In Part I of this paper the Regional Director comments on those decisions and resolutions of the Forty-sixth World Health Assembly and the ninety-first and ninety-second sessions of the Executive Board that are relevant to the regional programme or of particular interest to Member States in the European Region. In comparison with previous years, this part of the document has been significantly reduced in an effort to rationalize the work of the Regional Committee. In particular, the original text of the resolutions mentioned has not been reproduced.

Part II contains comments on resolution WHA46.16, WHO Response to Global Change, and a consideration of the implications at regional level of the report of the Executive Board's Working Group on WHO Response to Global Change (document EB92.4).
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Part II

Executive Board Working Group on the WHO Response to Global Change
Comments on Reforms in WHO

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PART I

COMMENTS ON RESOLUTIONS/DECISIONS
The Regional Office's activities in this area will be discussed under agenda item 12.2 and are reported on in document EUR/RC43/15.

The proposed priorities for the work of the Regional Office in 1996/1997 (to be discussed under agenda item 11 and set out in document EUR/RC43/4) contain suggestions for making further progress in this field. These include establishing a European infrastructure for emergency response, safeguarding a fixed share of resources from the regular budget for humanitarian assistance, fostering closer collaboration with Member States and highlighting priority action in the countries assisted.
Member States of the European Region of WHO played an active part in the International Conference on Nutrition, held in Rome in December 1992. The World Declaration and Plan of Action for Nutrition adopted by the Conference were subsequently endorsed in their entirety by the Forty-sixth World Health Assembly in a resolution that calls on Member States to take concerted action to develop or strengthen national planning in nutrition and requests the Director-General to report to the World Health Assembly in 1995 on progress made.

Many European Member States have already taken action in the field of nutrition and have valuable experience to share with others, both within and outside the Region. The Nutrition unit in the Regional Office is ready to facilitate this process and to assist Member States in their reporting obligations. In particular, the Regional Office has expertise in the area of control of diet-related chronic diseases, one of the main themes of the Conference. In addition, the Nutrition unit has a wide network of WHO collaborating centres dedicated to assisting WHO in various ways in its work on nutrition. The time schedule adopted by the World Health Assembly means that an overall review of national nutrition planning in the European Region should be carried out before the middle of 1994, so that the Director-General can report to the Assembly in 1995.
This resolution is a step towards a tobacco-free society. It links the recent developments in countries and other organizations with the whole United Nations system.

At its session in September 1992, the Regional Committee endorsed a second Action Plan for a Tobacco-free Europe which emphasizes six action areas, including the need to build more and stronger alliances for tobacco control and the promotion of nonsmoking generations.

For five years the Regional Office has had a successful nonsmoking policy for its staff and families and at regular intervals carries out activities to keep this policy active.

World No-Tobacco Day in 1997 will concentrate on the United Nations family under the overall theme of "The United Nations working towards a tobacco-free world."

Since resolution WHA46.8 requires a progress report to be submitted in 1995, the policy of a tobacco-free United Nations should be regarded as a prerequisite for the broader action on tobacco that will be highlighted by World No-Tobacco Day in 1997.
This resolution establishes the scale of assessments of Members and Associate Members for the financial period 1994 – 1995, sets preliminary rates for the Czech Republic and the Slovak Republic and requests the Director-General to adjust the scale for any new Members not already included in the scale.

A number of new Member States continue to face difficulties when they come to pay their assessments, because scales of assessment appear to be unduly high in the light of their current economic situation. The need to establish a more realistic basis for deciding on their assessments is addressed in document EUR/RC43/14.
Resolution WHA46.34 resolves that the global appropriation for the financial period 1994 – 1995 shall amount to US $890 386 600, guides its use by appropriation section and establishes its financing from assessments on Members, reimbursement of programme support costs by the United Nations Development Programme and casual income.

In January 1993, members of the Executive Board did not endorse the proposed programme budget for approval by the World Health Assembly in May 1993. Instead, the Board requested the Director-General to undertake further efforts to make reductions and economies that could reduce the level of the proposed programme budget (resolution EB91.R12 refers). At the Assembly, Member States were presented with the Director-General's revised proposals and finally approved a budget which was approximately US $50 million lower than that which had been submitted by the Director-General to the Board (resolutions EB91.R13 and WHA46.34 refer). This decision, when taken together with likely reductions in the working allocation for the European Region (see comments on resolution WHA46.15 above), implies that the shortfall of funds for the Regional Office's EUROHEALTH programme in 1994 – 1995 will increase from the minimum of US $11 million confirmed by resolution EUR/RC42/R6 to US $15 million (see also document EUR/RC43/14).
This resolution reiterates the obligation of all Member States to pay their assessed contributions and recognizes the Organization's obligation to cooperate in health development. It requests the Director-General to introduce a more "user-friendly" proposed programme budget for 1996 – 1997. It further requests him to establish a budget and accounting process that is simple and easy to understand, reduces the lead time between planning and implementation, determines priorities within agreed objectives, allocates human and financial resources accordingly, sets targets for priorities and periodically measures progress towards them, verifies forecasts of cost increases and takes account of the common accounting standards being developed in the United Nations system. It expresses concern about the growing proportion of the budget going to pay administrative costs and asks the Director-General to achieve a more appropriate ratio of staff and related costs to all other programme costs. The Director-General is also asked to submit to the ninety-third session of the Executive Board a proposal for the establishment of a Budget and Finance Committee to assist the Board, as well as to report to the ninety-third session of the Executive Board and the Forty-seventh World Health Assembly on progress achieved.

The question of payment of assessments is touched upon in the comments on resolution WHA46.15 (see above).

The Regional Organization has already implemented a number of budgeting steps in line with this resolution. These include:

- relating the programme budget to the agreed and periodically updated health for all (HFA) policy of the European Regional Organization (see resolution EUR/RC41/R5) and its monitoring and evaluation (see resolution EUR/RC41/R9 and document EUR/RC43/Conf.Doc./7);

- consulting with Member States on programme budget priorities (see document EUR/RC43/4);

- shortening the lead time between planning and implementation (see documents EUR/RC43/3 and EUR/RC43/4);

- including human resources input by priority area, starting from the proposed programme budget for 1994 – 1995 (document EUR/RC42/6);

- introducing in 1992 "cost centres" and ceilings for different aspects of administrative support and common services;

- reducing the budgeted staff by 11 posts in the administrative support sector, starting from 1994 (see document EUR/RC42/6).
The proposed programme budget for 1996 – 1997 will implement the provisions of the Assembly resolution concerning the budget process, a number of which have already been called for in resolution EUR/RC42/R6. This process can start from a clear statement of priorities (see document EUR/RC43/4).

As regards the accounting process, a major effort has been made in recent years to relate resource use to priorities and targets and to monitor it by means of the management information system and through implementation in decentralized projects. Seen from a regional perspective, however, several formal accounting procedures that apply to WHO as a whole somewhat hinder, rather than help, the intended accounting reform (see document EUR/RC43/4). Examples of such procedures include the requirements to distinguish between regional, intercountry and country programmes, to register action by a detailed classification based on the General Programme of Work (that goes far below the appropriation section), and to receive any cofinancing in advance of commencing activities within projects financed jointly with European integrational organizations.
This matter is addressed in Part II of this document.
These two resolutions concern support to countries in greatest need. In the European Region, this support is being given mainly through the EUROHEALTH programme for intensified cooperation in health with countries of central and eastern Europe, adopted by the Regional Committee at its forty-first session (resolution EUR/RC41/R2).

A second progress report on the EUROHEALTH programme, including financial options and programme implications, is contained in document EUR/RC43/14, which also refers to the budget and fund-raising situation.
This resolution calls for an improvement in the health of women and children through the application of policies, programme strategies and appropriate technology for maternal and child health and family planning.

Bearing in mind both the dramatic sociopolitical changes in the European Region of WHO and the considerable diversity of situations regarding maternal and child health, the resolution is highly relevant to the European Region. The group of countries that have emerged from the former USSR and Yugoslavia, together with Albania and Romania, are particularly in need of international assistance.

The EUROHEALTH programme includes an important project devoted to this health field and designed *inter alia* to improve coordination of the work of nongovernmental and intergovernmental organizations such as the United Nations Children's Fund (UNICEF), the United Nations Fund for Population Activities (UNFPA) and the World Bank.
This resolution concerns the inappropriate and confusing use of brand names for pharmaceutical products.

For commercial reasons, many drug manufacturers avoid using nonproprietary names as much as possible, preferring to use their own brand names instead. Because brand names are short, the number of possible letter combinations is limited and very similar names are given to drugs of very different composition. In addition, many drug combinations are given individual brand names.

WHO has always been in the forefront of promoting the system of international nonproprietary names (INNs). The resolution contains recommendations for correcting the most important abuses of brand names; these are highly relevant to the situation in the countries of central and eastern Europe.

In promotional material (advertisements, direct mailing, drug labels) the INN should always be mentioned and be readable. Most western European countries now make this a legal requirement, and this rule should be universally adopted. In addition, some countries stipulate that the INN should be mentioned in letters at least half the size of the lettering of the brand name; such a rule should now be seriously considered and where possible made a legal requirement.

Some European firms importing or producing generic drugs that are no longer protected by patent invent their own brand names, thereby adding to the confusion. Drug registration authorities in the European Region should therefore no longer allow such practices and should recommend the use of the INN, followed by the company's name if so desired.

Brand names derived from INNs are increasingly being used. This should be avoided at all costs. Drug registration authorities should refuse to accept such names and should review names that have already been accepted to see whether there is any possible confusion with the INNs.

National authorities should insist that INNs are used in scientific publications, databases, etc. for which governments bear responsibility and should undertake to phase out existing national generic nomenclature systems.

National authorities and nongovernmental organizations associated with government bodies in the pharmaceutical sector should use only INNs for drug registration and drug information, requests for pharmaceutical assistance and reviews of humanitarian aid.

The Regional Office took an active part in preparing the final version of the global strategy and will support the implementation of resolution WHA46.20 which requests Regional Committees to use the global strategy in developing corresponding regional strategies and action plans.

A new European strategy will be developed on the basis of the outcome of the Second European Conference on Environment and Health, to be held in Helsinki from 20 to 22 June 1994, five years after the recommendations made by the Member States represented at the First Conference in Frankfurt.

The First Conference requested that an action plan for environment and health be prepared for submission to the Second Conference for endorsement. This is now being drawn up by the Regional Office, in cooperation with the Commission of the European Communities, and will be based on an analysis of current priorities in environmental health in the European Region, taking particular account of priorities of countries in central and eastern Europe and the newly independent states.

The WHO European Centre for Environment and Health, established following the recommendation of the Frankfurt Conference, is preparing a report on environment and health in Europe, which will provide background for development of the Action Plan for Europe.

The Action Plan for Europe will be submitted to the Environment and Health Conference in Helsinki in 1994 for endorsement. It will recommend priority actions that Member States should undertake.

In order to help Member States implement the Action Plan, the Regional Office (together with other international organizations) will develop an international programme on environment and health, integrated with the Environmental Programme for Europe which was endorsed by the European Conference of Ministers of the Environment held in Lucerne, from 28 to 30 April 1993.
Following decisions made at the Second European Conference on Environment and Health, the Regional Office will submit the regional strategy on health and environment to the Regional Committee for endorsement.
This resolution is related to the proclamation by the United Nations General Assembly of 1994 as the International Year of the Family with the theme "Family: resources and responsibilities in a changing world".

The supportive role of the family is obviously undermined by events that clearly lie far beyond the domain and influence of the health sector, such as war, natural disasters and man-made political and economic misfortunes. At the same time, some common social factors have harmful effects which, although they may not be transparent, have been proved through research to influence people's health.

Thus, an important role for WHO will be first to make this information available to decision-makers in Member States. Second, it would be appropriate for WHO to take a leading role in developing and coordinating programmes for intervention at both the policy and the technical levels to correct the situation.

The Regional Office has experience at both these levels. A number of projects relevant to family health have already been identified and some are under elaboration or consideration, either as intercountry projects or through country activities (e.g. maternal and child health, healthy children in healthy families (CINDI component), women's health, care and rehabilitation activities for elderly people, etc.). Through the initiative "Investing in women's health", the Regional Office is committed to improving the status of women's health in the countries of central and eastern Europe and the newly independent states. The main goal of this initiative is to collect and analyse information relevant to women's health, which will then be used to assess health priorities and provide the basis for programmes to improve women's health in all Member States.
This resolution reaffirms the goal of global eradication of poliomyelitis by the year 2000. This issue is particularly important at present, as new cases have recently been reported in Europe.

The Regional Office will support Member States in implementing the measures contained in the plan of action for the eradication of poliomyelitis from the European Region (document EUR/RC39/9), endorsed by the Regional Committee at its thirty-ninth session.

With the cooperation of other international organizations, the Regional Office will assist the Member States to:

- implement the essential strategies ("mopping-up" or national immunization days);
- improve surveillance;
- strengthen the laboratory services to support poliomyelitis eradication programmes;
- mobilize sufficient funding for the poliomyelitis eradication programme; and
- obtain sufficient quantities of vaccine for both routine and specially organized activities.
This resolution results from recent reports of increasing and widespread deliberate attacks on medical establishments and units and systematic breaches of the principles of medical ethics.

It is particularly relevant to the situation in the European Region. It will be implemented by action under HFA target 38 on ethics and through humanitarian relief operations in countries experiencing civil unrest or armed conflict.

In the areas of Europe in which there is armed conflict, very close liaison exists with the United Nations Under-Secretary General for Humanitarian Affairs, the Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF, the International Committee of the Red Cross (ICRC), and the International Federation of Red Cross and Red Crescent Societies (IFRC). All of these organizations are deeply concerned at the deliberate attacks on medical establishments, with loss of life among patients and health personnel alike.

The text of this resolution has been distributed to Member States and field representatives, as well as to liaison officers in the countries concerned in the Region.

This issue of protecting health services in times of armed conflict has also been taken up by the European Forum of Medical Associations and WHO.
The steps taken in the European Region to enhance WHO's leadership in conducting health work, as proposed in resolution EB91.R19, are described in document EUR/RC43/8 "Collaboration with the United Nations system and with intergovernmental organizations in Europe".
PART II

EXECUTIVE BOARD WORKING GROUP ON THE WHO RESPONSE TO GLOBAL CHANGE

COMMENTS ON REFORMS IN WHO
INTRODUCTION

1. This section has been prepared in response to the request by the Executive Board for regional committees to comment on the proposals put forward by the Executive Board Working Group on the WHO Response to Global Change (document EUR/RC43/Inf.Doc./5). It presents the secretariat's views – from a regional perspective – on the Working Group's report in order to facilitate discussion at the forty-third session of the Regional Committee. The paper accordingly:

- provides a commentary on WHO's current situation and its need for reform;
- reviews the general argument of the Working Group's report and comments on particular proposals as they affect the WHO European Regional Organization;
- poses questions as the basis for debate;
- draws attention to the draft resolution which the Regional Committee may wish to consider and adopt.

2. It should be noted that since the Executive Board made its request after the meeting of the Interim Standing Committee of the Regional Committee in May 1993, the Working Group's report has not yet been fully discussed by that Committee. There will, however, be an additional meeting of the Interim Standing Committee in Athens on Sunday, 5 September 1993, and a report of that meeting will be made available to Regional Committee delegates some time on Monday, 6 September 1993.

BACKGROUND

3. The Executive Board Working Group on the WHO Response to Global Change was established in January 1992 (i.e. following the forty-first session of the Regional Committee, at which the Ad Hoc Committee on Future Orientations was established with a mandate to advise on the way WHO should adapt and react to political, economic, social and health changes). Taking note of the Working Group's preliminary report, the Forty-sixth World Health Assembly, in May 1993, adopted:

- resolution WHA46.16, in which it requested the Executive Board to prioritize the Working Group's recommendations, consider their implications for WHO, mobilize resources to implement priorities, and monitor implementation; and requested the Director-General to take action and report; and

- resolution WHA46.35, in which, expressing concern at the lack of clarity in budget documents, it requested the Director-General to introduce a more "user-friendly" programme budget and to submit to the ninety-third session of the Executive Board in January 1994, for consideration "within the framework of
its study of the report of the Working Group", a proposal for the establishment of an Executive Board Budget and Finance Committee.

4. The Executive Board, at its session following the Forty-sixth World Health Assembly, referring to resolutions WHA46.16 and WHA46.35, endorsed the Working Group's proposals "as the basis for action towards the reform of WHO", and in its resolution EB92.R2, requested: (1) the Director-General to prepare for implementation of the two WHA resolutions and the Working Group's recommendations; (2) the Programme Committee of the Executive Board to establish priorities for implementation; and (3) the regional committees "to study the implications of the recommendations as applicable to regional and country activities" and to report to the Executive Board at its ninety-third session in January 1994.

5. In its report to the forty-third session of the Regional Committee (document EUR/RC43/2), the Interim Standing Committee of the Regional Committee (I-SCRC) has submitted proposals for the future methods of work of the WHO European Regional Organization, on the basis of the discussion by the Regional Committee at its forty-second session of the Ad Hoc Committee's proposals; it has also made provisional comments on the Working Group's recommendations (paragraphs 86 – 93 of document EUR/RC43/2), which it has endorsed in general terms. The present paper by the secretariat has been written in the light of the situation at the end of June 1993 (before the Programme Committee meeting).

WHO PROGRESS AND PROBLEMS

6. WHO is emerging from a period during which, like all United Nations bodies, it has been confronted by the opportunities and problems created by the ending of the cold war and the emergence of a new set of conflicts and development needs. Its own internal affairs have at the same time been the subject of conflicting opinion as to the significance and implications of various events. This disruptive phase is now coming to an end.

7. The Working Group's report, in the same way as the report of the Ad Hoc Committee on Future Orientations of the Regional Organization had done before it at regional level, provides guidance in setting a correct course for the Organization in pursuit of its goal of health for all and its constitutional objective of "the attainment by all peoples of the highest possible level of health".

8. WHO has in the past demonstrated its capacity to develop a coherent inspirational policy, namely health for all, and at the same time to promote and harness a basic fund of objective knowledge to support and sustain that policy. Both actions are central to the Organization's role. To build on that strength, WHO therefore needs to ensure that it has the organizational structures, managerial framework and programmes in place to pursue its policy. Teamwork throughout the Organization would greatly enhance its chances of reaching its goal, and there are now encouraging signs that such a team spirit is growing stronger.
9. The European Region has unquestionably been successful in bringing the regional version of the global health for all policy into operation and subsequently updating it; its commitment to specific targets is also worthy of note. It would not be pretentious to claim that the European experience could serve as a model for the review and updating of the global health for all policy.

10. Coordinated global effort calls for a higher level of teamwork within the Organization. As will be argued in later sections of this paper, the primary change needed within the Organization is greater dialogue between the various levels to achieve consensus on policy and management matters. A global policy development committee within the secretariat that would prepare policy recommendations for the World Health Assembly, and by extension the regional committees, would be an important internal institution reflecting the new approach. The global policy development committee would be built around a nucleus consisting of the Director-General and the Regional Directors.

11. The global policy development committee would be supported by mechanisms involving the Assistant Director-Generals and the regional Directors of Programme Management, who are collectively responsible within the overall management framework for transforming policy into strategy and programmes. Among the new arrangements would be a mechanism to ensure regular review of programme content and its adjustment where necessary. This would call for more systematic dialogue on such programme issues in each biennium between WHO headquarters and the regional offices. It may be noted that within the Regional Office for Europe a system of biennial programme evaluation and planning with a strong team approach is already in operation.

12. These changes would entail a number of practical consequences. The present management processes of the Organization would have to be reviewed and adjusted to fit in with the new approach and the shared objectives. A simplified programme budget process and format (as currently under discussion) would form part of the changes, and the improved evaluation tools sought by the Working Group would clearly be an essential component. Another facet is the strengthened WHO presence being sought at country level and a much more effective integrated strategy for information and communications to operate throughout the Organization. A necessary implication is that regional organizations would have to be funded at a level that would enable them to carry out their essential functions in support of countries, an issue taken up later in the present paper.

13. The purpose of these comments has been to offer a vision that, as the secretariat sees it, would take the Region and the WHO family as a whole beyond the present horizon of the year 2000. It is a vision which accords well with the analysis and recommendations of the Executive Board Working Group on the WHO Response to Global Change. The rest of this paper comments on the Working Group's recommendations and draws appropriate conclusions for discussion by the Regional Committee. A draft resolution is attached.
REPORT OF THE WORKING GROUP: THE ISSUES IN A EUROPEAN PERSPECTIVE

14. The Working Group's report falls into two main parts: in the first it analyses the context in which WHO is currently operating and the Organization's methods of work; in the second it reviews responses to the new situation and the changes it believes are necessary if WHO is to fulfil its mandate.

The context

15. The report identifies as issues:

(a) The realignment of global and political relationships following the end of the cold war

Comment: Europe has been the "epicentre" of these changes. However, they have not made any major change in the general direction of the regional health for all policy necessary, as the 1991 updating process demonstrated; however, implementation strategies had already been modified by that update.

(b) Emphasis on market-based economies and on individual rights and responsibilities in health and other fields

Comment: The shift in ideology as it has affected health care systems, particularly in the central and eastern European countries and newly independent states emerging from the end of the cold war, and certain trends in other countries have led to a shift in the Regional Office's response, in which it focuses not on possible ideal structures, but on determining the conditions required for systems to conform to health for all values.

(c) The decline in the pace of economic growth and the fewer resources available for international development activities and health and social sector funding

Comment: This is linked in practice to the previous point. It has led to an emphasis on efforts to improve management and ensure value for money, and it has also had an impact on the Regional Office's efforts to generate and direct funds to support health development in the countries of central and eastern Europe and the newly independent states, as reflected in the progress report on the EUROHEALTH programme (see document EUR/RC43/14).

(d) Environment and health problems (natural resource degradation and pollution, improper use and disposal of hazardous materials)

Comment: Environment and health issues have been a focus of sustained attention over the past decade and are included in the European health for all policy. Particular mention should be made of the European Charter on Environment and Health endorsed by the First European Conference on Environment and Health held...
in Frankfurt in 1989 (a second joint European Community/WHO Conference is planned for 1994 in Helsinki), and more recently the establishment of the WHO European Centre for Environment and Health.

(e) Demographic change including:

(1) population growth
(2) migration and urbanization
(3) refugees (in the wake of disasters)

Comment: (1) A demographic change affecting the Region has been the increase in the numbers of the very old and the elderly, recognized in the regional health for all policy in 1991 by the introduction of a "healthy aging" target (regional target 6) and of a "community services to meet special needs" target (regional target 30).
(2) The health effects of the migration patterns predicted for the Region (east to west and south to north) will be closely watched and are inter alia part of a crucial target on equity in health (regional target 1). The health problems of refugees (especially in former Yugoslavia) are already a priority concern of the Regional Office and are dealt with in a separate Regional Committee document.
(3) Population growth is not in itself a problem in Europe, although efforts are being made to improve family planning services, especially in the countries of central and eastern Europe and the newly independent states.

(f) Changes in disease patterns (AIDS and the resurgence of some communicable diseases)

Comment: The potential impact of the AIDS pandemic and the resurgence of some communicable diseases has already been recognized; it has shaped health promotion initiatives for countries of central and eastern Europe and newly independent states (Riga) and accounted for the priority given to vaccine supply and availability in those countries and states.

(g) The operational difficulties experienced by WHO and countries in implementing health for all policies and programmes

Comment: The practical difficulties of implementing health for all were recognized by the Region at the outset and accounted for the move from strategy (1980) to targets (1984), and subsequently to updated targets (1991), as a point of reference for each area of activity. The EUROHEALTH programme, the special programme of assistance for countries of central and eastern Europe and newly independent states, which is being based on the health for all policy, is a tribute to the value of this approach.

A general strategy now well established in the Region is the maintenance of networks (such as forums of professional associations, CINDI, Healthy Cities, and most recently the "network of regions") through which the health for all policy is propagated and implemented at all levels in the Region.
(h) Conclusion

The geopolitical, economic, environmental and health issues identified by the Working Group as forming the context for its work are by and large applicable to the Region. Their exact relevance and the responses being made are very much determined by the situation in the Region, in particular the geopolitical changes of 1989 - 1991, which are still having their effects. The Region also has the advantage of its previous work in interpreting and developing health for all in a European context. These problems have, moreover, been dealt with in detail in the European Region's health for all policy and in development of its programmes.

The required response

16. The Working Group emphasizes three major themes: reassessing the goal of health for all; strengthening capabilities for developing policy and action; strengthening mechanisms for ensuring high performance.

The HFA2000 goal

17. The Working Group points to the need to reassess what is achievable by the year 2000.

Comment: The concomitants to health for all which the Working Group stresses, namely focusing on priorities and realistic measurable targets, have been part of European health for all policy from the outset, as exemplified by the setting of 38 specific measurable targets; the plan of action, the health for all monitoring system, and the provision for periodic updating. The same targets have been used in the preparation of the programme budget documents and in the design of the EUROHEALTH programme.

This approach to strategy development based on health outcomes, moving from policy to measurable operational targets, and building further by means of periodic reviews and updating, ought to be adopted in an appropriate form at the level of global health for all policy, in which the description of problems and choice of strategies, targets and indicators need to be updated, since they are now over 12 years old. This would enable evolution and implementation of global strategy to be synchronized with that in the regions.

Conclusion

The goal of health for all, the operational objectives defined in the European regional targets, the values underpinning those objectives, and the periodic updating of health for all policy undertaken by the Region on a planned basis will remain valid beyond the year 2000 and provide a "rolling" frame of reference for future work of health in Europe.
Strengthening capabilities

18. The Working Group underlines the need to strengthen capabilities for policy development and action.

(a) The Working Group includes epidemiological analysis and health research in the capabilities it suggests require strengthening

*Comment:* These activities have been crucial in development of the regional health for all strategy. (A major compilation and classification of all available epidemiological data provided the baseline for the regional health for all targets.) The central place of research and information was recognized when the strategy was extended into targets 32 and 35. This was followed by the preparation and dissemination of supportive strategies on both research and information. A research strategy for health for all was adopted in 1987 to mobilize the European research community.

(b) Policy analysis and planning and management are further prerequisites

*Comment:* At one level it could be said that it is an express part of the functions of each technical unit and department within the Regional Office to scrutinize past performance, analyse current trends and review possible future developments in their special field. In specific areas, major policy analysis and development efforts have been a feature of WHO regional conferences and consultations such as those held at Frankfurt in 1989 (Environment and Health), Ottawa in 1986 (Health Promotion, with subsequent meetings at Adelaide, 1988, and Sundsvall, 1991), Madrid (Tobacco), Tbilisi (Family Planning) and Vienna in 1988 (Nursing).

On a wider level, major policy analysis exercises were carried out before finalization of the 1984 and 1991 policy updates. In the case of the 1991 targets, a new feature was the establishment of a multidisciplinary expert group to assess future trends in Europe and their implication for regional health for all policy. The Region has always recognized the importance of planning and management. The 1984 (The Hague) Regional Conference on Planning and Management was significant in that it signalled a move from conventional planning methods to strategic planning options in the context of alternative scenarios. Subsequently, a special effort was made to determine ways in which planning and management methods could be used in pluralist systems.

(c) Resource mobilization

*Comment:* This issue is dealt with in the secretariat paper on EUROHEALTH (document EUR/RC43/14), which takes a detailed look at experience so far, both good and bad, and reviews future options for resource generation. The proposed strategy of rapprochement and the steps now being taken in that direction (EUR/RC43/Inf.Doc./2) should also be considered in this context.
(d) Information and communications

Comment: The Working Group at several points calls for better information systems and improved methods of communication not only to identify problems, monitor the use made of resources and ascertain the impact of action taken, but also to make the rationale, objectives and results of WHO's activities known as widely as possible.

As for information systems, the Regional Office has gained considerable experience in the field, which it is learning from and building on. It is also working with the Commission of the European Communities on the ENS project. See also the secretariat paper on health for all monitoring (document EUR/RC43/12). Policy and action in this whole area will continue to pose a major challenge in the foreseeable future; better coordination in tackling it would benefit all parts of WHO.

(e) Conclusion

The regional approach to health for all has been to stress the need for a sound base of known facts acquired through information and research, and the importance of sound policy analysis and planning, grounded on that base, to provide clear-cut strategies flexible enough to adapt to the needs of implementation. The major problems that have arisen as a result of geopolitical change in the European Region concern the mobilization of resources to meet the needs of the countries of central and eastern Europe and the newly independent states for technical cooperation.

The necessary mechanisms

19. The Working Group emphasizes that more effective mechanisms are needed to ensure high performance by the Organization.

(a) Overall coordination, collaboration between the various levels

Comment: The fact that WHO, that is its governing bodies and headquarters' secretariat together with the six regional organizations, is often perceived as not one but seven separate organizations is a matter that calls for reflection.

However, it must be said at the outset that the Regional Office does not share this perception of the Organization, although it admits that there is considerable scope for strengthening cooperation between the regional offices and WHO headquarters and conducting such cooperation in a more systematic manner.

The Constitution makes it quite clear that the Organization has one supreme organ, the World Health Assembly, to which all other bodies are subordinate. Policy determined by the Health Assembly provides the framework for more detailed policies developed and applied at other levels. Thus the European Region's 38 targets for health for all are the regional reflection of the Organization's global strategy for health for all and, more importantly, have served as an inspiration to
countries in generating the political will to adopt the strategy as a framework for their own national health policies.

Once the difference between appearance and reality has been clarified in this way, perception of the Organization as a single entity or as seven separate entities is explainable as the reflection of two different phenomena:

*Distribution of work.* There is a need to distinguish between matters of genuinely global import, of relevance throughout the Organization, which are required by the provisions of the Constitution or are adopted by the World Health Assembly as fundamental policies for universal implementation, and matters that must be reinterpreted and adapted to regional and country conditions, or initiated within a region in response to circumstances specific to that region (for example, reassessment of health development in a country and its technical cooperation needs). This is what the report of the Interim Standing Committee of the Regional Committee (document EUR/RC43/2) refers to in its discussion of rapprochement as the need "to focus on European matters at the European level".

*At global level:* the role of WHO headquarters is to serve and work with the World Health Assembly, helping to develop global policies and approaches that respond to the health needs of the world, and to provide global leadership for the Organization.

*At regional level:* the role of the regions is to take global policies and strategies and adapt them to the circumstances and characteristics of the region concerned, reworking them to make them attractive to Member States and supporting countries in developing their own health strategies in line with WHO policy and values. The regions also promote the exchange of ideas and experience, are a source of ideas and provide "bench marks" for measuring performance, and, in collaboration with others, generate technical cooperation for countries in need. The collaboration between regional office and Member State is therefore a crucial link in WHO's organizational chain. This was so when the global policy of health for all was being interpreted in the context of European conditions in order to set model regional health for all objectives for adaptation to individual countries, and in order to respond to changes in countries of central and eastern Europe and newly independent states (the EUROHEALTH programme).

Global policy as decided by the World Health Assembly cannot be expected to imply uniformity in the details of implementation – that is the reason the Constitution established regions – except where clearly essential, such as in the application of universal standards. A regional interpretation of global concepts emerges from interaction among the Member States of a region and by no means implies establishment of a separate organization.
Organizational relationships. The second phenomenon is executive or managerial in nature. In any multilayered system, differences of outlook (a natural and healthy sign) may arise between any two organizational or managerial levels.

The implications are clear. Firstly, there must be a clear understanding of what functions and issues are of global import and must necessarily be discharged and resolved by the central organs of the Organization (the World Health Assembly, Executive Board and headquarters' secretariat). However, if the Organization as a whole is to be sensitive to countries' needs and wishes, regional organizations must be in a position to respond to them as they see fit and receive funding at a level that will enable them to do so. Secondly, the methods of work of the Organization must allow for dialogue between the various levels to achieve consensus on where and in what way global policy and programmes need to be adjusted. In the same way, regional offices and country offices should adopt a similar general approach in their relationship with counterparts or focal points in national administrations.

Coordination and collaboration are not issues that can be tackled by centralizing or imposing a formal hierarchical framework on an organization that is as constitutionally, operationally, and culturally decentralized as WHO, with members whose needs are so diverse. Instead, an improved level of dialogue, teamwork and mutual support, more careful delineation of tasks and more effective decentralization with greater transparency and properly targeted evaluation would improve performance at all levels.

(b) Compartimentalization and fragmentation

Comment: The so-called vertical programmes, which concentrate on a single specialty or function, by definition run counter to the principle of interconnection which is arguably the most fundamental characteristic of the primary health care approach. Advocacy of primary health care is easier to sustain and is much more persuasive where WHO's own internal organization does not contradict that principle.

For some years, the Regional Office has given special attention to the need for greater integration in structures and team management. Its administrative framework reflects the related clusters of targets which serve to implement regional health for all policy and strategy: hence the involvement of the departments of prevention, lifestyles, environment, health services and, most recently, country health development in implementing the EUROHEALTH programme for countries of central and eastern Europe (see EUR/RC43/14). The Department for Country Health Development by definition plays an integrative role in the Regional Office, bridging all aspects of the regional health for all strategy. These moves have been complemented by the adoption of project or matrix-based management, which combines intercountry and country activities and facilitates delivery by a flexible grouping of human and financial resources. It may be noted that this matrix pattern
of management has been endorsed by the Interim Standing Committee (document EUR/RC43/2).

(c) WHO presence in countries

Comment: WHO's success ultimately depends on the impact it makes in countries, as reflected in national health development, and on its ability to mobilize resources to help countries to cope with an immediate crisis and subsequently to build capacity to ensure self reliance and sustainability.

The Working Group considers that this may be done in two ways. The first is through a competent WHO representative acting with full authority delegated by the Organization to deal not only with the host government but also with other intergovernmental organizations and donors. The second, for countries that have achieved self reliance but would still benefit from access to WHO's comprehensive store of information and expertise on health and related matters, is through a WHO focal point in such countries with which the Organization is in regular contact.

The suggestion by the Working Group that countries should establish national focal points as a vehicle for collaboration with WHO is one which Member States of the Region that enjoy stability and a reasonable level of resources will wish to take up. However, many Member States, particularly those covered by the EUROHEALTH programme, would clearly benefit from the presence of a WHO Representative. As Member States are aware (see document EUR/RC43/14), the regular budget has never made provision for WHO Representatives (except in a few cases, notably Turkey at present) or set aside appropriate budget allocations for collaboration with individual countries.

Unfortunately, there appear to be no realistic prospects in the short term of securing additional regular budget funding to permit WHO Representatives to be assigned to all EUROHEALTH countries. An alternative now being actively explored with UNDP is the appointment of a Public Health Development Adviser in some countries in joint projects where UNDP would be the funding and WHO the executing agency.

The Regional Office, it must be said, even with its present resource constraints, has made a notable switch in emphasis towards country-based activities. In the mid-1980s there were two countries with a WHO presence outside the Regional Office; now there are over 25 (including 5 offices for coordination of emergency relief).

The approach now generally adopted is to appoint locally recruited liaison officers; these represent the Office and the government, collect information and facilitate WHO activities in countries of central and eastern Europe and in newly independent states. Assessment of performance so far shows liaison officers to be an effective alternative to WHO Representatives. However, appreciation of the work of liaison officers does not imply that they are preferable to WHO Representatives; it merely emphasizes their usefulness in the present difficult financial situation.
Another possibility, endorsed by the Interim Standing Committee, might be to establish one or more "subregional" offices in strategic locations to strengthen contact with countries of central and eastern Europe and newly independent states. The extension of the brief of the Regional Director's Special Representative in Ankara to cover some of the southern republics of the former USSR would be a step in this direction; careful study and testing of this approach is needed.

(d) Coordination with donors, other United Nations agencies and other intergovernmental organizations

Comment: Current action in this area is described in the papers on rapprochement (EUR/RC43/Inf.Doc./2) and on EUROHEALTH (EUR/RC43/14) submitted to the forty-third session of the Regional Committee. These papers should also be considered in the light of the Ad Hoc Committee's report to the forty-second session of the Regional Committee. The Ad Hoc Committee, taking the disparity between regional needs and the resources available to the Regional Office as one of its points of departure, had stressed the importance of collaboration in the health field.

With regard to collaboration with other organizations on operational matters, the practical possibilities will become clearer as consultations proceed with potential partners under the rapprochement strategy. These possibilities are explored both in the secretariat paper (document EUR/RC43/Inf.Doc./2) and in the report of the Interim Standing Committee (document EUR/RC43/2). It must, however, be said again here that the establishment by headquarters of a WHO Office in Brussels, and the development of a regional strategy for rapprochement with European integrational organizations, has brought the issue of the Regional Office's relationship with these integrational organizations into sharp relief. In matters European, the Regional Office should clearly have direct responsibility to act on behalf of the Organization in negotiations with other European integrational organizations and with global intergovernmental organizations as regards their activities in Europe.

The Regional Office looks forward to developing and sustaining collaboration at country level with other United Nations offices being established in newly independent states.

(e) Staff competence and patterns of staffing

Comment: In the interests of creating and sustaining competence, the Office runs an active programme of staff development and training, which lays stress on the development of team and organizational skills and on training in project management. However, essential as training is, the prime thrust of staff policy is to maintain a nucleus of highly qualified staff working together to give coherence and continuity to the Regional Office.
An overview of the present professional staffing pattern of the Office shows a nucleus of public health generalists, a number of specialists recruited for essential expertise related to the regional health for all policy and programme, a number of short-term professionals and consultants, some professionals on secondment from posts in their own countries, and a number of other persons used as consultants or temporary advisers for short periods and/or specific purposes. This pattern has been adopted and adapted to meet the evolving needs of the Office and the pressures upon it. It will, therefore, be evident that staffing policy and the pattern of staffing in the Regional Office are kept under regular review.

In view of the importance which is now being attached to more flexible staffing, careful consideration should be given to developing attractive offers for short tenure positions or short-term consultancies for specific projects or assignments.

The use of recently retired persons as short-term consultants or temporary advisers is another appropriate strategy which the Office already uses; this has the attraction that such persons have the requisite competence but have no expectation of longer-term employment.

A more systematic (but not mechanistic) policy of staff rotation in and out of the Regional Office from other parts of the Organization (and also from Member States on secondment) would be beneficial to the Office. Recruitment from other United Nations agencies is also generally valuable in this respect. It is agreed that in order to strengthen the global character of WHO a somewhat higher proportion of Regional Office staff should in future come from outside the Region.

A rotation policy should be Organization-wide and not confined to recruiting from Regional Offices to headquarters (which has been the trend in recent times). An essential precondition would be for the reward system of the Organization to make such a policy feasible (which it does not at present); in fact, a thorough analysis of grading levels and reward systems might well conclude that one which sees professional staff at country, regional and headquarters levels as a partnership of equals, rather than a hierarchical ladder, would be very profitable for the overall function of WHO.

(f) Nomination and terms of office of the Director-General and Regional Directors

Comment: The WHO European Regional Organization has already broadened and enhanced the objectivity of the selection process for the Regional Director to ensure that each nomination leads to the selection of the candidate "best for the job". Ensuring strong candidates and an objective selection process at the end of each term is perhaps a more fundamental way of approaching the problem than a mechanistic concentration on the duration and number of terms of office. The methods used by the Regional Office – criteria of expected quality of skills and performance and a regional search committee – have been commended by the Executive Board.
(g) Conclusions

Improvement in the cohesion and ultimately the efficiency of the Organization will come not from radical change to its formal management structure, but from strengthening mechanisms to promote dialogue and consensus between the various levels of the Organization, making a clear-cut distribution of work among the various levels in terms of their mandatory duties and what is expected of them and sharing out the budget of the Organization in a way that adequately reflects that principle. In practice, this implies strengthening the regional organizations and their country offices to ensure that they can give proper support to countries, and assigning higher budget allocations to the regions in general, and to the European Region in particular to allow it to support countries of central and eastern Europe and newly independent states.

Staff competence throughout the Organization depends on good training, and, no less, on sound policies of staff recruitment and retention, which should include more rotation of staff throughout the Organization.

KEY POLICY QUESTIONS

20. (1) Given the decentralization built into the Constitution and embedded in the culture of the Organization, does the Regional Committee accept:

   – that any changes which would significantly change the balance of powers within the Organization must be justified in terms of being necessary and essential to the proper functioning of the Organization;
   – that there is a need to strengthen the regional and country levels of WHO; and
   – that any new organizational and management arrangements which emerge from the present reform process must satisfy the particular needs and circumstances of this Region?

(2) Does the Regional Committee accept in particular the need to strengthen means and channels for promoting dialogue and consensus between the various levels of the Organization?

(3) Does the Regional Committee endorse proposals for closer working relationships between the Standing Committee and the Regional Office secretariat on the one hand and the European Executive Board members on the other as part of the wider process of strengthening the relationship between the Executive Board and the Regional Committee?

(4) Does the Regional Committee accept that the recommendations of the Working Group call for reinforcement of the approaches being adopted in the Region in the wake of the Ad Hoc Committee report, resolution EUR/RC42/R5, and the
Interim Standing Committee report, and that this deserves careful continuing consideration by the Regional Committee and the Standing Committee?