

**FIFTH MEETING
QUINTA REUNIÓN**

Wednesday, 29 September 2004, at 9:00 a.m.
Miércoles, 29 de septiembre de 2004, a las 9.00 a.m.

President/ Presidente: Dr. José Antonio Alvarado Nicaragua

Later/Después: Dra. Pilar Mazzetti Perú

ITEM 5.8: WHO'S ELEVENTH GENERAL PROGRAM OF WORK
PUNTO 5.8: EL UNDÉCIMO PROGRAMA GENERAL DE TRABAJO DE LA OMS

Hon. Herbert SABAROCHE (President of the Executive Committee) said that when it discussed the item at its 134th Session in June 2004, the Executive Committee had affirmed the view that the General Program of Work would offer a unique opportunity to evaluate trends in health matters and identify the measures that the international community must take in order to achieve the development goals of the United Nations Millennium Declaration. Noting that a plan for a period as long as 10 years could be a disastrous failure if it was formulated on the basis of traditional assumptions, the Committee had applauded the use of different "futures" or scenarios, each with its own difficulties and potential.

The Committee had been pleased with the inclusion in the document of a section which attempted to better address WHO's priorities, strategic directions, and goals, and to more clearly delineate WHO's role and comparative advantage. It had been felt that the document could be further enhanced by the addition of more information and a clearer picture of WHO's future work with Member States and by an articulation of WHO's role in the larger global public health context.

The Committee had stressed that a monitoring and evaluation component would be crucial. In particular, it had underscored the need to examine how the evaluation of the current General Program of Work could contribute to the development of the new one. Expressing appreciation for the participatory and consultative process being used to develop the document, the Executive Committee had urged that the Program should be evidence-based and data-driven and had emphasized that it should propose actions that would be measurable not just by WHO but also by its Member States. It had been suggested that it might be useful for the Task Force on the Global Program of Work to consult with the Working Group on PAHO in the 21st Century.

Dr. NORDSTROM (Assistant Director-General, General Management, WHO) said that the discussions the previous day on the 25th anniversary of Alma-Ata had been stimulating in terms of looking both back and forward, conceptually and practically. The past 10 years had seen encouraging developments for global health. Health was now recognized as an important ingredient in the broader development agenda and in reducing poverty. The importance of investing in health and of the need to tackle the constraints facing health systems had likewise been recognized in the past 10 years. It was within that perspective that work was now under way to develop the Eleventh General Program of Work for WHO.

In developing that Program, an attempt would be made to take stock of the achievements in health and what the position of health was within the broader agenda. Various scenarios for the future would be investigated and on that basis, specific agendas for action would be mapped out. The process would draw on input from a number of other areas, including the thinking about PAHO in the 21st Century, the Ministerial Summit on Health Research to be held in Mexico in November 2004, and the work of the Commission on Social Determinants of Health. The Program was not going to be developed in isolation, as a new grandiose vision. Rather, it would be a way of trying to capitalize on the achievements of recent years and to benefit as much as possible from various ongoing processes.

All Regions and countries were being engaged in the process of developing the Program. At the outset, the process would center on information gathering and database creation. Various kinds of consultations would be held with countries and with a number of partners, civil society, the private sector and other stakeholders that were important to the work of WHO. That part of the process would go on through early 2005. In March or April 2005, an attempt would be made to build consensus around future directions for the Organization, to pull the various views and expectations together into a document with the aim of having a decision adopted at the Fifty-ninth World Health Assembly in 2006.

The document itself would, *inter alia*, address health within a broad context; key challenges during the 10-year period; scenarios for the future; and an agenda for action. It would then position WHO in terms of functions to be performed, leadership, technical work, and support to be given to countries through partnerships with others. Finally, the document would cover what other partners were committing themselves to do in order to achieve the common agenda for better health. It would thus provide guidance in the new landscape that would emerge both globally and in countries themselves.

He expressed the hope that all Member States would participate in what was both an exciting and productive process by presenting their views and priorities.

M. QUEREILHAC (France) remercie le représentant de l'OMS de sa présentation, indiquant que la France salue la qualité de la préparation du programme de travail de l'OMS pour la période 2006-2015, ce qui mènera à des débats de fond importants. La Délégation française souscrit en particulier totalement aux priorités retenues par l'OMS et visant à l'accélération de la réalisation des Objectifs du Millénaire pour le Développement. Reprenant les propos du Ministre de la santé de l'Argentine au sujet de la célébration des vingt-cinq ans de la conférence d'Alma-Ata, il souligne que pour la France la lutte contre le VIH/SIDA, la promotion de la santé maternelle et infantile, l'amélioration de l'accès aux médicaments essentiels, la lutte contre les maladies non transmissibles et le renforcement des systèmes de santé constituent des conditions et non des conséquences de la réduction de la pauvreté à l'échelle globale.

Ms. VALDEZ (United States of America) said that while the Eleventh General Program of Work remained a work in progress, each version presented reflected the vision and hard work that had been invested in it. The outline just given indicated that the Program could be a practical guide at both the country and subregional levels. It should be seen as laying out different routes toward health, rather than as presenting a new vision for achieving health. There were many drivers for change, including corporations and the private sector, and each had a role to play in better positioning health within the broader development context.

While it was a good idea to help WHO and Member States face a range of future scenarios affected by various health determinants, including better use of knowledge and the strength of health systems, the Program must stay focused on the Organization and its specific roles and value in the global pursuit of health. One thing that remained unclear was how it would be linked with the WHO program budget for 2006-2007. They were obviously sequential processes which needed to be integrated.

The United States continued to believe that a monitoring and evaluation component within the Program was critical. In particular, an evaluation of the current General Program of Work should be integral to the discussion of the future General Program.

The United States urged WHO to work hard to ensure that the Eleventh General Program of Work was evidence-based and data-driven. The proposed action must be measurable by both the Organization and its Member States. The United States looked forward to participating in that process.

El Dr. GONZÁLEZ FERNÁNDEZ (Cuba) señala que tan importante es obtener resultados con el undécimo programa, como el proceso mismo de elaboración. Añade

que los Delegados de Cuba han leído con detenimiento la propuesta de la OMS y transmitirán sus sugerencias por escrito a la Secretaría. Como el proceso concluye en 2006, afirma que habrá otras oportunidades de opinar sobre el desarrollo de este programa general de trabajo.

Ms. GILDERS (Canada) reaffirmed her country's belief that the Eleventh General Program of Work offered a unique opportunity to assess health trends, clarify the challenges for the next decade and identify the actions required by WHO and the international community to achieve the health goals already set. It welcomed the proposed "futures" approach involving the generation of different health scenarios and hoped that future needs for global health norms and health standards would be included in the scenarios. With its span of 10 years, the Eleventh General Program of Work was breaking new ground. It might therefore be useful to identify some interim goals in order to identify achievements over time.

The comments by the Director-General at the celebration of the 25th anniversary of Alma-Ata prompted thoughts about the need to build on the lessons learned from Alma-Ata as progress was made toward the achievement of the Millennium Development Goals. It would be interesting to know whether certain thematic issues, like that of equity, continued as a main thrust from Alma-Ata through the work on the Millennium Development Goals, and whether they were reflected in the Program of Work. Canada looked forward to future opportunities to participate in the drafting of the Program.

La Sra. SÁENZ MADRIGAL (Costa Rica) indica que la visión a largo plazo expresada en el informe de la OMS plantea retos y oportunidades y suscita tres consideraciones. Primero pide que se aclaren cuáles serán los mecanismos de coordinación para medir los adelantos logrados no sólo en términos de la propuesta, sino en el largo plazo. Añade, como segundo punto, que este enfoque permitirá centrar en los países los logros y las mediciones y la manera de medir la reducción de las brechas en materia de salud a lo largo de este trabajo. Por último, considera que durante la evolución del undécimo programa deben establecerse mecanismos formales y también informales de consulta con los países y con grupos universitarios y técnicos, por ejemplo, que podrían concretar aportaciones en la materia. Expresa el deseo de su país de contribuir a este proceso.

Dr. NORDSTROM (Assistant Director-General, General Management, WHO), referring to the comments made by Cuba, said that there would definitely be other occasions to discuss the Program: the purpose of having the subject on the agenda now had been to introduce it and invite reactions on the general approach taken. Further

consultations would be held in the Regions and with countries and a more detailed and fully developed document would be submitted to the Regional Committees in 2005.

The comment made on the monitoring framework was a valid one: it was necessary to see what mechanisms were already in place for monitoring progress in global health and how they could be linked to the General Program of Work. There was definitely a shortcoming in terms of linkage between the 10-year Program, which reflected long-term strategic directions, and the draft program budgets, which covered two-year periods. Interim goals might well be needed during the 10-year duration of the Program. The Organization was now learning from the past four cycles of results-based management budgeting over two-year periods, but no conclusions had yet been reached. It might make sense to take a slightly longer look with regard, not to budgeting, but to strategic direction.

El PRESIDENTE da por concluido el punto 5.8 y cede la palabra a la Delegada de Costa Rica.

La Sra. SÁENZ MADRIGAL (Costa Rica) recuerda a los presentes que el 18 y 19 de octubre se realizará en Costa Rica la Cumbre Iberoamericana Sectorial de Ministros de Salud, cuyo lema es la educación para la salud. Indica que la mayoría de los países han confirmado su presencia y recuerda a quienes no lo han hecho que hagan lo propio. Agrega que ocho países, entre ellos Cuba, se han declarado interesados en realizar presentaciones sobre temas que varían entre la comunicación y la formación de recursos humanos. Recuerda que los presidentes de países iberoamericanos habían optado por el lema de “Educación para el Desarrollo” e invita, además, a todos los países no iberoamericanos de la Región de las Américas a asistir en calidad de observadores.

M. DORMÉUS (Haïti) lit une déclaration du Dr Josette Bijou, retenue à Port-au-Prince dans le cadre de la gestion des désastres causés par le cyclone Jeanne.

Le Gouvernement de la République d’Haïti et le peuple haïtien tout entier envoient leurs félicitations au Président de l’assemblée et saisissent l’occasion pour présenter leur sympathie aux pays de la Caraïbe et des États-Unis, particulièrement la République dominicaine, Grenade, Jamaïque, Barbade et Floride, affectés par les catastrophes naturelles au cours de ces derniers mois. Ils s’associent aux souffrances des populations victimes et déplorent les pertes en vies humaines.

La République d’Haïti a subi à son tour les assauts du cyclone Jeanne. La commune des Gonaïves et neuf autres réparties sur trois départements, le Nord, le Nord’Ouest et l’Artibonite, ont été complètement inondées. Les pertes en vies humaines

sont immenses. Mille cinq cents cadavres ont été dénombrés et plus de 700 personnes sont portées disparues. Parmi les 60 patients qui se trouvaient à l'hôpital des Gonaïves, 7 ont trouvé la mort, ainsi que 2 membres du personnel.

Le délégué haïtien remercie toutes les organisations nationales et internationales qui se sont portées au secours de la population des Gonaïves et tous les gouvernements amis qui ont spontanément offert leur aide.

Les ressources humaines en matière de santé en Haïti sont à la fois quantitativement insuffisantes et inégalement réparties à travers le territoire. Si l'on rapporte le nombre de professionnels de la santé recensés à la population estimée, on obtient une couverture de 2,5 médecins et 1 infirmière pour 10.000 habitants.

La grande majorité des médecins, environ 80%, travaillent dans le secteur hospitalier avec une très grande concentration dans la capitale. Ces ressources humaines insuffisantes en quantité et mal réparties constituent un handicap pour la prestation de services de qualité. Face à cette urgence créée par le cyclone, le secteur santé se retrouve dans une situation très difficile pour bien mener les actions de santé publique en vue de prévenir les éventuelles épidémies.

Pour pallier ce déficit, il y a tantôt 5 ans, le gouvernement a fait appel à la coopération cubaine avec une addition de 500 professionnels dans le système. La qualité et la quantité des soins se sont légèrement améliorées.

En ce qui a trait à la formation, un groupe de 500 jeunes haïtiens étudient actuellement la médecine à Cuba. Ils sont liés au Ministère de la Santé publique et de la Population par un accord les obligeant à retourner dans leur communauté d'origine pour au moins dix années. Il est à espérer que la prochaine période biennale verra une augmentation des ressources humaines en matière de santé avec une certaine équité dans la distribution et, par conséquent, une amélioration dans la fourniture et la qualité des soins.

En dépit de tout, la nécessité de pourvoir le pays en spécialistes de santé publique demeure une grande préoccupation du secteur de la santé. En ce sens, le Ministère de la Santé sollicite une attention spéciale de l'organisation régionale pour l'aider à combler ce déficit.

L'accès à des médicaments de qualité sûrs et à coût abordable pour la majorité de la population ainsi que leur disponibilité constituent déjà un problème. Avec les événements actuels, les pharmacies des institutions sanitaires ainsi que les médicaments

des commerces privés ont été complètement emportés par les eaux. Ceci constitue un nouveau défi à relever.

Un renforcement du secteur des médicaments s'avère nécessaire pour atteindre les objectifs fixés par le Ministère de la Santé à travers le plan stratégique de réforme du secteur de la santé.

Haïti a adhéré à la Déclaration d'Alma Ata, la Santé pour Tous, et réaffirme ses engagements de poursuivre les Objectifs du millénaire à travers les soins primaires de santé.

Un cas de force majeure, les récentes inondations, obligent le Ministère de la Santé publique et de la Population à s'absenter du 45^e Conseil directeur de l'OPS. Le Dr Bijou remercie tous les pays amis sensibles à sa candidature comme membre au Comité exécutif et s'excuse de son absence. Le gouvernement haïtien souhaite à tous les participants à cette assemblée des séances de travail fructueuses avec des recommandations au bénéfice de l'Organisation.

Pour finir, le gouvernement de la République adresse ses félicitations au Dr Mirta Roses, Directrice générale de l'OPS pour son dynamisme à la tête de l'Organisation. Il la remercie sincèrement pour son dévouement à la cause d'Haïti et ses différentes prises de position en faveur de la communauté haïtienne dans un moment difficile de l'histoire du pays.

El PRESIDENTE expresa la solidaridad de la Organización y de los países con Haití y dice que comparte el dolor de ese país pero también la esperanza.

ITEM 5.1: DRAFT PROPOSED PROGRAM BUDGET OF THE WORLD HEALTH ORGANIZATION FOR THE FINANCIAL PERIOD 2006-2007

PUNTO 5.1: ANTEPROYECTO DE PRESUPUESTO POR PROGRAMAS DE LA ORGANIZACIÓN MUNDIAL DE LA SALUD PARA EL EJERCICIO FINANCIERO 2006-2007

Dr. NORDSTROM (Assistant Director-General, General Management, WHO) said that the draft proposed program budget was the fourth to use the results-based approach that had been the subject of discussions and evaluations throughout the United Nations system. Generally, the results had been satisfactory in terms of developing the mechanics and the necessary tools.

Work on the current program budget had started more than a year ago, involving the whole Organization, including regional and country offices, in a bottom-up approach: learning from the past and looking into the future. It had been an interactive process that in March 2003 had led to a peer review in which feedback had been sought from all parts of the Organization. The program budget had been revised on the basis of that review. The Directing Council was now called upon to provide input, not to take decisions; they would be taken at the Fifty-eighth World Health Assembly in May 2005. Consultations would be held with Member States through the regional mechanisms and individually; the input would then be consolidated and the document revised.

The budget had been developed on the basis of four principles: the results-based approach, learning as much as possible from the past, the setting of priorities through interaction with Member States, and the promotion of decentralization. Through that process, five areas had been identified as priority areas: activities relating to global health security; progress towards the Millennium Development Goals; responding to the increased burden of noncommunicable diseases; equity in health; and a greater emphasis on accountability.

What did that mean in terms of strategic directions? The program budget built to a great extent on what had already been achieved. Some important steps forward were being taken, but important work that had already been done was also being consolidated.

What was new in the program budget? One thing was the suggestion that more be invested in health security in response to WHO's much appreciated work relating to severe acute respiratory syndrome (SARS) and avian influenza; in addition, Member States had asked for more to be done through the International Health Regulations.

In terms of the Millennium Development Goals, much emphasis had been placed in recent years on HIV/AIDS, tuberculosis, and malaria. A great deal more had to be done and more resources were needed in those areas. Increased attention was also needed in maternal and child health. No improvements had been made in that area in recent years, and work must now be done to make pregnancy safer. The child health agenda also needed more attention.

Another area that needed to be addressed was health determinants, specifically tobacco control, moving from the WHO Framework Convention on Tobacco Control to working with countries on tobacco control issues. More work was also needed in countries where prevention of noncommunicable or chronic diseases was a priority. Finally, ensuring the efficiency and quality of work in the Organization was necessary, with a specific focus on accountability and oversight.

Consideration of the funding problem had led to a costing exercise that had focused on priorities for the Organization. The resulting price tag had initially been \$3.5 billion. That had now been brought down to a suggested program budget of \$3.18 billion, representing an increase of 12.8% compared to 2003.

In terms of budget specifics, the area in which the greatest increase was suggested, \$37 million, was epidemic alert and response. The second largest proposed increase was for child health, the third for making pregnancy safer, and then, in declining order, addressing chronic diseases, planning and oversight including a strengthened auditing capacity throughout the Organization, and, finally, tobacco control. There was one area of work for which a substantial decrease was suggested: immunization and vaccine development, including for poliomyelitis.

The major focus in the budget was on improving health outcomes, which represented over 50% of the total budget. Health systems remained very important, with 13% of the total budget. Health determinants accounted for 11%, followed by administration, which comprised knowledge management and increases for staff security. Many programs were interlinked: for example, work on HIV/AIDS entailed health promotion, health systems, and essential medicines. There were also core focus areas that comprised building blocks of general importance to health.

WHO was in a fortunate but challenging position in that Member States and other partners wanted it to do more. New funding mechanisms were in place in some countries and investment in health through development assistance had increased during recent years, but the expectations placed upon WHO to respond to new situations, and to provide the right kind of technical support had also increased substantially. The Organization was called upon to become an active partner in poverty reduction, for example, a new challenge requiring new competencies.

The Director-General believed that although important work was to be done at Headquarters, increased efforts needed to be made and more work done in Regions and countries. The suggested overall budgetary increase of roughly 13% was therefore to apply to all Regions and countries. Strategic directions and the competences available in the various Regional and Country Offices were being reviewed, and decentralization had begun. At present, the proposed budget called for a slight increase for headquarters and an increase for all the Regional Offices. A target reduction of headquarters resources from roughly 44% of the total to 30% had been envisaged, and while that had not yet been achieved, good progress was being made, particularly in the current biennium.

WHO's budget was financed from various sources, including assessed contributions, miscellaneous income and voluntary contributions. For the financing of the program budget for 2006-2007, an increase in assessed contributions was being suggested, while reliance on miscellaneous income was to be reduced. Very positive developments over the past year in terms of trust in WHO had resulted in an increase in voluntary contributions. Better management of the voluntary contributions component in the budget, better alignment between the voluntary resources and the overall priorities, and a truly integrated approach to the budget should mean that a 15% increase was possible. While the suggested increase in assessed contributions of 9% might seem shocking, in real terms it amounted to \$7 million to \$8 million, not much compared to the total budget.

It had therefore been decided to put the issue to Member States in order to see how they would like the Organization to be financed. Nevertheless, if the current trend continued, in 10 years the regular budget would drop to only 15% or 17% of the total budget, which would be a worrisome development. The Governing Bodies needed to have a regular budget representing a reasonable share of the total budget; to depend on voluntary contributions to fund some of the Organization's core normative work would create a heavy burden. Furthermore, the cost of managing voluntary contributions was much higher than that of administering assessed contributions. If efficiencies were to be found, therefore, the administration of voluntary contributions would have to be streamlined. Any increase should be evenly distributed across the Regions, and the opportunity should be used to define priority areas. It was within those areas that the Organization was being asked to do more, hence the request for additional funding from Member States.

The efforts to increase the Organization's effectiveness and efficiency were embedded in a results-based style of management aimed at more effective use of resources: a robust process, constantly reviewing what was being done, moving on, using the resources in an effective way, and showing a capacity to respond to the expectations placed on the Organization were essential if the Organization was to maintain its credibility.

Efficiency gains were also being sought. Perhaps the most important area where concrete results could be seen was in the new global management system: a new information technology environment that would make many of the present processes redundant. Streamlining was being pursued in small operations as well as large ones: for example, at Headquarters, the number of signatures required for certain procedures had been reduced from eight to two. Starting in November 2004, a major program involving 400 staff members would be launched to improve management skills, teamwork, and

communication techniques. The objective was not only to simplify procedures but also to increase accountability.

Ms. BLACKWOOD (United States of America) said that her country commended the continued effort by WHO to improve results-based budgeting and to integrate all resources. It was to be hoped that those efforts would result in increased performance at global and regional levels, greater accountability and a stronger linkage, and management in and between areas of work.

The United States had noted the Organization's success in generating extra-budgetary resources to meet its objectives and the fact that donor interest and confidence in WHO's public health work remained high. She therefore wondered how the proposed 14.9% increase had been arrived at and what consultative process had been undertaken with donors.

The United States did not support the proposed budgetary increases. In terms of the regular budget, it continued to advocate discipline, accountability, and efficiency, and therefore supported a budget level that maintained the assessed regular budget at the 2004-2005 level of \$858.5 million for substantive areas of work.

While intensified action was needed in some areas identified in the budget proposal, hard choices about lower priorities and the downgrading of some long-standing priorities had not been sufficiently addressed. More information on the development of guidelines regarding regional allocations would be appreciated.

The United States welcomed the inclusion of results-based budgeting in the program budget, supported the Organization's continued efforts to introduce increased performance and accountability, and expected the next draft to reflect increased reliance on justification, specificity, and measurability.

El Dr. FRENK (México) felicita a la Organización Mundial de la Salud y al Dr. Nordstrom por su excelente presentación. El proceso descrito ha generado un anteproyecto de presupuesto por programas bien sólido basado en resultados. Con arreglo a la escala de cuotas de las Naciones Unidas que se aprobó en diciembre de 2003, México vio incrementada su cuota a la OMS en aproximadamente un 80% para el período 2004-2006, de modo que a partir del año próximo pasará a ser el décimo contribuyente más alto a la Organización en cuotas regulares y el segundo entre los países en desarrollo. Esto ha motivado el interés del Gobierno de México por la reforma del sistema de las Naciones Unidas, movimiento que la OMS bien puede encabezar mediante una distribución presupuestaria basada en resultados, una reasignación de recursos descentralizada y un proceso presupuestario consultivo. Cuanto más distante

está un organismo público del contacto directo con los ciudadanos, más pertinentes son los mecanismos de control y supervisión, y eso requiere inversiones en sistemas de información y en planes de vigilancia. Habida cuenta de que la contribución de su país se incrementará sustancialmente, el orador manifiesta su deseo de lograr un uso más eficaz y transparente de los recursos y aplaude las medidas presentadas a este respecto.

Mr. KINGHAM (United Kingdom) expressed appreciation for the solidarity expressed earlier for countries such as the Cayman Islands, which had suffered as a result of recent natural disasters. He commended the clear presentation of the WHO proposed program budget. It was important to build in an element of flexibility and to link the budgeting process with the General Program of Work and the Millennium Development Goals. WHO was regarded as a leader in the United Nations family because of its results-based budgeting approach, and the emphasis on measurable outputs.

However, it was now calling for an ambitious increase in resources, and it would be important to see how far existing work could be built upon, expanding or in some cases reducing program activities, in order to give a sharper focus to the five key priorities that had been defined. Priority-setting was no easy task in an Organization of so many Member States, each with its own requirements, but difficult choices must be made when resources were scarce. He requested further information on what the proposed efficiency savings and shift of resources away from headquarters would mean in practice, both in terms of human and financial resources. Changes should respect WHO human resources regulations and should be explicit to ensure transparency.

It was essential to secure the right balance between WHO's normative and standard-setting functions, which in essence gave WHO its global leadership in health matters, and its ability to run programs at country and regional levels and respond to new emergencies and changing circumstances.

A substantial increase in the level of voluntary contributions was foreseen for 2006-2007, but how certain was that forecast, given that the predicted level for the current biennium had not materialized?

The fact that WHO would be the first of the specialized agencies to adopt a program budget for 2006-2007 placed an extra responsibility on the Organization, and was certainly of special interest to national governments. The process of consultation was important, but there must be some doubt as to whether the ambitious increase sought by WHO would prove acceptable.

M. QUEREILHAC (France) remercie le docteur Nordstrom pour sa présentation très claire et très synthétique du budget programme pour les années 2006-2007. Il a noté en particulier la structuration du budget autour d'objectifs de stratégies et de résultats attendus. Les priorités en effet affichées dans ce projet sont en cohérence avec les résolutions prises lors de l'Assemblée mondiale et reflètent les priorités actuelles en matière de santé publique. La dotation supplémentaire, en particulier sur la sécurité sanitaire mondiale, lui paraît essentielle dans la mesure où le risque de pandémie mondiale a atteint aujourd'hui un niveau inégalé. Il apprécie également l'intention de faire reposer la rationalisation financière sur trois axes principaux, à savoir l'harmonisation de la gestion des contributions volontaires, la simplification et le meilleur contrôle des dépenses en aval et la globalisation des passations de marché.

La France a plusieurs fois exprimé sa préoccupation au sujet de la part importante, aujourd'hui 70%, et croissante que représentent les contributions volontaires dans le budget de l'Organisation. La France s'inquiète de voir par exemple les activités en matière de sécurité sanitaire mondiale, responsabilités majeures qui constituent le fondement même de la légitimité de l'OMS, financées essentiellement sur des contributions volontaires, par définition fragiles.

À ce titre, l'augmentation de 9% du budget obligatoire envisagée dans le projet n'est qu'un moyen de remédier à cette situation. Le programme général de travail pour la période 2005-2006, sur lequel ce projet devrait s'appuyer, n'est encore qu'au stade de l'ébauche. La France souhaiterait que soient davantage précisés les liens entre le budget programme 2006-2007 et le 11^e Programme général de travail de l'Organisation.

La Délégation française estime qu'une budgétisation basée sur des résultats ne pourra être effective que lorsque la réflexion sur l'évaluation des performances passées sera plus avancée. Elle soumet deux propositions à l'OMS : d'une part, consacrer un examen plus profond aux activités pouvant être financées au titre du budget ordinaire et aux activités pouvant être financées sur la base de contributions volontaires, tout en distinguant les dépenses de caractère organisationnel; et d'autre part une hiérarchisation des priorités et plus de transparence dans la répartition des budgets affectés aux pays qui absorbent désormais la première rubrique budgétaire en volume.

Enfin, la Délégation française s'interroge sur la baisse des crédits dans le budget global de l'OMS affectés à l'éradication de la poliomyélite. En effet, douze pays précédemment exempts de la poliomyélite, ont été touchés depuis janvier 2003. Cette préoccupation se nourrit également du fait que l'OMS indique que les activités de vaccination pour 2005 sont sérieusement menacées par un problème de financement.

Dr. DAHL-REGIS (Bahamas), commending the presentation, joined the previous speaker in expressing concern at the proposal to reduce allocations to immunization and vaccine development, particularly in view of the fact that some countries in the Americas were unable to benefit from the Global Alliance of Vaccines and Immunizations because they did not meet the criteria in relation to coverage. In the budget restructuring process, due attention must be given to maintaining the gains made through immunization, with support for the use of the newer technologies and vaccines. Immunization was probably the most cost-effective means of attaining the Millennium Development Goals of reducing childhood mortality.

Dr. RAMSAMMY (Guyana) commended WHO's efforts to attain greater budgetary discipline and to develop a results-based proposed program budget. It was heartening to see the continued interest of donors and the Organization's confidence in projecting a 14.9% increase in voluntary contributions. Given the determination of WHO and PAHO to protect gains already achieved, any lessening of emphasis on child care and immunization was perhaps unwise; the proposed reduction in that area should be re-examined.

Guyana was one of the highly indebted poor countries and was constantly facing new challenges. For example, a recent decision by the European Union to cut the price of sugar would result in a loss of approximately \$35 million to the economy in 2005. The proposed increase in assessed contributions to meet the proposed program budget increase was therefore a serious concern and should be reviewed. Although the WHO assessment was small, other international organizations were also seeking increases at the same time as proposing cuts in country expenditure.

Ms. GILDERS (Canada) commended WHO's efforts to develop a strategic, integrated, and transparent budget with organization-wide priorities and objectives. The incorporation of both regular budget and extrabudgetary funding, and the development of baseline and performance indicators were particularly welcome. Moreover the budget structure provided a good basis for evaluation. Canada looked forward to working with other Member States and WHO in developing the proposed program budget further.

Focusing the work of WHO on the proposed strategic directions, which had been endorsed by Member States at the Fifty-seventh World Health Assembly, would strengthen the collective decision-making authority of the Health Assembly and the overall governance structure of the Organization. Like many other countries, Canada, while recognizing the need for an adequate level of assessed contributions, would find it difficult to agree to a 9% increase given the current climate of fiscal restraint. In Canada, such restraint across government was necessary in part to provide adequate funding for the national health care system, the cost of which had been growing by about 7% a year,

while government revenues were only increasing by 5%. Canada requested further justification of the need for the increase being sought by WHO, including consideration of where the Organization had a comparative advantage or was best positioned to address gaps.

As previous speakers had indicated, there was a need for thorough evaluation of the priorities. Results-based budgeting was fundamental to identifying programs that were of lower priority or were no longer cost-effective and could therefore be reduced. WHO should do more in that area. Given the recent resurgence in poliomyelitis in Africa, as well as concerns in the Americas, it was not certain that immunizations and vaccines development activities could be scaled down as proposed. Like the United Kingdom, Canada welcomed the drive for maximum efficiencies, but would be interested to know what effects that would have in practice.

Canada supported continued improvement in results-based planning, priority-setting, resource management, development of indicators, and collaboration with other United Nations organizations so as to avoid duplication. It strongly endorsed the five priorities, but noted that they had been allocated less than 13% of the total budget resources. Priorities must be adequately resourced if they were to receive the required attention. The amount allocated to surveillance and management of noncommunicable diseases and tobacco control was especially low given that noncommunicable diseases now accounted for approximately half of the global disease burden. Canada welcomed the increases in allocations to Regions and countries, but cautioned that it was important to maintain capacity at headquarters in WHO's core functions of setting, monitoring, and validating global norms and standards, and in disease surveillance. While Canada recognized the difficulties in determining equitable regional budget allocations, due account should be taken of geographical realities, such as the fact that new strains of the influenza virus, which had the potential to give rise to a serious influenza pandemic, tended to emerge in Asia.

El Dr. GONZÁLEZ FERNÁNDEZ (Cuba) considera acertado que en el anteproyecto de presupuesto por programas figuren los compromisos relacionados con la estrategia de salud para todos y con los principios y prácticas de la atención primaria de salud, que continúan siendo metas válidas para la Organización. Tal como han señalado otros delegados, es ilógico que, si nos planteamos el Objetivo de Desarrollo del Milenio de reducir la mortalidad infantil en menos de 5 años, disminuyamos la asignación para las inmunizaciones. En este rubro del presupuesto no sólo debemos tener en cuenta las vacunas que existen actualmente, sino también el desarrollo de nuevas vacunas. De hecho, la OMS ha planteado el problema de la llamada "brecha 10/90". En relación a las fuentes de financiamiento, llama la atención que 70% de los fondos procedan de contribuciones voluntarias que, tal como se ha señalado muchas veces tienen

especificado el uso al que van destinadas, lo que en cierta medida es una forma de condicionar el uso de los recursos. La asignación de recursos presupuestarios a las Regiones y la reducción de la asignación a la Sede, medida que parece muy adecuada, son asuntos que se deben examinar detenidamente. Asimismo, la eficiencia del presupuesto debe mejorarse, y una forma de medir esa eficiencia podría consistir en identificar programas, determinar prioridades, asignar presupuestos y luego medir los resultados obtenidos.

Dr. NORDSTROM (Assistant Director-General, General Management, WHO), welcomed the clear consensus in favor of the proposed strategic direction and priorities, which indicated that WHO had responded to requests from Member States during Health Assembly discussions and direct consultations. WHO was collaborating with other United Nations organizations at a high level to ensure close links between management, administration, and programming of resources. The concept of results-based management was receiving increased attention, and WHO was happy to share its experiences with other partners, including the Joint Inspection Unit. There was still room for considerable improvement in terms of oversight and accountability for WHO's financial and program activities. A more analytical approach was needed, drawing more conclusions about where good progress had been made, where not, and why. Further refinement of indicators was also needed, with more specific targets.

Was the Organization suggesting the right activities and anticipating the right outcomes? Feedback from Member States on all the proposals would be highly appreciated. Concern had been expressed that the proposed program budget was ambitious. However, the Secretariat was responding to requests from Member States, and a checklist had been used in developing the proposed program budget which included criteria such as whether the area was one in which WHO had a comparative advantage or a clear role and the capacity to contribute.

In response to questions regarding voluntary contributions, he said that the predicted increase of 15% for the 2006-2007 biennium was realistic. The budget target for the current biennium was \$2.8 billion, of which 78% had been received. In fact the aim was to realize 120% to 130%, in order to have resources available at the start of the next biennium and so prevent any slowing of activities.

WHO was making greater efforts to consult partners that were providing voluntary contributions with a view to ensuring a better alignment of resources with the priorities that had been identified. In 2002-2003 there had been quite large discrepancies,

with some areas of work only raising some 30% to 40% of the extrabudgetary resources required, while other areas had attracted 500%. Nevertheless, the resource base was relatively stable and discussions on more appropriate management of voluntary contributions were proving fruitful.

It would be difficult to provide figures for many of the efficiency gains, but it should be possible to show more clearly what was being done in terms of both financial and human resources. The shift of resources away from headquarters would inevitably be followed by changes in staffing. The process would form part of the strategic direction and competency review mentioned earlier. WHO was also introducing rotation and mobility to ensure that the right kind of staff were available where they were needed. A pilot study was under way and it was hoped to introduce the scheme across the Organization in 2006. Greater investments in staff development and learning were being made to improve competencies.

The Director-General was committed to WHO's immunization programs, and had been personally involved with them over the years. However, he felt that WHO could continue its work in that area at a slightly lower level. Reductions were mainly foreseen in the implementation of operational immunization activities rather than in normative and developmental work. Nevertheless, the budget target for immunization and vaccine development was considerable; it remained WHO's largest program. There was still a shortfall in the resources required for the current biennium since the amount received so far totaled 72.8% of the budget target, and he encouraged donors to provide additional funding.

Guyana had expressed concern about the cost to countries of the proposed increase in assessed contributions given that several United Nations organizations were asking for increases. In the case of Guyana, the WHO increase would be from \$8,580 to \$9,360, an additional \$780. Of course for others the increase in absolute terms would be much greater, but even for a country like Canada, with a proposed increase of \$3.4 million, the addition was probably quite small in terms of its national health budget.

The Health Assembly had requested the Director-General to develop guiding principles and criteria for strategic resource allocations across the Organization, which included regional allocations. Proposals regarding guiding principles would be posted on the WHO website on 4 October 2004. The approach was partly based on the budget policy process in PAHO, so the views of the Member States of the Region would be particularly welcome. Work was continuing on the development of specific criteria and simulations or scenarios demonstrating the application of those criteria.

El PRESIDENTE pide al Relator que prepare un proyecto de resolución para ser examinado en una de las subsecuentes reuniones.

*Dr. Pilar Mazzetti (Peru) took the Chair.
La Dra. Pilar Mazzetti (Perú) pasa a ocupar la Presidencia.*

ITEM 5.2: REGIONAL PROGRAM BUDGET POLICY

PUNTO 5.2: POLÍTICA PRESUPUESTARIA DEL PROGRAMA REGIONAL

Hon. Herbert SABAROCHE (President of the Executive Committee) said that the Executive Committee had discussed the proposed regional program budget policy at its 134th Session in June 2004. It had endorsed the efforts to revise the allocation process so as to make it more equitable, as requested by Member States at the 44th Directing Council. The new policy would have a bearing on WHO's revision of the criteria for allocating WHO regular budget resources to the Regions, pursuant to Decision WHA57(10), as well as having direct effects in the Region.

With regard to the proposed model for resource allocation, firm support had been expressed for the allocation of proportionately more resources to countries in greater need, although there had been some concern about the impact of the consequent reductions in other countries. The Committee had suggested that additional smoothing factors be introduced to minimize any effects, and had emphasized that any reductions should be introduced gradually to allow countries time to prepare and to complete any projects currently under way. Increases in funding should also be introduced gradually, as some recipient countries might not have the capacity to absorb a large increment all at once. The need for thorough monitoring and evaluation of the use of resources at country level had been underscored.

Several suggestions made at the 38th Session of the Subcommittee on Planning and Programming in March 2004 had been reiterated, notably that the Secretariat should prepare a composite chart showing how the budget policy was aligned with the Millennium Development Goals, the Summit of the Americas goals, and PAHO's Strategic Plan for 2003-2007, as well as a special presentation on the experience with technical cooperation among countries in the Region over the previous 20 years.

Because the document containing the budget policy proposal had not been circulated in advance of the session, so delegates had not had the opportunity to consult their governments, some Members had felt that it would be premature for the Committee to adopt a resolution on the item. However, after receiving assurances that written comments about the policy would be requested from and disseminated to Member States,

and that revisions and adjustments based on that additional input would be incorporated into the final submission to the Directing Council, the Committee had decided to adopt Resolution CE134.R10, which recommended that the 45th Directing Council, after discussing the applicability of the proposed model, adopt a resolution approving the new PAHO regional program budget policy, which would then be applied in formulating the proposed program budget for 2006-2007.

Dr. SEALEY (Area Manager, Planning, Program Budget, and Project Support), supporting her presentation with slides, presented the proposed new regional budget policy for PAHO. It was important to recall that the purpose of the program budget was to define, for a single biennium, the organization-wide commitments for program delivery that contributed to national, regional, and global growth. The program budget was also the instrument through which all resources, human and financial, were channeled. The budget was structured by areas of work, functional level, and organizational unit. The areas of work were the strategic divisions of activities that reflected the Secretariat's response to global and regional health needs, as well as institutional responsibilities. They were aligned with those used at the WHO level. Structuring at the functional level showed how the budget resources were allocated at the country, subregional, and regional levels. Finally the budget was structured by organizational unit in order to show how it would be implemented.

The three perspectives were of course related: all the organizational units within PAHO contributed to a particular area of work, and activities under a particular area of work might be conducted not only at the country level but also at the subregional and regional levels. Although there were multiple sources of funding—regular budget and extrabudgetary contributions, there was a single program budget with one set of expected results. The proposed program budget policy sought to align policies across the various levels, global, regional, and country, with country priorities being determined through the new country cooperation strategy.

A new program budget policy had been developed because the current regional program policy, approved in 1985, was no longer effective in determining resource allocation and did not reflect the many changes that had taken place in recent years: new collective mandates and ways of working; changes in country needs; strengthening of subregional integration processes; the strategic plan for 2003-2007, which identified priorities, including Key Countries; the managerial strategy presented by the Director in 2003; and the request by the Directing Council for more equitable resource allocation.

The formulation of the policy had been guided by the principles that guided the Organization as a whole: equity, to ensure that more resources were given to those with greater need, and pan-Americanism, to enable all countries to participate in addressing global threats and to show solidarity. The formulation process had started with the convening of a consultative group comprising national experts from Canada, Guatemala, Peru, Trinidad and Tobago, and United States of America. The group had met twice and had also consulted by e-mail and telephone. The proposals had been reviewed by the Subcommittee on Planning and Programming and the Executive Committee, and their comments had been taken into account in revising the proposals. Member States had also been consulted directly. The Director had written to all ministers of health asking for written comments; 16 countries had responded, and their comments had been taken into account in preparing the proposals before the Directing Council.

In developing the new policy, several assumptions had been made, which had subsequently been validated by the responses from Member States. Resources needed to be aligned to provide the best support for the achievement of collective mandates, including the Millennium Development Goals, while at the same time addressing national priorities. Additionally, the country focus should be emphasized, while integrating processes related to the advancement of public health at the subregional level.

A transparent needs-based model for country allocations was needed to ensure that countries with poor health status and low income received proportionately more. The model should take into account the wide range in population size in the Region. At the same time it should be flexible in order to cope with special circumstances, such as those encountered in small island countries, or emerging problems like SARS. The model would need to work with the statistics available from all Member States. The indicators selected should therefore be those for which reliable data would be available on a regular basis. There was also a need for some predictability in what countries would receive in order to facilitate planning. The proposed policy encompassed both regular budget and extrabudgetary resources and would allow all partners to see where there were funding gaps at all levels of the Organization.

The proposed policy called for a shift of resources from regional to country levels to increase the proportion of allocations given directly to countries from 35% to 40%, and for the establishment of a subregional allocation of 7% of the total. Country allocations would be divided into two to provide a core component accounting for 95% of the allocation, and a variable component accounting for the remainder. The core component would consist of a “floor” allocation to ensure a basic level of cooperation, and a needs-based portion determined by the general level of health, economic need, and population size. Life expectancy and gross domestic product per capita were proposed as the

indicators for determining the needs-based component, since the necessary data were usually available.

The variable portion of 5%, while small, was important because it would allow responses to compelling special circumstances not otherwise addressed by the model, or could be used to accelerate the attainment of priority collective mandates by intensifying cooperation with particular countries in the short term. However, the use of the variable portion should be subject to clear objectives in each biennium, and should be reported to the Governing Bodies.

In their responses to the proposal, Member States had shown a high level of concurrence with the underlying principles and the conceptual model. Concerns had mainly related to the impact of reductions and the absorptive capacity for increases. The model had been adjusted in light of the comments received by lowering the level of the “floor” component from \$500,000 to \$300,000 and increasing the variable portion from 3% to 5%. Further, two smoothing mechanisms had been introduced, one relating to population size, the other to the method for determining which countries were in greatest need, which would ensure a more gradual shift in resources.

In summary, the resulting model now before the Directing Council clearly applied the policies and principles of the Organization. It was also flexible enough to allow responses to global and regional mandates, national priorities, and special needs. Country allocations had been increased, reflected relative need, and provided an optimal level of redistribution of resources, in line with the Organization’s strategic directions. Technical cooperation at the subregional level was formally supported and resourced. It was proposed that the new policy should be phased in over two bienniums. Over that period there would be a shift in resources from headquarters resulting in increased allocations to the Regions, as well as mobilization of additional extrabudgetary resources, so that the overall sum available to PAHO would increase. Other measures to facilitate the adjustments would include the possibility of additional help to countries with special needs on a time-limited basis, cooperation to strengthen national capacity, and the shifting of regional and subregional staff to Country Offices.

*The meeting rose at 12:40 p.m.
Se levanta la reunión a las 12.40 p.m.*