World Health Organization
Organisation mondiale de la Santé

EXECUTIVE BOARD
100th Session

EB100/SR/1
15 May 1997

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

WHO Headquarters, Geneva
Thursday, 15 May 1997, at 9:30

Chairman: Mr S. NGEDUP
later: Professor A. ABERKANE

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1. **OPENING OF THE SESSION:** Item 1 of the Provisional Agenda

The CHAIRMAN declared the 100th session of the Executive Board open.

2. **ADOPTION OF THE AGENDA:** Item 2 of the Provisional Agenda (Document EB100/1)

The agenda was adopted.

3. **ELECTION OF CHAIRMAN, VICE-CHAIRMEN AND RAPPORTEURS:** Item 3 of the Agenda

The CHAIRMAN invited nominations for the office of Chairman.

Dr STAMPS proposed Professor Aberkane, the nomination being seconded by Dr SULEIMAN, Dr DOSSOU-TOGBE, Dr SANOU IRA, Dr FIKRI and Dr AL-MOUSAWI.

Professor A. Aberkane was elected Chairman. He took the Chair.

The CHAIRMAN thanked the Board for electing him. He would undertake his task with full awareness of the sensitivity of the work of the Board leading up to the Fifty-first World Health Assembly and of the Board's responsibility to strengthen and develop WHO. He invited nominations for the three offices of Vice-Chairman.

Mr FOWZIE proposed Dr B. Wasisto, the nomination being seconded by Dr MULWA and Professor LEOWSKI.

Dr FERDINAND proposed Dr A.J. Mazza, the nomination being seconded by Dr MOREL and Dr LÓPEZ BENÍTEZ.

Dr DOSSOU-TOGBE proposed Dr M. Fikri, the nomination being seconded by Dr AL-MOUSAWI and Dr SULEIMAN.

Dr B. Wasisto, Dr A.J. Mazza and Dr M. Fikri were elected Vice-Chairmen.

The CHAIRMAN noted that, under Rule 15 of the Rules of Procedure, if the Chairman was unable to act between sessions, one of the Vice-Chairmen should act in his place, and that the order in which the Vice-Chairmen would be requested to serve should be determined by lot at the session at which the election took place.

It was determined by lot that the Vice-Chairmen should serve in the following order: Dr Mazza, Dr Wasisto and Dr Fikri.

The CHAIRMAN invited nominations for the offices of English-speaking and French-speaking Rapporteurs.

Dr CALMAN proposed Dr G.M. van Etten as English-speaking Rapporteur, the nomination being seconded by Mr HURLEY.

Mr JUNEAU proposed Dr A. Sanou Ira as French-speaking Rapporteur, the nomination being seconded by Dr MELONI.

Dr G.M. van Etten and Dr A. Sanou Ira were elected English-speaking and French-speaking Rapporteurs, respectively.

4. REPORT OF THE REPRESENTATIVES OF THE EXECUTIVE BOARD AT THE FIFTIETH WORLD HEALTH ASSEMBLY: Item 4 of the Agenda

The CHAIRMAN reminded the Board that its representatives at the Fiftieth World Health Assembly had been Mr Ngedup, Dr Al-Saif, Dr Shin and himself. He invited Mr Ngedup to deliver a report on their behalf.

Mr NGEDUP, representative of the Executive Board at the Fiftieth World Health Assembly, noted that *The world health report 1997* had received wide coverage in the media and had served to unite the delegates in the debate on the theme "Conquering suffering, enriching humanity". Nevertheless, in discussions on the method of work of the Health Assembly, several delegates had suggested that the general debate be more focused and relevant.

The Health Assembly had reviewed and approved the proposed programme budget for the financial period 1998-1999 in a spirit of collaboration and cooperation, overcoming differences in views about the level of the budget. Appreciation had been expressed for the continuing improvement in the presentation of the strategic budget. Many delegates had urged increased efficiency in order to reduce administrative costs and redirection of the consequent savings towards priority programmes. That wish had subsequently been reflected in the adoption of a resolution on that issue and of one on the financing of WHO's worldwide management information system. A consensus had been sought on the funding of core functions and priority programmes, while reconfirming a commitment to primary health care and health for all, and a resolution to strengthen health services in developing and least developed countries had been adopted. Throughout its deliberations on the budget, the Health Assembly had sought innovative ways to respond to growing health needs despite the universal shortage of funds. A resolution recommended by the Board, calling for better use of WHO collaborating centres, had been a step in that direction. The discussion on the proposed programme budget had concluded with adoption by consensus of the appropriation resolution for the financial period 1998-1999.

The discussion of the Tenth General Programme of Work had emphasized the need for further streamlining of the Organization's managerial and policy instruments, to ensure that WHO had the flexibility to respond quickly to changing health requirements. A draft resolution on that topic had been amended to request a more dynamic planning process that would link the health-for-all strategy with the Tenth General Programme of Work and strategic budgeting. The amended resolution had been adopted by consensus.

The Health Assembly had considered nine draft resolutions on technical programmes. The proposed resolution on the prevention of violence had been amended substantially to reflect the problems of domestic violence, especially that directed against women and children, child trafficking and sexual abuse, and bullying in schools and institutions. Resolutions adopted by consensus had included those on guidelines on the

WHO Certification Scheme on the Quality of Pharmaceutical Products moving in International Commerce, the quality of biological products moving in international commerce and World Tuberculosis Day. A resolution had been adopted in response to the problem created by the advertising, promotion and sale of medical products through the Internet, which might in some cases circumvent national legislation designed to protect the health of consumers; many delegates had expressed satisfaction that WHO provided a mechanism for a rapid, international response in that largely uncharted area. The Health Assembly had also adopted four resolutions on the control of tropical diseases, comprising a call for greater action to combat malaria, a resolution to eliminate lymphatic filariasis as a public health problem, another on the eradication of dracunculiasis, and a fourth to intensify the control and surveillance of African trypanosomiasis.

The Health Assembly had devoted much of its attention to financial matters. After numerous attempts to reach an acceptable formulation, a resolution on the scale of assessments had been adopted by consensus, which was closely linked to the appropriation resolution and the level of the budget. Resolutions had been adopted to facilitate the modalities of payment of arrears for Bosnia and Herzegovina and for Cuba. Two resolutions had been adopted on the use of casual income to finance the Real Estate Fund, one being for the financing of the relocation of the Eastern Mediterranean Regional Office from Alexandria to Cairo.

The Health Assembly had also considered what was possibly the most contentious scientific, legal and ethical issue confronting the international community at the end of the twentieth century - cloning in human reproduction. A resolution on the matter had been adopted by consensus.

Collaboration within the United Nations system and with other intergovernmental organizations was necessary in order to address matters of global concern. The main focus in 1997 had been on the environment, and resolutions on the management of persistent organic pollutants and on protection of the marine environment had been adopted. A further resolution had been adopted to approve an agreement on the establishment of an international vaccine institute, in order to promote the development of new vaccines in the spirit of the Children's Vaccine Initiative. Another had reiterated the importance of developing health programmes for indigenous peoples. Unfortunately, it had proved impossible to reach consensus for the resolution adopted on the health conditions of, and assistance to, the Arab population in the occupied Arab territories, including Palestine.

Discussion on reform at WHO had led to adoption of a resolution in which the Director-General was requested to take into account, in preparing the Tenth General Programme of Work and in renewing the health-for-all strategy, the recommendations set out in the report of the task force on health in development. Another step towards rationalization was the decision of the Health Assembly to approve the Board's recommendation that the global report on the third evaluation and ninth report on the world health situation be incorporated in *The world health report 1998*, so that there were no longer separate reports on that matter.

Two resolutions to improve the method of work of the Health Assembly had been adopted. One introduced changes designed to save time, especially on the opening day; the other requested the Director-General to ensure *inter alia* that documents for the Health Assembly were distributed only when they were available in all the official languages.

Most of the interventions during the discussion on personnel matters had been concerned with the employment and participation of women in the work of WHO and the usefulness of establishing numerical targets in that respect. A resolution had been adopted that raised the target for representation of women in professional categories to 50%.

The Health Assembly had concluded its work in eight and a half days, thus enabling the Health Assembly and the 100th session of the Board to be held within a two-week period. Thirty-eight resolutions had been adopted, the budget and the scale of assessments had been approved by consensus, and the spirit of cooperation and consensus that characterized WHO had prevailed.

The CHAIRMAN took the occasion to thank Mr Ngedup both for his participation in the Health Assembly and for the quality and efficacy of his chairmanship of the Board during the preceding year. He said that he took it that the Board wished to note the report of its representatives at the Fiftieth World Health Assembly.

It was so agreed.

5. WHO REFORM: Item 5 of the Agenda

WHO country offices: allocation of resources: Item 5.2 of the Agenda (Document EB100/3)

Dr STAMPS, noting that paragraph 2 of the Director-General's report (document EB100/3) said that a health index would be developed and validated, asked on what data would the index be based and how much progress had been made so far.

Dr Van ETTEN said that the development of criteria for establishing WHO country offices was very important for effective programme delivery at the country level. He endorsed the suggestions in the report, but felt they could be refined still further. He asked the Secretariat whether additional criteria were being used in certain regions. It was also important to decide whether WHO representation should take the form of a country office, a liaison office or a WHO presence in the office of another United Nations agency - an approach in which he saw many advantages.

Paragraph 8 of the document stated that methods were being developed for the evaluation of WHO's work at country level: the criteria for the establishment of a new country office would be useful for that task, as well as for the decision whether to retain all the existing country offices. Consideration of the role of country offices should take due account of the regional mechanisms mentioned in paragraph 70.

Professor REINER regretted that the report had not been distributed earlier so that members could study it properly. He was in favour of the system of WHO liaison offices, which had been introduced in the European Region, since it was very efficient and much cheaper than country offices. The system could, perhaps, be extended to other regions where appropriate.

Dr NAKAMURA said that the weak functioning of WHO country offices was one of the major reasons behind WHO's limited ability to take the full lead in technical cooperation in health at country level. The seven points discussed in document EB100/3 seemed to provide an appropriate basis for reform, but he felt that little progress had been made since the previous session of the Board. He hoped that, by the next session, there would be significant progress in the analysis of current obstacles and their possible solutions.

Reiterating points made at the ninety-ninth session of the Board, which he felt had not been adequately answered, he said, in connection with point (1) of the report (paragraphs 2-8), that it seemed unjustifiable to maintain WHO country offices in countries whose economic situation had considerably improved. WHO should consider closing those offices, or replacing them with liaison offices. Member States should be consulted about the draft criteria for the establishment of new country offices.

In respect of point (3), paragraph 10 of the report stated that the activity management system was being adapted to meet country needs. He asked for details of the structure of that system, and the time-scale for its adaptation. In respect of point (7) of the report, dealing with the selection procedure for WHO Representatives (paragraph 16), he asked the Secretariat to give details of the experience already gained from the new selection methods.

Dr FERDINAND welcomed the statement in paragraph 8 that methods were being developed for the evaluation of WHO's work at country level. She was also glad to see the statement in paragraph 13 that due consideration was to be given to more equitable representation of men and women among WHO Representatives.

Dr DOSSOU-TOGBE, speaking on point (6) of the report about appropriate country involvement in the selection process for WHO Representatives (paragraph 15), suggested that the country of origin of the candidate should be consulted during the selection process, as well as the country where the candidate was to work.

Mr NGEDUP said that WHO Representatives were seen primarily as administrators at present, rather than as technical or professional staff. Their excellent contribution to the strengthening of WHO's activities at country level should be better recognized.

Professor SALLAM said that, since every country's situation was peculiar to it, generalizations were impossible. It was certainly important to define the criteria for establishing a country office more precisely and to clarify the role of the country representative, but those criteria and that role would be different in every region. The host country should help to define its own needs in order to help the country office to operate more efficiently. Document EB100/3 provided some new options and suggested some possible solutions, but he felt that WHO should take a fresh look at the entire issue and find bold and imaginative solutions to the problems raised.

Dr SULEIMAN said that the reform of the country office system would take at least 10 years to complete. It was essential to define precisely the administrative, financial and other roles of the country representative or liaison officer, since some of them might not have the necessary technical or professional experience in certain areas. The different situations of different countries made it difficult to establish universally applicable criteria. It was essential to know the current state of affairs in each, and that could not always be adequately described in figures: for instance, two countries might have the same infant mortality rate while being at different levels of economic and social development. The criteria for the establishment of country offices must be precisely defined, but they also needed to be flexible.

Dr MAZZA commended the report, which reflected the opinions expressed in the Health Assembly and the Executive Board and the need for careful allocation of resources to priority programmes, which was essential in the current difficult economic climate. He suggested that the Secretariat should prepare a draft resolution which specified the structure and functions of the country offices and the selection of priorities in each country, to be submitted to the Executive Board at its 101st session and to the Health Assembly in 1998. The draft resolution should embody the ideas expressed in the report, taking into account the comments made by Board members, such as Professor Sallam's remarks about regional and national diversity and Dr Dossou-Togbe's remarks on the recruitment of WHO representatives.

Dr BLEWETT, welcoming the advances being made on the operational side in relation to WHO Representatives, shared the concerns expressed by previous speakers regarding the central issue of developing criteria for establishing country offices. It was an important consideration because expenditure on country offices in the past 10 years had increased by 100% and now constituted 8% of WHO's budget; it would almost certainly constitute at least 10% of the next budget. The Board had been discussing the development of criteria for establishing country offices since 1993, and there was probably a need for a resolution to bring the matter forward. In one respect - that of factual information - the document represented a step backwards. At the ninety-ninth session of the Board, the Secretariat had circulated a list of nearly all country offices with their costs, and that kind of detailed information was needed before a draft resolution of the kind proposed by Dr Mazza could be drawn up. He therefore requested that the Board at its 101st session be presented with a document setting out where the country offices were, how much they cost and what their staffing levels were. The report contained in document EB100/3 stated that in order to make a list of countries reflecting their health situation a health index would be developed, and that might be something on which decisions regarding country offices could be based. The matter needed to be brought to an end, but only with the best available information in the form of an official Board document.

MR HURLEY said that country offices were crucial to WHO's credibility and leadership at country level, and on a number of occasions the Board had emphasized the need for better coordination between country offices, ministries of health, other health bodies and United Nations agencies, and other partners in development. He, too, was impatient at the progress that had been made, and was somewhat disappointed with the content of document EB100/3. There was an urgent need to advance the matter and bring it rapidly to a conclusion. The report stated that criteria were not consistent between regions, and he personally would

find it helpful to know what criteria were currently being used. Country offices had to be placed in countries in greatest need, but there were countries that had country offices but were not in very great need; he would support the closure of those offices. The health index referred to in the report would be of crucial importance, but the Board needed to know how it would be developed and when.

The report referred in points (2), (3) and (4) to memoranda of understanding between WHO and governments being revised, to adapting the activity management system to country needs, and to the preparation of guidelines for the use of WHO Representatives: more progress needed to be made in order to bring the matter to a conclusion. It was central to the WHO reform process, and he supported Dr Blewett's request for a comprehensive document to be presented to the Executive Board at its 101st session. Finally, in paragraph 7 of the report, mention was made of mechanisms at regional level being established or reconsidered that regularly reassessed the role and function of country offices: he requested clarification as to who was undertaking that work and when its results would be presented to the Board.

Dr WASISTO said the report made clear that not all the measures specified in decision EB97(13) had been completed. Could the Secretariat provide an estimate of when all the measures would be completed? Developing the criteria for establishing country offices and guidelines for relations between them and ministries of health and other health bodies should be given greater priority.

Professor LEOWSKI said that the role of country offices within the overall WHO reform process could not be overestimated, but when the process had been discussed in the past the Executive Board had concentrated on issues relating to headquarters or to regional offices, and had given too little attention to the grass-roots level where the main results could be achieved. It was clear from the commendably concise report that there were huge differences between and even within regions and that any general guidelines had to take those specificities into account. The most important point - point (4) in the report - was the assessment of priority health needs and the WHO country plan developed in dialogue with country leadership, United Nations agencies and other partners in intersectoral development related to health. Following WHO's experience at country level in the area of primary health care, the guidelines for the Resident Coordinator System emphasized primary health care as an intersectoral approach for achieving the goals of "basic social services for all". That was a very important development, and the only one that could give health a boost at country level. Finally, he was pleased to note from point (5) that persons with public health qualifications should also be considered for recruitment as WHO Representatives although he did not entirely agree with the idea that persons "without a medical degree" should be considered; in his opinion, medical qualifications in public health were necessary.

Dr LÓPEZ BENÍTEZ said it would be difficult to propose any universally applicable arrangements because of country and regional differences, but within that diversity it was essential to find common factors that would assist in developing criteria. It was particularly important to choose the most appropriate kind of office for a country, given the type and degree of contribution that each country could itself make and given the fact that WHO could not work effectively at grass-roots level without being closely linked to the country concerned. The report stated in paragraph 2 that the means to assess a country's capability to develop health policy and to coordinate international support would be developed; in that endeavour WHO's local representation could be especially helpful in clarifying policy problems and providing guidelines for policy implementation. Countries had to be assessed individually in terms of their epidemiological status, requirements and resources, and WHO's role should always be attuned to the capacities of the countries concerned. He supported Dr Mazza's proposal that a draft resolution should be prepared.

Dr AL-MOUSAWI also agreed with previous speakers' need to unify criteria. In connection with point (7), he considered that short-listing of candidates for WHO Representative posts should be done in consultation with national and regional interests, and not solely in coordination with WHO headquarters.

Dr FIKRI said that country offices were especially important because they effectively represented WHO in the countries concerned. They were closely involved in the implementation of projects and the staff of

country offices should have good relations with the local ministries of health. Selecting the countries that required country offices and those for which the liaison-office solution would be more appropriate should be done in conjunction with regional offices and headquarters. A country's need of a country office should be regularly re-evaluated.

Dr MOREL said that when considering the role of country offices, the terms of resolution WHA50.2 on collaborating centres should henceforth be borne in mind. In addition to the roles addressed in document EB100/3, the country offices should also play a crucial role in strengthening cooperation between WHO and its collaborating centres in priority areas, and they should be involved in undertaking an analysis of existing networks of collaborating centres. He supported Dr Blewett's request for more factual information to be brought before the Board at its 101st session. Country offices should also inform the national authorities in greater detail regarding their own work.

Mr VOIGTLÄNDER said he agreed with Professor Reiner regarding country offices and liaison offices; the former were more institutionalized and more permanent, while the latter were cheaper and more flexible. Some countries might require a less permanent arrangement for a limited time, and indeed groups of countries with similar problems and needs might find it more appropriate to share the facilities of a liaison office rather than each having its own country office. There were great differences between regions and countries and it was certainly difficult to establish uniform criteria and guidelines, but the European Region had experience of the liaison office system and would be more than ready to share its experience with others.

Mr FOWZIE emphasized that WHO country offices fulfilled a very important function in working with national officers and should continue to exist as a distinct entity, provided that their budgets were kept to a minimum. The regional committees should study the cost-effectiveness of each office in their respective regions, and make any changes that were found necessary.

Dr SANOU IRA said she believed that the profile of each office should be tailored to the actual situation in the country, and therefore strongly supported the statement made in paragraph 3 of the document. The whole question of country offices should be considered in the context of WHO reform, including the review of the Constitution.

Dr ALVIK said the Organization's activities at country level were a measure of its effectiveness and usefulness. The principal role of United Nations organizations at country level should be to advocate and support the formulation of national development policy, and to strengthen national capacities within the framework of globally agreed norms and commitments.

The question of how to use scarce resources was crucial. WHO should not only look closely into costs, but should also decide which countries really needed a country office. Some global criteria were needed in order to decide where country offices should be maintained, where new ones should be set up, and where existing ones should be reduced in size. Country offices would also have to be taken into consideration when the Board came to deal with the question of extrabudgetary resources.

Dr WILLIAMS said that, as a new member of the Board, he was at a disadvantage in not being in possession of all the facts. He therefore joined earlier speakers in asking that more information be provided at the Board's next session, on, for example, distribution of country offices region by region, types of population and types of countries served, and costs involved. There was no doubt about the value of country offices, particularly for small developing nations. Interesting questions raised in the report were: the amount of funds available to small states, particularly small island states; the possibility of collaboration between the various offices of the United Nations organizations, where more than one existed, with a view to better use of resources; and the question of whether the existence of country offices in some countries was justified. The report to be submitted to the Board's next session might suggest criteria both for establishing and disestablishing country offices. Where possible, WHO Representatives should have some form of medical qualification. Finally, he agreed that there should be closer collaboration between country offices and

ministries of health, particularly in smaller island states where WHO had tended to take over the lead role in health matters.

Dr MELONI, regretting that the late distribution of the Director-General's report had prevented detailed analysis, noted that it laid stress on the need to have some system for assessing the working methods of country offices, as well as for a permanent assessment criterion which would involve the cooperation of national ministries of health and local health authorities with country offices. The fact that the question was being dealt with in the context of WHO reform meant that it was difficult to discuss it without also taking into account broader matters, such as the degree of responsibility at central, regional and country levels.

He agreed that, because of scarce resources, there was need for greater efficiency at all levels; countries had in fact already been carrying out reform programmes in their health sectors. He also agreed that there was need for more information, so that genuinely comparable data could be made available on the actual situation in the various regions. Without that basic information, which was not contained in the report, it was hard to determine the most important aspects of the problem.

In regard to criteria for the choice of candidates, the process proposed was a major step forward, but more thought should be given to establishing criteria whereby countries could select representatives from among their nationals in other countries.

Defining the functions carried out at the various levels would contribute to greater efficiency and ensure a better response to national, regional and global health needs. Modes of technical cooperation should be updated and improved, making maximum use of currently available technologies. That in turn would help to throw light on how technical cooperation could be used to ensure better intersectoral coordination in dealing with public health problems.

Dr ANTEZANA (Deputy Director-General *ad interim*) welcomed the wide interest in the subject shown by members of the Board, which was an indication of its importance. The relationship between WHO reform and the role of country offices had again been highlighted. The Director-General's report was the fourth to be submitted to the Board on the subject, and there was no doubt that progress had been made despite the complexity arising from the involvement of governments, regional offices, headquarters, and the need to take account of the Organization's mission.

Many views had been expressed on criteria for establishing - or indeed disestablishing - country offices. When considering the form of representation, the economic, social and cultural diversity of the countries concerned should be taken into account: for instance, some kind of liaison offices already existed in many countries, notably in small island countries in the Western Pacific Region and in the Americas. There were various types of agreement between country offices and the host country, including arrangements regarding the selection of the WHO Representative. The possibility of consultation regarding the appointment of nationals in other countries was not yet provided for.

Regarding the development of guidelines for determining the eligibility of candidates as WHO Representatives (point (5) of the report), the importance of the recruiting more women had been stressed, although that should not be seen as a constraint on the recruitment of any qualified professional. The procedure for submission of short lists of candidates (point (7) of the report) was under way, although there were some variations between the regions and the process could be improved.

A number of speakers had called for a more comprehensive report, which would include a wider range of information: he reminded the Board that it had already agreed to keep documentation as concise as possible. Although a longer report could not be envisaged, further information could of course be provided by the Secretariat on request.

Dr ASVALL (Regional Director for Europe) said WHO's country level activities were of the greatest importance. In the past, discussions had perhaps focused too much on WHO's role in providing extensive support to the least developed countries. All would agree on the need to have carefully tailored mechanisms of support, which could change as countries themselves changed, and a range of options that could be modified over time.

The operation of country offices was a two-way process and one important function was to bring innovative actions taken in the country concerned to the knowledge of WHO's membership. For example, the European Region had a lot to learn from the African Region with regard to community mobilization in support of primary health care. In many developed countries, there were very few structures for following up policy and programme advice arising from the many activities the Organization undertook, and conversely WHO had been inefficient in extracting from developed countries the contributions they were able to make to its programmes and policies.

He would therefore suggest that perhaps country offices were needed in every Member State, not necessarily paid for by WHO but organized by the countries themselves to follow up developments at WHO and to help channel their own new developments back to the Organization. That would be more consistent with WHO's fundamental principles, and would represent a shift away from a donor-recipient ideology towards one of equal partnership.

Dr UTON RAFEI (Regional Director for South-East Asia) endorsed the importance of diversity in country offices. They not only helped countries in planning and implementing national health policies and programmes, but also in formulating donor-funded projects and administering extrabudgetary resources. They thus had both an administrative and a technical function. He added that administrative costs generally amounted to less than 10% of the total cost of such offices. In his view, country offices needed to be strengthened further, since they represented the pillar on which the whole Organization rested.

Dr GEZAIRY (Regional Director for the Eastern Mediterranean) emphasized the differences in country offices between regions, as well as between countries within regions. Country offices were headed by a WHO Representative in 16 of the 22 countries in the Eastern Mediterranean Region. All of the WHO Representatives had good public health backgrounds; they included a female nurse, a sanitary engineer, a health statistician and a national liaison officer. One WHO Representative was looking after two countries, and consideration was being given to having one look after a group of countries. It would appear more important to have criteria for disestablishing country offices than for establishing new ones.

In the experience of the Eastern Mediterranean Region, the WHO Representatives worked as a full-time adviser to the minister of health and the ministry of health in technical matters, and several had been instrumental in raising extrabudgetary funds in support of country programmes. Ministers of health in the Region had reacted positively to those activities. He would shortly be attending a meeting in one of the least developed countries, to which a group of donors had been invited, to discuss the national health plan and how it could be supported further. WHO Representatives also worked with other ministries and with health-related agencies, including the World Bank. In most cases, the WHO country office was located in the ministry of health, and was often paid for by the ministry. In some cases, only the WHO Representative (a technical staff member) was paid for by WHO, other staff being paid for by the government. Full use was being made of special service agreements to employ national professionals where needed, usually in least developed countries, on short-term contracts.

Experience in the Region showed that WHO Representatives had been instrumental in making better use of WHO country budgets and ensuring efficiency savings. Flexibility was needed, and it would be helpful to learn from the experience of other regions and countries.

Dr SAMBA (Regional Director for Africa) said that, in the African Region, there had been a time when all WHO country officers were liaison officers, nationals of the countries concerned. Following the Board's evaluation of eight years of experience, a change had been proposed. Currently, the majority of the 46 countries of the Region had WHO Representatives, the others still had liaison officers.

The recruitment process, in which three names were submitted to the Director-General, was working well. The criteria for the selection of the WHO Representative or liaison officer were as follows. First, he or she had to be technically competent in public health or medicine. Secondly, he or she must have held a senior post in his or her own country for at least 10 years and have proven managerial capacity, because the job included advising ministers or ministries, helping ministries to coordinate all WHO's health-input partners, and advising WHO's multilateral, bilateral and nongovernmental organization partners when medical advice

was necessary. Thirdly, he or she had to have diplomatic acumen in order to be able to represent WHO in dealing with nationals, not only in ministries of health but also in other ministries with health inputs, such as those of water supply and agriculture, as well as in dealing with the United Nations system, bilateral agencies and nongovernmental organizations.

The recruitment process included public advertisement of the post, and candidates could apply from within WHO or outside. If a candidate who had not previously worked in WHO was selected, that person was required to work with WHO for a few months to become familiar with the rules and regulations, particularly regarding personnel and finance.

At the time that he had taken office as Regional Director, all the countries of the Region had had country offices and he therefore had no experience of criteria for selecting countries. But criteria were certainly needed for disestablishing offices. At present, there was a policy within the Region that, where the WHO Representative was not a national, all the other officers in the country office, including epidemiologists, sanitary engineers and information experts, preferably were nationals, if there was sufficient competence. That policy had resulted in lower costs.

Sir George ALLEYNE (Regional Director for the Americas) said that he had given thought to how the four-year discussion could be brought to a close. The question of criteria was central, but the focus had perhaps been too narrow. There was a need for a broader examination of what the WHO presence should be in all the countries of the world. By limiting the topic to country offices, the discussion had been restricted to considering how WHO should express itself in countries and the extent to which countries should have a channel of communication to some focus in the Organization. In his view, the only way to resolve the question of the role of WHO country offices was to look at the structure WHO should have in terms of its functions at different levels. While the Organization could provide the information that had been requested, no amount of additional information would provide an answer to the question of the extent to which there should be a WHO presence, and the nature of that presence, in the countries of the world.

Dr HAN (Regional Director for the Western Pacific) concurred with most of the views expressed by the other Regional Directors. He was pleased to note the general wish to strengthen or streamline WHO's presence at country level. Since 1996, there had been a substantive discussion of the subject and it was unfortunate that, because of the administrative decision to limit the length of documents, WHO activities were reported very briefly. He hoped that the restriction would be lifted for the reports to be presented to the next session of the Board, so that it would be possible to provide a detailed account of what was happening and what was being done.

In the Western Pacific Region, for example, the practice had been to appoint a WHO Representative in countries where technical cooperation was strong, namely, more than US$ 1 million per biennium. Some of those countries had since become economically advanced and joined OECD. That might be one criterion for disestablishment. He had taken it upon himself to discuss with the ministers of foreign affairs and ministers of health of such countries the possibility of reallocating their WHO country office budget to countries that were in greater need. Such discussions were continuing, but were not mentioned anywhere in the documentation.

Regarding the type of representation at country level, in addition to WHO Representatives there were country liaison officers, although their role in the Western Pacific Region was slightly different to that in the European Region; they were project advisers assigned to a country and given the additional task of liaising with the country. If the role of liaison officers in Europe proved more effective and cost-saving, then that role would be adopted in the Western Pacific.

Qualifications had been discussed at length. In recent appointments, he had selected people with medical qualifications and ample experience of public health. However, the credentials of the WHO Representative simply stated that the WHO Representative was "Chief of mission" in his or her capacity of being responsible for WHO programmes; the addition of the title of "public health adviser to the country" should be added to ensure greater technical involvement in discussions with the health authorities.

Regarding the appointment procedure, he had followed the practice of putting forward three names to the Director-General, in order of preference. He had not encountered any problems with the process to date.

He hoped that the Secretariat would provide ample and convincing documentation for the next session of the Board so that the discussions could be brought to a close, allowing the conclusions to be implemented for a few years, after which the Board might wish to assess the status of implementation of its wishes.

Dr HAPSARA (Division of Health Situation and Trend Assessment) thanked the members of the Board for their comments and suggestions in relation to a health index. The Director-General was creating a group, with membership covering various WHO programmes, to review and make suggestions in that regard. From a technical perspective, composite indices often caused loss of information, were frequently inaccurate with respect to criteria or concurrent validity-related variables, and were consequently difficult to interpret. If such indices were derived, it was probably best done at the simplest level, and the indices should be amply explained. Furthermore, several criteria could be considered to create a classification without creating a composite index, by examining coincident grouping or by cross-tabulating selected relevant measures in order to derive groupings. Such a classification was straightforward to explain as well as to interpret. From an organizational perspective, the group would pay attention to the numerous factors involved, including political, managerial, financial and sociocultural aspects. In general, it was considered that WHO's analytical efforts and resources should not be used only to perfect a single health index; it would be better to direct them towards improving the development of basic information or statistics, both at country level and at the international comparative level. Efforts should also be directed towards documenting the health needs of countries in as much detail as possible, rather than reducing such information to its simplest expression. The task could be accomplished by means of straightforward items or statistics in the form of standardized comparable indicators or criteria. In that context, WHO took care, at various levels of the Organization, to coordinate and cooperate with United Nations information and statistical activities. He agreed with those members of the Board who had suggested that attention should be focused on the establishment of criteria for the selection of statistics, rather than on a single index. The comments and guidance provided by the Board would be useful in the continuing work of the group.

Mr AITKEN (Assistant Director-General), responding to a question on the new computerized activity management system, informed the Board that the system, which was being developed in the WHO Regional Offices for the Americas and the Western Pacific, was being finalized and that the first version would be available at country level in June 1998.

Dr STAMPS, endorsed the views of Dr Hapsara on the question of a health index, and pointed out that the information given in paragraph 2 of document EB100/3 regarding the development and validation of a health index was erroneous.

Dr MELONI said that it was impossible to analyse the role of WHO country offices without looking at the Organization as a whole, at global, regional and country level. The establishment of a country office was not only a bureaucratic or pragmatic decision, but also depended on whether WHO health cooperation was to be increased or decreased in the country in question. That required a prior definition of WHO's role in international cooperation in general, and in international health cooperation in particular. Cooperation in public health, as well as in medical care, required a series of multisectoral programme activities. A health index that expressed the health requirements of a given country was not exactly the same as an index that identified a country's need for international and technical cooperation in the area of health. That distinction had to be clarified as part of the WHO reform process, but such a functional distinction could not be made without a clear vision of the role of Organization at every level. Discussion on the latter was still under way and would undoubtedly continue under the review of the WHO Constitution and the renewal of the health-for-all strategy.

Dr MAZZA, referring to the remarks made by the Regional Directors, said that it was clearly important to have criteria for WHO representation at country level, and he recalled his earlier proposal that the Board should consider a draft resolution on that subject at its next session.

Dr BLEWETT said that the comments by the Regional Directors had widened the scope of the Board's concern. He suggested that the Secretariat should consult a member of the Board in preparing the documents for the next session of the Board, as it had done with Dr Shin in regard to the document on extrabudgetary funds (document EB100/6).

Mr AITKEN (Assistant Director-General) said that if the Board so wished, a document and a draft resolution would be prepared for the next session of the Board, and a member of the Board would then be consulted before they were finalized.

Dr ANTEZANA (Deputy Director-General *ad interim*) informed the Board that a study of country offices was being undertaken independently by some Member States and suggested that the work of that group, which was almost completed, might also be useful.

The Executive Board took note of the report.

The meeting rose at 12:30.

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