
Report of the Joint Government/WHO Programme Review and Planning Missions in 2011, including the utilization of Country Cooperation Strategies: outcomes and lessons learnt

Overview

1. Operational planning for the biennium 2012-2013 took place between August and November 2011 through the 15th round of Joint Government/WHO Programme Review and Planning Missions (JPRM). This consultative process aims to ensure that technical collaboration between WHO and Member States answers to country needs, and is in line with national health policy and agreed strategic directions identified in the Country Cooperation Strategies (CCS). Through this process, operational plans were developed with specific defined results and measurable targets to be achieved over a two-year period.

2. The regional programme budget 2012-2013 covers the third biennium of implementation of the Medium Term Strategic Plan 2008-2013. The JPRM process includes a critical review and assessment of the outcome of the previous biennium, the results of which are used in the planning exercise itself. Within the framework of the General Programme of Work and the Medium Term Strategic Plan, the biennial programme budget remains the key tool for operational planning. The concurrent development and roll out of the WHO Global Management System also has a profound impact on working methods, processes and procedures.

3. The joint effort between Member States and WHO continued in order to improve the health situation in the Region. However, the development of health programmes during 2011 was influenced by the political instability and dramatic internal conflicts which involved several countries of the Region. In addition, natural disasters such as floods, famines and earthquakes provoked emergency situations in other countries which required heavy engagement of the health stakeholders, including WHO.

Process

4. Preparatory work at country and Regional Office level started well ahead of the joint missions. WHO Representatives and their teams, in collaboration with national programme managers, developed draft plans at the country level. JPRM teams were assigned to each country and reviewed the draft plans in light of national, regional and global priorities. Consultations were held with other health-related ministries and United Nations agencies, and they were invited to take part in JPRM sessions to increase synergy of interventions.

5. The role of Country Cooperation Strategies in the planning process is important. They were used in the countries of the Region, as a key instrument to align WHO technical collaboration with national priorities and to harmonize the programmes within an agreed upon strategic framework. Country Cooperation Strategies are the main tools used to implement the country focus policy of the Organization and to promote a coherent mid-term vision in the planning cycle.

6. To further consolidate the process, training activities on operational planning in the Global Management System and on results-based management were carried out for national programme managers and country office staff in several countries. This training was instrumental in enhancing common understanding of the planning, monitoring and evaluation of the work of WHO.

Outcome

7. Timely preparation and early involvement of the partners resulted in improved joint planning, sharing of experience between JPRM teams, and good participation of national teams and other governmental partners in this process. However, this practice was not always applicable due to the emergency situations, whether man-made or natural disasters, that affected several countries. Country Cooperation Strategies assisted in the alignment of national priorities and provided a medium-term strategic framework for cooperation. An improvement in priority-setting and planning skills was evident. However, an important gap still exists between the CCS and JPRM; budget allocation is not always matched with country priorities, and formulation and definition of expected results and performance indicators needs further improvement. The dialogue between country teams and JPRM team members resulted in common understanding of country-specific expected results and their link to the regional expected results. In general, more attention should be given in future planning exercises to the overall changing context in the Region and the root causes of people's dissatisfaction.

Conclusion

8. The environment in which public health operates, both globally and locally, is becoming increasingly complex, with important new players changing the way countries address health challenges, in the midst of a financial and economic crisis which is affecting people in the Region as well as the rest of the world. WHO has been an important player in shaping and responding to change in the area of public health, moving strategically to remain effective and efficient in a rapidly evolving environment. Capacity-building in strategic and operational planning is an ongoing process. The Regional Office will continue to strengthen the JPRM process through further improvement and utilization of Country Cooperation Strategies. The CCS should remain the key strategic framework for WHO collaboration with countries. It should be the basis for biennial operational planning through the JPRM, ensuring that strategic priorities outlined in the CCS are fully reflected in the JPRM. Mechanisms for integration of these two planning tools should be further developed. Preparations for the CCS and JPRM should be thorough and initiated six months in advance. The consultative processes will be further developed to increase the quality of analysis of country-specific development challenges and health needs in view of strengths and weaknesses. Managerial applications as well as human resource capacities will be enhanced through results-based management and full utilization of the Global Management System. The Organization will study the feasibility of making an unearmarked budget allocation for the JPRM for each country, with the distribution between priorities to be decided at country level. This is subject to input from Member States.

Future developments

9. The Twelfth General Programme of Work will set out a strategic framework for the work of WHO for a period of six years starting in January 2014, covering three biennial budget cycles. It will articulate and provide the rationale for a limited set of priorities and define a set of high-level results (at impact, outcome and output level) to be achieved within the period concerned. The broader categories agreed for developing the new general programme of work and proposed programme budget will provide country teams with greater flexibility, creating a better framework through which to reflect the CCS priorities in resource allocation and operational planning.

10. In addition, new regional strategic priorities have been identified by the Regional Office which will provide a framework for the next JPRM. The document "Shaping the future of health in the WHO Eastern Mediterranean Region: reinforcing the role of WHO" highlights the major health challenges for the WHO Eastern Mediterranean Region, identifies the gaps in response, and sets out broad strategic directions for WHO's work in the Region for 2012–2016.