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Report to Sen. Abraham Ribicoff, Chairman, Senate Committee on Governmental Affairs; by Elmer B. Staats, Comptroller General.

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Congressional Relevance: Senate Committee on Governmental Affairs.

An update to a previous report by GAO on U.S. participation in the World Health Organization (WHO) addressed the need for clear-cut U.S. policies and objectives on international health. Findings/Conclusions: Former recommendations by GAO that the two Departments and one Agency involved should formulate statements of such policies have not been carried out because of lack of coordination among U.S. health-concerned agencies. Although there has been some improvement in U.S. efforts to analyze WHO activities, information from overseas posts is often of little use because of inadequate collaboration between U.S. and WHO personnel. WHO planning and program budgeting procedures have improved, but there are still shortcomings in the process and in meeting U.S. needs for information. Current issues affecting WHO are (1) a proposal of the Geneva Group to limit budget growth of the U.N. and specialized agencies; and (2) a 1976 World Health Assembly resolution to allocate 60% of the Regular Program Budget to technical cooperation and services by 1980. GAO believed there was merit in the Geneva Group proposal, but expressed concerns about the resolution. Recommendations: The Secretary of State should form an Interagency Committee to (1) develop objectives and agree on a plan to achieve objectives; (2) submit an annual statement to Congress; (3) give priorities to obtaining better information; and (4) provide for U.S. representation in budget formulation. He should improve WHO planning and evaluation by encouraging financial decisions, formulation of national health plans by member nations, and complete dissemination of program information. He should assert that U.N. development should be channeled through the United Nations Development Program and financed through voluntary contributions. (HTW)

REPORT TO THE SENATE COMMITTEE ON GOVERNMENTAL AFFAIRS BY THE COMPTROLLER GENERAL OF THE UNITED STATES

U.S. Participation In The World Health Organization Still Needs Improvement

Departments of State and Health, Education, and Welfare
Agency for International Development

This report describes the activities of the World Health Organization, discusses current issues affecting the Organization, identifies the lack of clear U.S. policy objectives in the Organization, and makes recommendations to the Secretary of State to improve U.S. participation.

ID-77-15

MAY 16, 1977

COMPTROLLER GENERAL OF THE UNITED STATES
WASHINGTON, D.C. 20548

B-164031(2)

The Honorable Abraham Ribicoff
Chairman, Committee on Governmental
Affairs
United States Senate

Dear Mr. Chairman:

Your letter of July 30, 1976, advised us of the Committee's current examination of the United States involvement in international organizations and asked that our previous work in this area be updated. This report is in response to your request for our current views on the World Health Organization.

We share your concern about much that still needs to be done to make U.S. participation in U.N. specialized agencies, such as the Organization, more effective. We commented on several financial and program issues currently before the Organization which U.S. officials should act on. The principal concern, however, continues to be a need to develop clear-cut U.S. policies and objectives on international health. In this regard, we hope our recommendations will help you and the other Committee members to carry out your difficult oversight tasks.

In order to expedite the report, we did not follow our usual practice of obtaining written agency comments. We did, however, discuss the report matters with responsible officials of the agencies concerned and considered their views in finalizing the report.

This report contains several recommendations to the Secretary of State concerning improvements needed in various policy and management areas. As you know, section 236 of the Legislative Reorganization Act of 1970 requires the head of a Federal agency to submit a written statement on actions taken on our recommendations to the Senate Committee on Governmental Affairs and the House Committee on Government Operations not later than 60 days after the date of the report and to the House and Senate Committees on Appropriations with the agency's first request for appropriations made more than 60 days after the date of the report.

As agreed with your office, we plan to distribute this report to the agencies involved and other appropriate congressional committees.

As always, we stand ready to render further assistance on the matters presented in this report.

Sincerely yours,

Comptroller General
of the United States

COMPTROLLER GENERAL'S REPORT TO THE SENATE COMMITTEE ON GOVERNMENTAL AFFAIRS

U.S. PARTICIPATION IN THE WORLD HEALTH ORGANIZATION STILL NEEDS IMPROVEMENT

Department of State
Department of Health, Education, and Welfare
Agency for International Development

D I G E S T

Despice previous GAO report recommendations that the three departments or agencies listed above formulate and publish clear statements of U.S. policy objectives, priorities, and interests in the World Health Organization, these actions have not been taken. Unsatisfactory efforts to formulate clear U.S. international health objectives are due to the lack of coordination among the many health-concerned U.S. agencies. (See pp. 10 and 11.)

MANAGING U.S. PARTICIPATION

In order to provide the specific policy direction and guidance needed to manage U.S. interests in the World Health Organization, GAO recommends that the Secretary of State form an Interagency Committee chaired by him or his designee for the purposes of

--developing specific objectives for U.S. participation and coordinating these objectives with all pertinent U.S. groups;

--agreeing on a plan for achieving U.S. international health objectives and implementing U.S. policy in the Organization;

--submitting to the Congress annually, a statement of specific goals and objectives together with an assessment of accomplishments, as part of each congressional budget presentation;

ID-77-15

--giving priority to obtaining better information and providing more independent analysis of Organization activities at the regional and country levels; and

--providing a greater U.S. impact on the Organization's budget by having U.S. representatives work with Secretariat officials during the early stages of budget formulation. (See p. 19.)

PREPARING U.S. POSITIONS

U.S. efforts to analyze and evaluate Organization activities are less sketchy than at the time of GAO's 1969 and 1974 reports. However, improvements still can be made. Because collaboration between U.S. and Organization field personnel is, in GAO's view, insufficient, the information provided by U.S overseas posts is often of little use to agency managers in evaluating the Organization's programs and policies. If better information were provided and improved contacts were made at country and regional office levels, U.S. health officials could participate more effectively in the Organization. (See pp. 13 and 14.)

Agency for International Development officials recognize that information from U.S. sources abroad is limited and they have attempted to improve collaboration with the Organization. (See p. 14.)

PLANNING AND EVALUATION

The Organization's planning and programing, as these relate to U.S. interest and activities, have improved since GAO's previous reports. U.S. officials look forward to more timely and more useful information from the Organization on its activities, but further efforts are still needed. For example:

--The Organization's 6-year General Programme of Work needs financial decisions that will provide a better link with its biennial budgeting. This would provide clear and more effective medium-range priorities and objectives and better serve the special interests of the U.S. and other major contributors. (See pp. 21, 25, and 26.)

--Short-term planning--the biennial program budgeting process--is still too project-oriented and also lacks clear objectives. A lack of national country health planning by most member countries will continue to hamper the Organization's ability to meet the real health needs of these members and to efficiently plan how to use its limited resources. (See pp. 22, 27, and 28.)

The Organization's new information reporting and evaluation systems are expected to permit more effective evaluation of Organization activities, not only by the Secretariat itself, but also by the United States and other members. The usefulness of these systems to the United States and other members will depend, in part, on how they are used. (See p. 32.)

In order to further improve the Organization's planning and evaluation, GAO recommends that the Secretary of State

--encourage the Secretariat to include financial decisions in its medium-term planning;

--ask top Organization officials to urge member governments to formulate national health plans, thereby providing a clearer basis for the Organization's short-term planning; and

--have U.S. delegates obtain the most complete dissemination possible of program information and evaluation for all members. (See pp. 30 and 36.)

CURRENT ISSUES

Two issues are having and will probably continue to have considerable impact on the Organization's activities and on U.S. policy toward the Organization.

One issue is a proposal of the Geneva Group of major contributors to limit the budget growth of the United Nations and its specialized agencies. The Group, which was told that its proposals will not affect the 1978-79 Organization budgets, expects to have an influence on the 1980-81 budgets. GAO believes this effort is a step in the right direction and is in the best interests of both the developed and developing countries. (See p. 37.)

The other issue arose from a 1976 World Health Assembly resolution directing the Secretariat to allocate 60 percent of the Regular Program Budget to technical cooperation and services by 1980. U.S. officials are concerned about this, but approve of portions of the resolution calling for streamlining operations and cutting out obsolete programs. The State Department is reserving its complete position on the resolution, pending Secretariat decisions on how it will be carried out in the 1978-79 and 1980-81 Program Budgets. (See p. 40.)

GAO believes the current issues before the Organization also stress the importance of the United States taking a position that all U.N. development and technical assistance be channeled through the United Nations Development Program. The growing financial and operating independence of U.N. specialized agencies, such as the Organization, have the effect of undermining the United Nations Development Program central funding and monitoring system--a system that the United States and other countries worked hard to establish. GAO therefore, believes it important that U.S. officials renew efforts to bring all U.N. development assistance programs under the coordinated mantle of the United Nations Development Program. (See p. 44.)

GAO also believes the decisions of the Organization to finance more development assistance also focuses attention on a financial issue. That is, that the Organization has been a major exception to the U.S. Government policy that U.N. technical assistance be funded from voluntary contributions rather than assessed funds. The recent action by the Organization to spend more of the assessed budgets for technical projects calls for the U.S. to reexamine the Organization's exception to this U.S. policy. (See p. 45.)

Accordingly, GAO recommends that the Secretary of State

--express U.S. concern over the trend away from United Nations Development Program leadership and reassert that all U.N. development and technical assistance be channeled through this Program and

--reaffirm that the proper way to finance U.N. development activities is through voluntary contributions.

AGENCY COMMENTS

GAO did not obtain formal, written agency comments on this report. GAO did discuss the report matters with responsible officials and appropriately introduced their views in the body of the report. Agency officials generally agreed with our report presentation and recommendations.

Contents

ABBREVIATIONS

AID	Agency for International Development
GAO	General Accounting Office
HEW	Department of Health, Education, and Welfare
OIH	Office of International Health
UNDP	United Nations Development Program

CHAPTER 1

INTRODUCTION

BRIEF DESCRIPTION OF WORLD HEALTH ORGANIZATION

The World Health Organization, headquartered in Geneva, Switzerland, is one of several specialized agencies affiliated with the United Nations. It was established in 1948 with the long-term goal of helping all people attain the highest possible level of health. The Organization has 151 members and 2 associate members. 1/ Its estimated expenditures for 1977 are approximately $263 million. During 1975 more than 2,200 health projects were underway in member countries. Fellowships were awarded to 5,082 individuals for studies or participation in meetings. Seventeen conferences were held and 65 new scientific publications were issued.

U.S. contributions

The United States has been a member of the Organization since it began. The U.S. portion of the $147,184,000 total assessed budget for 1977 is $39,637,540. For the period 1948 to 1976, U.S. contributions totaled $349,824,000.

U.S. pledges to the Organization's Voluntary Fund for Health Promotion in 1975 were $1,574,938. Pledges through 1974 totaled $33,158,556. These figures do not include pledges made by private U.S. foundations or individuals.

WHAT THE ORGANIZATION DOES

The Organization's work is divided into several program areas--research, disease prevention and control, health manpower development, environmental health, strengthening national health services, and administrative support services. A variety of activities is included in each program

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1/Namibia and Southern Rhodesia, associate members, participate in the deliberations of the Organization, but are not permitted to vote.

area. For example, environmental health covers activities such as helping members plan for safe water supplies and adequate waste disposal facilities; promoting programs for the early detection and control of pollution (noise, radiation, heat, industrial wastes, sewage, etc.); promoting programs to insure that food is free from germs or other contamination.

In the area of health services, the Organization's activities include helping members to improve their health planning, encouraging the provision of basic health care to the underserved, high risk, and vulnerable groups of people; promoting the control of certain nutritional deficiencies; promoting the treatment of mental health, including the prevention of mental diseases, alcoholism, and drug abuse.

The number and variety of activities reflect the priorities of the member States. This comprehensiveness has been criticized by the Organization's Executive Board as resulting in "fragmented, unrelated efforts that were sometimes marginal to the solution of high priority problems."

EVOLVING PRIORITIES

Important changes in membership and priorities have taken place. Today a majority of the Organization's members are developing countries. With the change in membership came a gradual shift in the Organization's priorities. For a long time, the Organization emphasized health problems with actual or potential worldwide impact, such as malaria, smallpox, tuberculosis, and sexually transmitted diseases. Although prevention and control of such diseases continue to receive considerable resources, the health problems of developing countries have clearly become the Organization's leading priority.

As a result, there has been considerable reassessment of traditional programs and approaches. For many years conventional wisdom had associated the level of health in a country with such health resources as the number of hospitals, doctors, research laboratories, medical schools, etc. However, developing countries generally lack the resources to support sophisticated Western technology. Because of the concentration of health services in urban areas and their limited availability in general, they were often inaccessible to the poor in these countries.

Responding to the need for greater depth and coverage in health programs in developing countries, the Organization has adopted several new programs. For example, particular emphasis has been placed on strengthening the capacity of member governments to plan and manage comprehensive national health services. In this field of "country health programming," Organization experts help national health planners to pinpoint priority health problems, identify areas susceptible to change, and formulate priority programs. The Organization stresses that its role in this process is to develop methodology, stimulate interest, and collaborate with rather than supplant national efforts.

In addition to developing new areas of activity, the Organization has also adopted new approaches to existing programs. For example, since 1948 it has participated in programs to train health personnel, with the emphasis in prior years on the education of doctors and nurses. Because of the time and expense involved in this approach, the Organization is now emphasizing programs to develop auxiliary health personnel. After only a few months of training, locally selected workers are able to make simple diagnoses, dispense rudimentary treatment, and undertake basic preventive measures to safeguard health.

THE ROLE OF THE ORGANIZATION

The recent evolution in the Organization's work has led to a rethinking of its central role. One of its recent publications concludes that "technical assistance to member states appears to have taken precedence over coordination in the evaluation of the Organization's programme." It continues by stating that the goal should be to recognize that current program management is the responsibility of member governments and to phase out the Organization's role in implementing health projects. At the same time, there should be increasing efforts to

--develop national resources through education and training,

--identify and focus attention on high priority health problems, and

--help members obtain and use external assistance.

The Organization's present role is thus seen as one of coordination, that is, to develop rather than to supplant national capabilities.

HOW THE ORGANIZATION WORKS

In contrast to other U.N. agencies, the bulk of the Organization's 5,350 employees are situated in regional offices. The 2.5 to 1 ratio of field to headquarters staff is indicative of the strong regional orientation of the Organization. A recently approved resolution appears likely to further strengthen the regional offices.

The following chart shows how the Organization is structured and the relationship among member governments, the Organization's Secretariat, and its various governing bodies.

The six regional offices play a central role in developing the projects that make up the overall program. Each member State belongs to one of these geographic regions. Health projects are first identified by the member governments and referred to the appropriate regional office. The region develops a plan of operation including the project objective and source of funds. The proposed project must fall into one of the Organization's major program areas. The approved regional program budget--consisting of member country projects and interregional projects--is forwarded to the Organization's headquarters. The headquarters staff--the Secretariat--puts together a consolidated program budget for the six regions and headquarters. The 30-member Executive Board reviews the consolidated budget and makes recommendations to the governing body--the World Health Assembly. All member States are represented in the Assembly which meets once a year to approve the program budget. 1/ A more detailed description of the process is provided in chapter 3.

FINANCES

Organization documents show that it has three major sources of income (1) member assessments, (2) contributions to the Organization's Voluntary Fund for Health Promotion, and (3) funds from other U.N. agencies.

Assessments levied against members make up what is known as the regular budget and account for about two-thirds

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1/The United States is a member of both the America's and Western Pacific regions.

WORLD HEALTH ORGANIZATION

EACH MEMBER GOVERNMENT

belongs to one of 6
REGIONS

– Regional Office staff, in close collaboration with governments, prepares a program budget, approved by Members of the region.

– Regional program budgets are submitted to the . . .

SECRETARIAT

headed by the
DIRECTOR GENERAL
which

reviews and consolidates the 6 regional program budgets and the headquarters program budget, and submits the consolidated program budget to the . . .

EXECUTIVE BOARD

consisting of 30 Member governments selected by the World Health Assembly; each gov't. selects individual representatives to serve on the Board.

– Board reviews and makes recommendations on the program budget to the . . .

WORLD HEALTH ASSEMBLY

consisting of 3 delegates from each Member

– Assembly approves the program budget and establishes the policies and objectives governing the work of WHO.

of total resources. 1/ The regular budget for calendar year 1977 is $147,184,000.

Since 1950 the Organization's regular budget has increased at a rapid rate.

Calendar year	Regular budget
1950	$ 7,500,000
1960	18,113,760
1970	67,650,000
1974	106,328,800
1977	147,184,000

The Secretariat has estimated that by 1979 the regular budget will reach at least $173 million.

Contributions by member States and private groups to the Organization's Voluntary Fund for Health Promotion make up another major source of extra-budgetary income. Voluntary contributions of about $32 million in 1975 were more than double those received in 1974. Between the time the Voluntary Fund was set up in 1960 and the end of 1975, contributions and pledges totaled $115,463,703. Pledges by 92 member States account for 92.5 percent of this total. The remaining 7.5 percent came from private foundations and individuals. Contributions to the Voluntary Fund can be undesignated or earmarked for 1 of 12 programs such as malaria and smallpox eradication and community water supply assistance to the least developed countries.

The other major source of supplementary or extra-budgetary funds are other U.N. agencies. The Organization acts as the implementing agency for health projects financed by a number of agencies, including the U.N. Development Program (UNDP),

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1/Resources of the Pan American Health Organization are not included, as the Organization's regional office for the America's has sources of income in addition to contributions from the Organization's regular budget. It levies assessments against members and also receives voluntary contributions. Pan American Health Organization's estimated revenue for 1977--excluding the Organization's funds--total $36,466,909.

the U.N. Fund for Population Activities, the U.N. Fund for Drug Abuse Control, and the U.N. Environment Program. 1/

In 1977 the estimated value of health projects managed by the Organization for these agencies is $44,978,667.

As an example of how the funds were used, the External Auditor reported that the total 1975 approved budget of $119,310,000 was used in the following major program sectors:

Organizational meetings	$ 1,678,272
Executive management and coordination	5,839,257
Research promotion	499,839
Strengthening of health services	19,557,394
Health manpower development	15,416,590
Disease prevention and control	28,615,291
Promotion of environmental health	6,896,566
Health statistics and information	12,185,406
Personnel and general services	15,431,052
Regional program planning activities	13,188,219
Total	$119,308,886

This leaves a surplus of $1,114.

SCOPE OF REVIEW

On January 9, 1969, we issued a report entitled "U.S. Participation in the World Health Organization." 2/ In July 1976 the Senate Committee on Government Operations asked that the report be updated to assist the committee in its review of American involvement in international organizations.

We made our review in Washington at the agencies having primary responsibility for management of U.S. participation in the Organization:

1/Other U.N. bodies which contribute to the Organization's extra-budgetary resources are included in a list of U.N. organizations involved in health in appendix II.

2/GAO followed up on this and other reports on international organizations in a July 1974 report "Numerous Improvements Still Needed in Managing U.S. Participation in International Organizations," B-168767.

--The Office of Health and Drug Control, Bureau of International Organization Affairs, Department of State.

--The Office of International Health (OIH), U.S. Public Health Service, Department of Health, Education, and Welfare (HEW).

--The Office of Health, Bureau of Technical Assistance, Agency for International Development (AID).

Audit work was also performed at the Organization's headquarters, the U.S. Mission to United Nations, and other international organizations Geneva, Switzerland, and the Organization's European regional office in Copenhagen, Denmark. We also visited a developing country receiving assistance.

CHAPTER 2

MANAGEMENT OF U.S. PARTICIPATION

Overall authority for U.S. relations with the World Health Organization lies with the Secretary of State. Over the years, the State Department has come to rely upon the Department of Health, Education, and Welfare's Public Health Service and the Agency for International Development for much of the input regarding the technical aspects of international health, while the State Department retains responsibility for political, financial, and administrative matters. The State Department also has final authority for clearing the position papers prepared by the other agencies for U.S. delegates and representatives to the Organization's governing body meetings. (U.S. delegates to the 1976 World Health Assembly are listed in appendix III.)

Our previous reports noted the absence of adequately defined policy objectives and priorities to guide U.S. officials in looking after our interests in international health, in general, and regarding our participation in the Organization, in particular. We believe this lack of direction still exists and that the efforts of the State Department in coordinating U.S. positions and programs in international health are not yet satisfactory. In fairness, it is also a function of the diversity of both U.S. and international health concerns, and the difficulty of rationalizing our own domestic health needs with overall world health needs and those of individual member countries in the Organization.

We have also reported in the past that U.S. efforts to influence the Organization's programs and policies were hampered by shortcomings in the U.S. system for analyzing and evaluating Organization activities. Although improvements have been made, our review showed that some problems still exist: lack of operational and evaluative data from the Organization itself; insufficient contact between U.S. health officials overseas and the Organization's field activities and the related lack of information from these sources; and limited efforts to effectively use U.S. overseas personnel resources to influence the Organization's activities.

U.S. POLICY OBJECTIVES AND PRIORITIES

There are various U.S. Government agencies involved in international health matters. In addition to the major U.S. agencies (HEW, State Department, and AID), others include the

Departments of Defense, Agriculture, and Commerce; the Peace Corps; and the Environmental Protection Agency. Numerous bureaus and divisions within these agencies also have an interest in the impact on international health matters of concern to the United States. Our observations reveal that these agencies are apt to have varying health objectives, priorities, and strategies. For example, HEW and AID are subject to different legislative mandates, and they carry out different responsibilities. Thus, their strategy and policy papers show some basically differing general philosophies regarding international health matters. HEW is mainly concerned with how efforts to combat worldwide health problems may have an impact on domestic health concerns, as in the smallpox eradication program. AID's primary concern, on the other hand, is with the socioeconomic development impact of health improvement efforts in the developing countries, as in its family planning efforts.

Ordered priorities still lacking

One purpose of our review was to attempt to determine to what extent there is any systematic ordering of these sometimes competing priorities, to provide guidance for U.S. officials dealing with the Organization.

We found that there have been numerous general expressions of U.S. Government concerns regarding international health problems and regarding the program direction and policies of the Organization. In his address to the 29th World Health Assembly in May 1976, for example, the U.S. Chief Delegate spoke of U.S. concern and desire to cooperate with the Organization regarding the general areas of delivery of basic health care to rural areas, communicable disease control, and the impact of environmental conditions on health. Specifics in these areas, such as infant mortality, malnutrition, and tropical diseases were mentioned. The U.S. Delegate also expressed U.S. awareness of the need for the Organization to join forces with those working in other areas of economic development. These same concerns--general U.S. objectives and priorities--have also been expressed in U.S. health agencies' planning and policy documents, such as a nearly completed AID health strategy, and by numerous U.S. health officials.

The question remains, as first noted in GAO's 1969 report, whether general statements of U.S. world health concerns, and agreement in principle with the equally general goals and objectives of the Organization and the international health community, are sufficient to provide the kind of specific policy direction and guidance needed by U.S. officials to manage our interest in the Organization.

Several U.S. health officials indicated to us that U.S. approval of the Organization's medium-term plan, which lays out general policies and objectives for a 6-year period, is, in effect, the only comprehensive statement of U.S. policy regarding the Organization's programs and activities. As discussed in detail in the next chapter, this program is, however, very broad in scope, and whatever the amount of U.S. input into its formulation, it cannot serve as the clear statement of U.S. policy objectives and priorities that is needed.

Officials at the U.S. Mission in Geneva have sought more comprehensive guidance. In April 1976 the Mission prepared a policy statement of Mission goals in order to better focus its efforts to represent U.S. interests in the Organization. The statement says that the fundamental objective of the Mission is:

> "To attain the most effective possible participation by the U.S. in the budgetary planning and program planning of the World Health Organization."

As it goes on to discuss means to achieve this and other objectives, the statement refers to efforts in terms of "U.S. interests in international health," "programs and activities to which the U.S. assigns special priority," and "U.S. policy on the WHO [World Health Organization]." The statement does not, however, spell out what these interests, priorities, and policies are. Mission officials agreed that they need from the State Department a clear statement of U.S. policy objectives and priorities.

The Mission's draft statement was sent to the State Department's Bureau of International Organization Affairs for comment and approval. It was returned to the Mission with some suggested changes, but without formal approval of the State Department. Bureau officials said Mission goals were still in the formative stage as far as the State Department was concerned and had not become U.S. policy. The State Department indicated that the statement is a helpful development and has potential; it is not known when a final approved statement of policy goals will be forthcoming.

Lack of policymaking mechanism

This lack of clear guidance for managers of U.S. interests in the Organization points up the need, in our view, for a formalized interagency committee mechanism for formulating,

coordinating, and implementing U.S. positions and programs in international health.

This issue was addressed in a July 1974 staff study of HEW's Office of International Health on a strategy for the public health service in international health. It called for increased coordination with the State Department and other agencies with health concerns in the development of policies and programs. There followed an exchange of letters between the Secretaries of HEW and State.

The Secretary of HEW said that HEW would be pleased to cooperate with State in developing "* * * mechanisms which will provide a continuing means for joint consideration of international health policy." The Secretary of State responded, suggesting HEW staff people contact State's Bureau of International Scientific and Technological Affairs, now the Bureau of Oceans and International Environmental, and Scientific Affairs to make the necessary arrangements. OIH's Director and the Bureau's Deputy Assistant Secretary met and agreed to form an interagency committee to "advise the Secretaries of HEW and State on basic policy matters relating to the conduct of international health."

However, according to an OIH senior official, this 1974 effort to establish a policymaking mechanism did not result in any formal coordinating group being formed. During our review, he said that OIH had backed off on its initiative to get all the agencies involved in international health to sit down formally and determine who should do what, and what the U.S. policy should be.

In spite of this apparent withdrawal of interest, there is evidence of OIH's continued recognition of problems arising from the lack of coordinated policies and programs. For example, inconsistencies in U.S. international health activities were noted in the OIH mid-1976 planning document, similar to the earlier strategy paper. It pointed out:

> "* * * there are examples of independent action on the part of AID in international health activities which at times are inconsistent with, for example, basic U.S. Government policy toward WHO [World Health Organization]."

Our review of the OIH paper showed that it does not give specific examples of the inconsistent and out of phase activities and programs nor does it attempt to detail what basic U.S. Government policy toward the Organization consists of.

PREPARING U.S. POSITIONS

Our previous reports stated that U.S. agencies involved in international health matters did not have sufficient information to analyze and evaluate the efficiency and effectiveness of the Organization's ongoing programs, nor did new program proposals contain enough information on content, objectives, and criteria to allow for reasonable projections of their success. Information received from both the Organization and U.S. sources overseas were found to be deficient. As noted in chapter 3, the Organization is making efforts to improve its reporting and evaluation; it remains to be seen how effective these efforts will be. At the same time, U.S. analysis and position preparation (discussed below) appear to be less sketchy than in previous years, although improvements in procedures and focus can still be made.

Limited opportunities for analysis

U.S. health officials told us that the information received from the Organization is not really adequate to make detailed analysis and evaluation of programs and projects. The documentation provided by the Organization before governing body meetings consists of official documents on program and budget proposals, financial reports, and some technical papers. These documents do not contain evaluations of ongoing programs. Due to this lack of operational and evaluative data from the Organization, U.S. officials can only analyze spending trends in various programs. As discussed in chapters 3 and 4, the Organization is moving to improve its program formulation and evaluation, and this is expected to provide members with better information on the Organization's activities.

Our review indicated that one of the major U.S. efforts is to analyze and evaluate Organization activities at the end of each year, just before the annual January executive board meetings at which the Director-General's program and budget proposals are presented. The United States has only recently received Organization program and budget documents on anything approaching a timely basis--much of the documentation for the board meeting in January 1976, was received in mid-November 1975. In previous years, however, this information was not received earlier than mid-December and very often not until early January.

As noted in the preceding section on policy objectives, there is no formalized body, such as the suggested interagency committee, which meets to determine U.S. policy and

positions on Organization programs and activities and U.S. participation in the Organization. We found that the agencies involved do, however, meet on an ad hoc basis before major Organization forums such as board and assembly meetings. Agency officials also said they keep in touch during the year on issues of mutual interest. The ad hoc meetings are used to determine responsibility for commenting on various agenda items for upcoming meetings and on the documentation for the items provided members by the Organization.

Since U.S. health analysts have not received from the Organization all the information needed to do adequate analysis and evaluation, information from U.S. sources overseas is considered important. The problem is, however, that the only major reporting received from U.S. sources overseas--the State Department's reporting system--Evaluation of U.N. Assistance Programs--focuses on the United Nations Development Program. This system only marginally reports on U.N. specialized agencies such as the Organization and then only insofar as they present major problems or bear primarily on UNDP programs. According to the State Department's guidance to overseas posts, these reports are intended to be of value "as background material for preparation of USG [U.S. Government] positions in the governing bodies of the [UN] organization concerned * * *," and to enable representatives at U.S. Missions to U.N. organizations such as the Organization to "take up appropriate problems with the organization concerned."

These reports are not, however, of notable value, according to some U.S. officials. These officials said that the reports are not useful in evaluating the Organization's budget and program proposals or for preparing position papers for board and assembly meetings largely because in the health field, they do not report any detail on a country's total health picture, just AID health projects. According to U.S. officials, the reports are also of little use to the U.S. Mission in Geneva for dealing with Organization matters, because they do not address the kinds of health sector problems in-country which can be dealt with at Organization headquarters.

AID's top officials recognize that information from U.S. sources abroad is limited, and they have attempted to improve coordination and collaboration between AID and the Organization. For example, in October 1974 AID set up a mechanism with Organization headquarters in Geneva for annual joint program reviews. Then in June 1975 AID requested all principal AID country missions to provide information on the existing status of the Organization-AID relations in each country, and specifically instructed the missions to initiate

discussions with Organization representatives on how they might work together more effectively. The June instruction was intended both to acquaint the missions with the new arrangement for top level coordination between AID and the Organization and to seek to extend or expand this working arrangement to the country and regional levels. According to an August 1976 AID report on this effort, 26 of the 58 addressee missions responded to the request. Of these, only 9 reported regular meetings with Organization representatives, while 14 reported ad hoc or informal relationships.

The U.S. AID mission in a country we visited during our review responded only that while a structured program of coordination might be desirable at the headquarters and regional levels, such an arrangement was not desirable for that country.

The depth and breadth of existing collaboration with Organization representatives reported by the missions was quite limited, with only seven mentioning nutrition, five malaria, and four each health planning and low cost health delivery systems. These are among the top priorities of both the Organization and the U.S. Government. It would appear that the limited amount of contact with Organization activities is not an adequate basis for useful reporting to those responsible for managing U.S. participation in the Organization.

AID officials felt that the results of the reporting on overseas coordination efforts were more successful than we characterized. They also cited lack of AID personnel assigned overseas as a factor limiting the response to the reporting request.

Other suggestions for improving effectiveness of U.S. participation

Other suggestions have been advanced that, if implemented, could help to bring about more effective U.S. participation in Organization planning and implementation. These are in addition to the needs pointed out earlier in this chapter regarding stated policy objectives, a mechanism for policy and planning formulation, and improved analysis of Organization activities. Suggestions include (1) assigning regional health attaches in selected cities where the Organization's regional offices are located and (2) determining ways to make meaningful contact with the Organization's Secretariat earlier in the program formulation process.

The regional health attache idea was proposed in 1974 by OIH. The OIH staff study referred to earlier suggested that such positions in some regional office cities would allow the gathering of health and biomedical information and provide the opportunity to influence and the ability to coordinate U.S. Government input into health activities around the world. The study said it would provide a mechanism for assuring that AID country mission programs in the region, Organization activities, HEW programs, and eventually programs conducted by other U.S. agencies were mutually supportive. It was proposed that the positions be filled by public health service employees, funded by AID, and administratively supported by the State Department, thus actively committing all three agencies to the responsibilities and functions of the positions.

AID officials told us that HEW's regional attache proposal could not be carried out by AID, because of AID's different mandate, priorities, funding availabilities, and lack of resources to devote to this purpose.

The need for some such mechanism, however, can be seen in an example of the lack of collaboration between HEW and AID regarding an Organization project in a country we visited during our review. The project, funded by HEW and executed by the Organization, is of particular interest to AID--the delivery of maternal and child health care services in rural areas. Yet, we could find no evidence that the AID mission was consulted in formulating the project and found that, nearly 4 years after the project began, AID mission officials were unfamiliar with the project's status and could not determine how it might relate to a proposed AID project for the country in family health training.

OIH held some discussions with the State Department and AID regarding the regional attache proposal in late 1974 and seemed optimistic that such a mechanism could be established. Budgetary constraints appear to have caused the idea to remain just a suggestion, and we could find no evidence that a formal, official proposal for such positions has ever been made to the State Department. We still believe, however, that some mechanism is required because there is not sufficient U.S. collaboration with the Organization's regional and country officials, nor is the kind of information available that is needed by HEW officials in Washington.

HEW international health officials still think the regional health attache proposal is a good idea because, they say, improved coordination mechanisms at the regional and country levels "* * * represents one of the major needs for U.S. programs to achieve a reasonable degree of success * * *."

As we note in the discussion of the Organization's programing processes in chapter 3, program budget formulation begins nearly 1-1/2 years before the Director-General presents his proposals to the Executive Board. It has therefore been suggested that member governments determine means to have collective input to the budget earlier in the process.

Making meaningful contact with the Organization's Secretariat early in program budget formulation seems to us important. Otherwise, there is an apparent lack of immediate impact members can have on program content and magnitude of expenditures once the Director-General completes a biennial program budget document. Extensive effort is applied in preparing position papers for U.S. representatives to Board meetings in January and U.S. delegations to the World Assembly in May. Yet we found indications that members do not or cannot influence budgets at these sessions. For example, a U.S. delegate to the 1975 Assembly stated that he was "struck by the lack of detailed discussion on the budget document during the review of the programme budget at the Assembly." A senior Organization official stated last October and U.S. officials agreed, that it was then too late for members to intervene regarding budget levels for the 1978-79 program budget which was presented to the Board in January 1977 and will go to the Assembly in May.

State Department officials acknowledged that it is true, for the most part, that the budget for that year is fairly locked in. They added, however, that interventions are valuable for setting the emphasis in subsequent years and can influence future programing and budgeting.

CONCLUSIONS

Our 1969 and 1974 reports made several recommendations to the State Department, HEW, and AID for improving our participation in the Organization. Among these, we recommended that responsible U.S. officials

--develop and promulgate statements of U.S. policy objectives and program priorities to guide those managing U.S. interests in the Organization and

--obtain better information from the Organization and from U.S. sources overseas to improve U.S. review and analysis of Organization policies and programs.

We believe that the efforts of the State Department, as the U.S. agency having overall responsibility for U.S. participation in the Organization, are not yet satisfactory in directing U.S. Government activities in international health. The United States does not yet have an adequately defined statement of policy objectives and program priorities for international health in general and towards the Organization in particular.

This continued absence of clear guidance for managers of U.S. interests in the Organization is due, in our opinion, to the lack of success in establishing a formal mechanism (such as the proposed interagency committee) for joint consideration of U.S. international health policy. We find it difficult to imagine how a comprehensive U.S. Government statement of policy, of practical use to the officials who plan and implement U.S. international health activities, can be put together unless the responsible senior officials have the benefit of a formal coordinating and policymaking body.

Another component of U.S. participation is the quality of the data on which officials base their evaluations and analysis of Organization programs and policies. Although it appears that U.S. health officials can look forward to receiving better information from the Organization's Secretariat (see ch. 3), we believe there is still a need for U.S. overseas personnel to obtain and provide more independent analysis of Organization activities at the regional and country levels. We found indications that coordination between AID missions overseas and Organization officials in member countries is not sufficient to provide useful information for HEW managers. AID officials attributed this largely to lack of adequate staff abroad to do a more comprehensive job. We believe, however, that the problem is that this matter is not receiving adequate priority rather than a lack of staffing.

We believe that if better information were provided, and improved contacts were made at the country and regional levels, U.S. health officials could participate more effectively in Organization planning and implementation. In addition, we received the impression that by the time members are presented the details of the biennial program budget, it may be too late for any member to influence much change. We therefore believe that representations to the Secretariat earlier in the programing process are needed. Actions being taken along these lines are discussed in chapter 3.

RECOMMENDATIONS

To provide the specific policy direction and guidance needed to manage U.S. interests in the Organization, we recommend that the Secretary of State form an interagency committee chaired by him or his designee for the purposes of

--developing specific objectives for U.S. participation and coordinating these objectives with all pertinent U.S. groups;

--agreeing on a plan for achieving U.S. international health objectives and implementing U.S. policy in the Organization;

--submitting to the Congress annually, a statement of specific goals and objectives together with an assessment of accomplishments, as part of each congressional budget presentation;

--giving priority to obtaining better information and providing more independent analysis of Organization activities at the regional and country levels; and

--providing a greater U.S. impact on the Organization's budget by having U.S. representatives work with Secretariat officials during the early stages of budget formulation.

AGENCY COMMENTS

We did not obtain formal written agency comments; however, we did discuss the report matters with responsible agency officials and included their views, as appropriate. Agency officials generally agreed with our report presentation and recommendations.

CHAPTER 3

THE ORGANIZATION'S PROGRAM

PLANNING AND BUDGETING

In earlier reports we noted that budget and operational data furnished to members by the World Health Organization was too sketchy and incomplete to allow adequate U.S. assessment of the Organization's programs. We recommended that U.S. officials urge the Organization to develop and disseminate better data on its activities by

--making program objectives more specific,

--improving reporting, and

--establishing effective evaluation procedures.

To determine the current status of the Organization's planning, budgeting, and evaluation systems, as they relate to U.S. interests and activities, we met with Organization officials in Geneva and Copenhagen and reviewed both Organization and U.S. documents. This chapter describes how the planning and budgeting systems work, the degree to which the United States needs for information are being fulfilled, and current efforts to improve them. Chapter 4 addresses the Organization's reporting and evaluation systems, again as relevant to U.S. needs.

The program planning and budgeting system is aimed at consolidating the broad types of interrelated activities described in chapter 1 as constituting the Organization's role. The Organization will continue its global assessments of health needs, while orienting its technical cooperation efforts directly toward the needs of individual member countries and in accordance with their specific requests. We observed that evaluation of Organization activities has recently been receiving increased emphasis, and is viewed as an integral part of program planning.

The complexities of planning for efforts to meet world health problems, while at the same time assisting some 150 member States to meet their national but interrelated health needs, were addressed in a 1975 study by the Organization's Executive Board, to which the U.S. member contributed. The study emphasized the relationships among medium-term planning, country health programing, project formulation, management procedures, and the development of new information

and evaluation sy ems. Although the Board acknowledged improvements in these areas, it noted suggestions for further effort.

THE PROGRAMING PROCESS

The Organization's program is developed within the terms of a general program of work approved by the World Health Assembly for a specific period of time. Within the aims and objectives of this medium-term plan, biennial programs are prepared.

Medium-term planning

Since 1952, six general programs of work have been formulated. The fifth one, covering 1973-77, is now in force. The sixth, covering the 6-year period 1978-83, was approved at the May 1976, 29th Annual World Health Assembly, and will go into force with the second biennial program budget (1978-79), to be reviewed at the 30th Assembly.

According to the Chairman of the Executive Board working group which prepared the sixth general program of work, it is not a program, but a plan, on the basis of which the actual programs are to be formulated. The program lays out the general policies and health objectives for the Organization for the next 3 biennial periods. It outlines the overall priority areas as being

--development of comprehensive health services, including primary health care delivery and improved national planning;

--health manpower development, with an emphasis on "paramedic" type training;

--disease prevention and control, particularly tropical communicable diseases;

--environmental health improvement;

--biomedical and health services; and

--program development and support, including integration of health with overall socioeconomic development.

Our analysis showed that these priorities are not specifically ordered--though primary health care is generally considered first--and they are not quantified.

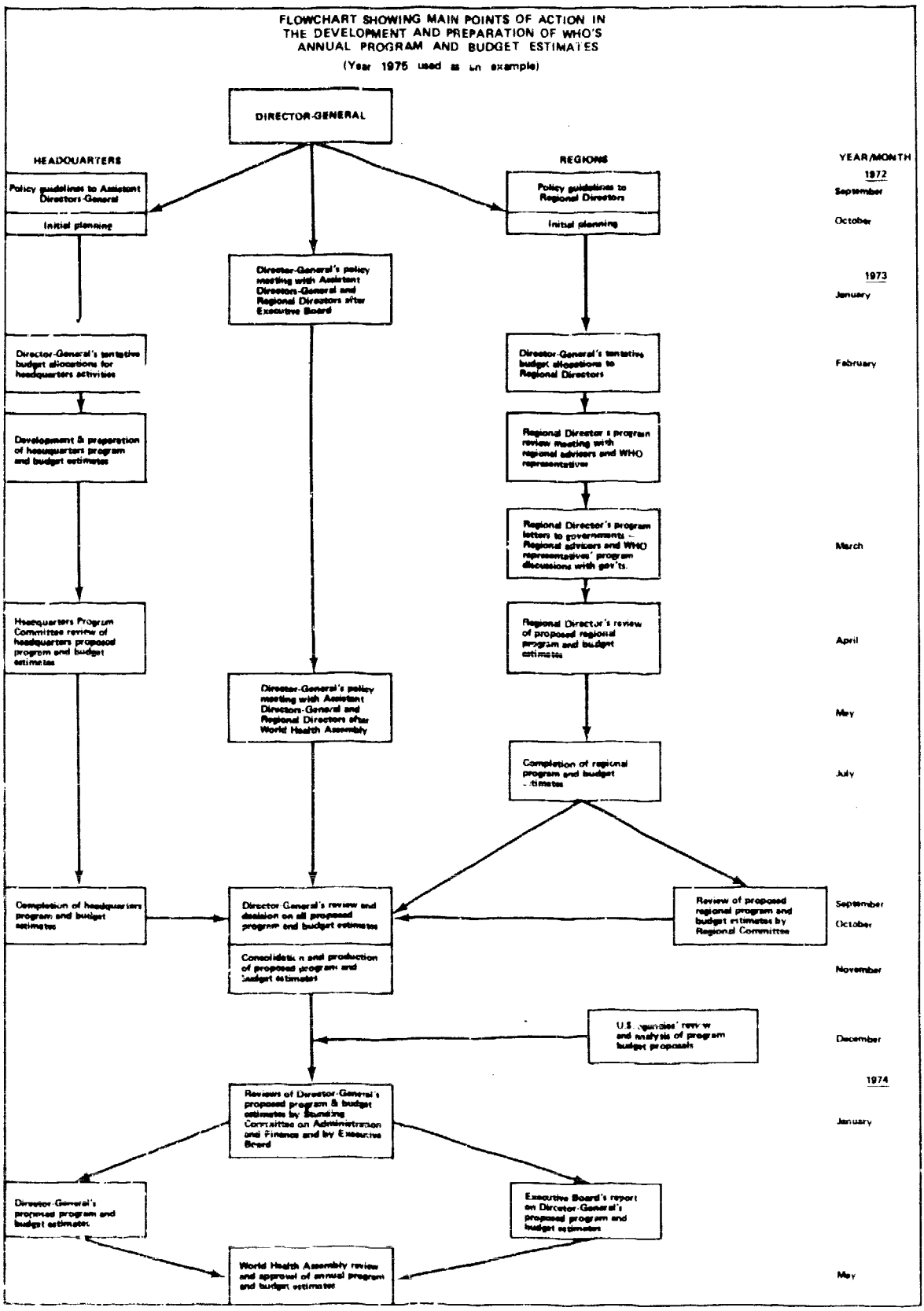
Short-term planning

Short-term planning is accomplished through the process of formulating the biennial program budget. The development, approval, and implementation of the Organization's program extends over a 3-year period as shown on the following chart and described below. While the general program of work is primarily related to activities under the regular budget, one of the Organization's major constitutional functions is to act as the directing and coordinating authority on international health work irrespective of the sources of funds which may be available for this purpose. Consequently, the biennial program is formulated to include projects which are expected to be financed from U.N. Development Program, U.N. Environmental Program, U.N. Fund for Population Activities, funds-in-trust, and other extra-budgetary resources.

The 3-year planning cycle as applied in the European region is illustrative. In the planning year, the Director-General issues instructions on preparing the program budget based on program trends and policy matters from the general program and Board and Assembly deliberations. In October regional health officers put together a rough draft of proposals for the European region. Although no dollar amounts are applied to country or intercountry activities, the health officers are generally aware of what cost levels will be.

The regional proposals are then sent to member governments with a request that they comment on specific programs and projects and assign priorities. According to region officials, government reactions vary from careful analysis among several responsible health and development planning officials in several offices, to a cursory once-over by one man. It is hoped that they look at the proposals in terms of their awareness of funds to be available.

The following March, regional officials again go over the proposals with the members' input, this time with regional budget and finance officers to firm up the proposals in terms of funding, administration, etc. Unlike those in October, these planning sessions are not technically oriented unless members' comments raise new project proposals. The outcome of this March meeting is the biennial program budget, which is then refined for presentation to the regional committee meeting of all members in September. There is a "gentlemen's agreement" that members do not discuss individual country projects after they are put into the regional program documents; discussion centers, instead, on intercountry and interregional programs.


FLOWCHART SHOWING MAIN POINTS OF ACTION IN THE DEVELOPMENT AND PREPARATION OF WHO'S ANNUAL PROGRAM AND BUDGET ESTIMATES
(Year 1975 used as an example)
DIRECTOR-GENERAL
HEADQUARTERS
REGIONS
YEAR/MONTH
1972
Policy guidelines to Assistant Directors-General
Initial planning
Policy guidelines to Regional Directors
Initial planning
September
October
Director-General's policy meeting with Assistant Directors-General and Regional Directors after Executive Board
1973
January
Director-General's tentative budget allocations for headquarters activities
Director-General's tentative budget allocations to Regional Directors
February
Development & preparation of headquarters program and budget estimates
Regional Director's program review meeting with regional advisers and WHO representatives
Regional Director's program letters to governments - Regional advisers and WHO representatives' program discussions with gov'ts.
March
Headquarters Program Committee review of headquarters proposed program and budget estimates
Regional Director's review of proposed regional program and budget estimates
April
Director-General's policy meeting with Assistant Directors-General and Regional Directors after World Health Assembly
May
Completion of regional program and budget estimates
July
Completion of headquarters program and budget estimates
Director-General's review and decision on all proposed program and budget estimates
Review of proposed regional program and budget estimates by Regional Committee
September
October
Consolidation and production of proposed program and budget estimates
November
U.S. agencies' review and analysis of program budget proposals
December
1974
Reviews of Director-General's proposed program & budget estimates by Standing Committee on Administration and Finance and by Executive Board
January
Director-General's proposed program and budget estimates
Executive Board's report on Director-General's proposed program and budget estimates
World Health Assembly review and approval of annual program and budget estimates
May

The regional program proposals are then forwarded to the Director-General, together with the comments and recommendations of the regional committee. Similarly, the program proposals for central, interregional and other activities (particularly the field of research) are prepared by the responsible technical units at headquarters, and after review by the division directors, submitted to a headquarters program committee composed of Assistant Directors-General. Following the latter's review, the regional and headquarters programs are consolidated in the Organization's proposed program budget.

In the approval year, the proposed program budget is examined in detail by the Executive Board, and in light of this examination, the Board submits its conclusions and recommendations on the proposed program budget to the World Health Assembly. The Assembly reviews the proposed budget and Board comments and approves the budget level by a two-thirds majority of delegates present and voting and a resolution appropriating funds for the budget year is approved.

In the year of implementation, the program as approved by the World Health Assembly and as adjusted to take account of any changes in government priorities is put into effect by officials of the Organization and member governments, sometimes with the assistance of other international and bilateral agencies.

The program approved for a particular year may be adjusted within the budget parameters to recognize changes in priorities of either the Organization or of individual governments. According to region officials, a member country's Ministry of Health determines how it wants to use money approved by the Assembly for whatever health activity for that country. These officials say that the Organization must go along if the Ministry decides it wants to generalize approved specific project funds.

Adjustments can also come as the result of changes in extra-budgetary resources, such as UNDP liquidity crisis, or delays in hiring consultants or awarding fellowships. Such adjustments are made in consultation with the national health administrations during the preparation of programs to be proposed for the next program budget.

BUDGET PREPARATION

Under the concept of program budgeting, budget preparation is not really separated from short-term planning. Budget estimates are made concurrently with the biennial programing

exercise. Although the Assembly reviews a biennial program budget, it approves only that portion which corresponds to the next financial year.

Even though, as discussed, financial decisions are not made in preparing the medium-term general program, tentative projections of estimated obligations, as far forward as 4 years, are included in the proposed program budget presented to members.

In the planning year of the 3-year program budget cycle, the Director-General makes tentative budget allocations to each region and to headquarters, within which their program proposals are to be contained.

PLANNING AND PROGRAM BUDGETING STILL NEED IMPROVEMENT

Although planning and program budgeting procedures and results are improving, our review indicates that there are still shortcomings in the way U.S. needs for information are being met. Some of the new measures to upgrade the process are in early stages of implementation and have yet to be proven effective.

U.N. study recommends financial decisions in medium-term planning

In 1974 a U.N. Joint Inspection Unit Inspector prepared a study of the state of planning and programing in U.N. organizations, including the Organization. The report recommended that these U.N. specialized agencies set financial ceilings when program objectives and priorities are determined in their medium-term planning. The Inspector stated that:

> "* * * if medium-term plans are to act as instruments that can really help to define a policy, they must, together with the program budgets, entail financial decisions."

The main thrust of the Inspector's arguments is that if medium-term planning, such as the Organization's sixth general program, is to serve as a rational framework for short-term planning, it must provide not only clear program objectives, but financial objectives and constraints as well.

The Inspector said he did not mean that such a plan need be a 6-year budget or that biennial program budgets would give way to the plan as documents with a financial

sanction. He emphasized the need for a suitable link between the two decisionmaking processes (i.e., medium-term and short-term planning), saying the former cannot be budgets, but can be a means of determining orders of magnitude of financial resources for the medium-term period. Since governments might be reluctant to make financial commitments over such a long period, he suggested that they could agree to a base year budget--for example, that amount most recently approved by the Organization's governing body--and a percentage level of increases over each year or two of the plan period. The Inspector felt that this way of fixing orders of magnitude would be compatible with the type of decisions taken when biennial budgets are submitted for approval, an entirely different exercise which consists of making appropriations of precise dollar amounts for particular programs.

In its review of the report, the U.N. Administrative Committee on Coordination, of which the Organization is a member, did not support the Inspector's recommendation. The Organization's Director-General agreed with the Committee. The Committee stated that the Inspector's views were contrary to the principles of integrating program and financial decisions even though there were no financial decisions applied to medium-term planning, and said that there are "alternative formulae" to the Inspector's suggestions. The Committee did not say what these alternative formulae might be and how they could be used to include financial decisions in medium-term planning. It did acknowledge, however, the need for improving the link between medium-term plans and biennial program budgets, at least as it regards the technical aspects of program planning and the documents on which it is based.

We believe the desirability of establishing financial ceilings in medium-term planning may be reflected in current expressions of frustration by the major contributors to the Organization regarding the budget growth of the United Nations and specialized agencies. A proposal of the Geneva group of major contributors, aimed at limiting the increases in these budgets (see ch. 5 for details), would perhaps not have been necessary had the Organization and the other agencies imposed on themselves the appropriations limits suggested by the Inspector.

Other proposals and actions to improve planning

As noted earlier, the Organization's general programs of work are more statements of general objectives than medium-term programs; indeed each has been more of a plan

than a program. This is a function of their structure and content, or lack thereof, as well as the absence of financial decisions discussed in the previous section.

The 1975 Executive Board study indicates that considerable improvement has been made since the first general programs, which were formulated in very broad terms and in which no real attempt was made at delineating subprograms likely to serve specific needs of each region. The fifth general program, for which the final year of implementation begins in 1977, is more explicit in the guidance it offers, and the sixth shows further progress.

Our review found, however, that the general program still is considered too broad and lacks sufficiently clear priorities, objectives, and targets. At the Executive Board review of the sixth program in January 1976, one Board member noted that "* * * with 6 major areas of concern, comprising 17 principle objectives, it would be possible to include practically any health programs and little guidance was provided as to priorities." Another said he would liked to have seen more specific targets, which should be quantified and given upper and lower levels.

State Department and HEW officials maintain that the U.S. member of the Board played a major role in the development of the program and that some sections represent the emphasis and thoughts developed in the Public Health Service's Office of International Health. Nevertheless, the U.S. position paper prepared for the 29th Assembly meeting last May, at which the members approved the program, notes that while the sixth program is more specific than the fifth, with clearer objectives and priorities, it does not contain quantifiable criteria for assessing and evaluating programs.

The members of the Board seemed to feel that the general program was overall a good medium-term plan. They also seemed to feel that its shortcomings could be made up for by (1) increased attention to tightening up objectives, priorities, and criteria in the biennial program budgeting process, (2) increased involvement of the Board in preparing program budgets, and (3) improved evaluation efforts. (See ch. 4.)

The Board is concerned that the Organization's programing has suffered from a tendency toward the development in member countries of "separate projects bearing insufficient relation to national health development as a whole." The Board also said that efforts need to be increased toward

constructing "* * * more rational programmes through constant collaboration with national health administrations in analyzing systematically the country's real priority needs." The basis for this concern was confirmed in the external auditor's report to the May 1976 Health Assembly. His investigation in one region of project implementation compared with original planning and budget estimates showed considerable deviations. His recommendations to the regional Director emphasized the need for planning to be program oriented as distinct from project oriented, with a clear definition of objectives against which evaluation could be made.

Because, as both Organization and U.S. officials have acknowledged, detailed project planning has taken place too far in time from implementation of the budget, a major objective of biennial budgeting--providing more stability in the planning process--has not been attained. Therefore, the Director-General has stated that the Secretariat will submit to the January 1977 Executive Board proposals for a new program planning procedure to avoid repeated deviations from the approved budgets. If then approved by the 30th Assembly in May 1977, the proposals would be implemented in the program budgeting cycle leading to the adoption of the 1980-81 biennial program budget.

In addition, our review of documents shows that the Executive Board has taken steps to become more involved in program planning and at an earlier point in program formulation. Since the last World Health Assembly, the Board has established a special program committee, made up of nine Board members, which will assist the Secretariat in establishing priorities and preparing program proposals to implement the general programs of work, and which will advise the Director-General on policy and strategy involved in implementing Assembly resolutions aimed at increasing technical cooperation with the developing countries.

Our review work indicated that country health planning or programing may be considered perhaps the key element in both the overall planning of the Organization and implementing its health programs. A Board study in late 1975 stated that:

> "While the main purpose of country health programing is to strengthen self-reliance and national health planning at country level, a valuable by-product is the increased ability to make the needs of Member States better known to WHO and multilateral or bilateral aid partners and ensure the unity of purpose of international health work."

A good country plan should provide a clear picture of national priorities, health needs, areas of action, and those activities most suitable for outside assistance. Although the crucial role of country planning has been recognized for several years, Executive Board discussions in 1975 and 1976 have indicated that progress in implementing planning principles and in establishing rational priorities has been unsatisfactory. Only a few developing countries have health plans, and not all of these are adequate.

An effect of the lack of country health planning can be seen in the observation by European region officials that where a developing country has no formal health plan, health priorities are determined on an essentially ad hoc basis by the Ministry of Health, although Organization and UNDP officials do have influence through the various programing processes.

CONCLUSIONS

Our previous reports recommended that U.S. officials urge the Organization to produce and make available to members more relevant and reliable data on its activities through improved and better preparation of program objectives.

Our current review of how U.S. needs for timely and adequate data are being met found that the Organization's medium-term planning has become much more specific and ordered over the years, and that U.S. health officials have had an impact on this improvement. The plan for the period 1978-83 contains clearer objectives and priorities than previously, but is still lacking definitive financial targets that could help the United States and other members evaluate the Organization's programs over the 6-year period. It has been suggested that financial decisions be made during the medium-term planning process to provide a better link with biennial program budgeting and thus lead the Organization to set clear medium-range priorities and objectives for its programs. We believe that the adoption of these kinds of financial restraints on the Organization's 6-year general programs could not only improve the effectiveness of the Organization's activities, but would also serve the special interest of the United States and other major contributors.

Our analysis indicated that short-term planning--the biennial program budgeting process--is still too project oriented, and it still lacks the clear definition of objectives that would enable the United States and other members

to make useful evaluations. We believe that since the Organization's programing must reflect the health priorities of member States, the lack of rational country health planning by most members will continue to hamper the Organization's ability to meet the real health needs of these members and to efficiently plan how to use it limited resources.

RECOMMENDATIONS

We recommend that the Secretary of State, through U.S. delegates to Organization forums and representatives dealing with Organization officials, urge the Director-General and the Executive Board to

--encourage basing the medium-term plan upon the funds that may be available and

--urge member governments to formulate rational country health plans to provide clearer bases for the Organization's short-term planning.

CHAPTER 4

THE ORGANIZATION'S REPORTING AND EVALUATION

Our previous reports noted a lack of systematic procedures for evaluating the World Health Organization's projects and programs. We pointed out that efforts fell far short of what is required by U.S. officials to make independent judgments relative to the efficiency and effectiveness of Organization operations. Our current review found that evaluation, both internal and external, is still inadequate for these purposes, although the Organization is developing new information and evaluation systems which may prove to be more useful.

EXTERNAL EVALUATION

There are two sources of external evaluations of Organization activities: U.N. Joint Inspection Unit reports and the annual Report of the External Auditor to the World Health Assembly.

Our current review found that most U.N. Joint Inspection Unit reports address themselves to U.N. systemwide matters, such as the report on medium-term planning discussed previously, and do not deal directly or in detail with the effectiveness or impact of Organization programs or projects. The few U.N. Joint Inspection Unit investigations which dealt solely with the Organization concerned mostly administrative matters and, according to the Director-General, have not had a significant impact.

The reports of the Organization's external auditor are part of the annual financial report submitted by the Director-General to the members. This external audit has in the past been only a traditional financial audit, without evaluation of program and management impact and effectiveness. At the urging in 1975 of the new external auditor, the latest report contains some information on financial implementation by program sector, program and source of funds, and also data on the financial implementation of projects. A U.S. delegate to the May 1976 Health Assembly noted U.S. approval of the move toward a management approach in the Organization's financial reporting and this move was an approach long advocated by his delegation.

The report also contained reference to the management and program audit work conducted in one region, but the details of this work were not made available to members beyond

the auditor's general outline of his recommendations to the regional committee.

INTERNAL AUDIT

The Organization's internal audit unit staff consists of eight auditors. Staff members told us that its reviews are primarily financial audits which look at such matters as asset accountability and protection, internal controls, and compliance with financial policies and procedures. They informed us that the unit also conducts some management reviews, comprising about 15 to 20 percent of its effort. These are defined, however, as efficiency or economy reviews and make no attempt to measure the effectiveness of programs and projects. These reports are addressed to senior Secretariat officials and are not available to members.

NEW INTERNAL INFORMATION AND EVALUATION SYSTEMS

The shortcomings of the Organization's past and present evaluation efforts have been clearly recognized, as in the 1975 Executive Board Study, which called for a renewed approach to evaluation. It noted that past efforts

> "* * * have failed to provide WHO [the World Health Organization] with an instrument apt to assess and measure the value of its programme as a whole, its relevance to country health needs, its efficacy and practical impact."

The report noted that attempts at evaluation had not been carried to their logical consequences--that is, to changes in program design or execution. The U.S. member of the Board meeting which reviewed the report took particular note of its emphasis on the importance of developing a new program information system on which to base evaluation efforts.

As pointed out by officials of the regional office for Europe, the Organization has developed over the years independent information and reporting systems for administration and for the various technical areas; the procedures and even the terminology of these various systems are different. They noted that the existing systems are also inadequate for use as a management tool, since they are technically oriented and not program oriented.

According to the sixth general program of work (1978-83), evaluation should be an integral component of Organization activities at all levels. In defining objectives and

formulating programs, desired results should be measurable from both quantitative and qualitative points of view and, wherever possible, targets should be determined in specific terms. Evaluation should be applied on a continuing basis during the implementation of a program, so that it can provide a reliable basis for adjusting the approaches and methods of work adopted.

In conformity with the above principles, the Organization began about 2 years ago to develop a new system of evaluation. Officials told us that it is intended to be an integral part of program planning and delivery--the overall operation functions--at all organizational levels (country, regional, and headquarters). This system will be used to evaluate the sixth general program of work. It is based in large measure on a new information and reporting system which is also being developed. Reports will focus on progress made in implementing activities and on the assessment of the effect these activities are making on attaining the objectives of the program area concerned. This system of reporting will be used for both regular budget projects and those funded from other sources.

Under this system each program/project will have a profile which will include a description of the activity, objectives/targets, milestones/priorities, participants and commitments, problem areas, data from various assessments reports submitted on the activity, and an evaluation/analysis of the activity. Profile information will be updated and submitted semiannually; the evaluation/analysis portion of the reporting is to be conducted in close collaboration with the national health authorities concerned.

As proposed, project managers will report to their regional office on project particulars (e.g., status, problems encountered, etc.). The regional office will review and analyze these reports from the viewpoint of regional program objectives, preparing summaries of the country project profiles and preparing and updating additional profiles on intercountry projects. The regional profiles will, in turn, be summarized at the headquarters, which will also prepare and update profiles on interregional activities. The profiles prepared at headquarters and the regions will be provided to the regional and country level managers, respectively, as one form of feedback. The major form of feedback to the regions and field from headquarters will be in changes in policy lines resulting from headquarters analysis of the reporting from all regions.

The target date for the completion of the information and reporting system mechanisms is scheduled for the end of 1977; thus, officials believe significant parts of it will not become fully operational until January 1978. Complete implementation of the new evaluation system will therefore not have significant impact on programing until the proposed program budget for the period 1980-81.

AVAILABILITY OF INFORMATION TO MEMBER GOVERNMENTS

According to Organization officials, the system should eventually make program profiles available to members, with the provision that certain information, such as from individual country profiles, is the property of the involved government. Aggregate information about a major program or a whole region, such as in interregional and intercountry program profiles, officials said, would be the property of the Organization, and thereby available to members without restrictions.

The officials emphasized that individual country activities or projects are not "Organization projects," but national projects, and the country involved will have to agree before the country can be identified. They noted that the Organization is not trying, with the profile concept and new information and evaluation systems, to audit or evaluate the performance of member governments; rather, the aim is to determine what have been the relative successes of a given activity and to assist the Organization and members in programing and managing the available health resources.

RESERVATIONS ABOUT THE NEW SYSTEM

Headquarters officials recognize that not all programs have quantifiable criteria which can be used to measure effectiveness. However, they say an attempt will be made to set out specific output indicators, milestones, priorities, and criteria so that the Organization can measure the health impact of programs. European regional office officials expressed some reservations about the feasibility of measuring effectiveness and impact. The officials say that the new system is to provide for administrative evaluations, that is, the efficiency of activities, comparing results achieved with inputs. This, they noted, does not necessarily constitute an effectiveness evaluation. They point out that for many health problems, effectiveness indicators--even in general terms--have yet to be developed, and evaluating impact will depend on

separate surveys which will use the information gathered under the new system. Headquarters officials also acknowledged that ongoing experience with the system will be needed to prove whether or not the indicators and criteria being used are really valid and relevant for reviewing impact and effectiveness.

The Executive Board reviewed a report by the Director-General on the development of the evaluation system at its January 1976 meeting. The Board agreed on the proposed concept of making everyone involved in the work of the Organization assume responsibility for evaluation, but urged that some caution was required if objective evaluation was to be carried out by the same staff as was involved in the operation of the activities. A member of the headquarters system development staff expressed awareness of this issue, but noted that in the past, program evaluation by persons not involved had caused the emergence of defense mechanisms, leading even to problems in collecting the necessary information from those who felt that they, rather than the program, were being evaluated.

U.S. officials' review of the same Director-General's report also raised some reservations about the system. Comments in position papers prepared for U.S. representatives at the Board meeting included skepticism as to the expectations for critical review of activities at the country level in the absence of previous country health programing activity or a sound national plan. The U.S. paper also noted the question of political issues involved; members have the right to solicit the Organization's assistance in whatever project they deem necessary to their health needs as they see them--if programs are approved through such a process, is it appropriate to evaluate programs solely on a technical basis?

CONCLUSIONS

Our previous reports recommended that U.S. officials urge the Organization to improve its reporting and evaluation procedures and make this information available to members. The Organization is adopting new reporting and evaluation systems which are expected to bring improvements. However, it is not yet clear how this will benefit the Secretariat staff and the United States and other members. Potential benefits will depend, in part, on whether the systems are used to show planners where they need to make changes in program design and execution. Both U.S. and Organization officials are aware that diligence will be needed to maintain evaluation objectivity, as well as continuing attention to determining and testing evaluation

criteria. In the final analysis, however, the effectiveness of the new reporting and evaluation systems--like that of the new programing efforts--may depend on the progress of health planning by member governments.

To assist the United States and other members in more effective participation in the Organization, we believe members should see that as much information from the new systems as possible is made available to them.

RECOMMENDATION

We recommend that the Secretary of State, through U.S. delegates and representatives, work to obtain for all members the most complete dissemination possible of program information and evaluation results.

CHAPTER 5

CURRENT ISSUES

We found that there are two major issues which are having, and will probably continue to have, considerable impact on the World Health Organization's activities and on U.S. policy toward the Organization. The first of these, a budget-limiting proposal was aimed at limiting the growth in budgets of the United Nations and of specialized agencies. The second issue involves the so-called "60-percent resolution" passed at the May 1976 World Health Assembly, which directs the Secretariat to insure that, by 1980, 60 percent of the Organization's regular budget will be expended on programs of technical cooperation with and services to the developing countries.

THE GENEVA GROUP PROPOSES PERCENTAGE LIMITS ON THE UNITED NATIONS AND SPECIALIZED AGENCY BUDGETS

The French delegate to the consultative level Geneva group 1/ meeting in June 1976 introduced a proposal for placing percentage limits on future increases in U.N. budgets and its specialized agencies. This proposal expressed concern that the continuous and excessive increases in the budgets of the U.S specialized agencies are now becoming a critical problem for the major contributors. It noted that previous attempts by the major contributors to urge budget restraint on the Secretariats have failed to stop yearly increases which are, in general, very much in excess of the average national budgetary increases of the member States.

1/The Geneva group is an informal body of major donors to specialized agencies concerned with administrative and fiscal matters relating to those agencies. First convened in 1964, it operates on two levels. The consultation level composed of foreign office officials (Assistant Secretaries responsible for participation in international organizations) and budget/treasury representatives, meet once a year to discuss across-the-board problems. Local Geneva groups composed of permanent representatives to individual specialized agencies, such as the Organization, meet on an ad hoc basis both to exchange information and to seek to reach a consensus on financial, budgetary, and management issues.

This means that as far as international activities are concerned, the major contributors are taxed beyond levels they impose on their own citizens.

The proposal stated that even if an organization's Secretariat attempted to control regular budget increases, the majority nations--the so-called Group of 77, composed of those members who contribute less than 10 percent of total regular budget assessments--could reverse any Secretariat's austerity decisions through votes in the governing assemblies of the organizations. Urging that the Geneva group members agree among themselves on a percentage increase in the current year's budget beyond which they would not pay a comparable increase in their assessment shares, the proposal stated this would be a better situation for the Secretariats than if individual national parliaments refused to carry out budgetary obligations taken by international councils that have gone beyond the realms of reason.

The proposal met with widespread support at its initial introduction, though some members expressed misgivings about applying any arbitrary ceiling on agency regular budgets. They preferred to work with the Secretariats to trim administrative expenditures and economize through more careful program formulation. Concern was also expressed about the treaty obligations of members to pay whatever amounts are assessed by the governing bodies of the organizations. Group members agreed, however, that the proposal merited further study in their respective capitals and that further discussions at the consultative level should be held in New York in October, following preparatory discussions in ensuing weeks by the Geneva group (General).

Subsequent developments

Our review of State Department reports showed that during the 3 months after introduction of the budget-limiting proposal, numerous meetings and discussions were held among and between members of the Geneva group. Finally, a special consultative level meeting of the Geneva group was held at the U.S. Mission to the United Nations in New York, October 6, 1976. Representatives of the following countries participated as members: Australia, Belgium, Canada, France, Federal Republic of Germany, Italy, Japan, The Netherlands, United Kingdom, and United States. Representatives of Sweden and Switzerland participated as observers.

The purpose of the meeting was to discuss the possibility of collective action by the group in the light of

the rapid growth of budgets in the U.N. systems, and in response to the interest aroused by the French delegate's proposal to establish a system of budgetary ceilings.

According to State Department records, the group agreed that any action short of setting some sort of limit to budget growth would be no more successful than past efforts of the Geneva group, no matter what means they might use to secure its acceptance. It was also agreed that setting such a limit should, however, in no way preclude, but should be accompanied by, strengthened efforts along traditional lines to assure greater efficiency within that limit.

Although the problem was reportedly not yet felt to be acute by many members, the group noted that doing nothing could lead to situations in which at least some major contributors might be forced to take unilateral action detrimental to both the U.N. system and to other members of the group. The suggestion was, therefore, welcomed that they should seek to establish target figures for budgets in the U.N. system and that through discussion and persuasion, they should promote the acceptance of these targets as a useful management tool by the Secretariats and other member governments.

The State account noted that after lengthy discussion on where and when action might be taken, the group agreed that a selective and phased approach to the specialized agencies would be appropriate. They felt it was important to take action at that stage of the budgetary cycle when the agency's planning was beginning to be formulated as a program budget, but before specific figures came out in budget documents. It was also recognized that different methods of approach were required for each agency.

Because specific questions could best be addressed by those who dealt with a particular agency at its headquarters, the group agreed that the cochairmen (U.S. and United Kingdom representatives) should issue instructions to their representatives in the headquarters city of each of the four major agencies--United Nations Educational, Scientific and Cultural Organization; the World Health Organization; International Labor Organization; and Food and Agricultural Organization of the United Nations--to convene the local Geneva groups to prepare recommendations on three basic questions:

1. The desirability and feasibility of establishing indicative target figures for the next budget of

each agency and, assuming a positive approach, a reasonable figure that might be set.

2. The most suitable tactics to be employed vis-a-vis Secretariats and other member States to secure general acceptance of these views.

3. The timing of any action.

On the question of including the United Nations in this budget concern effort, the group agreed to postpone any definitive action.

Acting on the instructions emanating from the October 6 meeting, the Geneva group cochairmen in Geneva met in late October with the budget director of the Organization to express the increasing concern of the group with the escalation of budgets in the United Nations. The Organization official was reportedly quite surprised and concerned at the visit. He said it was too late for any member or group to do anything about the 1978-79 program budget as it was already "put to bed." The cochairmen were unable to obtain any detailed information on the 1978-79 program budget and did not discuss any specific "indicative target figure" that the group would want the Organization to work within.

The Organization's 1980-81 budget was discussed at three subsequent local Geneva group meetings held in November and December 1976 and January 1977. Target budget figures were not established at these meetings, but it was noted that discussions would have to be held soon if the Geneva group was to have an influence on the 1980-81 budget. The participants talked about getting a discussion of the 1980-81 budget on the agenda of the Organization's January 1977 Executive Board meeting; that a Geneva group consultative meeting should be held in early March 1977; and that the Geneva group should be prepared to present 1980-81 budget target figures at the May 1977 World Health Assembly.

THE 60-PERCENT RESOLUTION

The 60-percent resolution (officially Resolution 29.48) was passed at the 29th World Health Assembly on May 17, 1976. The vote was by a resounding majority of 82 to zero, with 26 members, including the United States, abstaining. It quantifies and expands previous efforts of developing country members (the so-called Group of 77) to get the Organization to place new emphasis on increased technical cooperation with those countries.

Specifically, the resolution requests that the Director-General:

> "* * * reorient the working of the Organization with a view to ensuring that allocations of the Regular Program Budget reach the level of at least 60% in real terms towards technical cooperation and provision of services by 1980, by
>
> a) cutting down all avoidable and non-essential expenditures on establishment and administration, both at headquarters and in the regional offices;
>
> b) streamlining the professional and administrative cadres;
>
> c) phasing out projects which have outlived their utility; (and)
>
> d) making optimum use of the technical and administrative resources available in the individual developing countries."

In commenting on the resolution, the Director-General said he welcomed the resolution and stressed that it corresponsed with his own global philosophy on health. He noted that many of the Organization's present activities are not as relevant to the priorities of the developing countries as they could be and many could be more productive, but most have been implemented because the Assembly had decided so. Declaring that the Assembly had taken one of the most important political decisions in the history of the Organization, he cautioned that he assumed the Group of 77 did not want cuts that would damage programs from which the entire membership benefits. Secretariat figures show 51 percent of regular budget funds already going to member governments. He also stressed that implementing the resolution would take time and could have only a small impact on the 1977 program, and insisted that the Executive Board would have to share in the responsibility of making the necessary, perhaps unpopular, decisions involving cutting programs and staff positions.

Proposals aimed at implementing the 60-percent resolution by 1981 were approved by the Organization's Executive Board in January 1977. The Board reviewed policy and strategy for developing technical cooperation programs and the budgeting and financial implications of the 60-percent resolution. Proposed actions included abolishing 363 jobs, mostly at the

headquarters level, and transferring the resulting savings to technical cooperation programs.

U.S. views of the resolution

According to the U.S. Chief Delegate's account of the Assembly meeting, the U.S. delegation abstained in the resolution's adoption partly out of concern as to the advisability of dividing the work of the Organization without a careful examination of its impact by the Director-General and the Executive Board. The abstention was reported to be due in part to a belief that a fixed percentage could lead to arbitrary, poorly conceived schemes that could detract from the Organization's effectiveness. Also, U.S. officials told us they did not like the intent and tone of the resolution regarding arbitrary percentages and deadlines; and discussion of the resolution in the Assembly has been characterized as "somewhat bitter" between developed and developing members, indicating a degree of polarization both inappropriate and unfortunate for an international health organization.

A State Department account of the U.S. abstention noted similar objections; that is, the impact of such a move should be studied first. Both agencies found elements of the resolution to support, expressing praise for those requests calling for streamlining of operations and cutting out obsolete programs. Such measures have reportedly long been advocated by U.S. delegations.

There is some difference of opinion among officials in the concerned U.S. health agencies as to just what the effect of the resolution will be on the Director-General's expressed intent to emphasize the Organization's coordination role. One opinion holds that the developing countries are, in the 60-percent resolution, looking for more direct, donor-type project assistance from the Organization's regular budget, and that this may have a negative impact on the Organization's efforts to expand its coordinating role. Much depends on how technical cooperation is defined by the Secretariat, working with the Executive Board. One Department of Health, Education, and Welfare official expressed concern that programs dealing with, for instance, cardiovascular disease, cancer, and environmental pollution--health areas more of a problem to developed than developing countries--not be cut drastically, since HEW has pointed to these before the Congress as areas of particular concern to the United States and part of the justification for our participation in the Organization.

Others, however, feel there is not as much conflict as may appear between the need for more coordination and the 60-percent resolution. This view emphasizes that the Director-General must implement the resolution, that he appears to favor the coordinating/cooperative role, and that he is consulting with the Board through the new program committee on how he intends to implement the resolution.

In the final analysis, according to a November 1, 1976, memorandum from the State Department's Bureau of International Organization Affairs, there is not yet a U.S. Government position on the resolution, because State does not know how its implementation will affect the Organization's program as a whole. A more complete U.S. position on the resolution will depend on analysis of the Director-General's implementation plans and in preparations for the 1980-81 program budget. For 1978-79 many of the new activities will be funded under global and interregional projects, and the Director-General's and regional Directors' development programs.

CONCLUSIONS AND RECOMMENDATIONS

The major donors to the U.N. system and its specialized agencies, including the Organization, have become increasingly concerned about the spiraling increases in their regular budgets. In response to this concern, a proposal was put forth to the Geneva group of major donors to place a percentage ceiling on budget increases past which these contributors would not pay. Due to concerns expressed regarding the setting of arbitrary limits and treaty obligations, the group decided to urge some sort of indicative target figures for the next budgets of four of the major specialized agencies. Initial approaches have been made to two of the agencies--the Organization and the International Labor Organization--but the group has discovered its efforts can have little or no effect on the 1978-79 budgets of these agencies, and they have not yet decided what the target figures should be nor how to concentrate their efforts to gain acceptance of their views on budget restraints.

We regard the efforts of the Geneva group as important and a start in the right direction. In order for the group to urge indicative target figures there must necessarily be a setting of priorities by both the Secretariat of the Organization and members of the group. Such actions will, in our opinion, assist both the developed countries who are paying the vast part of the budget and the less developed countries as well who are the primary beneficiaries of the Organization's program.

There is not yet a firm U.S. position on the 60-percent resolution passed at the last World Health Assembly. The Organization's Secretariat has been working to redirect elements of the 1978-79 program to provide more resources at the regional level and for direct cooperation with and services to developing member countries; the major impact will be on the 1980-81 program budget. U.S. health officials have indicated to us that they are generally hopeful that the resolution can lead to economies of administration in the Organization and the elimination of programs and projects that are not producing.

The current issues before the Organization also stress the importance of the United States taking a position that all U.N. development and technical assistance be channeled through a central coordinating point, the United Nations Development Program. In this regard we previously reported 1/ that:

--U.N. development assistance was being carried out through thousands of projects in agriculture, health, education, and other fields.

--These programs lacked focus and a sense of direction because there was no unified system for planning and coordinating among U.N. agencies and because each operated independently.

--UNDP had the largest single program but other U.N. agencies, such as the Organization, were conducting their projects outside of and without adequately coordinating with UNDP.

The factors summarized above still exist and take on increased meaning as the U.N. specialized agencies obtain larger annual budgets and spend increasing amounts of these funds for basic assistance to developing countries. The growing financial and operating independence of the U.N. specialized agencies have the effect of undermining UNDP central funding and monitoring system--a system that the United States and other countries worked hard to establish. Therefore, it is important that renewed efforts be made by U.S. officials to bring all U.N. development assistance programs under the coordinated mantle of UNDP.

1/"Action Required to Improve Management of United Nations Development Assistance Activities," ID-75-73, July 3, 1975.

The Organization's decision to finance more development assistance also focuses attention on a parellel financial issue. That is, that the Organization has been a major exception to the U.S. Government policy that U.N. technical assistance be funded from voluntary contributions rather than assessed funds. This policy follows the logic of U.S. bilateral assistance in emphasizing that foreign governments receive such assistance at U.S. discretion and not as a right. The Organization has probably been exempted from this policy because of the unique humanitarian appeal of international health programs. However, the Organization's recent action to spend more of the assessed budgets for technical projects calls for the United States to reexamine the Organization's exception to the U.S. policy of providing only voluntary funds for development assistance.

In summary, the competent performance of U.N. activities is of considerable concern to the Congress and the public. Thus, the United States and other member countries should look to the U.N. agencies to efficiently and effectively use their increasing budgets to alleviate various international problems. Accordingly, we recommend that the Secretary of State

--express U.S. concern over the trend away from UNDP leadership and reassert the U.S. position that all U.N. development and technical assistance be channeled through UNDP and

--reaffirm that the proper way to finance U.N. development activities is through voluntary contributions.

APPENDIX I

United States Senate

COMMITTEE ON
GOVERNMENT OPERATIONS
WASHINGTON, D.C. 20510

July 30, 1976

The Honorable Elmer B. Staats
Comptroller General of the United States
U. S. General Accounting Office
441 G Street, N. W.
Washington, D. C. 20548

Dear Elmer:

As you know, the Committee on Government Operations is currently reviewing United States involvement in international organizations.

We are familiar with the reports the General Accounting Office has issued, the testimony you have given before various Congressional committees, and your continuing concern with improving the management of U. S. participation in international organizations.

To assist the Committee I would request that GAO update its previous work by the middle of next February, including an update of your prior reports on the World Health Organization, the International Labor Organization, and the Food and Agriculture Organization. I hope you would be prepared to testify before the Committee, possibly in the early part of the next session, on your conclusions.

I would also like to have by next February a report on your current review of employment of Americans by international organizations and a report on the World Food Program and our participation in it. I would also be interested in any review you can do of the United Nations Educational, Scientific and Cultural Organization.

I hope that you can also consider in your work the overall management and budgetary systems of the U.N., and especially the status of your efforts to encourage the establishment of independent review and evaluation systems in international organizations.

I look forward with interest to learning your thinking in this important area.

Sincerely yours,

Abe Ribicoff

OTHER U.N. BODIES INVOLVED IN HEALTH

African Development Bank

Strengthening of health services
Health manpower development
Disease prevention and control
Promotion of environmental health

Asian Development Bank

Promotion of environmental health

Food and Agriculture Organization of the United Nations

Strengthening of health services
Disease prevention and control
Promotion of environmental health

Inter-American Development Bank

Strengthening of health services
Health manpower development
Disease prevention and control
Promotion of environmental health

International Atomic Energy Agency

Disease prevention and control
Promotion of environmental health

International Bank for Reconstruction and Development (World Bank Group)

Strengthening of health services
Health manpower development
Disease prevention and control
Promotion of environmental health
Health statistics

International Labor Organization

Strengthening of health services
Disease prevention and control
Promotion of environmental health

APPENDIX II

United Nations Capital Development Fund

Strengthening of health services
Disease prevention and control
Promotion of environmental health

United Nations Children's Fund

Strengthening of health services
Health manpower development
Disease prevention and control
Promotion of environmental health

United Nations Development Programme

Strengthening of health services
Health manpower development
Disease prevention and control
Promotion of environmental health

United Nations Disaster Relief Coordinator, Office of the

Emergency and disaster relief

United Nations Educational, Scientific and Cultural Organization

Strengthening of health services
Promotion of environmental health

United Nations Emergency Operation

Emergencies

United Nations Environment Programme

Health manpower development
Disease prevention and control
Promotion of environmental health

United Nations Fund for Population Activities

Strengthening of health services

United Nations Fund for Drug Abuse Control

Disease prevention and control

United Nations High Commissioner for Refugees

Strengthening of health services

United Nations Industrial Development Organization

Disease prevention and control
Promotion of environmental health

United Nations Office for Technical Cooperation

Strengthening of health services
Promotion of environmental health

United Nations Regional Economic Commissions

Strengthening of health services
Promotion of environmental health

World Food Programme

Strengthening of health services

APPENDIX III

COMPOSITION OF THE U.S. DELEGATION

AT 1976 WORLD HEALTH ASSEMBLY

Delegates:

Dr. Theodore Cooper (Chief)
Assistant Secretary for Health
Public Health Service
Department of Health, Education, and Welfare

Dr. S. Paul Ehrlich, Jr. (Deputy Chief)
Acting Surgeon General
Director, Office of International Health
Public Health Service
Department of Health, Education, and Welfare

Dr. Philip Thomsen
Physician
Dolton, Illinois

Alternate delegates:

Mr. Robert Andrew
Director, Health and Drug Control
Bureau of International Organization Affairs
Department of State

Dr. Milo D. Leavitt
Director, Fogarty International Center
National Institutes of Health
Public Health Service
Department of Health, Education, and Welfare

Dr. David J. Sencer
Director, Center for Disease Control
Public Health Service
Department of Health, Education, and Welfare

Congressional advisor:

Senator John Durkin
United States Senate
Washington, D.C.

Advisors:

Dr. Faye Abdellah
Director, Office of Nursing Home Affairs
Public Health Service
Department of Health, Education, and Welfare

Advisors (cont.):

Mr. H. Jeffrey Binda (Secretary of Delegation)
International Health Attache
United States Mission, Geneva

Mr. Carl Grip
Political Officer
United States Mission, Geneva

Mr. Arthur Mason
Attorney
Boston, Massachusetts

Dr. Malcolm Merrill
Senior Consultant on Health for the Agency for International Development

Dr. David Rall
Director, National Institute of Environmental Health Sciences
National Institutes of Health
Public Health Service
Department of Health, Education, and Welfare

Dr. Richard B. Uhrich
Associate Director
Office of International Health
Public Health Service
Department of Health, Education, and Welfare

APPENDIX IV

PRINCIPAL OFFICIALS RESPONSIBLE FOR ADMINISTERING ACTIVITIES DISCUSSED IN THIS REPORT

	Tenure of office Appointed
DEPARTMENT OF STATE	
SECRETARY OF STATE:	
Cyrus R. Vance	Jan. 1977
ASSISTANT SECRETARY OF STATE FOR INTERNATIONAL ORGANIZATION AFFAIRS:	
Charles W. Maynes (designee)	Jan. 1977
Samuel W. Lewis	Dec. 1975
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE	
SECRETARY OF HEW:	
Joseph A. Califano, Jr.	Jan. 1977
ASSISTANT SECRETARY FOR HEALTH:	
James F. Dickson, III, M.D. (acting)	Jan. 1977
Theodore Cooper, M.D.	Feb. 1975
DIRECTOR, OFFICE OF INTERNATIONAL HEALTH:	
S. Paul Ehrlich, Jr., M.D.	Jan. 1973
AGENCY FOR INTERNATIONAL DEVELOPMENT	
ADMINISTRATOR:	
John J. Gilligan	Mar. 1977
John E. Murphy (acting)	Jan. 1977
DIRECTOR, OFFICE OF HEALTH, BUREAU FOR TECHNICAL ASSISTANCE	
Lee Howard, M.D.	Feb. 1967