7th Global Meeting
of Heads of WHO Offices in countries, territories and areas with the Director-General and Regional Directors

Geneva, 18-22 November 2013

REPORT SUMMARY
The Seventh Global Meeting of the Heads of WHO Offices in countries, territories and areas with the Director-General and Regional Directors was held at WHO headquarters in Geneva from 18 to 22 November 2013.

The meeting was attended by 252 participants, including the Deputy Director-General, Deputy Regional Directors, Directors of Programme Management, 146 Heads of WHO Offices in countries, territories and areas (HWOs), as well as Directors and other senior staff from regional offices and headquarters.

The overall objective of the meeting was to foster a deeper understanding of the key programmatic and managerial elements of the WHO reform, as well as their implications for the work of WHO at country level. The five topics of discussion were:

- Post-2015 development agenda
- Universal health coverage
- Noncommunicable diseases and mental health
- WHO reform at country level
- Managerial reform at country level: Internal Management Control Framework

The meeting consisted of video and animation presentations, plenary discussions and group work. HWOs were also given the opportunity to participate in lunchtime seminars and a series of learning opportunities. In addition, a number of independent side events were also convened.

**Summary of proceedings**

Dialogue and deliberations took place with a spirit of openness and transparency, providing an opportunity for colleagues from across the three levels of the Organization to discuss critical areas in the work of the Organization around the topics of the post-2015 development agenda, universal health coverage, noncommunicable disease and mental health, WHO reform at country level, and managerial reform at country level. A series of recommendations were formulated during the meeting which are listed below.

Discussions around the post-2015 development agenda were designed to foster a common understanding of the current state of the post-2015 process and promote discussions on how WHO should support Member States to position health within the set of post-2015 development goals, especially considering social determinants of health. HWOs stressed the need for regular and timely exchange of information and guidance on WHO's role and activities in the post-2015 development process, and on how to promote health and reach out to other sectors and partners from both governmental and non-state actors.

Regarding universal health coverage, HWOs engaged in a dialogue with the aim of better understanding the obstacles, gaps and needs faced by countries in moving towards UHC, and of identifying the concrete steps WHO should take to better support Member States in addressing those challenges. Through peer learning and group work, HWOs emphasized that UHC needs to be better packaged and made more attractive and adaptable to different country contexts. HWOs proposed crafting a general set of policy options for moving towards UHC that can then be adapted and tailored to the country context. The specific details of how to address different components of UHC need to be unpacked and tailored to country contexts and included in national health strategies. This should include promoting and supporting the development, implementation and monitoring of robust NHPSP and planning towards UHC. Country Cooperation Strategies and NHPSPs should be aligned in order to clearly define WHO’s role in supporting countries to achieve targets.

The session on noncommunicable diseases helped to identify successful policies and approaches for overcoming challenges faced by countries in implementing the Global NCD Action Plan 2013-2020 and the Comprehensive Mental Health Action Plan 2013-2020, including scaling up partnerships and multisectoral action. Through group work and plenary discussion, HWOs pointed to the need for bottom-up planning to facilitate the creation of country-specific NCD and mental health action plans that would help to tailor WHO programmatic priorities to the country level. Discussions highlighted the need for practical tools and guidance on multisectoral action, as well as...
The full report, presentations delivered by HWOs and other participants, as well as the meeting documents can be accessed via: http://intranet.who.int/homes/ccu/globalmeetings/7thgm/
Key Action Points agreed upon at the 7th Global Meeting

**Post 2015 Agenda**

1. Work to:
   1.1 Position health firmly in the post 2015 agenda with at least one health goal; and
   1.2 Incorporate health indicators in the goals of other sectors.

2. Facilitate outreach to other sectors of government in addition to health, as well as to non-State actors, by plotting the path on the roadmap leading to New York 2015. To this end:
   2.1 Country offices should actively work with Ministries of Health, Ministries of Foreign Affairs, Heads of State and Government and Civil Society;
   2.2 Regional offices, headquarters and the New York office should seize the opportunities to advocate and sensitize actors of all mechanisms and platforms that will contribute to the final definition of the Post 2015 agenda.

**Universal Health Coverage**

3. Develop a strategy for advancing UHC with country-specific roadmaps and milestones. This requires:
   3.1 A clearer definition of what UHC means and an identification of its components;
   3.2 An improved way of packaging and communicating information on UHC, targeted at different stakeholders who play a role in its realization;
   3.3 A clear and feasible metrics to assess progress;
   3.4 A commitment to make UHC part of the new generation of Country Cooperation Strategies (CCSs).

4. Create an expert network and resource group from the three levels of the Organization that can provide country-specific support in the area of UHC.

5. Strengthen HWOs and Country Teams in terms of knowledge, skills and financial resources in this area.

**Noncommunicable diseases**

6. Develop tools to aid the surveillance framework and capacity development in national strategies and plans for NCDs and mental health
   6.1 Develop clear guidance and provide technical assistance to support countries to produce national policies, strategies and action plans (including legislative frameworks) on NCDs and mental health;
   6.2 Establish a baseline and adopt at least a few country indicators to monitor and report on, which are consistent with the global action plans on NCDs and mental health;
   6.3 Support the integration of NCD prevention and management into the UHC package;
   6.4 Develop tools to incentivize and encourage behavioural change.

7. Strengthen WHO capacity to support Country Teams in NCDs
   7.1 Establish integrated Organization-wide teams to support HWOs in providing upstream policy advice and technical assistance;
   7.2 Develop guidance on how to build a business case for NCDs;
   7.3 Map out the specific skills and competencies of Country Teams that are identified as a priority.

8. Improve WHO’s capacity to work with multiple actors
   8.1 Effectively engage the United Nations interagency group to act on NCDs at country, regional and headquarters level;
   8.2 Define more accurately the division of labour and accountability mechanisms within the United Nations system at all levels;
   8.3 Develop a strategic approach to interacting with industry.

9. Gear relevant actors into political advocacy at the country and global level
   9.1 Improve the quality of documentation and sharing of best practices across countries and advocate for their implementation;
   9.2 Develop advocacy packages and standard key messages to be addressed to all relevant stakeholders.
WHO Reform

10. Strengthen WHO’s convening and facilitating role at country level

10.1 Define the minimum country presence, including core country staff for different groups of country offices and ensuring that the skill sets cover policy analysis, monitoring and evaluation, and communication;

10.2 Appoint Deputy/Assistant HWOs, taking into consideration the size, disease burden and complexity of WHO operations in a given country or regional context.

11. Align planning and resource allocation with country priorities

11.1 Move towards a country-focused organization of financial and human resources that are aligned with country priorities and with the Twelfth General Programme of Work (GPW);

11.2 Initiate a process that involves country offices in the development of the Programme Budget 2016–2017, using a bottom-up approach that is clear, systematic and consistent;

11.3 Develop an easier and faster process for revising budget ceilings and provide financial flexibility that enhances responsiveness;

11.4 Make the CCS a strategic management tool that reflects country priorities (with respect to the national health policy, strategy and/or plan), and is in line with the GPW.

12. Address human resources challenges at country level

12.1 Fast-track compulsory mobility and rotation in order to facilitate re-profiling at country level;

12.2 Ensure that HR profiles (minimum core capacities) match country needs and priorities;

12.3 Align staff development and training efforts with emerging needs at country level;

12.4 Organize a training package on compliance and audits;

12.5 Make career development an effective process;

12.6 Harmonize the grades of HWOs and the duration of their assignments with those of counterparts in other United Nations agencies.

13. Establish a global virtual platform for HWOs to share best practices, exchange experiences and dialogue among themselves

14. Other business

14.1 Complete the work on roles and responsibilities at the different levels of the Secretariat.

14.2 Revise SOPs to align with the GSM and accommodate the resource needs of countries in fragile situations.

14.3 Finalize the “country focus strategy” with the full involvement of the regional and country offices.

14.4 Strengthen security requirements and ensure they are in line with requirements identified by UNDSS.

15. Facilitate the contribution of HWOs to spreading a culture of accountability within WHO:

15.1 Encourage HWOs to promote the use of relevant tools in their office by:

   ■ Reviewing use of direct financial cooperation (DFC), and the risks involved, and providing more comprehensive guidance on when to use and how to mitigate risks; in addition, providing guidance on whether other contract types may be more appropriate than DFC methods;

   ■ Enhancing performance assessment of WHO staff.

15.2 Strengthen a staff development programme for WHO leadership priorities, as well as training on compliance, risk management and accountability, including global induction;

15.3 Simplify policies and procedures, including enhancing GSM, taking into consideration the feasibility of having offline features to facilitate access to information in those country offices where bandwidth is poor.
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