



**REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL**

REGIONAL COMMITTEE

WPR/RC59/10

**Fifty-ninth session
Manila, Philippines
22–26 September 2008**

14 July 2008

ORIGINAL: ENGLISH

Provisional agenda item 16

**POLICY DIRECTION CONCERNING THE ESTABLISHMENT OF
CENTRES OF THE REGIONAL OFFICE IN COUNTRIES**

Following receipt of enquiries from a Member State in the Region on the policy of the WHO Regional Office for the Western Pacific concerning the establishment of WHO centres in Member States, and in the absence of both global and regional policies on the subject, the Regional Director decided to present the matter to the Regional Committee for its consideration. There has been no prior consultation with Member States on this matter.

This document presents the current situation with regard to WHO's presence in the Western Pacific Region and highlights experiences of two WHO Regional Offices, i.e. for Europe and for the Americas, which both have established centres in selected Member States in their Regions.

The initial findings on practical arrangements gathered by the Director, Programme Management during his visit to one of the centres in the European Region are also briefly discussed in this document.

The Regional Committee may now wish to discuss the matter and consider the way forward in establishing a policy on centre(s) of the Regional Office in countries and areas of the Western Pacific Region.

1. INTRODUCTION

There have been enquiries from a Member State in the Region on the policy of the WHO Regional Office for the Western Pacific concerning the establishment of WHO centres in Member States. In the absence of both global and regional policies on the subject, the Regional Director decided to present the matter to the Regional Committee for its consideration. There has been no prior consultation with Member States on this matter.

To guide the Regional Committee in its deliberation, this paper will review WHO's current presence in the Western Pacific Region and highlight experiences of the WHO Regional Office for the Americas and the WHO Regional Office for Europe, which both have such centres and established policies.

2. WHO'S PRESENCE IN THE WESTERN PACIFIC REGION

WHO's presence in the Western Pacific Region is based in its Regional Office in Manila, Philippines, and supported by WHO offices in 15 countries in the Region. Countries without a WHO office are served by a WHO Representative in another country. A sub-office has also been established in one Member State, Viet Nam, in addition to the WHO country office. The Organization is also represented in Member States through different types of networks or institutions.

2.1. The Regional Office

The Regional Office, as an integral part of the Organization under its Constitution, performs the following core functions:

- providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- setting norms and standards, and promoting and monitoring their implementation;

- articulating ethical and evidence-based policy options;
- providing technical support, catalysing change, and building sustainable institutional capacity; and
- monitoring the health situation and assessing health trends.

The current structure of the Regional Office is based on *WHO in the Western Pacific Region: A Framework for Action* (WPR/RC50.2), with three technical divisions and a Division of Administration and Finance, plus the Office of the Director, Programme Management.

Changing the organization of the programme budget from 38 areas of work to 13 strategic objectives for the current programme budget has facilitated a more integrated and cross-cutting style of internal collaboration in the Regional Office. The technical divisions are responsible for strategic objectives 1 to 11, while the Division of Administration and Finance and the Office of the Director, Programme Management are responsible for strategic objectives 12 and 13.

The intercountry work of the Regional Office is reflected in its work plans, while its country-specific work is reflected in the work plans of the country office concerned.

The Regional Office has recently undergone extensive physical renovation and the current premises are considered adequate for the next decade at least.

2.2 Country offices

The Western Pacific Region has 15 country offices. Ten country offices are led by a WHO Representative and four by a Country Liaison Officer. There is also a liaison office in the Republic of Korea with two local staff. Country offices in Malaysia, Samoa and Fiji cover more than one country or area.

Country offices perform core functions of the Organization with focus on: “providing technical support, catalysing change, and building sustainable institutional capacity”.

The Organization has country programmes with 31 countries and areas, 23 of which are substantial budget allocations and 8 of which receive the minimum budget allocation of US\$ 35 000–US\$ 45 000.

2.3 Other forms of country presence:

2.3.1 Collaborating centres

A total of 194 collaborating centres are based in the Region, 78 of which were designated by Headquarters and 116 by the Regional Office. These collaborating centres cover all areas of work of the Organization; however, their distribution across programmes is variable and a majority (78%) are located in Australia, China and Japan.

Separate reviews of collaborating centres conducted between 1998 and 2000, and recently in 2006, showed that although collaborating centres were seen as a tremendous asset to WHO and as a wealth of human resources, information, knowledge, and activities that contribute to WHO's work, there continued to be a lack of a shared strategic vision, policy direction and planning within the Organization to guide technical programmes in their interactions with collaborating centres. The evaluation report includes a number of recommendations, which prompted the Global Steering Committee of the Secretariat to hold extensive discussions and, consequently, call for the revision and updating of the Organization's policies and procedures for collaborating centres, which has progressed well.

2.3.2 Documentation centres

The Regional Office has formal agreements with documentation centres or libraries in 27 countries and areas of the Western Pacific Region. These centres receive WHO information products free of charge.

2.3.3 Expert advisory panels

As of 12 May 2008, a total of 99 experts from 10 countries in the Region are serving as members of 28 expert advisory panels. These panels are a significant and much appreciated form of WHO's presence in countries.

2.4 Previous intercountry offices in the Region

In the 1970s, WHO staff assigned to the malaria eradication programme in Malaysia were reassigned to a Regional Antimalaria Team based in the Institute of Medical Research in Kuala Lumpur. The team provided technical support to all malaria-endemic countries in the Region by collaborating in planning, evaluation and training. The Regional Antimalaria Team in Kuala

Lumpur was disbanded in 1990 and the intercountry malaria staff subsequently transferred to the Regional Office.

In 1977, the Regional Committee approved the establishment of a Western Pacific Centre for the Promotion of Environmental Planning and Applied Studies (PEPAS) in Malaysia. Following on from discussions at the Regional Committee meeting in 1976, a feasibility study, conducted by a WHO team, helped convince at least one Member State of the value of such a centre. The Centre was closed in 1997 because of budget cutbacks and programme restructuring.

These two centres were funded from assessed contributions.

3. GEOGRAPHICALLY DISPERSED OFFICES IN THE EUROPEAN AND AMERICAN REGIONS

3.1 WHO Regional Office for Europe

In the European Region, the WHO Regional Office has had geographically dispersed offices (GDOs) since 1991. Geographically dispersed offices are defined as entities that constitute a fully integrated part of the WHO Regional Office for Europe and its programmes, but are physically located outside Copenhagen. They implement the WHO programme budget for the European Region and are assigned to specific strategic objectives. Currently, there are five such offices covering a variety of technical areas, with one for noncommunicable diseases established in 2007 in Athens, Greece

A strategy for GDOs was adopted by the Regional Committee for Europe in 2004 following a review of their contribution to the work of the Regional Office in 2002. The strategy defines the guidelines for establishing and managing GDOs including the form of agreement, the required resources, staffing, scientific board, monitoring and evaluation and relations with the host and other countries. The strategy states that the prime reason for establishing any technical centre outside Copenhagen should be to enable the Regional Office to strengthen areas of priority that are insufficiently funded by attracting additional resources such as voluntary funds and in-kind contributions. The programme area of a GDO should be a priority area of the Regional Office along with a potential for achieving technical excellence and establishing a wide partnership. Before establishing any technical centre outside the Regional Office, the proposal needs to be submitted to

the Standing Committee of the Regional Committee. If the establishment of a GDO is considered appropriate, an in-depth analysis is conducted.

GDOs are subject to the same rules and procedures of any Copenhagen based entity. The Regional Office is responsible for the overall direction, guidance and management of the work of the centres, and the heads of the centres are appointed by the Regional Director. Specific attention is given to defining and balancing the work of the centres with that of other relevant programmes in the Regional Office or in other offices. Duplication of responsibilities is avoided. The workplan and budget of each GDO is included in the European Region's overall strategic programme budget and preparation, implementation and evaluation of the workplans follow normal EURO procedures.

For all GDOs, there is an agreement between the competent authority of the host country and the Regional Office. It is considered essential that the national government is a signatory to the agreement. In principle, the core resources for the GDO should come from the parties to the GDO agreement including the Regional Office. Sustainability of funding is considered essential and should be guaranteed for not less than five years. In practice, funding is secured for 10 years before a GDO is established. A minimum level of staffing for an office is defined as 10 staff members.

3.1.2 WHO European Office for Investment in Health and Development

In November 2007, the Director of Programme Management, undertook a mission to Venice to review the strategy of the WHO Regional Office for Europe with regard to GDOs and to assess the contribution of these offices to the work of the Regional Office through the example of the WHO European Office for Investment in Health and Development, which was opened in Venice in 2004.

There was a lack of consensus among the European Member States on the role of GDOs. Despite six offices having been approved, the Director of Programme Management also found that there were advantages and disadvantages. The main advantage was the strengthened capacity of the programme beyond that which would occur if the programme were based solely in the Regional Office. This was due to the additional earmarked voluntary contributions from the host country or Region. The main disadvantage was the potential lack of integration or synergy of the work of the GDO with that of the Regional Office, which some Member States considered too risky, especially for priority programmes.

3.3 Regional Office for the Americas

The Regional Office for the Americas/Pan American Health Organization operates seven Pan-American centres and technical institutes, which are regional or subregional, in six countries. During the Pan American Health Organization's six decades of existence, there have been up to 13 centres with six being disestablished. The centres are highly varied in origin, history and functions, but have always been considered to be an integral part of the Pan American Health Organization programme. The prime justification for a centre has been a way to achieve the Pan American Health Organization programme objectives.

The existence of the centres has been debated by the Governing Bodies of the Americas for a long time, as far back as the 1960s. Many critical issues concerning governance, financing, technical mandate and support to countries remain unresolved. In recent years, the trend has been to reduce the number of centres, and the Governing Bodies have encouraged the Regional Director to transfer the centres to the host government or groups of governments.

4. ACTION PROPOSED

The Regional Committee is asked to consider establishing a policy on the establishment of WHO centres in Member States of the Western Pacific Region. An option is for the Sub-Committee on Programmes and Technical Cooperation¹ to be reactivated to study the matter and report back to the Regional Committee at its sixtieth session.

¹ The Regional Committee's Sub-Committee on Programmes and Technical Cooperation was established per resolution WPR/RC36.R13 to perform specific tasks within its terms of reference in support of the Regional Committee's work.