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**REPORT OF THE FIRST GLOBAL MEETING OF
WHO REPRESENTATIVES AND LIAISON OFFICERS**

Geneva, 22-26 February 1999



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I. Background

The first global meeting of WHO Representatives and Liaison Officers brought together 137 WHO Representatives and Liaison Offices from all six regions with WHO's top management at headquarters. Other participants included two members of the Executive Board and four Regional Directors, as well as representatives of several UN bodies and development banks.

The main objectives of the meeting were:

- to outline possible strategies for improving the effectiveness of country work, based on WHO Representatives' analysis of key issues and constraints with regard to country operations;
- to discuss the implications of changing relationships in international health and development for work at country level.

The meeting also provided an opportunity to present information on changes taking place in WHO, with a view to eliciting feedback from WHO Representatives based on their experience in countries.

II. Organization of the meeting

The meeting comprised plenary sessions, working group discussions, and information presentations. The five working groups focused on the following topics: strategic planning; WHO "permanent" presence at country level; beyond the ministry of health - multisectorality and community participation; partnerships with other development organizations; and regional offices and headquarters support to a strategic agenda in countries.

Participants welcomed the presentations of the Cabinet projects and the clusters, which allowed for a clearer understanding of the reform process currently under way within the Organization. Specific comments and suggestions arising from the presentations were noted.

III. Main issues, suggestions, recommendations and conclusions

1. Involvement of WHO Representatives in policy discussions

Participants agreed that the dynamic changes sweeping through WHO would surely lead to a successful renewal of the Organization, if the positive experiences of the past were not thrown away. In order to ensure that such valuable expertise and knowledge were not discarded, there should be open communication between country offices, regional offices and headquarters. This would lead to a better appreciation of the work carried out by the different components of WHO.

Regular meetings with WHO Representatives

Participants considered that the present meeting, with WHO Representatives, headquarters and regional staff sharing their diverse experience was an important step in strengthening the unity of the Organization and building "one WHO". Such sharing of information was also an empowering experience that should be continued.

WHO Representatives, who had served countries devotedly, wanted to be actors in the process of change. To that end, there should be a mechanism to allow the experience of WHO Representatives to enrich the expertise of WHO headquarters. It was therefore suggested that a global meeting of WHO Representatives and Liaison Officers should be held every two years.

It was further suggested that, once or twice a year, a small group of WHO Representatives should be invited to take part in meetings at headquarters to follow up the changes that were taking place. Their input would strengthen the reform process and they would be able to identify obstacles to progress within countries.

2. WHO policy on work in and with countries

Coherent strategy for all WHO work in countries

The meeting recognized that WHO needed to improve the way it worked in response to the real needs of countries. Country work was the *raison d'être* of WHO, and was the concern of the whole Organization, not just the country offices or certain clusters at headquarters. By combining the strengths of country offices, regional offices and headquarters, WHO could add value to its expertise by seeing that it was put into practice. This perspective would influence WHO policy on work in and with countries.

Involvement of headquarters, regional offices and country offices

The meeting emphasized that work in countries was the responsibility of the whole Organization: headquarters, regional offices and country offices. In all its activities WHO worked *for* countries, and it did so in two ways. WHO worked *in* countries by establishing a direct presence in order to respond to their specific development needs. WHO also worked *with* the entire community of countries, collectively and in groups, helping them to mobilize their collective wisdom, knowledge and experience in the production of norms and standards, sound evidence and surveillance data, those being international public goods that benefited all.

Examples of WHO's work *in* countries included: collaborating with ministries of health as they coordinated key actors in the health sector; cooperating with local authorities as they designed a DOTS programme to combat tuberculosis; collaborating with national governments in advocating active ageing policies; and cooperating with national policy-makers as they reviewed options for health care reform.

Examples of WHO's work *with* countries included: setting standards for blood safety; organizing disease surveillance networks that protected populations from events occurring beyond their national borders; and synthesizing experiences with health reform, on which WHO's advice to specific countries was based.

Health for All

The meeting observed that WHO policy aimed for sustainable health development, as laid down by the World Health Assembly in the framework of Health for All. Concerns were expressed about the apparent under-emphasis at headquarters on the Health for All approach. The meeting stressed that Health for All was a vision and should remain a guiding principle for WHO. It offered a way of reaching out to populations, and covered health as a determinant of development, health as a human right, as well as other core values such as equity and gender issues. While WHO action should be universal, the focus should nevertheless be on the poorest countries.

Response to country needs

Participants emphasized that WHO was in the business of trying to help countries build programmes that worked: reaching people, creating equity, and giving priority to the most important health interventions. It was suggested that WHO should become more flexible, with an ability to move fast. Because its resources were limited, WHO should be more strategic, more focused, taking an effective and normative approach, and targeting those most in need. Where a country asked for WHO input to a policy that was not in line with the guidance of WHO's governing bodies, then WHO might have to decline to participate in such an approach, while respecting the democratic decision-making process of the Member State. WHO needed to have the ability to play a catalytic role, linking up with others to work for international health.

3. Development of one WHO country strategy

Specific country priorities

Participants considered that the WHO country strategy should be developed in response to specific country needs, taking into account the WHO global agenda and focusing on a limited range of priorities of importance to the country concerned. All WHO activities should focus on those priorities so that responsibilities could be assigned and a coherent approach taken at headquarters, in regional offices and in country offices.

WHO's long-term relationships with countries and the excellent work done over many years formed a basis of knowledge and experience on which country strategies could be refined and improved. The objective was to provide coordinated inputs from all different parts of WHO so that country programmes could be as effective as possible.

Long-term strategic planning

The meeting acknowledged that strategic planning for WHO activities in countries should take a long-term perspective, rather than being seen in terms of the two-year budget cycle. Planning should be based on a health assessment and there should be a periodic multisectoral situation analysis, involving all stakeholders. The basic agreement between WHO and governments should be updated to reflect current multisectoral approaches to cooperation.

4. Role of WHO Representatives

The meeting considered that “one WHO” implied collective leadership, and that mechanisms should be put in place to ensure that common goals were translated into action. As the role of WHO Representatives was to help countries design their policies, WHO Representatives needed the backing of a flexible Organization, strategically decentralized, with clear policies, coherent planning, efficient procedures and a good information system. Such backing would allow WHO Representatives to react quickly to country needs, take the right decisions, and really make a difference to health outcomes.

Greater managerial autonomy for WHO Representatives

Participants pointed out that if country offices were to constitute a real strength of WHO then WHO Representatives should be capable of supporting governments in policy and strategy decisions, as well as being advocates for health in negotiations with other sectors.

Strengthening partnerships was recognized to be a good initiative, and it was emphasized that WHO Representatives needed to have adequate status to ensure that their views were taken into account in their dealings with the representatives of other agencies. In terms of authority, WHO Representatives needed to be empowered to work with governmental, intergovernmental, nongovernmental and UN agencies.

It was suggested that greater delegation of authority, matched by increased responsibility and accountability, should be given to WHO Representatives for management, budget control, fund-raising and staff issues.

The Director-General’s commitment to improve information technology at field level was welcomed, and the progress already made by the IT Project and the cluster on External Relations and Governing Bodies was recognized.

Other suggestions to enhance managerial autonomy included revising procedures, rules and regulations (including the Manual) in order to reflect the new role of WHO Representatives. A greater autonomy implied greater responsibility, and it was suggested that consideration should be given to putting in place a performance auditing system.

In discussion, participants raised the following questions with regard to the role of WHO in responding to the needs in countries. Were country offices to undertake fund-raising activities to meet needs? How could WHO Representatives work with others sectors, NGOs, civil society?

The Director-General explained that, while continuing to work with ministries of health, WHO was developing an ability to interact with other sectors. Building on its strengths, WHO would direct its message and advocacy for health to all the governmental sectors concerned with social and economic development. In order to make that happen, it would be necessary to build on experience at headquarters, regional and country level, as well as to work in partnership with other influential groups, including nongovernmental organizations.

Furthermore, WHO Representatives would be the ones responsible for monitoring and evaluating the impact of cluster strategies in countries.

Access to information and technology

It was commented that Member States should be aware of the changing paradigms, and WHO Representatives had an important role to play in generating that awareness, by advocating new approaches and giving advice on the changes to be made. Changes taking place at headquarters should not take five years to reach country level.

Special case of Liaison Officers

Experience with liaison offices in one Region indicated that Liaison Officers, as nationals, knew their country well and therefore were in a position to help in the implementation of public health policy. With adequate support from WHO headquarters, they could act as effective advocates for new approaches. But they could not take on the role and responsibilities of WHO Representatives. In that context, it would be interesting to examine the comparative advantages of WHO Representatives and Liaison Officers.

5. Collaboration with other development partners

The meeting recognized that WHO needed to collaborate with other partners, both within and outside the UN system. WHO's role in such collaboration should be more proactive in order to promote health policy guidelines. The meeting recognized the importance of working with all partners in countries, including civil society and nongovernmental organizations. In that context, the local knowledge and contacts of WHO Representatives would be particularly valuable.

United Nations family

WHO should play a prominent and proactive role in fostering coordination and collaboration on health and health-related matters between multilateral agencies, including as part of the UNDAF (United Nations Development Assistance Framework) process. The UNDAF concept was valuable and experience had been positive but the process was not without costs. Perhaps UNDAF would help agencies to work together and avoid difficulties of territoriality, but the additional meetings involved in the UNDAF process took up time and put a strain on small offices. Also, the Resident Coordinator needed to be open to hearing the views of WHO Representative.

National authorities should be closely associated in the development of country office staff needed guidance on the orientation of health leaders. To add value, UNDAF should be a joint programming exercise, with all agencies adding input at the design stage.

It was recognized that interagency coordination could be a force for change in advocacy, but that it would only be effective if it reflected the policy of the country itself. There was therefore a need to enhance the credibility of WHO Representatives so that they could exert influence on country policy-making. There was a health orientation at the heart of development.

Participants felt that WHO should adopt a proactive approach to the UN and that clear guidelines should be elaborated to set out WHO's mandate and a clear message from WHO's top management regarding ways and means of participation of WHO in UNDAF.

UNAIDS

Participants stressed the importance of the AIDS problem. In particular, mother-to-child transmission was recognized to be very serious.

The theme groups were considered to be useful in involving the grass-roots nongovernmental organizations, with a view to enhancing collaborative efforts.

The meeting identified some problems that had been observed at field level in the functioning of UNAIDS:

- it appeared that the cosponsors had different priorities and different levels of commitment;
- using the classification of countries to determine which of the countries needed technical and financial support was likely to leave some countries out.

Several participants emphasized the need for WHO to be more active in the area of HIV/AIDS to stimulate and facilitate further the leadership of WHO in HIV/AIDS in countries.

World Bank

The meeting welcomed the World Bank's increasing commitment to health. The WHO Representatives identified some difficulties in their collaboration at the country level with the World Bank. In particular, they thought that there might be a lack of leadership in health between WHO Representatives and World Bank country offices. The advisability of WHO working closely with the World Bank at all levels was discussed as a way of ensuring that WHO's health priorities were taken into account in other related activities, particularly in developing policies to ensure safety net for the most disadvantaged groups.



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