²⁰ that the decision-making power with respect to reform should theoretically be applied. Regarding this observation, the Report mentioned the need for tables with quantified indicators of program impact on the status of health in order to effectively utilize a program budget governed by the PBS. This information would make it easier to inform delegates of the degree to which each program is being carried out and the areas that require strengthening.

Both the document with the recommendations of the Working Group (EBP92/4) and the one that includes the WHO response to the changes (EBPC18/WP/3) leave out several topics that are critically important for WHO leadership in health and for the timeliness of cooperation. On the one hand, the impact of the increase in extrabudgetary funds, which has made possible a wide range of programs and projects that made the goals of both WHO and PAHO viable is dealt with only tangentially. Funding which up to a few years ago came principally from the regular budget (the quotas of the Member Governments), has passed to a larger, extraordinary budget²¹. In 1990, 54% of the budget was characterized as extraordinary, as opposed to 25% in 1971. In the case of PAHO, the trend has been as follows: 38% in 1980-1981; 50% in 1990-1991; 50%, and a slightly lower percentage in 1992-1993.

Concerning this point, the participation of the Governing Bodies is crucial, through special committees that ensure that WHO policies, strategies, and resolutions are compatible with those of the donors. The mobilization of resources should be accompanied not only by project negotiation skills but also skills conducive to ensuring that these resources are actually targeted toward meeting the needs indicated by the countries.

The topics are not dealt with in detail by the recommendations of the Working Group. Only the recommendation that refers to the staff approaches a general discussion of the topic. These topics are crucial inasmuch as they directly relate to the adaptation to global change and to the conceptualization of public health issues within a socioeconomic paradigm.

4. Consideration of the Impact of the Proposed Changes on PAHO

The first element that must be considered in order to analyze the relevance and impact of the proposed changes in WHO on PAHO is PAHO's status as the Specialized Agency for health in the Americas, an agency of the Inter-American System, which acts as the WHO Regional Office in the Americas. This makes it very different from other WHO Regional Offices, since the Organization must adapt to the requirements of the Inter-American System. At the same time, it must attempt to respond appropriately to the responsibilities imposed on it

²⁰In the budget for 1996-1997, 61 programs are included in the classified list versus 62 in the 8th and 9th classified lists.

²¹The percentage of extrabudgetary funds indicated for the 1990-1991 period for the following organizations was: FAO (58%); UNESCO (32%); ILO (26%); and WHO (54%). *Source:* Walt, G., op. cit., p. 129.

by virtue of its status as the WHO Regional Office and hence, part of the United Nations system. The matters considered of utmost urgency, as a result, are related to its status as a dependency of WHO and through it, the United Nations system.

It should be specified, first, that the reform of WHO should not be understood as the reform of the institutional bureaucratic apparatus of the Secretariat alone but implies more profound and wide-ranging changes, including a review of the strategies for meeting the national goals of HFA/2000. PAHO should serve as the frame of reference for orienting the strategies of the national programs. In this regard, the goal of HFA/2000 may or may not be met, with the final decision resting in the hands of the Member Governments²².

The Secretariat should be expeditious, dynamic, and sensitive in order to adapt to the rapid changes, supporting national efforts with limited resources and coordinating international action in health. In this regard, PAHO has been taking action aimed at redefining its own strategies, through interprogram work within the organization and with other agencies and related institutions. Mention should be made of the project with ECLAC, called "Health in Productive Transformation with Equity", aimed at jointly defining the role of health in development and the direction of change within the sector itself. In addition, a report on health is being prepared jointly with the World Bank, and a high-level meeting on the reform of the sector is planned for 1994, a timely and urgent topic in the Region.

PAHO has also taken the initiative of seeking compatibility with WHO to achieve whatever parallels are possible, while respecting the nature of the Organization. One response has been the recent technical and administrative restructuring which closely reflects the Ninth General Program of WHO.

In terms of the planning, programming, and evaluation process, PAHO has developed the AMPES system²³, which is directly related to the budgeting system. This system has recently incorporated the methodology of the logical approach, which makes it possible to clearly identify the objectives of the technical cooperation program in terms of the impact and expected outcomes of the annual projects in the APB, as well as to identify the activities that should be carried out to achieve them. This system, which continues to be refined at Headquarters and the representative offices in the countries, has been evaluated by a group

²²Dr. Carlyle Guerra de Macedo, document CD37/SR/4, p. 19.

²³AMPES: AMRO Planning, Programming, Monitoring, and Evaluation System. This system functions on three levels. The first involves the long-term planning instruments that guide the entire system: HFA/2000 (20 years) and the WHO General Programme of Work (6 years). The second level consists of the Strategic Orientations and Program Priorities (SOPPs) prepared every four years. Finally, the short-term instruments are those related to the Biennial Program Budget (BPB), its adjustment in the Annual Program Budget (APB), and the detailed planning contained in the Four-month Program of Work (PTC). The system also includes Four-month Progress Reports (IPCs) that facilitate the ongoing evaluation of the progress of technical cooperation projects.

commissioned by Denmark, Finland, NORAD and SIDA in terms of its adequacy as an information system for the projects financed by these agencies. The result is a recommendation that the AMPES system be utilized for the initial annual proposal for projects funded by the Nordic organizations.

In 1992, the Director of PAHO established a General Committee on Communications to enhance the operational efficiency of the work that would lead to the creation of the PAHO communications system, utilizing the advances of modern technology. Moreover, a high percentage of communications are in the form of electronic mail between programs and with the countries. This has lowered costs and speeded up day-to-day, technical, and management communications.

The following table lists the groups of recommendations²⁴ in the left hand column. The middle column indicates whether they are relevant for PAHO, and the right-hand column attempts to predict their impact on the Organization.

Document EBPC19/2 will be presented during the nineteenth session of the Program Committee of the EB to be held from 29 November to 1 December 1993. This document is a progress report on the implementation of the recommendations of the Working Group, to be presented at the ninety-third session of the EB.

It should be noted that this document contains annexed reports²⁵. These reports include the recommendations for implementing 21 of the 47 recommendations of the Working Group. Of the remaining 26 recommendations, four are beginning to be implemented (17, 18, 43, and 45).

²⁴Recommendations included are only those mentioned in document EBPC19/2, and not all the recommendations that were made by the Working Group (EB92/4).

²⁵Documents EBPC19/2.1, 2.2, 2.3, 2.4, 2.6, 2.7, 2.8, 2.9 and 2.10.

Implementation of the Recommendations

Topics	Recommendation	Relevance for PAHO	Repercussions for PAHO
<p>World Health</p> <p>WHO program priorities</p> <p>Implementation of WHO programs</p>	<p>1. To evaluate the world health situation and its needs annually and recommend relevant activities for international action by WHO.</p> <p>46. To publish an annual report on the Organization's efforts and its programs to improve the world health situation.</p> <p>EBPC19/2.1</p>	<p>Yes, in terms of general policy orientation, the General Program of Work, and the assessment of health status at the regional and country levels.</p>	<p>Limited Medium-term Impact</p> <ul style="list-style-type: none"> - Annually, when preparing the APB, a situational analysis is conducted of each country as a point of departure for defining the objectives and expected outcomes of technical cooperation. - The health conditions of the Region are evaluated on an ongoing basis. This information is included in the Technical Information System (TIS), is published every 4 years in book form as Volumes I and II of <i>Health Conditions in the Americas</i>, and is generally incorporated into the APBs for every country. The possibility is being studied of increasing the periodicity of publication of <i>Health Conditions in the Americas</i> to every 2 years. - The preparation of biannual reports will require the selection and allocation of sufficient human and financial resources for their production and the structuring of a proposal in this regard.
<p>World health strategies and policies</p> <p>Revision of WHO</p> <p>Work of the programs</p>	<p>2. To analyze and formulate by the year 2000 the specific objectives and operational goals, measured with precise indicators, and to mobilize sufficient resources to ensure that they are achieved.</p> <p>3. Insofar as the goals are not achieved by 2000, to propose alternative strategies and plans for intensified health programs with the budgetary resources required for achieving the goals and objectives in 2005, 2010, or as specified.</p> <p>4. To study the feasibility of organizing international workshops or other forums in order to arrive at a consensus for any adjustment or new directions for the strategies of Health for All; to emphasize</p>	<p>Relevance centers on strengthening PAHO's strategic capabilities in the areas of management and policy development.</p>	<p>Limited Short-term Impact</p> <p>PAHO has been restructured to reflect the Ninth GPW in its technical cooperation programs. Work has begun on reorienting PAHO policies interinstitutionally in order to respond to current and future needs.</p> <ul style="list-style-type: none"> - It is foreseen that the Strategic Orientations and Program Priorities for the next quadrennium will improve the formulation of specific objectives and operational goals. - The Regional Director participates in the Global Policy Council.

	<p>health promotion and disease prevention and their implications for extending life expectancy or years of life without disability (e.g., through individual or community responsibility).</p> <p>EBPC19/2.2</p>		<ul style="list-style-type: none"> - Meetings and workshops are already taking place in the Region of the Americas aimed at strengthening application of the Strategic Orientations approved by the Governing Bodies. - It will be necessary to consult with the Governing Bodies on establishing a mechanism similar to the RHDAC (Regional Health Development Advisory Council) for the Region of Europe. This approach will require formulating a specific proposal that includes alternatives, mandates, costs, and periodicity. - It will be necessary to strengthen the role of panels of experts, scientific groups, managerial and technical advisory groups, and other mechanisms that contribute to monitoring and reformulating the Organization's policies and programs. - The restructuring of PAHO emphasizes the role of health promotion and disease
World Health Assembly	<p>5. To submit to the 1994 WHA a draft resolution authorizing the EB, in coordination with the DG, to establish a procedure for prior review of all resolutions proposed to the WHA that have potential impact on the objectives, policies, and orientations of WHO or that have implications in terms of personnel, costs, budget, or administrative support. The EB and the DG will see to it that the resolutions proposed to the WHA are accompanied by the necessary information and that the text of the approved resolutions includes a provision for time limits, evaluation, and report.</p> <p>EBPC19/2.3</p>	<p>Yes, in terms of reviewing the method of work of the World Health Assembly and the Regional Committee.</p>	<p>Limited Impact</p> <ul style="list-style-type: none"> - The Regional Council coincides with the PAHO Directing Council, and their functioning should be coherent with regard to what is expected of WHO and matters relating to the Inter-American System. - PAHO, through cooperation between the Governing Bodies and the Secretariat, should make a contribution in this regard so that the changes to be incorporated take into account the position of the Region. - Special efforts should be made to promote participation of the delegates in the discussion meetings so that the recommendations will be based on an analysis of their importance for the current or future mission, the policy, and the orientation of PAHO.

<p>Method of work of the World Health Assembly</p>	<p>6. To consider and submit to the EB in January 1994 proposals to improve the method of work of the WHA in order to focus the discussions on topics pertaining to policy, strategy, and programs, making better use of audiovisual methods and seeking to effect savings with regard to the duration and cost of the WHA.</p> <p>EBPC19/2.4</p>	<p>Yes.</p>	<p>Short-term Impact</p> <ul style="list-style-type: none"> - PAHO, through cooperation between the Governing Bodies and the Secretariat, should make a contribution in this regard so that the changes to be incorporated take into account the position of the Region.
<p>Executive Board, Method of work</p>	<p>7. To identify clearly in the documents of the EB the topics that require the advice, guidance, or decision-making by the EB, confirmed by voting, if required.</p> <p>8. To ensure that the discussions of the EB are actually focused on and reach clear-cut conclusions and decisions on topics relating to health policy, technical, budgetary, or financial aspects, or other general supervisory functions.</p> <p>9. To prepare briefer summaries containing less information on the various statements made during the discussions and centered more on the conclusions and decisions arrived at, in addition to the resolutions and decisions formally adopted by the EB.</p> <p>EBPC19/2.5²⁶</p>	<p>Yes, with regard to review of the method of work of the World Assembly and the Regional Committee.</p>	<p>Medium-term Impact</p> <ul style="list-style-type: none"> - Topics that require advice, guidance, or decision-making by the EB will have to be identified by the various levels of the Governing Bodies of PAHO. - To ensure that the discussions of PAHO's decision-making bodies arrive at clear-cut conclusions and decisions on topics relating to health policy, technical, budgetary, or financial aspects, and other general functions in order to properly inform WHO when necessary.
<p>Policies of WHO Method of work of the Executive Board and the Program Committee</p>	<p>10. To establish subgroups or committees to meet during and as part of the sessions of the EB every year in order to review and evaluate a specific number of programs, and to deal with the interrelated elements of the programming policies, priorities, goals, plans, budgets, and other available resources, including technology. These groups should recommend actions to be taken, including modifications, in consideration of the available resources and duly inform the plenary of the EB, which will make the final decision.</p> <p>11. To utilize the aforementioned subgroups or set up special subgroups, if appropriate, in order to advise the EB on</p>	<p>Yes, with regard to development of a long-term perspective and conduct of the policies and the program priorities of the sector and WHO. This is also relevant with regard to geographical representation in the subgroups and the presentation of evaluations of programs.</p>	<p>Medium to Short-term Impact</p> <ul style="list-style-type: none"> - In accordance with the programs to be presented and the geographical composition of the subgroups, it will be necessary to prepare evaluations of programs for review by the EB, in addition to supporting WHO during these evaluations. - The RC coincides with the Directing Council of PAHO, and harmony should be sought between what is expected of WHO and matters relating to the Inter-American System. - A new format for presenting information to the EB by the

²⁶The document under this number is not included in EBPC19/2.

	<p>interprogramming matters, such as administration and finances.</p> <p>12. To reconsider the need for and the terms of reference of the Program Committee of the EB; to consider modification of the sessions after the Assembly and the plan of work of the PC in order to better integrate the work of the Board and its subgroups.</p> <p>24. To regularly include meetings with the Regional Directors as part of the work agenda of the EB in order to review strategies and progress on operational and managerial matters.</p> <p>EBPC19/2.6</p>		<p>Regional Director will be required, inter alia, on the general regional health situation and the implementation of programs in the special and regular meetings programmed with the EB and selected personnel.</p> <p>- The impact of the recommendations with regard to the Organization's policies will be reflected in the formulation of PAHO's strategic orientations and program priorities for the quadrennium.</p> <p>- It will be necessary to optimize the already existing mechanisms for analysis of programs and for evaluation and orientation with respect to problems of an operational, managerial, administrative, and financial nature.</p>
ction of Regional Directors	<p>13. To form a special ad hoc subcommittee of the EB in order to consider options for the nomination and terms of the DG and the RDs, including the use of search committees.</p> <p>EBPC19/2.7</p>	Yes.	<p>Medium-term Impact</p> <p>- With regard to the nomination of the Regional Director, PAHO has constitutionally devised a process for the election of the Regional Director that coincides with the term of office of the Director of the Pan American Sanitary Bureau, which cannot be changed.</p>
signation of the members of EB	<p>14. To establish a working group to recommend ways in which the members of the EB are to be designated; to improve the procedures for selection of the members of the EB; and to achieve greater participation on their part during the year in the work of WHO. The working group should consider the possibility of designating a chairman-elect from among the members of the EB one year before the formal election under Rule 12, and the continuous participation of the outgoing chairman during the following year in order to allow for a team approach in each session. The working group should consider ways and means of improving the communication between the participation of the chairmen of the EB and the DG during the entire year and maintain the members informed on the participation of the individual members in the work of WHO.</p>	Yes, in the event the Chairman of the Executive Board is from the Region of the Americas.	<p>Limited impact</p> <p>- PAHO would support the role of the Chairman of the EB as a member of the working team and in preparing the report, if required, when it comes from the Region.</p>

management information systems	<p>19. To propose and implement appropriate management and communication systems, particularly with the RDs, in order to achieve the designated objectives and goals in accordance with the identified priorities. Such systems of communication and management should be assisted by the management information systems for efficient and effective implementation of policies.</p> <p>20. To prepare a detailed analysis of the current state, capacity, compatibility, plans, and programs of the current management information system through the Organization (headquarters, regional, and country levels). The DG should formulate alternative plans at the global level, capable of being implemented in a limited time frame of 3, 5, and/or 10 years.</p> <p>EBPC19/2.8</p>	Yes, with regard to the management information exchanged and shared between WHO and PAHO.	<p>Limited Impact</p> <ul style="list-style-type: none"> - The AMPES system, which has incorporated the Logical Framework method for the management of PAHO projects, is a programming, budgeting, and evaluation system that can serve as model for WHO and other regions, since it includes measurable expected outcomes. This modality is combined with the financial reports of the new FAMIS system in order to make it possible to collect information in accordance with the requirements of the project document. This facilitates ongoing monitoring and evaluation of the delivery of technical cooperation. <p>Limited Impact</p> <ul style="list-style-type: none"> - In 1992 the Director of PAHO established a General Committee on Communications to improve the operational efficiency of the work leading to the development and coordination of PAHO's communications system.
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Delegation of authority	<p>23. To review the current delegation of authority between headquarters and the regional offices and to introduce appropriate changes on the basis of experience and current needs.</p> <p>28. To review, update, and standardize the delegation of authority, the operational, administrative, and managerial procedures of the country offices, and the basic operational resources of the offices of the WHO Representatives in the entire Organization.</p> <p>EBPC19/2.9</p>	Yes, in terms of how they would affect changes in the current delegation of authority between the Headquarters and the regional offices.	<p>Medium-term Impact</p> <ul style="list-style-type: none"> - Modifications in the delegation of authority should be consulted and agreed upon between the DG, the RDs and the ADGs. - It is planned to update the professional profiles of the Representatives and consultants in accordance with the changing circumstances in the Region. - It is planned to expand and enhance the already established Staff Development Program with continuing education for personnel linked to PAHO.
Intersectoral coordination	<p>27. To direct the RDs and the WHO Representatives so that they can provide leadership in the intersectoral coordination between the United Nations agencies and the most important donors.</p> <p>EBPC19/2.10</p>	Yes. These are discussed in recommendations 10, 11, 12, and 24.	

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5. Conclusions

To remain effective, an organization must periodically ask itself some questions, whose answers should help strengthen its leadership and distinguish it from other organizations. Some are related to the most necessary and requested lines of cooperation, both current and future; others have to do with redefining the basic purpose of cooperation in terms of long-term goals; and still others should be formulated in terms of identifying what separates it from other organizations -- the characteristics that make it unique. This latter question is perhaps one of the most important, for it fosters leadership and has to do with the mandates of the Member Governments and their efficient implementation with the available or obtainable resources, the services that are provided or should be provided, their diversity, the special characteristics of cooperation, and the focus on programs, projects or particular geographical areas.

Furthermore, there are strategic topics connected with the need to concentrate resources on the countries and health problems that most need it, to examine new ways of organizing the sector (to think more about regulation and/or association between the public and private sectors); to develop human resources; to examine questions related to the commitment to ensuring health as an attainable right in the Member States through the promotion of actions aimed at reducing inequities; to develop the capacity to construct and articulate policy arguments that offer the countries viable alternatives; to build a solid "lobby" to represent the less privileged groups; and to eliminate some areas of cooperation that today are more efficiently carried out by other agencies or institutions. There is also a need to enhance the technical competence of the Organization in order to establish, regulate, monitor, and evaluate both health policies and healthy intersectoral policies, employing a balance of approaches and methods from various disciplines.²⁷

The health agenda has changed along with the transformations in the economy, social areas, culture, values, and policies of modern societies, because the operations of societies tend to be more integrated and more complex. It is not possible to solve today's problems with the same kind of thinking employed when these problems arose. This implies the need to become an arbiter or an international health referee for the Region, for the resolution of conflicts among the interests of the countries and sectors involved in the development process. These factors, recognized by WHO and PAHO, are crucial at a time when international competitiveness is the rule and when the opening of the borders is a precondition for achieving this competitiveness.

The recommendations of the Working Groups and the documents prepared by WHO for their implementation help to find the most appropriate way for the Organization to adapt to global change.

Both institutional efficiency and technical excellence become the necessary characteristics for assuming the role of referee and mediator. The continuous efforts under way

²⁷ It is suggested that not only inter- or multi-disciplinary groups be formed for the work, but cross-disciplinary groups as well that would formulate common theoretical assumptions and work methodologies.

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to ensure that health has a preferred place in the national development processes throughout the Region imply the incorporation of nontraditional disciplines outside the health sciences, as well as an upgrading of the existing human resources. Maintaining the most up-to-date knowledge about the changes and characteristics of the situation in the countries and in the Region in general becomes a strategic instrument for developing guidelines related to technical cooperation and planning.

These factors are recognized by the Governing Bodies and the Secretariat, who will carry out the mandates aimed at resolving or alleviating the problems that have been mentioned.

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