

# Report of the Eighth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM)

*WHO-SEARO, New Delhi, 3 July 2015*



**World Health  
Organization**

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## Introduction

The Eighth meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM) was held at the WHO Regional Office for South-East Asia, New Delhi, on 3 July 2015. High-level participants represented Member States at the meeting.

The agenda and list of participants of the meeting are appended to this report as Annexes 1 and 2.

### 1. Inaugural session *(agenda item 1)*

#### Opening remarks by the Regional Director

Dr Poonam Khetrpal Singh, Regional Director for WHO South-East Asia, welcomed the participants to the Eighth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM). The Regional Director informed participants that SPPDM was a subcommittee established by the Regional Committee to deliberate on programme budget matters and functioned in accordance with the Rules of Procedure of the Regional Committee.

Briefing the participants on the agenda, the Regional Director said that during the course of the meeting, a performance review of implementation of Programme Budget 2014–2015 would be conducted. She urged the Member States to accord special attention to the findings and advise the Regional Committee on the steps to be taken to accelerate the rate and quality of implementation. This would bolster the Region's claim for higher strategic budget space allocation in the future.

The Regional Director informed participants that it was the collective responsibility of Member States and WHO to ensure that Programme Budget 2016–2017 responded adequately to the health needs in the Region.

The Regional Director noted that the third agenda item on strategic budget space allocation had been discussed at length by all the Member States of WHO at the regional and global levels, as it impacted WHO's collaborative programme. She stressed that it was imperative that the Region as a whole had a united voice in advocating and obtaining the budget space that it deserved.

The Regional Director informed participants that the outcome of deliberations of the Subcommittee would be directly presented to the Sixty-eighth Session of the Regional Committee in September 2015.

## **Nomination of Office-bearers**

Her Excellency Dr Aishath Rameela, Minister of State for Health, Ministry of Health, Republic of Maldives, was elected Chairperson.

Her Excellency Dr Ana Isabel de F.S. Soares, Vice Minister of Health, Ministry of Health, Timor-Leste, was elected Co-Chairperson.

Dr Dorji Wangchuk, Secretary, Ministry of Health, Bhutan, was elected as Rapporteur.

## **2. Programme Budget matters** (*agenda item 2*)

### **2.1 Budget 2014–2015 – Implementation and mid-term review** (*RC68 provisional agenda item 6.1*)

#### ***Introduction***

Technical implementation of Programme Budget (PB) is continuously monitored and updated in the GSM by the responsible officers of the Budget Centres. In addition, at the end of the first year of a biennium, a mid-term review monitoring exercise is a corporate requirement to which all departments in the Regional Office and all country offices in the South-East Asia Region contribute. Technical implementation of Programme Budget 2014–2015 was reviewed up to 31 December 2014 as part of the mid-term review exercise. The mid-term review (MTR) process of Programme Budget 2014–2015 was the first monitoring exercise

undertaken under the Twelfth General Programme of Work, 2014–2019 and Programme Budget 2014–2015.

MTR was a systematic review of the work included in the operational plans of Budget Centres. The following components were considered: a) status of implementation of products and services as described by deliverables in the PB; b) assumptions and risks influencing day-to-day programme delivery; c) consideration of gender, equity and human rights-based approaches defined during the planning stage; and d) major financial and staffing implementation issues. The MTR process included reviews at the WHO country offices and Regional Office levels. Actions required to improve progress have been documented. Quality assurance ensured that progress has been assessed in a focused and consistent manner.

This was the first annual review based on the new results chain. The Organization-wide exercise serves internal managerial needs by tracking progress and facilitating external communication and reporting.

The approved Programme Budget for the WHO South-East Asia Region for the period 2014–2015 is US\$ 340 million, and the revised budget is US\$ 378.6 million. The operational budget as per the approved workplans is US\$ 366.5 million. Total distributed resources as of 31 May 2015 are US\$ 349.4 million; implementation (expenditure) stands at US\$ 195 million, which is 51.5% of the allocated budget and 56% of the resources. Funds utilization (encumbrances plus expenditure) stands at US\$ 233.8 million.

### ***Discussion points***

- While Member States appreciated the first mid-term review for the new results chain during the Twelfth GPW held at the end of 2014, they wished to know when the indicators would be included in the monitoring exercise. It was explained that the monitoring of indicators is likely to be part of the end-of-biennium (2014-2015) monitoring exercise.
- It was proposed that the involvement of the national staff would be useful in the MTR exercise.
- Additional information on most "outputs" being classified "on track" in the absence of indicator monitoring during the MTR

was sought. It was explained that an output has many activities that contribute to its achievement. An output on which most related activities have been carried out or are assessed to be in the process of being carried out are classified as "on track" by the responsible technical officer.

- Member States stated that it is important to ensure that the implementation of WHO collaborative programme should contribute "value for money". The Secretariat explained in detail the various steps that are taken in this direction including the focus on deliverables and outputs from the flagship priority areas.
- "Implementation of Programme Budget" is discussed at most of the high-level meetings to identify reasons for slow implementation and help the countries overcome the problems. This enables WHO to make a case for higher allocations in the future.
- Senior management at the WHO Regional Office gives very high priority to the issue of quality implementation in a timely manner.
- Global Management System and SEARO Management dashboards help retrieve real time financial data to make informed decisions.
- While financial implementation in comparison to other Regional Offices may look good, it is still low as compared to the implementation targets set in the first year of the biennium.
- Limited time available between July and December 2015. Biennium closure cut-off dates for fresh commitments will start from September 2015.
- As a larger proportion of VC resources are earmarked for countries, the uneven AC funds allocation leads to shortages of funds in the Regional Office. Some staff were transferred from the Regional Office to countries to strengthen the country operations.

- The distribution of funds to Categories and programme areas continues to be uneven. While Categories 5 and 6 have already received funds close to 100% of their budgets, Category 1, 2, 3 and 4 have received close to 90%.
- Mobilization of resources is the joint responsibility of Member States and WHO. Countries that spent their allocations early approached the Regional Office and additional allocations were provided.
- In the light of the decreased budget allocation in 2014-2015 as compared to the previous biennium, it is very important that workplans are adhered to and implemented as planned, and that programme management is strengthened to ensure timely implementation of funds.
- WHO reforms including internal control activities may help facilitate implementation.
- VC allocations should be reviewed and the portions which will be implemented in the next biennium can be moved to 2016-2017 now, so that they become available on 1 January 2016.
- There are encumbrances worth more than US\$ 34 million that are yet to be liquidated and converted into expenditure. This needs to be expedited.

### ***Recommendations***

#### *Actions by Member States*

- (1) Activate/strengthen WHO-MoH joint coordination committees with involvement of senior level official(s) of the ministries of health to accelerate implementation of WHO collaborative activities; and
- (2) Work with WHO country offices to further ensure timely delivery of DFC and other inputs to help convert encumbrances (currently over US\$ 34 million) into expenditures to achieve higher implementation of the Region before the end of the biennium.

### *Actions by WHO*

- (1) Share the "List of issues and challenges in implementation and suggested solutions" with WHO country offices; and WHO Representatives to brief the concerned national authorities accordingly;
- (2) Discussions to be held with country office staff and advice provided for solutions to implementation issues during Administration and Programme Review missions to countries;
- (3) Prepare and finalize workplans before the Sixty-eighth Session of the Regional Committee, so that activities related to implementation for 2016-2017 may be started before the beginning of the biennium itself; and
- (4) Review procurement processes and avoid duplication to fast-track the implementation; and streamline recruitment processes.

## **2.2. Budget 2016-2017 – Proposed Programme Budget** *(RC68 provisional agenda item 6.2)*

### ***Introduction***

Programme Budget 2016–2017 approved by the Sixty-eighth World Health Assembly is the primary instrument to express the full scope of work of the Organization, along with the roles and responsibilities of all levels of the Organization (country offices, regional offices and headquarters). It is also the basis for the detailed 2016–2017 operational planning that has been initiated.

During the planning process, the WHO country offices identified their priorities for 2016–2017 in consultation with the respective ministries of health in the countries of the Region. They also identified the critical outputs on which the WHO country offices would work on the collaborative programme for the 2016–2017 biennium. Budgets are being worked out by the country offices based on their outputs and consultation. They will be collated and the regional Programme Budget developed, based on the bottom-up planning process. The regional requirement was submitted to WHO Headquarters during the development of the global Programme Budget 2016–2017.

Like in the current biennium, absolute budgetary control will be managed at the “Category” level, which is aligned to Resolution WHA68.1 on Programme Budget 2016–2017. Detailed operational planning by the country offices and Regional Office departments is being done without considering the funding sources. Final regional budget allocations among the country offices and Regional Office departments will only be established during the fine-tuning of operational planning in the second part of 2015, which will be based on the country priorities, regional flagship priorities and needs identified during the bottom-up planning process.

### ***Discussion points***

- Member States requested allocation of at least the same level of funds as the 2014-2015 biennium, if not more, while finalizing the 2016-2017 budget allocations for the South-East Asia Region.
- While finalizing country-wise budget allocation, the focus should be on identified country priorities and the regional flagship priorities.
- Specific needs for additional funding due to unforeseen circumstances and situations in countries, viz. emergencies and disasters, would need to be factored in while finalizing 2016-2017 budget allocation.
- It would be ideal to compare the budget figures, category and programme area-wise for both 2014-2015 and 2016-2017 biennia.
- It was clarified that the budget allocation amongst Categories was based on the already identified priorities by countries themselves.
- The possibility of revisiting the country priorities and making appropriate additions or modifications at country level could be explored.

## **Recommendations**

### *Actions by Member States*

- (1) Actively participate in the peer review of 2016-2017 workplans slated for 21-23 July 2015 in the Regional Office; and
- (2) Provide timely inputs to the WHO country offices to enable finalization of country workplans before the deadline of 6 July 2015.

### *Actions by WHO*

- (1) Continue to provide the support required to Member States for timely finalization of workplans for 2016-2017; and
- (2) Explore the possibility of making available information on country-wise allocation of Programme Budget 2016-2017 for the Sixty-eighth Session of the Regional Committee.

## **2.3 Strategic budget space allocation** (RC68 provisional agenda item 6.3)

### ***Introduction***

A working group appointed by the Director-General at the 134th session of the WHO Executive Board (EB) on Strategic Budget Space Allocation (SBSA) presented its recommendations to the 136th session of the EB in January 2015 based on criteria identified under four expenditure segments. While Maldives represented the working group, initially, the 136th EB decided to expand the working group to 12 Members – two from each Region and develop the methodology for SBSA Segment 1.

The new working group presented its methodology to the 137th EB in May 2015, based on a new set of criteria and a population smoothening method. This new methodology has identified a share of 14.1% for Segment 1 for SEAR Member States, compared to the current model this has allocated 15.7% in the present biennium. Despite the decrease, this percentage of funding Segment 1 for SEAR Member States is considered higher than 10.8% identified in the earlier model.

The Segment 1 relates to the functions and activities at country level, where the benefits are experienced directly by individual countries. Activities could include building country capacity, providing technical support, conducting policy dialogue, adapting guidelines and strengthening systems to collect, analyse and disseminate data.

### ***Discussion points***

- SEA regional representatives in the SBSA working group have actively participated at the working group discussion held in April 2015 as well as prior to it and after, during which consensus was reached on ALPS\_min model for SBSA Segment 1.
- While the implementation of the recommended SBSA model will begin from the 2018-2019 biennium and be extended over three biennia, concern was raised over the incorporation of the relative reduction during the transit period for 2016-2017 biennium.
- Some Member States raised continued concern over the gains by other regions in comparison to SEA Region. The selection of ALPS\_MIN model was the best suited in light of solidarity with WPR and one WHO.
- The need to set up a working group of SEAR Member States to communicate on regular basis on the progress, outcome and concerns on discussions around SBSA was raised. Thailand being a member of PBAC will represent the Region at the subject discussions during future PBAC meetings.

### ***Recommendations***

#### *Action by Member States*

- (1) Actively follow up and communicate any relevant issues to be raised at the 138th Session of the Executive Board, with SEAR representatives in the Programme Budget and Administration Committee (PBAC).

*Action by WHO*

- (1) Facilitate formation of a working group of the Member States to communicate regularly on the discussion, progress, outcomes and recommendations of PBAC.

### **3. Adoption of the report**

The Subcommittee on Policy and Programme Development and Management reviewed the draft report of the Meeting, focusing on the discussions held among delegates and the recommendations arrived at for each agenda item. SPPDM adopted the report with some modifications, and requested the Regional Director to convey its recommendations to the Sixty-eighth Session of the Regional Committee.

### **4. Concluding session**

In her concluding remarks, the Regional Director, Dr Poonam Khetrapal Singh, thanked the Chairperson, Her Excellency Dr Aishath Rameela, Co-Chairperson Her Excellency Dr Ana Isabel de F.S. Soares and Dr Dorji Wangchuk, the Rapporteur for their useful contributions. She also appreciated the useful interventions made by the distinguished high-level delegates that demonstrated a good understanding of the issues involved.

The Chairperson, Her Excellency Dr Aishath Rameela, appreciated the active participation and constructive contributions of all Member States in developing the report and declared the meeting closed.

## Annex 1

# Agenda

1. Opening session
2. Programme Budget matters:
  - 2.1 Budget 2014-2015 – Implementation and mid-term review  
*(RC68 provisional agenda item 6.1)*
  - 2.2 Budget 2016-2017 – Proposed Programme Budget  
*(RC68 provisional agenda item 6.2)*
  - 2.3 Strategic budget space allocation  
*(RC68 provisional agenda item 6.3)*
3. Concluding session

## Annex 2

### List of participants

#### **Bangladesh**

Professor Dr Abul Kalam Azad  
ADG (Planning and Development) and  
Line Director, MIS  
Directorate-General of Health Services  
Ministry of Health and Family Welfare

#### **Bhutan**

Dr Dorji Wangchuk  
Secretary  
Ministry of Health

Mr Kado Zangpo  
Deputy Chief Planning Officer  
Policy and Planning Division  
Ministry of Health

#### **DPR Korea**

H.E. Dr Kim Hyong Hun  
Vice Minister  
Ministry of Public Health

Dr Choe Chung Gum  
Official  
Ministry of Public Health

#### **India**

Mr Anshu Prakash  
Joint Secretary  
Ministry of Health and Family Welfare

Mr Amal Pusp  
Director (International Health)  
Ministry of Health and Family Welfare

#### **Indonesia**

Mr Ferdinan Samson Tarigan  
Head  
Multilateral Health Cooperation Sub-Division  
Center for International Cooperation  
Ministry of Health

Ms Dwi Alifatul Hi'miyah  
Staff  
Multilateral Health Cooperation Sub-Division  
Center for International Cooperation  
Ministry of Health

#### **Maldives**

H.E. Dr Aishath Rameela  
Minister of State for Health  
Ministry of Health

Ms Aishath Samiya  
Deputy Director General  
Ministry of Health

Ms Maimoona Aboobakuru  
Director  
Health Protection Agency  
Ministry of Health

#### **Myanmar**

Dr Than Win  
Deputy Director General  
(Disease Control)  
Department of Public Health  
Ministry of Health

Dr Maung Maung Than Htike  
Deputy Director  
International Health Division  
Ministry of Health

#### **Nepal**

Mr Shanta Bahadur Shrestha  
Secretary  
Ministry of Health and Population

Mr Mahendra Prasad Shrestha  
Chief  
Policy, Planning and International  
Cooperation Division (PPICD)  
Ministry of Health and Population

**Sri Lanka**

Dr N.S.R. Hewageegana  
Deputy Director General (Planning)  
Ministry of Health and Indigenous Medicine

**Thailand**

Dr Jeeraphat Sirichaisinthop  
Medical Officer, Advisory Level  
Department of Disease Control  
Ministry of Public Health

Dr Phusit Prakongsai  
Director  
Bureau of International Health  
Office of the Permanent Secretary  
Ministry of Public Health

Dr Thitikorn Topothai  
Medical Officer, Professional Level  
Division of Physical Activity and Health  
Department of Health  
Ministry of Public Health

**Timor-Leste**

H.E. Dr Ana Isabel de F.S. Soares  
Vice Minister of Health  
Ministry of Health

Mr Ivo Irineu da Conceicao Freitas  
National Director for Planning, Policy and  
Cooperation  
Ministry of Health

Ms Perpetua Ana Mery Estela Laot  
Chief of Staff to Vice Minister of Health  
Ministry of Health

Mr U S Baweja  
Administration Adviser  
Ministry of Health

**WHO Secretariat**

Dr Tawhid Nawaz  
Director, Programme Management

Mr John M Kennedy  
Director, Administration and Finance

Dr Rajesh Bhatia  
Director  
Department of Communicable Diseases

Dr Arun Bhadra Thapa  
Director  
Department of Family Health, Gender and  
Life Course

Dr Phyllida Travis  
Director  
Department of Health Systems Development

Dr Thaksaphon Thamarangsi  
Director  
Department of Noncommunicable Diseases  
and Environmental Health

Dr Roderico Ofrin  
Acting Director  
Department of Health Security and  
Emergency Response

Dr Rui Paulo De Jesus  
Coordinator  
Country Support and Coordination

Dr Pem Namgyal  
Executive Officer to the Regional Director

Dr Thushara Fernando  
Planning Officer

Dr Patanjali Dev Nayar  
Programme Management Officer

Dr Francisco Katayama  
Technical Officer  
Partnerships, Interagency Coordination and  
Resource Mobilization

Mr P.P. Singh  
Budget and Finance Officer

Mr K Surendranathan  
Technical Officer  
Governance and Planning

Ms Martha L Bonilla Espinosa  
Documentation and Reports Officer

Mr Charles P. Raby  
Technical Officer  
Information Management and Dissemination

Mr J. Tuli  
Temporary International Professional  
Reports and Documentation

Ms Radha Swaminathan  
Editor  
Reports and Documentation

Mr Gulshan Malhotra  
Executive Associate  
Office of the Regional Director

Ms Ramani Yellajosyula  
Executive Associate  
Office of the Director, Programme  
Management

Mr R.K. Arora  
Programme, Partnerships and Coordination  
Unit

Ms Parul Oberoi  
Programme, Partnerships and Coordination  
Unit

This publication is the report of the Eighth Meeting of the Subcommittee on Policy and Programme Development and Management (SPPDM), which met in New Delhi on 3 July 2015. The subcommittee was established by the Sixtieth Session of the Regional Committee for South-East Asia in 2007.

Delegates from Member States of the Region discussed the agenda items proposed for the Sixty-eighth Session of the Regional Committee related to Programme Budget matters: Budget 2014-2015 – implementation and mid-term review; Budget 2016-2017 – Proposed Programme Budget; and Strategic budget space allocation.

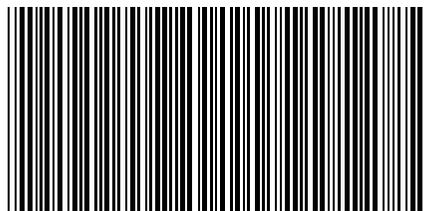
The SPPDM Meeting made observations and recommendations for consideration by the Sixty-eighth Session of the Regional Committee.



**World Health  
Organization**

**Regional Office for South-East Asia**

World Health House  
Indraprastha Estate,  
Mahatma Gandhi Marg,  
New Delhi-110002, India



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