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Organisation mondiale de la Santé**

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WHO reform

WHO country offices

Report by the Director-General

In April 1993 the report of the Executive Board's Working Group on the WHO Response to Global Change¹ made recommendations relating to the functioning of the Organization, and reviewed the functions of WHO country offices and the responsibilities of WHO Representatives. In response to these recommendations, WHO introduced many wide-ranging changes in its managerial processes in order to make its work more relevant and effective. The Organization also established a development team on the future role of WHO at country level. The team's report was submitted to the Executive Board at its ninety-sixth session and a revised version with recommendations was subsequently presented at the ninety-seventh session.²

Reports were made on progress to date to the ninety-eighth, ninety-ninth and 100th sessions of the Executive Board.³ This report addresses point (1) in the last of these reports and responds to the concern of the Executive Board, as expressed in the summary record of the first meeting at its 100th session,⁴ on point (1): "Development of criteria for establishing a WHO country office emphasizing the priority placed on countries in greatest need".

The most appropriate mechanisms for WHO representation and coordination at country level, are considered according to the economic development and health status of the Member States and the allocation of resources under the regular budget in the WHO regions. The report also considers how the functions could be improved while scarce resources are concentrated in the countries in greatest need.

¹ See document EB92/1993/REC/1.

² See documents EB96/7 and EB97/5.

³ See documents EB98/1996/REC/1, Annex 1, EB99/15 and EB100/3.

⁴ See document EB100/1997/REC/1, p. 38.

1. This report attempts to answer the following questions:

- How might Member States be grouped according to their economic and health needs?
- How might countries in greatest need be given higher priority in their regions?

PRESENT SITUATION, BY WHO REGION

2. Information on current WHO representation in Member States, including basic health and economic indicators, and funding under the regular budget for the 1996-1997 biennium, is given in Annex 1. This information is summarized in Table 1 below.

TABLE 1. INFORMATION ON MEMBER STATES, BY WHO REGION

WHO region	Number of Member States	Number with country office	Number with liaison office	Average allocation per country ^a (US\$ millions)	Countries with US\$ 2 million or more ^a
Africa	46 ^b	41 (89%)	5 (11%)	1.87	19 (41%)
The Americas	35 ^b	27 (77%)	0 (0%)	1.02	4 (11%)
South-East Asia	10	9 (90%)	0 (0%)	7.18	8 (80%)
Europe	51	1 (2%)	25 (50%)	0.04	0 (0%)
Eastern Mediterranean	22 ^b	16 (73%)	0 (0%)	2.57	11 (50%)
Western Pacific	27 ^b	11 (41%)	4 (15%)	1.69	8 (30%)

^a Regular budgetary allocation, 1996-1997.

^b Territories not included.

3. There are some major differences between regions. For instance, in Africa and South-East Asia, nearly all countries have a WHO Representative and country office while the European Region has only one country office, with most countries represented by liaison offices. South-East Asia has the largest average regular budget allocation per country. Half or more countries in South-East Asia and the Eastern Mediterranean are allocated regular budget funds totalling at least US\$ 2 million per biennium, compared with only 41% in Africa, 11% in the Americas and none in Europe.

4. There are large variations between regions in the proportion of allocations for regional offices compared to intercountry and country-specific activities. The situation for the 1996-1997 biennium is summarized in Table 2 below.

TABLE 2. TOTAL REGIONAL ALLOCATIONS OF REGULAR BUDGET FUNDS FOR 1996-1997 AND THE PERCENTAGE SPENT ON REGIONAL OFFICES, INTERCOUNTRY ACTIVITIES AND IN COUNTRIES

WHO region	Number of Member States	Total regional budget allocation (US\$ 000)	Regional office (%)	Intercountry activities (%)	Total for countries (%)
Africa	46	154 310	20.40	19.83	59.77
The Americas	35	79 794	10.02	38.70	51.27
South-East Asia	10	96 220	8.86	15.98	75.14
Europe	51	50 837	40.45	51.65	7.89
Eastern Mediterranean	22	86 258	16.61	17.41	65.96
Western Pacific	27	76 709	16.50	26.34	57.05

5. All WHO regions, except Europe, allocate more than 50% of regular budget funds to countries and one region (South-East Asia) allocates more than 75%. Between 15% and 20% of regular budgetary funds are allocated to intercountry activities in three regions (Africa, South-East Asia and Eastern Mediterranean) and 26%, 38% and 52% in the Western Pacific, the Americas and Europe, respectively. Regional funds represent less than 20% in all regions except Europe (40%).

STRENGTHENING WHO REPRESENTATION AND TECHNICAL COOPERATION AT COUNTRY LEVEL

6. The Report on WHO reform and the response to global change - role of WHO country offices¹ noted that there is a dual role for the WHO Representative and country office. The WHO Representative should first promote the policies, strategies and programmes of the Organization itself and, secondly, cooperate with national governments in the formulation of health policy, establishment of priority objectives and in programme development and implementation. These two main groups of functions are referred to here as WHO representation and technical cooperation, respectively. This distinction is important because as countries advance and become more self-sufficient, the need for representational functions might persist whereas technical cooperation should become less necessary.

7. It is widely agreed that strengthening WHO's representation and technical cooperation at country level, including the role of the WHO Representative and country office is crucial to the enhancement of WHO action in support of national health development, particularly in developing countries. It is also generally agreed that more support and technical cooperation activities should be directed to meeting the needs of the least developed countries. The challenge facing WHO is, therefore, how to do this at a time when WHO's own resources are severely constrained.

8. As additional resources are unlikely to be forthcoming, the Organization has two main strategies. The first requires WHO to examine and adjust its present method of allocation of total resources, including those retained at the global level, so that the regions and countries that have the highest priority and greatest needs are favoured, taking into account the health needs, economic development and population size of the countries in

¹ See document EB97/5.

each region. This option is a part of the Executive Board's initiative being studied by the special group for the review of the constitution, and thus does not fall within the scope of this report. However, the implications of this approach have been taken into consideration. This report concentrates on the second possibility, which is for the Organization and its regional offices to establish priorities according to the needs of the countries within each WHO region and then for each region gradually to plan for the reallocation of its resources to countries accordingly, and thus ensure that countries in greatest need receive more support.

MECHANISMS FOR ADJUSTING WHO REPRESENTATION AT COUNTRY LEVEL

9. The ultimate objective of WHO representation and technical cooperation activities is to enable Member States to develop their national capacity for health service delivery and effective participation in debates of significance to global health. This development would be a strong and positive sign that a country's capacity had improved.

10. Economically more successful developing countries should be encouraged to meet the costs, either partially or in full, of their own WHO country office or representation in the interests of greater equity so that resources may be reallocated in support of those countries in greater need, particularly those within the same WHO region.

11. There are various ways in which the Organization's activities can be represented and coordinated at country level. The two main options at present are the WHO Representative and country office, or, no actual representation, as is the case in developed countries. However, other mechanisms could be more widely utilized, such as shared representation, liaison offices, and the appointment of a special representative. As health and economic status improves in some developing countries, the need for technical cooperation should decrease. Countries should no longer require the presence of a WHO country office: both representation and management of technical cooperation could be achieved by other mechanisms. Such mechanisms are described, together with country criteria, in Table 3 (see paragraphs 17-19 for discussion of country criteria).

WHO COORDINATION AND THE RECENT UNITED NATIONS REFORM PROPOSALS

12. Any attempt to strengthen the WHO Representative's office must take into account the current United Nations reform where it affects all agencies of the United Nations development system at the country level, and particularly the United Nations Secretary-General's proposal to establish an integrated and unified United Nations presence at country level as a basis for a common United Nations development assistance framework. This common framework will also take into account the follow-up of international conferences throughout the United Nations system. It is therefore important that WHO technical expertise in the health field should be integrated into the framework.

13. The United Nations Secretary-General has also proposed the establishment of a "United Nations House" regrouping all United Nations entities at country level operating from common premises under the leadership of the Resident Coordinator. In January 1997, the Executive Board adopted resolution EB99.R13 which requested the Director-General, with regard to multilateral coordination:

to seek, taking into account WHO's comparative advantage as the leader in global health, and with a view to making savings through the elimination of duplication and overlapping, maximum coordination with other United Nations and multilateral bodies, including exploration of greater use of common services and premises where appropriate.

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TABLE 3. PROPOSED MECHANISMS FOR WHO COORDINATION AT COUNTRY LEVEL

WHO coordination	Main functions	Level of resources	Country criteria	Proposed financing
Large WHO country office	WHO Representative responsible for large WHO country office and a sizeable technical cooperation programme. Strong requirement for coordination with the United Nations and other development agencies. Need for advisory role in health sector reforms and intersectoral issues for health.	WHO Representative and country office will have good level of managerial support, presence of international staff and considerable need for international expertise and consultants.	<ol style="list-style-type: none"> 1. Country size, pop. >300 000 2. GNP/capita < US\$ 765 3. IMR > 100/1000 4. Group 1, maybe Group 2 	WHO regular budget and extrabudgetary funds.
Limited WHO country office	WHO Representative responsible for small WHO country office. Strong advisory role for health policy and planning, including health sector reforms, together with relatively small technical cooperation programme. Support needed in exchange of international information and experience.	Besides WHO Representative, low level of managerial support, few other international staff, greater reliance on national capacity and expertise.	<ol style="list-style-type: none"> 1. Country size, pop. > 300 000 2. GNP/capita < US\$ 2000 3. IMR > 50/1000 4. Group 2, maybe Group 1 	WHO regular budget and extrabudgetary funds. Possibility of sharing some country costs.
Shared WHO country office	WHO Representative responsible for coordinating activities in several low population countries. Small technical cooperation programme of country and intercountry activities, needing some short-term international expertise.	WHO Representative or international liaison officer, low level of managerial support and reliance on local intercountry exchange of skills and experience. Some international expertise required.	<ol style="list-style-type: none"> 1. Country size, pop. < 300 000 2. GNP/capita < US\$ 2000 3. IMR > 50/1000 4. Small nations and island States 	WHO regular budget and extrabudgetary funds.
WHO Liaison country office	Office that facilitates exchange of international norms, guidelines and transfer of experience, including WHO regional and global policies. Appropriate in countries with reasonable levels of national capacity and expertise.	National professional officer, low level of office support, funds for international travel. Considerable reliance on short-term consultants. Office is probably time-limited in many countries.	<ol style="list-style-type: none"> 1. Country size, pop. - any size 2. GNP/capita > US\$ 2000 3. IMR > 20/1000 4. Countries under stress and/or in economic transition 	Sharing of costs between WHO, United Nations or other agencies should be considered. Suitable for phased handover of responsibility to national government.
WHO coordination by Member State	Global level coordination with WHO governing bodies and programmes by ministries of health.	Government officers, with some delegation possible to universities and other national institutions.	<ol style="list-style-type: none"> 1. Country size, pop. - any size 2. GNP/capita > US\$ 2000 3. IMR < 50/1000 4. Good level of national capacity 	Government of Member State.
WHO coordination by special representative	Coordination of WHO responsibilities for a country or set of activities, commonly for emergency and humanitarian action. Strong coordination with United Nations agencies needed. Requirement is time-limited.	Variable functions. Well qualified international staff required. Authority to bypass managerial procedures often needed. Rapid mobilization of resources needed.	<ol style="list-style-type: none"> 1. Acceptance by appropriate national authority 2. No necessary development or health status criteria 3. WHO global level commitment 	Variable sources, may be designated to WHO for Emergency humanitarian assistance by United Nations organizations, bilateral aid agencies or other donor agencies.

It is in this regard that WHO closely monitors the United Nations reform so that appropriate action can be taken in close consultation, also with the governments concerned. WHO's participation in the United Nations development assistance framework exercise, being conducted on a pilot basis in 11 countries, will enhance the Organization's leadership role in the field of health at country level.

WHO BUDGETARY ALLOCATION TO COVER THE COSTS OF WHO COUNTRY OFFICES

14. At present such costs are covered by WHO regular country budget allocations, specifically under technical cooperation with countries. Such allocations also cover country needs analysis and all other activities for the development of WHO support to countries, as well as technical cooperation among developing countries. The current budgetary presentation makes it impossible to distinguish between funds for representational activities and those for technical cooperation, or to differentiate between administrative and technical costs. The WHO activity management system will be operational at country level in 1999 and may result in a clearer presentation. It is important to note, however, that the role of the WHO Representative is technical rather than administrative, and his or her technical knowledge can have a significant impact on policy and planning within a country.

15. It is meanwhile proposed to separate the cost of WHO country offices from country budgets while keeping it under the full authority of the regional office. Changes in the level or nature of country representation should not necessarily entail additional or reduced country funding for the Member State concerned, but could affect the funding available at regional level for possible redistribution to other countries.

16. If a Member State favours the status quo despite a request from the regional office to make the WHO country office a liaison office, or to give the Member State responsibility for coordination, the related costs, subject to negotiation with the governments should be borne by the country from its national budget under a trust fund arrangement. Principles for such arrangements, once agreed, should be established and applied at regional level.

SUGGESTED GROUPING OF MEMBER STATES ACCORDING TO ECONOMIC AND HEALTH STATUS

17. Member States may be classified in four broad groups according to a pragmatic assessment of their economic and health status, not counting countries which have priority needs because of their special circumstances.

18. A wide range of possible indicators are available for such a classification, as, for example, those shown in Annex 1. More qualitative information on, for example, emergencies, considerations of equity, absorptive capacity, should then be used for adjustments for particular countries.

19. The World Bank classification is largely based on the gross national product per capita (GNP) and the human development index (HDI) proposed by UNDP, incorporating GNP, life expectancy at birth, a composite value for adult literacy and school attendance, and - for the purpose of grouping countries in order to determine the type of WHO representation - infant mortality rate. Table 4 below shows ranges for these indicators that could be used to determine the four groups of countries. However, it must be emphasized that these ranges are to be used flexibly for guidance only when grouping countries.

TABLE 4. POSSIBLE INDICATORS FOR CLASSIFYING COUNTRIES
(World Bank GNP figures for 1997)

Country group	GNP per capita (US\$)	Human development index	Infant mortality rate (per 1000)	Life expectancy (years)	Immunization coverage (%)
Group 1	<765	0.000-0.699	>100	<55	< 60
Group 2	765-1999	0.700-0.799	50-99	<60	60-69
Group 3	2000-9385	0.800-0.899	20-49	60-69	>70
Group 4	>9386	0.900-0.999	<20	>70	>80

ASSESSMENT OF COUNTRY STATUS AND COUNTRIES' NEED FOR WHO REPRESENTATION

20. The foregoing economic and health indicators have been used to group the Member States in each WHO region into the above four categories. The distribution of countries by gross national product, human development index and infant mortality rate, and the type of country representation are shown in Annex 2. Since total population size is an important factor, all countries with total populations below 300 000 are shown in italics, while those with 75 million or more are shown in bold.

21. Although each region has a range of countries in the four groups, the regions also have their own specific patterns. For instance, the great majority of countries in the African Region fall into the poorest group, whatever indicators are used; the Region of the Americas ranges from poor to rich countries; the South-East Asia Region has several large but poor countries with a marginally better health status than their level of economic development might suggest; the European Region has a large number of poor, newly independent States; the Eastern Mediterranean Region is very diverse in terms of wealth; and the Western Pacific Region has many poor but low-population countries. Strikingly each region has countries which have recently experienced marked economic development, most of which now fall into groups 3 or 4.

22. This analysis also reveals that there is a number of countries in each WHO region (particularly some of those in group 3) where the level of WHO coordination could be modified by making greater use of alternative and less costly arrangements.

23. These findings demonstrate a clear need to review the level of WHO presence in each country, and establish a common assessment framework between WHO regions, with a fixed schedule for reassessing the situation and guidelines that would encourage the use of other mechanisms for WHO coordination at country level.

ACTION BY THE EXECUTIVE BOARD

24. The Board may wish to recommend the following:

- (1) Regional Directors should consult their regional committees with a view to classifying countries in four groups according to the level of economic development and health status and determining whether the type of WHO representation in each country is appropriate.

- (2) Regional Directors and regional committees to examine the possibility of modifying the representation in some of their wealthier countries in order to reallocate more support to countries in greater need.
- (3) Regional committees to report to the Director-General on their progress in redefining representation, according to the need at different levels, and on the possibility of planning reallocation of resources.
- (4) The Director-General should examine the feasibility and advantages of transferring to the regional budget the costs at present forming part of the country budget allocations under technical support.
- (5) The Director-General should develop guidelines for Member States with a strong national capacity to assume greater responsibility for coordinating their own relations with the Organization, and should determine the appropriate functions.

ANNEX 1

Trial application of criteria for establishing WHO representation, by region

Key to shading

Population		> 50 million	20-50 million		Pop LE	5-20 million	Pop LE	< 5 million	
Life Expectancy (LE)		< 55 years	55-59		IMR	60-69	LE	> 70 years	
Infant Mortality Rate		> 100/1000	50-99		GNP/cap	20-49	IMR	< 20/1000	
GNP/capita		< US\$ 765	US\$ 765-US\$ 2000		HDI	US\$ 2000-US\$ 9385	GNP/cap	> US\$ 9385	
HDI		< 0.5	0.5 - 0.69		Regular budget	0.7 - 0.79	HDI	> 0.8	
WHO Regular budget		> US\$ 2 million	US\$ 1-2 million		Regular budget	US\$ 200 000-1 million	Regular budget	< US\$ 200 000	
Countries and areas	Current WHO representation	Group based on the indicators	Modification suggested by the indicators	Population (thousands) 1997	Life expectancy 1995	Infant mortality rate 1995	Gross national product (GNP) per capita (US\$) 1995	Human development index (HDI)	WHO regular budget 1996-1997 <i>(Not used as indicator, but presented for information)</i>
AFRICA									
Algeria	LO/N	3	=		67.8	49		0.737	
Angola	WR	1	=	11 569	47.2	125	410	0.335	2 295 200
Benin	WR	2	=	5 720	54.4		370	0.368	
Botswana	WR	2	=	1 518	52.3		3 422		
Burkina Faso	WR	1	=	11 087	46.4	100	230	0.221	2 275 400
Burundi	WR	1	=	6 390	43.5	119	160	0.247	2 343 200
Cameroon	WR	2	=	13 937			650	0.468	
Cape Verde	WR	2	←	406	65.3	43			
Central African Rep.	WR	2	=	3 416	48.3		340	0.355	2 240 100
Chad	WR	1	=	6 702	47	119	180	0.288	2 358 700
Comoros	WR	2	=	651			470	0.412	2 069 600
Congo	WR	2	=	2 745	51.3		680		
Côte d'Ivoire	WR	2	=	14 300	52.1		660	0.368	
Equatorial Guinea	WR	1	=	420	48.8	112	380	0.462	
Eritrea	WR	1	=	3 409	50.1	102	100	0.269	
Ethiopia	WR	1	=	60 148	48.2	113	100	0.244	3 712 700
Gabon	WR	2	←	1 138	54.1		3 490		
Gambia	WR	1	=	1 169	45.6	127	320	0.281	
Ghana	WR	2	=	10 330			390	0.468	
Guinea	WR	1	=	7 614	45.1	129	550	0.271	2 366 000
Guinea-Bissau	WR	1	=	1 112	43.2	137	250	0.291	
Kenya	WR	2	=		53.6		280	0.463	2 032 100
Lesotho	WR	2	=	2 131				0.457	2 054 100
Liberia	WR	1	=	2 467	51.5	187	450	0.336	2 227 600
Madagascar	WR	2	=	15 845			230	0.350	
Malawi	WR	1	=	10 096	41.1	146	170	0.320	
Mali	WR	1	=	11 400	46.6	154	250	0.229	2 617 600
Mauritania	WR	2	=	2 392	52.1		460	0.355	2 088 200
Mauritius	LO/N	3	←	1 141	70.7	17	3 380	0.831	
Mozambique	WR	1	=	18 265	46	115	80	0.281	2 334 800
Namibia	WR	2	←	1 613			2 000		
Niger	WR	1	=	9 780	47.1	119	220	0.206	2 641 600
Nigeria	WR	1	=	118 369	51	13	260	0.393	3 554 800
Reunion		4	=	655	73.3	8	9 903	0.900	195 600
Rwanda	WR	1	=	5 883	47	135	180	0.187	2 576 100
Sao Tome & Principe	LO/I	2	←	138	67		350		
Senegal	WR	2	=	8 762	49.9		600	0.326	2 743 000
Seychelles	LO/N	3	←	75	72	13	6 620	0.845	133 000
Sierra Leone	WR	1	=	4 428	33.6	186	180	0.176	2 856 000
South Africa	LO/N	3	=	32 222	63.7	50	3 160	0.716	3 362 600
St Helena		3	=	6	68	13	5 000	0.800	143 600
Swaziland	WR	2	=	906					3 471 400
Togo	WR	2	=	4 317	50.6		310	0.365	2 510 000
Uganda	WR	1	=		40.2	118	240	0.328	2 294 200
United Rep. Tanzania	WR	2	=		50.3		120	0.357	2 194 500
Zaire	WR	2	=		52.2		120	0.381	2 526 000
Zambia	WR	1	=	8 478	42.6	108	400	0.369	2 646 800
Zimbabwe	WR	2	=	11 682	49		540	0.311	2 585 400

Italics: Population < 300 000

Bold: Population > 75 million

LO/N: WHO liaison officer/national

LO/I: WHO liaison officer/international

WR: WHO representative

Key to shading

Population		> 50 million	20-50 million	Pop LE	5-20 million	Pop LE	< 5 million		
Life Expectancy (LE)		< 55 years	55-59	60-69	> 70 years				
Infant Mortality Rate		> 100/1000	50-99	20-49	< 20/1000				
GNP/capita		< US\$ 765	US\$ 765-US\$ 2000	US\$ 2000-US\$ 9385	> US\$ 9385				
HDI		< 0.5	0.5 - 0.69	0.7 - 0.79	> 0.8				
WHO Regular budget		> US\$ 2 million	US\$ 1-2 million	Regular budget	US\$ 200 000-1 million	Regular budget	< US\$ 200 000		
Countries and areas	Current WHO representation	Group based on the indicators	Modification by the indicators	Population (thousands) 1997	Life expectancy 1995	Infant mortality rate 1995	Gross national product (GNP) per capita (US\$) 1995	Human development index (HDI)	WHO regular budget 1996-1997 (Not used as indicator, but presented for information)
THE AMERICAS									
<i>Antigua & Barbuda</i>		3		67	74	20	5 900	0.892	18 100
Argentina	WR	3	↓	35 511	72.4	23	8 030	0.884	
Bahamas	WR	4	↓	288	72.9	14	11 940	0.894	715 400
Barbados	WR	4	↓	262	75.9	9	6 360	0.907	469 300
Belize	WR	3	↓	224	74	31	2 430	0.806	520 200
Bolivia	WR	2	=	7 774	68.1				
Brazil	WR	3	↓	163 132	66.4	45	3 640	0.723	4 437 500
Canada	LO/N	4	↓	30 731	79	6	19 380	0.960	62 400
Chile	WR	3	↓	14 625	75.1	13	4 180	0.891	
Colombia	WR	3	↓	31 043	70.1	25		0.848	1 743 000
Costa Rica	WR	3	↓	3 575	76.6	13	2 610	0.889	
Cuba	WR	3	↓	11 068	75.6	9	2 000	0.723	
<i>Dominica</i>		3		71	72	17	2 900	0.873	23 200
Dominican Republic	WR	3	↓	8 097	70	37		0.710	
Ecuador	WR	3	↓	11 937	69.3	47		0.715	1 414 700
El Salvador	WR	2	=	5 928	69.3	41			
<i>French Guiana</i>		2		159	73	25	6 500		176 800
<i>Grenada</i>		3		93	72	29	2 900	0.843	
Guatemala	WR	2	↓	11 243	65.6	44			
Guyana	WR	2	=	847	63.2		500		
Haiti	WR	2	=	7 395	54.1		250	0.338	
Honduras	WR	2	=	5 981	68.4	39	600		991 200
Jamaica	WR	3	↓	2 515	73.9	13		0.730	
Mexico	WR	3	↓	94 281	72	32	3 320	0.853	
<i>Netherlands Antilles</i>		3		194	76.4	38	3 000	0.829	163 200
Nicaragua	WR	2	=	4 351	67.3	48	380		
Panama	WR	3	↓	2 722	73.2	23	2 700	0.864	
Paraguay	WR	3	↓	5 068	68.8	41		0.706	963 000
Peru	WR	3	↓	24 907	67.4	50	2 510	0.711	
Puerto Rico	LO/N	3	=	3 701	76.5	10	7 000	0.829	
<i>St Kitts & Nevis</i>		3		41	69	31	5 170	0.853	120 800
<i>St Lucia</i>		3		146	71	17	3 370	0.838	148 500
<i>St Vincent & the Gren.</i>		3		114	72	19	2 200	0.836	20 500
Suriname	WR	3	↓	437	70.7	26		0.792	493 000
Trinidad & Tobago	WR	3	↓	1 307	72.9	15	3 770	0.880	1 317 000
<i>Turks & Caicos Islands</i>		3		15	75	25	2 000	0.829	12 500
United States of America		4		271 648	76.2	8	26 980	0.942	122 700
Uruguay	WR	3	↓	3 221	72.6	18	5 170	0.883	116 300
Venezuela	WR	3	↓	21 777	72.1	22	3 020	0.861	1 353 700

Italics: Population < 300 000
Bold: Population > 75 million

LO/N: WHO liaison officer/national
 LO/I: WHO liaison officer/international
 WR: WHO representative

Key to shading

Population		> 50 million		20-50 million	Pop LE	5-20 million	Pop LE	< 5 million	
Life Expectancy (LE)		< 55 years		55-59	ISM	60-69	Pop LE	> 70 years	
Infant Mortality Rate		> 100/1000		50-99	GNP/cap	20-49	IMR	< 20/1000	
GNP/capita		< US\$ 765		US\$ 765-US\$ 2000	HDI	US\$ 2000-US\$ 9385	GNP/cap	> US\$ 9385	
HDI		< 0.5		0.5 - 0.69		0.7 - 0.79	HDI	> 0.8	
WHO Regular budget		> US\$ 2 million		US\$ 1-2 million	Regular budget	US\$ 200 000-1 million	Regular budget	< US\$ 200 000	
Countries and areas	Current WHO representation	Group based on the indicators	Modification suggested by the indicators	Population (thousands) 1997	Life expectancy 1995	Infant mortality rate 1995	Gross national product (GNP) per capita (US\$) 1995	Human development index (HDI)	WHO regular budget 1996-1997 (Not used as indicator, but presented for information)
SOUTH-EAST ASIA									
Bangladesh	WR	1	=	122 013			240	0.368	11 183 600
Bhutan	WR	1	=	1 862	51.5	110	420	0.338	2 184 000
Democratic Rep. Korea		3	↑		71.4	23		0.714	3 262 500
India	WR	1	=	960 178	61.3		340	0.446	15 972 500
Indonesia	WR	1	=	203 480	63.5				11 506 200
Maldive	WR	2	↓	273	62.8				2 079 800
Myanmar	WR	2	=				190	0.475	7 317 300
Nepal	WR	2	=				200	0.347	8 493 700
Sri Lanka	WR	3	↓	18 273	72.2	16	700	0.711	5 599 000
Thailand	WR	3	↓	59 159	69.5	30	2 746	0.833	6 433 900
EUROPE									
Albania	LO/N	3	=	3 422	70.5	32	670		135 200
Andorra		4		74	78	7	15 000	0.934	
Armenia	LO/N	3	=	3 642	70.8	28	730		135 300
Austria		4		8 161	76.6	7	26 890	0.932	
Azerbaijan	LO/N	3	=	7 655	71	33	480		135 300
Belarus	LO/N	3	=	10 339	69.2	15	2 676	0.806	135 100
Belgium		4		10 189	76.8	7	24 710	0.932	
Bosnia & Herzegovina	LO/N	3	=	3 784	73.2	14	2 723	0.766	135 200
Bulgaria	LO/N	3	=	8 427	71.1	16	1 530	0.788	52 000
Croatia	LO/N	3	=	4 498	71.3	10	3 256	0.768	135 200
Czech Republic	LO/N	3	=	10 237	72.2	9	3 878	0.882	51 900
Denmark		4		5 248	75.2	7	29 890	0.927	
Estonia	LO/N	3	=	1 455	69.2	14	2 866	0.776	52 000
Finland		4		5 143	76.3	5	20 580	0.940	
France		4		58 542	78.6	7	24 990	0.946	
Georgia	LO/N	3	=	4 333	73.1	23	440		135 100
Germany		4		82 190	76.3	6	27 510	0.924	
Greece		4		10 523	77.8	8	4 216	0.923	
Hungary	LO/N	3	=	9 998	68.8	13	4 120	0.857	52 000
Iceland		4		275	79.1	5	24 950	0.942	
Ireland		4		3 599	76.3	6	14 710	0.929	
Israel		4		5 781	77.5	8	15 920	0.913	26 000
Italy		4		57 241	77.8	7	19 020	0.921	
Kazakhstan	LO/N	3	=	16 832	67.5	35	1 330	0.789	135 100
Kyrgyzstan	LO/N	3	=	3 381	67.8	39	700	0.789	135 100
Latvia	LO/N	3	=	2 474	67.9	16	2 270	0.711	52 000
Lithuania	LO/N	3	=	3 719	70.1	14	1 890	0.762	51 900
Luxembourg		4		417	75.9	6	41 210	0.899	
Macedonia	LO/N	3	=	2 190	71.7	24	260	0.749	187 200
Malta		3		371	76.4	9	7 970	0.887	26 000
Monaco		4		32	78	2	50 000	0.946	
Netherlands		4		15 663	77.3	6	24 000	0.940	

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Bold: Population > 75 million

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WR: WHO representative

Key to shading

		Population > 50 million	20-50 million	Pop LE 55-59	5-20 million	Pop LE 60-69	< 5 million		
		Life Expectancy (LE) < 55 years	55-59	IMR > 100/1000	60-69	IMR > 70 years	< 20/1000		
		Infant Mortality Rate > 100/1000	50-99	GNP/cap < US\$ 765	20-49	GNP/cap > US\$ 985	> US\$ 985		
		GNP/cap < US\$ 765	US\$ 765-US\$ 2000	HDI < 0.5	US\$ 2000-US\$ 9385	HDI > 0.7	> 0.8		
		WHO Regular budget > US\$ 2 million	US\$ 1-2 million	Regular budget	US\$ 200 000-1 million	Regular budget	< US\$ 200 000		
Countries and areas	Current WHO representation	Group based on the indicators	Modification suggested by the indicators	Population (thousands) 1997	Life expectancy 1995	Infant mortality rate 1995	Gross national product (GNP) per capita (US\$) 1995	Human development index (HDI)	WHO regular budget 1996-1997 (<i>Not used as indicator but presented for information</i>)
Norway		4		25 270	77.5	5	31 250	0.943	
Poland	LON	3	=	29 630	71.2	13	2 790	0.834	52 000
Portugal		4		9 802	74.6	8	9 740	0.890	
Republic of Moldova	LON	3	=	4 448	67.7	26			135 200
Romania	LON	3	=	23 000	69.5	23		0.740	52 000
Russian Federation		3	↑	147 708	65.7	20	2 240	0.792	208 000
<i>San Marino</i>		4		26	78	7	9 500	0.921	
Slovakia	LON	3	=	5 355	78	13	2 950	0.873	52 000
Slovenia	LON	3	=	1 922	73.1	7	8 200	0.886	51 900
Spain		4		39 717	77.6	7	13 580	0.934	
Sweden		4		8 844	78.3	5	23 750	0.936	
Switzerland		4		7 276	78.1	5	40 630	0.930	
Tajikistan	LON	2	↑	6 046	66.8	56	340		135 300
Turkey	WR	3	↓	62 774	68.2	46	2 790	0.772	208 000
Turkmenistan	LON	3	↑	4 235	64.7	58		0.723	135 200
Ukraine	LON	3	↓	51 424	68.4	18	1 650	0.790	135 200
United Kingdom		4		58 200	76.7	6	18 700	0.931	
Uzbekistan	LON	3	=	23 656	67.5	42	270	0.805	135 200
Yugoslavia		3	↑	16 358	72.5	19	2 000	0.760	
EASTERN MEDITERRANEAN									
Afghanistan	WR	1	=	22 132	45.5	159	175	0.336	5 811 000
Bahrain		3		582	72	19	7 840	0.870	333 600
Cyprus		4		766	77.1	8	9 820	0.907	723 200
Djibouti	WR	1	=	634	48.8	110		0.319	5 811 000
Egypt	WR	2	=	64 485	64.3	61	3 820		3 944 100
Islamic Republic of Iran	WR	3	↓	71 518	68.2	41	2 200	0.700	3 295 700
Iraq	WR	1	=	21 127	57	122	3 610		2 323 800
Jordan	WR	3	↓	5 774	68.5	33	1 900	0.730	3 295 700
Kuwait	WR	4	↓	1 731	75.2	10	17 390	0.844	611 800
Lebanon	WR	3	↓	3 144	69	31	2 660	0.794	3 295 700
Libyan Arab Jamahiriya	LON	4	↓	5 784	63.8	62	5 310	0.801	3 295 700
Morocco	WR	2	=	27 518	65.3	56	1 310		3 417 800
Oman	WR	3	↓	2 401	70	27	4 820	0.710	3 295 700
Pakistan	WR	1	=	143 831	62.3	79	460	0.445	5 867 000
Palestinian Ter.		2	↑	2 450	71.3	72			3 295 700
Qatar		4		569	70.9	18	11 600	0.840	345 200
Saudi Arabia	WR	3	↓	19 494	70.3	26	7 040	0.774	3 295 700
Somalia	WR	1	=	16 217	49	117	10	0.336	4 957 500
Sudan	WR	2	=	27 899	51	79	540	0.333	6 102 000
Syrian Arab Republic	WR	3	↓	14 951	67.8	36		0.733	2 733 300
Tunisia		3	↑	9 326	68.4	40		0.748	2 209 400
United Arab Emirates		4		2 308	74.2	17	17 400	0.866	473 400
Yemen	WR	2	=	16 294	56.2	86	260	0.361	5 310 400

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Key to shading

Population		> 50 million	20-50 million	Pop LE	5-20 million	Pop LE	< 5 million		
Life Expectancy (LE)		< 55 years	55-59	IMR	60-69	IMR	> 70 years		
Infant Mortality Rate		> 100/1000	50-99	GNP/cap	20-49	GNP/cap	< 20/1000		
GNP/capita		< US\$ 765	US\$ 765-US\$ 2000	HDI	US\$ 2000-US\$ 9385	HDI	> US\$ 9385		
HDI		< 0.5	0.5 - 0.69	Regular budget	0.7 - 0.79	Regular budget	> 0.8		
WHO Regular budget		> US\$ 2 million	US\$ 1-2 million		US\$ 200 000-1 million		< US\$ 200 000		
Countries and areas	Current WHO representation	Group based on the indicators	Modification suggested by the indicators	Population (thousands) 1997	Life expectancy 1995	Infant mortality rate 1995	Gross national product (GNP) per capita (US\$) 1995	Human development index (HDI)	WHO regular budget 1996-1997 (Not used as indicator, but presented for information)
WESTERN PACIFIC									
<i>American Samoa</i>		3		58	72	13			118 800
Australia		4		18 456	78.1	6	18 720	0.931	81 300
Brunei		4		307	74.9	9	17 054	0.882	82 300
Cambodia	WR	1	=	10 816	52.4	109	270	0.348	2 536 600
China	WR	1	=	1243 738	68.9	41	620		8 311 600
<i>Cook Islands</i>	LO/N	3	=	20	69	14			492 400
<i>Cwth N. Mariana Is.</i>		4		49	68.1	5	17 459		100 000
Fiji	WR	3	↓	809	71.8	22	2 440	0.863	2 475 600
<i>French Polynesia</i>		4		227	70.8	10	14 770		92 700
Guam		3		156	74	10	9 173		91 700
Hong Kong		4		6 249	79	5	22 990	0.914	135 500
Japan		4		125 638	79.8	4	39 640	0.940	78 200
<i>Kiribati</i>	LO/N	2	↑	81	60.2				669 600
Lao People's Dem. Rep.	WR	2	=	5 194	51.7		350	0.459	2 334 700
Macao		4		451	77.6	8	17 164		67 700
Malaysia	WR	3	↓		71.2	12	3 990	0.832	
<i>Marshall Islands</i>		3		59	62.8	24			112 600
<i>Micronesia</i>		3		130	60	16			397 500
Mongolia	WR	2	=	2 568	64.4		310		3 425 700
<i>Nauru</i>	LO/N	3	=	11		26	4 978		104 200
<i>New Caledonia</i>		3		186	73.2	20	6 900		77 200
New Zealand		4		3 641	76.4	8	14 340	0.937	81 300
<i>Niue</i>		3		2	63	38	3 002		104 200
<i>Palau</i>	LO/N	3	=	17	67	20	4 358		119 800
Papua New Guinea	WR	2	=	4 500					3 672 500
Philippines	WR	3	↓	70 724	67	33			
Republic of Korea	WR	4	↓		71.5	10	9 700	0.890	2 211 000
<i>Samoa</i>	WR	2	↓	168	68.1		616		
Singapore	LO/N	4	↓	3 439	77.1	5	26 730	0.900	618 000
<i>Solomon Is.</i>	LO/N	2	↑	404	70.8	25			
<i>Tokelau</i>		3		2	67	19	3 358		104 200
<i>Tonga</i>	LO/N	3	=	99	69	14			
<i>Tuvalu</i>		3		10	63.6	16	100		104 200
<i>Vanuatu</i>	LO/N	2	↑	178	65.9	47			
Viet Nam	WR	1	=	76 548	64	40	240		5 910 000

Sources: World Bank World Development Indicators, 1997
 UNDP Human Development Report, 1997
 UN World Population Prospectus, 1996 Revision (forthcoming)
 WHO Data

Italics: Population < 300 000
Bold: Population > 75 million

LO/N: WHO liaison officer/national
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 WR: WHO representative

ANNEX 2

ECONOMIC INDICATORS: GNP PER CAPITA (1995)

Region	Group 1 countries <US\$ 765	Group 2 countries US\$ 765-1999	Group 3 countries US\$ 2000-9385	Group 4 countries >US\$ 9386
AFRICA	Angola* Benin* Burkina Faso* Burundi* Cameroon* Cape Verde* Central African Republic* Chad* Comoros* Congo* Côte d'Ivoire* Equatorial Guinea* Eritrea* Ethiopia* Gambia* Ghana* Guinea-Bissau* Guinea* Kenya* Lesotho* Liberia* Madagascar* Malawi* Mali* Mauritania* Mozambique* Niger* Nigeria* Rwanda* Sao Tome and Principe** Senegal* Sierra Leone* Togo* Uganda* United Republic of Tanzania* Zaire* ¹ Zambia* Zimbabwe*	Algeria** Swaziland*	Botswana* Gabon* Mauritius** Namibia* Seychelles** South Africa** St Helena	

Region	Group 1 countries <US\$ 765	Group 2 countries US\$ 765-1999	Group 3 countries US\$ 2000-9385	Group 4 countries >US\$ 9386
THE AMERICAS	Haiti* <i>French Guiana</i> Guyana Honduras* Nicaragua*	Bolivia* Colombia* Dominican Republic* Ecuador* El Salvador* Guatemala* Jamaica* Panama* Paraguay* Suriname*	<i>Antigua and Barbuda</i> Argentina* Barbados* Belize* Brazil* Chile* Costa Rica* Cuba* <i>Dominica</i> <i>Grenada</i> Mexico* <i>Netherlands Antilles</i> Peru* Puerto Rico** St Kitts and Nevis St Lucia St Vincent and the Grenadines Trinidad and Tobago* <i>Turks and Caicos Islands</i> Venezuela* Uruguay*	<i>Bahamas*</i> Canada** United States of America
SOUTH-EAST ASIA	Bangladesh* Bhutan* India* <i>Maldives*</i> Myanmar* Nepal* Sri Lanka*	Democratic Republic of Korea Indonesia*	Thailand*	
EUROPE	Albania** Armenia** Azerbaijan** Georgia** Kyrgystan** Tajikistan**	Bulgaria** Kazakstan** Lithuania** Macedonia** Moldova** Romania** Turkmenistan** Ukraine** Uzbekistan**	Belarus** Bosnia and Herzegovina* Croatia** Czech Republic** Estonia** Greece Hungary** Latvia** Malta Poland** Russian Federation Slovakia** Slovenia** Turkey* Yugoslavia**	<i>Andorra</i> Austria Belgium Denmark Finland France Germany Iceland Ireland Israel Italy Luxembourg <i>Monaco</i> Netherlands Norway Portugal <i>San Marino</i> Spain Sweden Switzerland United Kingdom of Great Britain and Northern Ireland

Region	Group 1 countries <US\$ 765	Group 2 countries US\$ 765-1999	Group 3 countries US\$ 2000-9385	Group 4 countries >US\$ 9386
EASTERN MEDITERRANEAN	Afghanistan* Djibouti* Pakistan* Somalia* Sudan* Yemen*	Jordan* Morocco* Syrian Arab Republic* Tunisia Palestinian Territories	Bahrain Egypt* Iran* Iraq* Lebanon* Oman* Libyan Arab Jamahiriya** Saudi Arabia*	Cyprus Kuwait Qatar United Arab Emirates
WESTERN PACIFIC	Cambodia* China* Lao People's Democratic Republic* Samoa* Vanuatu** Mongolia* <i>Tuvalu</i> Viet Nam*	<i>American Samoa</i> <i>Cook Islands**</i> <i>Kiribati**</i> <i>Marshall Islands</i> <i>Micronesia</i> <i>(Federated</i> <i>States of)</i> Papua New Guinea* Philippines* Solomon Islands** <i>Tonga**</i>	Fiji* Malaysia* <i>New Caledonia</i> <i>Nauru**</i> <i>Niue</i> <i>Palau**</i> <i>Tokelau</i>	Australia Brunei <i>Commonwealth of</i> <i>North Mariana</i> <i>Islands</i> <i>French Polynesia</i> <i>Guam</i> Hong Kong Japan Macao New Zealand Republic of Korea* Singapore**

¹ Now the Democratic Republic of the Congo.

* = WHO country office

** = WHO liaison office

Italics = <300 000

Bold = >75 million

COMBINED INDICATOR: HUMAN DEVELOPMENT INDEX

Region	Index 0.000-0.699	Index 0.700-0.799	Index 0.800-0.899	Index 0.900-0.999
AFRICA	Angola* Benin* Botswana* Burkina Faso* Burundi* Cameroon* Cape Verde* Central African Republic* Chad* Comoros* Congo* Côte d'Ivoire* Equatorial Guinea* Eritrea* Ethiopia* Gabon* Gambia* Ghana* Guinea-Bissau* Guinea* Kenya* Lesotho* Liberia* Madagascar* Malawi* Mali* Mauritania* Mozambique* Namibia* Niger* Nigeria* Rwanda* Sao Tome and Principe** Senegal* Sierra Leone* Swaziland* Togo* Uganda* United Republic of Tanzania* Zaire* ¹ Zambia* Zimbabwe*	Algeria** South Africa**	Mauritius** Seychelles** St Helena	

Region	Index 0.000-0.699	Index 0.700-0.799	Index 0.800-0.899	Index 0.900-0.999
THE AMERICAS	Bolivia* El Salvador* <i>French Guiana</i> Guatemala* Guyana* Haiti* Honduras* Nicaragua*	Brazil* Cuba* Dominican Republic* Ecuador* Jamaica* Paraguay* Peru* Suriname*	<i>Antigua and Barbuda</i> Argentina* <i>Bahamas*</i> <i>Barbados*</i> <i>Belize*</i> Chile* Colombia* Costa Rica* <i>Dominica</i> <i>Grenada</i> Mexico* <i>Netherlands Antilles</i> Panama* Puerto Rico** St Kitts and Nevis St Lucia St Vincent and the Grenadines Trinidad and Tobago* <i>Turks and Caicos Islands</i> Uruguay* Venezuela*	Canada** United States of America
SOUTH-EAST ASIA	Bangladesh* Bhutan* India* Indonesia* <i>Maldives*</i> Myanmar* Nepal*	Democratic Republic of Korea Sri Lanka*	Thailand*	
EUROPE	Albania** Armenia** Azerbaijan** Georgia** Kyrgystan** Moldova** Tajikistan** Ukraine** Uzbekistan**	Bulgaria** Bosnia and Herzegovina* Croatia** Estonia** Kazakstan** Latvia** Lithuania** Macedonia** Romania** Russian Federation Turkey* Turkmenistan** Yugoslavia**	Belarus** Czech Republic** Hungary** Luxembourg Malta Poland** Portugal Slovakia** Slovenia**	<i>Andorra</i> Austria Belgium Denmark Finland France Germany Greece Iceland Ireland Israel Italy <i>Monaco</i> Netherlands Norway <i>San Marino</i> Spain Sweden Switzerland United Kingdom of Great Britain and Northern Ireland

Region	Index 0.000-0.699	Index 0.700-0.799	Index 0.800-0.899	Index 0.900-0.999
EASTERN MEDITERRANEAN	Afghanistan* Djibouti* Egypt* Iraq* Morocco* Pakistan* Palestinian Territories Somalia* Sudan* Yemen*	Iran* Jordan* Lebanon* Oman Saudi Arabia* Syrian Arab Republic* Tunisia	Bahrain Kuwait Libyan Arab Jamahiriya** Qatar United Arab Emirates	Cyprus
WESTERN PACIFIC	<i>American Samoa</i> Cambodia* China* <i>Cook Islands</i> <i>Commonwealth of North Mariana Islands</i> <i>French Polynesia</i> Guam Kiribat** Lao People's Democratic Republic* <i>Macao</i> <i>Marshall Islands</i> <i>Micronesia (Federated States of)</i> Mongolia* Nauru** <i>New Caledonia</i> Niue** <i>Palau**</i> Papua New Guinea* Philippines* <i>Samoa*</i> Solomon Islands** <i>Tokelau</i> <i>Tonga**</i> <i>Tuvalu</i> Vanuatu** Viet Nam*		Brunei Fiji* Malaysia* Republic of Korea*	Australia Hong Kong Japan New Zealand Singapore**

¹ Now the Democratic Republic of the Congo.

* = WHO country office

** = WHO liaison office

Italics = <300 000

Bold = >75 million

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