20.1 Programme budget 2012–2013: performance assessment

Contents

In focus at WHA67

The Assembly will review A67/42. For details re organisation-wide expected results (OWERs) and indicators for PB12-13 see A64/7. See also report prepared for PBAC EBPBAC19/2.

PHM Comment

Donor control

The power of the donors to determine WHO's effective agenda is clearly reflected in the tables and graphs in A67/42. See in particular Fig 2 and Table 4.

The % of expenditure derived from ACs vs VCs on different strategic objectives varies very widely. VCs account for >95% of expenditure on SO1 (communicable disease) and SO5 (emergencies). These together account for >56% of VCs. The SOs 1 (comm disease), 2 (AIDS, TB and malaria) & 5 (emergencies) account for almost 70% of total VCs.

Seven SOs accounted for <15% of total VCs (7 (SDH, 0.6%), 9 (nutrition, 1.4%), 8 (envt, 1.9%), 6 (risk factors, 2.1%), 3 (NCDs, 2.3%), 12 (leadership, 2%) and 11 (med products, 3.6%)) .

Evaluation

Many of the indicators through which implementation of the PB12/13 was supposed to be monitored are silly. The summary tables ('fully', 'partially' and 'not' achieved) are not very meaningful.

The narrative comment on the achievement of the 13 SOs does not seek to clearly identify how WHO has contributed to the changes which are reported.

The evaluation practices of WHO, reflected in the clumsy OWERs and weak attribution, attracted substantive criticism from the Stage II Reform Evaluation consultants (EB134/39).

Notes from WHA67 debate

Documents

- A67/42 (Sect: Programme budget 2012–2013: performance assessment)
- A67/55 (PBAC Programme budget 2012-2013: performance assessment)

Vice Chair of PBAC: The PBAC welcomed summary report. Highlighted the incr rate of fully achieve OWERS; noted incr funding of line items but not fully financed yet; asked for report on challenges faced and steps taken; need improved analysis of links between WHO work and improved outcomes for 2014/15; DG promised that next edition would incl closer analysis of outcomes rather than activities; rec that the Assembly note the report

Sweden: on behalf of Nordic countries, majorities of goals are achieved. As having discussed before, we suffer limitations. Useful to highlight lessons learned. Highlight some aspect that we like to be strengthened; report largely descriptive and lacks analysis, we like to ask secr. to give an analysis. Natural step with portal. Combined report. Key performance indicators needed. There are many inspirational examples.

Japan: Japan appreciate the progress. WHO should keep making efforts to report on the finance properly. We understand that certain level of flexibility is essential. The accountability is also important. This give guidance to how the budget should be made.

Switzerland: thanks sect for doc; comments: appreciate the amount of info provided but need a real results based report; need closer link between measurement of results and funding and role of the Org; suggest a single doc to include fin reps; Switzerland welcomes intention to cut admin and mgt costs; enc WHO donors to agree upon a single standard report form rather than donor specific reports

Secretariat: Thank you for intervention from Sweden, Japan and Switzerland. We also have input from the PBAC meeting. We are not there for full report outcome. Seeking a format that responds to the questions and comments. Key performance indicators: We are looking at indicators for the budget for 2016-2017. Seek measurable indicators. We will present it to member states and donors and if not accepted, we will cut the costs.

Togo: Togo on behalf AFRO. Quality of report is good, gives a picture. Of 80 targets, 50 have been fully reached. This is improvement of previous years. AFRO want to ask for increase of funding for strat. obj. 1. WHO has to think about how to focus more on strat. obj 7-8. WE urge that org. does more effort to reach this obj. How realistic are the obj? There haven't been. 1-4-9. REduction in flexible funding. More flexible in requirements.

Maldives: welcomes rep; notes misalignment of funding; emphasis is needed; our region carries highest dis burden and quarter of world pop; more staff cuts will be disastrous; donors should increase flexibility of funding

Report Noted