Report of the 12th Country Support Unit Network Meeting

Manila, the Phillipines, 6 – 8 May 2013
# Table of Contents

List of Acronyms

Overview

Key Action points agreed at the 12\textsuperscript{th} CSU Network Meeting

Opening Session

Review of the Country Focus policy

Strengthening of WHO country offices

Roles and Functions of Country Support Units

Assessment of WHO’s performance in countries, territories and areas

Renewal of Country Cooperation Strategy (CCS)

Session on Selection, recruitment and development of HWOs

Update on 7\textsuperscript{th} Global HWOs meeting

Update on UN reform

Closure

Annex 1

Annex 2
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFRO</td>
<td>WHO Regional Office for Africa</td>
</tr>
<tr>
<td>AMRO</td>
<td>WHO Regional Office for the Americas</td>
</tr>
<tr>
<td>AusAid</td>
<td>Australian Government Overseas Aid Programme</td>
</tr>
<tr>
<td>CAS</td>
<td>Country Analysis and Support in AFRO</td>
</tr>
<tr>
<td>CCS</td>
<td>Country Cooperation Strategies</td>
</tr>
<tr>
<td>CSU</td>
<td>Country Support Unit</td>
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<td>DaO</td>
<td>Delivering as One</td>
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<tr>
<td>DFID</td>
<td>Department for International Development</td>
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<td>DG</td>
<td>Director-General</td>
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<tr>
<td>DPMs</td>
<td>Directors of Programme Management</td>
</tr>
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<td>EB</td>
<td>Executive Board</td>
</tr>
<tr>
<td>EMRO</td>
<td>WHO Regional Office for the Eastern Mediterranean</td>
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<tr>
<td>EURO</td>
<td>WHO Regional Office for Europe</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>FCTC</td>
<td>WHO Framework Convention on Tobacco Control</td>
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<td>GHD</td>
<td>Global Health Diplomacy</td>
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<tr>
<td>GPG</td>
<td>Global Policy Group</td>
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<td>GPW</td>
<td>WHO's General Programme of Work</td>
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<td>HERA</td>
<td>Health Emergency Risk Assessment</td>
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<td>HIC</td>
<td>High Income Countries</td>
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<td>HRD</td>
<td>Human Resources Department (of WHO)</td>
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<tr>
<td>HWOs</td>
<td>Heads of WHO offices in countries, territories and areas</td>
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<tr>
<td>IHP+</td>
<td>International Health Partnership and Related Initiatives</td>
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<td>IHR</td>
<td>International Health Regulations</td>
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<tr>
<td>ILO</td>
<td>International Labour Organization</td>
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<td>IOS</td>
<td>Office of Internal Oversight Services</td>
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<td>ITT</td>
<td>Information Technology and Telecommunications</td>
</tr>
<tr>
<td>JIU</td>
<td>Joint Inspection Unit</td>
</tr>
<tr>
<td>LIC</td>
<td>Low Income Countries</td>
</tr>
<tr>
<td>MDTF</td>
<td>Multi-Donor Trust Fund</td>
</tr>
<tr>
<td>MICs</td>
<td>Middle Income Countries</td>
</tr>
<tr>
<td>MOPAN</td>
<td>Multilateral Organization Performance Assessment Network</td>
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<tr>
<td>NHPSP</td>
<td>National Health Policies Strategies and Plans</td>
</tr>
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<td>NPOs</td>
<td>National Professional Officers</td>
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<tr>
<td>OECD</td>
<td>Organization for Economic Cooperation and Development</td>
</tr>
<tr>
<td>PRP</td>
<td>Planning, Resource Coordination and Performance Monitoring Department</td>
</tr>
<tr>
<td>QCPR</td>
<td>United Nations’ Quadrennial Comprehensive Policy Review</td>
</tr>
<tr>
<td>RCs</td>
<td>Regional Committees</td>
</tr>
<tr>
<td>RDs</td>
<td>Regional Directors</td>
</tr>
<tr>
<td>SEARO</td>
<td>WHO Regional Office for South-East Asia</td>
</tr>
<tr>
<td>SOPs</td>
<td>Standard Operating Procedures</td>
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<td>SWAp</td>
<td>System-wide Action Plan</td>
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<td>UNCT</td>
<td>United Nations Country Team</td>
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<td>UNDAF</td>
<td>United Nations Development Assistance Framework</td>
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<td>UNDG</td>
<td>United Nations Development Group</td>
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<td>UNDOC0</td>
<td>United Nations Development Operations Coordination Office</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNRC</td>
<td>United Nations Resident Coordinator</td>
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<td>WHA</td>
<td>World Health Assembly</td>
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<td>WPRO</td>
<td>Western Pacific Regional Office</td>
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Overview

Since 2004, a Country Support Unit (CSU) Network meeting is hosted by the regions every year on a rotational basis. The WHO Regional Office for the Western Pacific (WPRO) hosted the 12th Meeting, from 6-8 May in Manila, the Philippines. Participants included Heads of the CSUs in the five regional offices (ROs), one Head of WHO Office (HWO) from each region, one representative from the Office of Internal Oversight Services (IOS/HQ) and three staff from the Department of Country Focus (CCO/HQ).

The objective and agenda were developed based on i) WHO’s ongoing reforms; ii) the Joint Inspection Unit (JIU) recommendations on the review of management, administration and decentralization in WHO; and iii) the Global Policy Group (GPG) decisions in its March retreat.

The overall objective of the meeting was to reinforce the function to back-up and support WHO’s work in countries, implementing the WHO reforms at country level. The expected outcomes were as follows:

- Establish a Taskforce to develop a draft roadmap for the renewed Country Focus policy to be submitted to the 7th Global Meeting of HWOs in November.
- As part of the renewed Country Focus Policy, agree on the common elements for strengthening country offices with specific focus on the elements highlighted by the GPG.
- Agree on the role, functions and proposed structure of the CSUs to be submitted to the GPG as part of the renewed Country Focus policy.
- As part of the renewed Country Focus Policy, identify common elements to develop a corporate framework for assessing WHO’s performance in countries.
- Agree on the draft of a renewed corporate CCS framework and steps for its finalization
- Agree on the elements for the review of the selection, appointment and development of HWOs
- Agree on the role of the CSU Network in the organization of the 7th Global Meeting of HWOs with DG and RDs
- Update CSU Network on the latest development of the UN Reform related issues, specifically in UNRC funding modalities and standard operating procedures (SOPs) for delivering as one (DaO) countries.
Key Action points agreed at the 12th CSU Network Meeting

1. Renew the Country Focus policy.

2. Adjust the corporate CCS framework to WHO collaboration with all Member States.

3. Further strengthen WHO country offices.

4. Enhance the selection process and development of Heads of WHO offices in countries, territories and areas (HWOs).

5. Provide inputs to the DPMs Network and relevant units to make the planning process more country focused.

6. Provide continuing update to HWOs on the UN Reform

7. Further define, harmonize and strengthen the roles and functions of the country support units.


9. Contribute to the success of the 7th global meeting of Heads of WHO offices in countries, territories and areas with the DG and RDs.
1. Opening Session

The WPRO Director of Programme Management (DPM/WPRO) opened the meeting. The Director of the Department of Country Focus (CCO) welcomed the participants, recalling the inception of the Network, conceived at the 3rd Global Meeting of HWOs in 2003. Over the past ten years, the Network has become stronger as HWOs from each regional office are invited to the meetings. The Regional Director for the WHO Western Pacific Region (RD/WPRO) highlighted the importance of the work of the CSU Network in the past and its potential ever increasing role especially in strengthening WHO country offices within the context of WHO reforms. The creation of CSU/WPRO in 2009 has enabled the implementation of several changes that are contributing to improve WHO's performance in countries in the Western Pacific Region. WHO needs to adapt to the changes taking place in health development and partners’ environment. The Organization is no longer a sole provider of technical cooperation in health. The WHO reforms are addressing key challenges and the CSU Network can be an instrumental platform in facilitating the translation of these reforms into actions at the country level.

Introduction of WPRO CSU

As per tradition followed, the Head of the WPRO Country Support Unit gave a presentation on CSU WPRO, its role, functions and structures after the opening remarks. The presentation can be accessed at:

- [http://intranet.who.int/homes/ccu/documents/intoduction%20to%20csu%20wpro.pptx](http://intranet.who.int/homes/ccu/documents/intoduction%20to%20csu%20wpro.pptx)

Follow-up on CSU commitments from 11th CSU Network Meeting

A summary paper on the actions agreed at the 11th CSU Network was reviewed and a document with the consolidated status of implementation of the agreed points was provided as background paper. The papers can be accessed at:

- [http://intranet.who.int/homes/ccu/documents/1.3%20consolidated%20progress%20report%2011th%20csu%20meeting%20action%20plan%2018march13.docx](http://intranet.who.int/homes/ccu/documents/1.3%20consolidated%20progress%20report%2011th%20csu%20meeting%20action%20plan%2018march13.docx)

The key highlights of the plenary discussion are summarized below:

- The Network explores how the GSM can better reflect WHO’s work at country level particularly through partnering as well as the convening function performed by HWOs
- Enhanced dialogue with the Planning, Resource Coordination and Performance Monitoring Department (PRP) to make the planning process more country focused
- The planning process needs to be bottom-up and developed sequentially to ensure that money allocation is decided based on a country’s current priorities and not only on retrospective expenditure or predetermined expected results and outputs.

Key action point

To provide inputs to the DPMs Network to make the planning process more country focused

2. Review of the Country Focus policy

Participants were provided with the following background documents and these documents can be accessed at: [http://intranet.who.int/homes/ccu/csunetwork/](http://intranet.who.int/homes/ccu/csunetwork/)

- Country Focus Initiative EB111/33 - Dec 2002
- Country Focus policy EB116/6 – April 2005
- WHO Country Focus policy: from developing CCS to assessing WHO’s contribution to national health agenda: roadmap 2006-2013
- Power point presentation on WHO renewed country focus, May 2013
Introducing the session on Country Focus policy, the Head of CSU/AMRO mentioned that the CSU Network having come a long way needs to consider the changing health and development as well as partners’ environment and diverse country contexts in the renewed Country Focus policy. Director CCO gave a historical account of the foundation of the Country Focus policy starting from the Oslo Study in 1997. From its inception, the Country Focus Initiative had the following six components:

- Core competencies and capacities of country teams
- Country cooperation strategies
- Coherent and coordinated technical support
- Enabling effective functioning of country offices
- Information sharing and intelligence in and around countries
- Working with the UN systems and development partners

Subsequently, the Country Focus Initiative evolved into a policy and included an additional component: “Assessment of WHO’s performance in countries”. The related PowerPoint presentations can be accessed at:

- [http://intranet.who.int/homes/ccu/documents/2.4%20who%20renewed%20country%20focus_12th%20csu%20network%20meeting_manila%20may%202013.ppt](http://intranet.who.int/homes/ccu/documents/2.4%20who%20renewed%20country%20focus_12th%20csu%20network%20meeting_manila%20may%202013.ppt)

A lot has changed in ten years ranging from countries’ contexts and capacities, to the aid environment and expectations from WHO’s partners. WHO is undergoing reforms in order to better improve its effectiveness at country level. Within WHO reforms, the Country Focus policy needs to be re-oriented to meet the roles expected of WHO in countries such as supporting national health strategies and plans, engaging more effectively with partners, building capacity for risk assessment and response to crises situations and national public health emergencies, facilitating Member States’ contribution to global health. The Country Focus policy should be adjusted at any time based on the global health environment.

In 2012, the Joint Inspection Unit (JIU) conducted a review of the management, administration and decentralization in WHO which included various components of the Country Focus Policy. It concluded that “in countries, WHO is recognized by partners as the technical adviser and trusted broker that facilitates the development partners’ contributions towards the NHPSP; and leads the international response to public health emergencies - for better and more equitable health outcomes”. The Global Policy Group (GPG) in their meeting of March 2013 endorsed JIU’s recommendation and tasked the CSU Network to renew the Country Focus policy.

The key highlights of the plenary discussion are summarized below:

The renewed Country Focus policy from 2013 onwards that is to be developed for sharing at the 7th Global meeting of HWOs with DG and RDs should include the following elements:

- Extensive use of Country Cooperation Strategies (CCS) to adjust WHO’s collaboration to the needs of all Member States
- Further strengthening WHO offices in countries, territories and areas, including the competitive selection, induction and continuing education of HWOs
- More effective collaboration with a wider range of key partners in health and beyond
- Timely channeling of coherent quality technical support to Member States;
- Systematic use of country office and cross-regional networks to share information, intelligence and good practices
- Systematized assessment of WHO’s performance in countries, territories and areas using a corporate framework

CCO will develop a draft outline of the Renewed Country Focus policy, share it with the CSU network for review and organize a videoconference for finalizing the draft outline.
3. **Strengthening of WHO country offices**

The following key background papers were provided to the participants and they are available at: [http://intranet.who.int/homes/ccu/csunetwork/](http://intranet.who.int/homes/ccu/csunetwork/)

- Strengthening the capacities of WHO offices in countries, territories and areas - background paper to GPG
- Extract from the GPG meeting report on “Strengthening the capacity of WHO country offices GPG 13.13.
- Extract from the implementation of WHO reforms 2012: high-level implementation plan EB132/INF./3 (Jan. 2013)

Head of CSU AFRO (CAS) introduced the topic for discussion with a presentation on “Strengthening the capacity of WHO country offices”. Participants continued deliberations in a group work to address the following questions:

i. What are the criteria to open or close a:
   a. WHO country office
   b. Sub office

ii. When all criteria for opening/maintaining are present:
   a. How to define the WHO essential core presence according to country needs?
   b. What are the criteria to establish a deputy WR position in a country?
   c. What are other elements of the country presence?

iii. Given the current financial constraints, and in the context of the WHO reforms implementation plan at country level, what is needed to strengthen the following capacities of WHO country offices:
   a. technical
   b. administrative/managerial (including IT capacity)

The key highlights of the plenary discussion are summarized below:

**A. Criteria for establishing or closing a WHO Country Office:**

- Member States requests/interests
- Gaps and needs between the current health situation and international health agenda
- Health diplomacy (North-South and South-South dialogue)
- Socio economic development, health status, demography
- UN presence
- National capacity
- Magnitude of WHO’s operations
- Geopolitical situation

**B. Criteria for establishing or closing a WHO sub-office:**

- Need demand and availability of resources
- To strengthen national capacity at decentralized level
- Governance system - federated or centralized
- Equity especially in Middle Income Countries (MICs) where there is imbalance at sub national level
- Viability and security
- Epidemiological and/or emergency situations
- Efficiency and cost effectiveness
Priorities from the CCS

Continuation of sub offices should be reviewed periodically to ascertain its subsistence or closure.

C. **Core Presence:**

Once the decision is made to open/maintain a WHO office, there should be a minimum core presence which should include:

- One *international HWO* (progressively comply with JIU’s recommendation that “assigning NPOs to head operations of country office be gradually discontinued even if it is more costly to appoint international staff”, paragraph 97, EB132/5Add.6)
- One *Administrator* (should be an international staff whenever possible and according to the complexity of the country programme)
- For one position of a *deputy HWO* to be established, the following issues/criteria have to be considered:
  - the size and magnitude of the WHO operation in the country
  - the complexity of the operations
  - effort spent by the HWO on advocacy, leadership versus office management activities.

The deputy HWO should have the competencies of *programme management* to manage the volume of resources and portfolio of grants which require close follow up on results and accurate reporting. These positions should be guaranteed by core funding.

**Additional presence** to cover the technical cooperation programme should be based on the CCS strategic agenda. Negotiation with the host government, especially in Middle Income Countries (MICs) should seek government’s contribution toward general operating expenses, and when feasible administrative and technical secondments.

D. **Strengthening technical capacity:**

Within the current financial constraints, and in the context of the WHO reforms implementation plan at country level, participants highlighted that in order to strengthen WHO country office technical capacity, it is important to consider these elements:

- Adjusting country office competencies and skills according to country needs
- Contexts and opportunities
- Further use of collaborating centres and national institutions
- Placing technical staff where they are most needed, including the redeployment of staff from HQ and RO to country offices
- Staff learning and development, including induction
- Time limited use of NPOs with a view to building national capacity

E. **Strengthening administrative and managerial capacity:**

Regarding the strengthening of country offices’ administrative and managerial capacities, participants stated the following elements for consideration:

- Streamlined recruitment of technical staff
- Placement of competent administrative staff at the country office level
- Sufficient induction for administrative staff
- Simplify rules and procedures and communicate them effectively to country teams
- Definition of essential standard administrative capacity and functions required at country level
- Procedures and rules of the Organization streamlined to reduce the administrative burden in country offices.

F. **Information Technology and Telecommunications (ITT)**
On the issue of ITT capacity, the paper entitled “News from GMG” was reviewed extensively. This triggered a lively discussion and participants highlighted strongly the urgent need for the regional offices and HQ ITT departments to address the weak IT capacity of some country offices. They recommended a comprehensive mapping of the connectivity as well as the provision of resources to enhance the country offices’ capacity. The provision of minimum band Wi-Fi should be given priority before embarking on other possible opportunities.

Key Action Point
Further strengthen WHO country offices

4. Roles and Functions of Country Support Units

Participants were provided with the following background documents:
- Country support roles and functions at the regional and headquarters levels – August 2012
- Extract from the JIU report “Country Support Offices” EB132/S Add. 6
- Extracts from GPG meeting background paper
- Extract from GPG meeting report on Strengthening the capacity of WHO country offices GPG 13.12
- Extract from Implementation of WHO reform, 2012 - High level implementation plan EB 132/INF./2
- Jan 2013

The Head of CSU EMRO introduced the topic and highlighted the JIU’s observations that the CSU function at the HQ level lacked stability and focus on monitoring, normative, harmonizing and creating synergies, while the operational functions should be left to the regional offices. It was evident that functions at the regional level lacked homogeneity but were good in communication and brokering technical support. The PowerPoint presentation and the background papers are available at: [http://intranet.who.int/homes/ccu/csunetwork/](http://intranet.who.int/homes/ccu/csunetwork/)

Referring to the roles and functions that the CSU Network agreed on in their 11th meeting in Barbados in 2012, during their break-out group discussions, the participants were asked to consider whether to validate the main functions; identify whether any key functions were missing; and indicate which functions required special emphasis. The document entitled “Country Support Units’ role and functions at the regional and headquarters levels has been revised according to the outcome of the discussions and attached as Annex I.

On the structure of the Country Support Units, participants were asked to compare the structures and the positions of the different regions and to ascertain whether the structures and positions matched the functions. The different structures and staffing at the six regional offices were shared and this can be accessed at:
- [http://intranet.who.int/homes/ccu/documents/csus%20offices%20structure%20may%202013.pdf](http://intranet.who.int/homes/ccu/documents/csus%20offices%20structure%20may%202013.pdf)

The reporting from the break-out group discussion underlined the need for a core structure that allows flexibility for regions to adapt to regional specificities. Participants agreed to assign this task to a Task Force to develop it further.

Participants mentioned the importance for regular virtual meetings among the CSU network members, to complement the yearly face-to-face meetings.

Key Action Point
Further define, harmonize and strengthen the roles and functions of the country support units

5. Assessment of WHO’s performance in countries, territories and areas

World Health Organization
Four background papers were provided to participants and they can be accessed at: http://intranet.who.int/homes/ccu/csunetwork/  

- Extract from the JIU report – page 79 paragraph 93  
- Section IV of the CCS Guide 2010  
- Extract from the GPG meeting background document  
- Consolidated survey responses: regional information on assessment of WHO’s performance in countries

The Head of CSU/WPRO introduced the subject and invited IOS Deputy Director to give two presentations on “Typology of assessments other than evaluation conducted at WHO” and Assessing WHO’s performance in countries”. The two presentations can be found at:

- http://intranet.who.int/homes/ccu/documents/assessment%20of%20who%20performance%20at%20country%20level%20cco.pptx

In her presentation, the Director of CCO made reference to JIU’s recommendation for the CSU Network to guide the process of assessing WHO’s performance in countries to ensure coherence in the different tools that exist. The presentation can be accessed at:

- http://intranet.who.int/homes/ccu/documents/evaluative%20work%20at%20who%20an%20overview%20ios.pptx

CSU/WPRO summarized their experience in assessing WHO’s performance three WPR country offices and described the process as consultative and participatory. The presentation is available at: http://intranet.who.int/homes/ccu/documents/wpros%20experience%20on%20assessing%20performance%20in%20countries.ppt

Participants broke out into groups to discuss the following two questions and come up with recommendations for the CSU Network to take it forward:

- What should be the role of country support units in regional offices and HQ in contributing to install a culture of evaluation across the Secretariat through the systematic assessment of WHO’s performance in countries, territories and areas?
- Based on the experience in your region and lessons learnt from other similar exercises identify what should be the elements for WHO’s corporate assessment framework for WHO’s work in countries, territories and areas.

The key highlights from the group discussion were the following:

- While many global and regional tools exist on performance monitoring, assessments ranging from intelligence reports to external evaluations, there is still a gap/missing instrument to assess WHO’s contribution to health outcomes/results in countries.
- A corporate tool is needed to fill this gap, which would for a greater understanding of the extent to which WHO makes a difference in a particular country
- Based on lessons learned in country offices, regions and HQ, as well as from donor review processes (e.g. DFID, AusAID, MOPAN etc.) the future corporate framework will be mostly a qualitative assessment and a joint assessment, involving key stakeholders as much as possible.
- The elements of the corporate country performance assessment framework will include objectives, scope, methods etc. The framework will allow enough flexibility for regions to adapt to their regional contexts.
The corporate country performance assessment framework will cover the elements not covered by the PBPA and IOS led assessments. CSUs agreed to include few Key Performance Indicators in the CCS so that it will facilitate objective assessment of the implementation of CCSs. A Task Force will develop the draft of the corporate framework for assessing WHO’s performance as part of the renewed country focus policy. The draft framework will be pilot tested in selected countries before finalization. The timing of the assessment at country level will have to be decided according to varying country contexts. This exercise should take advantage of other similar processes carried out at national level (such as UNDAF review, SWAp, joint assessment of national health plans under IHP+ etc.) to better capture external inputs and reduce the burden on the country and other partners. When assessments are undertaken, CSUs should monitor and follow up the recommendations for their effective implementation.

Key Action Point
Develop a corporate framework for assessing WHO’s performance in countries, territories and areas

6. Renewal of Country Cooperation Strategy (CCS)

The background documents provided to participants included the following:
- Track-changed version of the draft CCS Guide 2013
- New revised guidance note on CCS in fragile circumstances
- Proposed instrument for pilot testing the draft guidance note for CCS in countries in fragile circumstances
- Summary Guidance on integrating HERA into all CCS.

The Head of CSU in EURO introduced the session and briefly highlighted that EURO is now embarking on CCSs and its Member States are eager to see the process go forward. There is consensus from Member States that a CCS is needed in all countries regardless of income, and whether or not WHO has a presence there. The renewed CCS framework needs to depict the reciprocal cooperation of what the Organization provides to countries and Member States’ contribution to global health agenda. The CCS Switzerland is the first complete CCS with an OECD High Income country (HIC). The presentations on this topic can be found at:
- http://intranet.who.int/homes/ccu/documents/renewing%20the%20corporate%20ccs%20framework%20may%202013.ppt
- http://intranet.who.int/homes/ccu/documents/ccs%20switzerland%20manila%202013.ppt

The key highlights of the plenary discussion are summarized below:
- The CSU members welcomed the proposal to develop a renewed corporate CCS framework, considering different country contexts.
- The framework will contain a core module to be complemented by additional modules that are relevant to the needs of Member States such as LICs, MICs, BRICS and HICs as well as countries in fragile circumstances.
- It will be a live document with all modules available on-line which will provide further guidance on prioritization.
- The module for LICs should remain available in hard copy.
- This framework should align itself clearly with the 12th GPW results chain hierarchy that will enable better linkage of CCS priorities with the planning process. This will ultimately enhance the use of CCSs in adjusting country presence, work plan development as well as budget and resource allocation.

Key Action Point
Adjust the Country Cooperation Strategies process to WHO’s collaboration with all Member States
7. Session on Selection, recruitment and development of HWOs

The following background documents were made available to the participants, and can be accessed at: [http://intranet.who.int/homes/ccu/csunetwork/](http://intranet.who.int/homes/ccu/csunetwork/)

- Proposed Modalities for the implementation of the process of selection/appointment/reassignment and development of Heads of WHO Country Offices – 2008
- Selection process of HWOs: history, current status, challenges and some options for the way forward (background paper to GPG March meeting)
- Extract from GPG March 2013 meeting report on selection of HWOs
- 2013 WHO and UN Duty Station post grades
- Regional Delegation of Authority to HWOs

HWO Sri Lanka introduced the topic and participants contributed salient points to the items listed on the slide presentation, which can be accessed at: [http://intranet.who.int/homes/ccu/documents/selection%20and%20development%20of%20hwo%20may%202013.pptx](http://intranet.who.int/homes/ccu/documents/selection%20and%20development%20of%20hwo%20may%202013.pptx)

The key highlights of the plenary discussion are summarized below:

**Length of assignment**
- Need to include in the vacancy notice of HWOs the duration of assignment in each country
- Work with HRD on the design of the rotation and mobility of HWOs within WHO’s future rotation and mobility policy.

**Code of Conduct**
- Work with the new office of Ethics to discuss the code of conduct for HWOs based on the Standards of Conduct for the International Civil Service

**HWOs Induction**
- Develop regional offices’ induction package where it currently does not exist to complement the HQ global induction.
- Conduct HWOs induction at a fixed time of the year and continue to use senior HWOs as resource persons in global inductions.
- Develop a share point to share information such as existing induction material and make future induction packages available to HWOs.
- Develop and organize continuing education and training courses focusing on global commitments and priorities such as Global Health Diplomacy (GHD), FCTC and IHR
- All HWOs are to complete the GHD on-line training course.

**Harmonization of HWOs’ grades**
- Harmonize the grade of HWOs with UNRCs which should be updated on a regular basis considering the changes that happen with the UNRC positions

**Delegation of Authority**
- Complete the updates on the status of Delegation of Authority to HWOs and share them with the CSUs.

**Key Action Point**
Enhance the selection process and development of Heads of WHO offices in countries, territories and areas.
8. Update on 7th Global HWOs meeting

Participants were briefed that at their March meeting, the GPG revised the agenda for the 7th Global Meeting of Heads of WHO offices with the DG and RDs and reduced the proposed themes from three to two. They added two agenda items under Theme 2 – Strengthening WHO country office capacity: i) Renewal of WHO Country Focus Policy and ii) WHO reform.

A request for proposal was sent to all HWOs after the January GPG meeting. CCO has considered all the proposals received from HWOs. It has also organized meetings with technical departments to discuss session plans under each agenda item, as well as the inclusion of HWOs who will participate in the respective sessions. As approved by the GPG, the presentation will be made using videos and animation, followed by plenary, panel, roundtable or facilitated discussions. Some sessions will also organize group work. Slide presentation can be accessed at:

- [http://intranet.who.int/homes/cc/documents/7th%20global%20meeting%20of%20hwos.pptx](http://intranet.who.int/homes/cc/documents/7th%20global%20meeting%20of%20hwos.pptx)

Those proposals that did not fall under the revised agenda will be considered for lunchtime seminars. Two items: South-South cooperation (SSC) and emergencies, which were part of the original agenda items, will be included in the list of lunchtime seminars. AMRO/PAHO and AFRO will lead the session on SSC and the Department of Emergency Risk Management and Humanitarian Response (ERM) will lead the session on emergencies.

CSUs were requested to inform HWOs to make their travel plans for the entire week as the meeting registration will start on Monday, followed by DG’s opening remarks and Friday will be kept open for learning opportunities and individual appointments.

The key highlights of the plenary discussion are summarized below:

- Consider organizing lunchtime seminars on QCPR, SOPs and RC funding modalities, and also on the next GPW
- CSUs to organize ad-hoc CSU Network meeting on Saturday, 23 November to review and agree on the role of CSUs to implement the key agreements agreed at the 7th global meeting.
- CSUs to support in the development of session plan on the renewed Country Focus policy and identify questions for group work
- In addition to GMG, under reform agenda, CSUs to provide inputs on the development of session plan and act as resource person in the group work.

**Key Action Point**

Contribute to the success of the 7th global meeting of Heads of WHO offices in countries, territories and areas with the DG and RDs in November 2013

9. Update on UN reform

The Quadrennial Comprehensive Policy Review (QCPR) has as in the past recommended that all UN agencies, including specialized agencies, should work together for greater coherence and synergies within UNCT. HWOs should therefore proactively participate in UNDAF and DaO within UNCT following WHO’s mandate and rules and procedures. HWOs can take advantage of the UNRC system especially to work for health in all policies and to effectively address NCDs and environmental health which require multisectoral approach.

Recently, however, the UNDP Executive Director acting as UNDG Chair has sent the draft SOPs developed for countries that have adopted DaO voluntarily to all UNDAF roll out countries for its implementation. WHO, as well as other UN agencies have expressed their concerns on the draft SOPs and sent their feedback to the Taskforce in January 2013. These comments were not reflected in the revised SOPs that were circulated to all UNRCs and UNCTs.
FAO, ILO and WHO sent a joint letter to the UNDG Chair in April expressing concerns regarding the lack of feedback from other UN agencies on the revised SOPs. UNDCCO has responded to this letter and has given the opportunity for us to provide further feedback that hopefully will be reflected in the version that will be circulated at a later date. The Department of Country Focus will keep all HWOs updated as soon as it receives new information.

In some countries UN RCs have been supportive and instrumental in recognizing the strengths of WHO as a specialized agency, though in a few countries they are trying to undermine the role and functions of specialized agencies. For instance, in one country UNRC office asked a WHO office whether they could use the UN logo in their e-mail correspondence and letter head rather than WHO logo, which is against WHO’s rules and procedures. Notably, though much depends on the personalities of UNRCs in question.

Regarding funding of UNRC office, HWOs have faced difficulties in the past in providing sufficient resources to fund UNRC offices, most of which came on an ad-hoc basis. The issue was raised with senior management and also with the DG. In the last, Chief Executive Board (Heads of UN Agencies) meeting, all agreed that funding of UNRC offices should be centrally funded, though there has not been an agreement on the modalities and proportion of funds to be provided by each agency. WHO has made a provision of USD 5.2 million in its program budget 2014-2015 for this purpose, subject to the approval by the World Health Assembly.

The Department of Country Focus will keep HWOs updated on the decision of the Assembly.

The participants agreed that:

- HWOs should participate proactively in UNDAFs and other UNCT activities following the mandate and rules and procedures of the Organization.
- HWOs should not provide funding to UNRC office by diverting funds from program activities on an ad-hoc basis, unless HWOs have additional resources mobilized locally through MDTF or other sources. If agreed by the Assembly, HWOs will be informed of the decision of the Assembly on funding of UN RC offices.
- Since UN agencies are contributing to the UNRC office in many countries, HWOs should have access to the budget and financial report of the UNRC office to understand where and how the funds are spent.
- WHO should foster HWOs participation in the UNRC assessment center and increase the number of UNRCs from WHO which will enhance WHO’s influence and role in the UNRC system.

10. Closure

Endorsing the JIU recommendations, the GPG recommended and called for renewal of the WHO Country Focus policy. They also requested that the WHO Country Focus policy be included on the agenda of the 7th Global Meeting of HWOs with DG and RDs to be held in November 2013. The participants were informed that the draft of the renewed country focus policy needs to be ready for the GPG’s consideration at their October 2013 meeting. Based on their comments the modality of implementing the finalized policy should be discussed at the 7th Global Meeting of HWOs. In order to accelerate the implementation of most key action points and meet the GPG deadline, the CSU Network members agreed to establish task forces comprised of CSU members, HWOs and representatives of relevant technical/managerial units as required. The Terms of Reference for the Task Forces as well as roadmap for their work will be developed rapidly. Heads of CSUs have been requested to propose names for the various task forces.

The DPM closed the meeting and informed participants that in their meeting in Brazzaville in April 2013, the DPMs agreed unanimously that the DPMs network should oversee the CSU Network to ensure effective implementation of key decisions reached. Recommendations from the CSU Network meetings should be shared with the DPM network. The DPMs group is planning to propose a revision of the PB planning process to be initiated at the country level, and then sent for regional consultation in the RCs, and consolidated at
the global level before submission to the EB and WHA. DPM applauded the participants for a very productive meeting.

The meeting called for another RO to volunteer to host the next CSU Network meeting and propose the date and venue to CCO in due course.

The participants thanked the RD, the DPM and the CSU/WPRO team for their guidance as well as the excellent support provided for the 12 CSU Network meeting.
Annex 1

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## Annex 2

### Country Support Units roles and functions at the regional and headquarters levels

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<tr>
<th>Country support function</th>
<th>Regional Office country support function</th>
<th>Headquarters country support function</th>
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<tbody>
<tr>
<td><strong>Strategic/advocacy/communication</strong></td>
<td>Support HWOs and country teams to develop, monitor and follow-up the CCS. Adopt WHO policy positions and guidance on UN reforms, partner coordination and aid effectiveness issues, to the regional context. Support to build the capacity of WHO country teams to support partnership development at country level and collaborate within the UN, including for the UNDAD. Facilitate capacity building of HWOs and country staff by coordinating regional orientation programmes/inductions for new HWOs, as well as training and staff development programmes. Organize regional HW0 meetings and follow-up recommendations, and contribute to the global HW0 meetings and follow-up. Facilitate regional senior management visits to countries as well as interactions with HQ, regional units and sub-regional venues. Prepare, coordinate and follow-up visits of Minister and other national and subregional authorities to the Regional Office, in collaboration with country offices. Facilitate the full participation of Member States in the WHO Governing Board.</td>
<td>Provide guidance/tools for CCS development, monitoring and review, as well as quality assurance. Work with the relevant units and regional offices to articulate WHO policy positions and guidance on WHO’s engagement in the UN, global health partnerships, and aid effectiveness. Provide necessary backstopping to ROs to build the capacity of WHO country teams to support partnership development at country level and collaborate within the UN, including for the UNDAD. Coordinate global inductions for new HWOS, as well as ensure the availability of selective resident officers (e.g., global health diplomats). Organize global HW0 meetings and follow-up key actions. Coordinate with Governance to ensure CSUs and COS are well prepared for Member State involvement in Governing Bodies and interaction with the Director-General.</td>
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| Technical and programmatic | States in global and regional Governing Bodies through close interaction with HWOS, providing them with strategic information from and to WHO’s Governing Bodies and Executive Management. Support COS to develop their communication strategy including development of CO websites. | Collaborate with PRP for better linkage between the CCS priorities and planning, budgeting and resource allocation. Facilitate the coordinated technical support from HQ units based on CCS priorities. Facilitate interregional, South-South and triangular cooperation. |

| Managerial and administrative | Work with the relevant units to ensure that budgeting and resource allocation for COS are done according to the CCS priorities. Facilitate a coordinated response from regional technical units in support of the countries’ technical programmes based on the CCS. Promote and support intercountry offices and South-South cooperation. Support country office development plans based on the CCS priorities, in close collaboration with planning. | Facilitate the general managerial support from HQ in support of WHO’s work at the country level. Advocate for minimum level of flexible funding at the Global level and provide backstopping to regional office efforts to support national resource mobilization. Ensure, along with relevant units, that global managerial standards are available on issues related to operational planning, WHO country presence, and performance assessment. |

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<tr>
<th>Monitoring and evaluation</th>
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<td>Adopt global managerial standards to the regional context and provide regional oversight, and support when required, to the quality assurance of WHO country operations. Coordinate and facilitate the regional WHO reassignment and appointment process for new WHOcs. Coordinate and manage collaboration with Member States that do not have WHO representation. Support country offices to comply with observations from audit processes until their closure.</td>
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<tr>
<td>Coordinate and facilitate the global reassignment and appointment process of WHOcs. Work with Human Resources to advocate for the rotation of personnel based on country level HR needs.</td>
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<th>Intelligence and information sharing</th>
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<td>In collaboration with HQ CSU, facilitate the set-up and implementation of a country performance evaluation mechanism at country level. Organize and support the country level performance assessment. Monitor the functioning of the country offices according to WHO's country focus policy.</td>
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<tr>
<td>Work with regional CSUs to facilitate the set-up and implementation of a country performance assessment mechanism at country level. Provide backstopping to regional CSUs for country performance assessment as requested.</td>
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Systematically capture and proactively channel-share country-specific intelligence and "good practices" and other country intelligence. Development of the briefings for the Regional Director and senior management. Facilitate the sharing of good practices and channeling of this information across regions. Facilitate the provision of briefings for the Director-General related to visits or meetings with senior government officials.