



WORLD HEALTH ORGANIZATION

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WHO country offices and country focus

Report by the Secretariat

1. The diverse challenges facing Member States to improve the health of their populations requires a changing response from WHO in its interaction with individual Member States. In many developing countries there is a growing recognition of the importance of health to human and economic development and internationally it is now accepted that the Millennium Development Goals and the objectives of national poverty reduction strategies will be realized only if there are major increases in the level of resources aimed at improving health. The increased attention to country-level action is heightening the need for more delegation of authority and systems for accountability of international organizations at country level. In WHO, this underlines the importance of having effective and efficient country offices, while recognizing that needs will vary a great deal over time and place.

COUNTRY FOCUS POLICY

2. The country focus policy gears WHO's operations to the needs of Member States at country level. The success of the country focus policy is linked to other WHO processes aimed at improving the performance of the WHO Secretariat overall, in particular the change in resources in order to increase the Organization's impact on health and development at country level by providing support for countries to develop their health systems. The six components used to monitor progress are:¹

- **Country cooperation strategies.** This component reflects WHO's medium-term strategy for cooperation with Member States. Since 1999, country cooperation strategies have been completed in 120 of the 144 countries with a WHO office; the remainder will be covered by the end of the biennium 2006-2007. Regions have taken full ownership of the process, with support from headquarters focusing on normative work and quality assurance.
- **Core competencies and capacities of country teams.** This component aims to ensure that the capacities of WHO country teams are adequate to carry out the core functions of the Organization at country level, as agreed with the Member State. Reprofiling of country teams, in line with the functions agreed in the country cooperation strategy, is taking place in regional offices so that the competencies of country teams are aligned with the needs identified with Member States. Improving the selection of staff against agreed competencies is the key factor. Increasingly, "good practice" in the recruitment of WHO Representatives and Liaison Officers is being established in regional offices, with posts advertised and

¹ See document EB111/33.

candidates selected using a transparent process, based on terms of reference agreed across the Organization. All regions have staff development programmes in place for country teams, and all WHO Representatives and Liaison Officers are participating in the global management and leadership development programme.

- **Coherent programmatic and technical support from regional offices and headquarters.** This component aims to provide high quality, well coordinated technical support to Member States, in line with country cooperation strategies. Some areas of technical support highlighted in the country cooperation strategies are relatively weak at country level, in particular those related to strengthening of health systems. This situation stems partly from the pattern with which resources have been allocated to countries. To address any fragmentation in WHO's areas of technical support, regional offices have strengthened joint planning to make regional work programmes more responsive to needs identified in countries. Work is now under way to ensure that technical support from all levels of the Organization is more in line with national policies and programmes. This approach is being institutionalized by development of the "one WHO country plan and budget", which will cover all WHO activities with the country concerned, and will be further strengthened in 2006-2007.
- **Effective functioning of country offices.** This component aims to improve administrative systems and delegation of authority so that WHO functions effectively at country level. It should be considered in conjunction with current managerial reforms across the Organization. The recruitment of internationally recruited administrative officers in country offices where they are not already present is proceeding, particularly in the regional offices for Africa, South-East Asia and the Eastern Mediterranean. All country teams are now reporting on workplans using a results-based management framework that links the expected results at country level with global ones agreed for WHO as a whole. However, further efforts are required in order to assess better WHO's performance in terms of its contribution to health-related outcomes in countries. Basic communication and information technology is in place in all country offices; as of February 2005, all regional offices and 48 country offices were connected to the global private network, and a further 60 country offices were in the implementation phase. This allows for improved teleconferencing, high-speed internet access and videoconferencing; implementation will continue at country level as more resources become available. Delegations of authority are increasing in many regions. Systems of accountability will improve with implementation of the global management system; country pilots will start in all regions in 2006.
- **Information and knowledge management to and from countries.** This component aims to ensure up-to-date information within the Secretariat on countries and good information flows from country to regions to headquarters, and vice versa. Knowledge-management systems are being upgraded in country offices; in 2004, 36 offices managed their own country web site, and efforts are now under way to improve external access to WHO country knowledge and networks through the Internet. In addition, "virtual libraries", multilingual documentation centres and "outreach" programmes are improving national access to WHO publications and guidance. However, progress is uneven; basic knowledge-management systems still need to be put in place in some country offices.
- **Working with organizations of the United Nations system and development partners.** This component is geared to strengthening WHO's work with partners, particularly in relation to advocacy and to brokering relationships around health and development. WHO is committed to integrating its efforts with those of other members of the United Nations country team, and is actively engaged in preparing guidance of the United Nations

Development Group for country teams and in developing communications. In view of the different planning cycles, WHO continues to harmonize its programmes with partners and to align its work with national priorities through country cooperation strategies, which also ensures that public health is adequately represented in the Common Country Assessment and the United Nations Development Assistance Framework. WHO has led efforts to define a common position on sector-wide approaches, and is working with a number of Member States to increase the profile of health in Poverty Reduction Strategy Papers. The capacity of WHO country offices to operate in these areas is being developed through activities such as workshops with national partners on Sector Wide Approaches, analysis of health components in Poverty Reduction Strategy Papers, targeted staff-development programmes on working with global funding initiatives, and drafting of position papers and guidance on related issues.

3. A key lesson learnt in recent years is that for WHO country offices to realize their full potential in providing support to Member States, they need to have sound back-up from the rest of the Organization. Each regional office has a country support unit, linked to headquarters, which vary in size and capacity according to the demands within the region. The regional offices and headquarters share interregional and intercountry best practices.

WHO COUNTRY OFFICES

4. WHO country offices play a key role within the Organization in ensuring appropriate WHO technical cooperation with countries and leadership in the health sector. The country offices have three main functions: policy advice and technical support; information, public relations and advocacy; and management and administration. New demands have come from the growing number of other actors in national health work, and from the need for WHO to be able to respond to countries suffering from complex emergencies and natural disasters.

5. An independent study in 1997 recommended that the size and role of country offices be strategically adapted to the needs and contexts of the countries in which they are located.¹ WHO policy on defining its country presence has evolved from proposing standard criteria and a typology of countries to opting for a country presence tailored according to individual country situations. WHO's strategic approaches to its country presence are contained in the relevant section of the Proposed programme budget 2006-2007, and are agreed with Member States through the country cooperation strategy.

6. Recently, regional offices have developed specific approaches to strengthen WHO's country presence. The Regional Office for Africa has drawn up a comprehensive strategy for the entire region, which includes the reprofiling of country teams. In the Regional Office for the Americas, cross-programme task forces have been set up to support country teams in the implementation of the country cooperation strategy in five countries with greatest need. In the South-East Asia Region, country offices have been empowered by increased programmatic and administrative authority; this allows WHO Representatives to authorize larger contracts, recruit short-term national and international staff, and issue international purchase authorizations. The Regional Office for Europe is adjusting WHO core presence by focusing on those in most need. The Regional Office for the Eastern Mediterranean is focusing on covering the entire region with country cooperation strategies before the end of 2005, and

¹ Cooperation for Health Development: the World Health Organization's support to programmes at country level. London, London School of Hygiene and Tropical Medicine, 1997.

on framing an appropriate regional strategy that involves, in particular, reprofiling of country teams. Most countries with a WHO presence in the Western Pacific Region now have a country cooperation strategy. The functions, staffing, and the budgets of country offices have been analysed with the aim of strengthening core presence.

7. Despite progress, certain issues still need to be resolved.
 - As a consequence of historical patterns of development in each region, the ability of different country offices to respond to the needs of Member States is uneven.
 - The “one WHO country plan and budget” has been accepted as a concept, but implementation will require a coherent effort from the Secretariat and the participation of key partners at country level.
 - Monitoring of performance is not yet sufficient to assess fully WHO’s contribution to health outcomes in Member States.
 - Systems to improve accountability to Regional Directors, the Director-General and Member States for managerial functions and programme delivery are being improved.

PRIORITY ACTIONS FOR STRENGTHENING THE COUNTRY FOCUS POLICY

8. The following priority actions will be undertaken to strengthen the impact of the country focus policy:
 - the country cooperation strategy will be used to broach strategic dialogue on WHO’s cooperation with Member States, including identification of core competencies needed for technical cooperation and definition of the appropriate core presence in each country
 - common criteria and approaches will be determined for establishing and maintaining adequate core presence in countries, including support from WHO collaborating centres, so that WHO’s core functions are carried out as agreed with Member States, including its normative work and intercountry collaboration
 - the “one WHO country plan and budget” will be implemented as part of WHO’s regular budgeting and managerial process, in order to provide integrated technical support to Member States
 - mechanisms for accountability of WHO country offices in areas such as management of resources, adherence to technical guidance, and quality of technical support will be improved
 - a system will be devised to monitor performance of WHO at country level, including its influence, together with key partners, on the public health agenda, and its contribution to health outcomes in Member States.

ACTION BY THE EXECUTIVE BOARD

9. The Executive Board is invited to take note of the above report.