

*Round table*

# The role of the WHO Representative at country level: past, present and future prospects

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## Constitutional basis

The main objective of the World Health Organization (WHO) as defined in Article 1 of its Constitution, is the attainment by all people of the highest possible level of health. Article 2 of the Constitution lists the broad ranging functions of WHO which are designed to achieve this objective. These functions encompass the two main roles of the WHO, international coordination and technical cooperation. The first of these 22 constitutional functions is "to act as the directing and co-ordinating authority on international health work", while the fourth function, the furnishing of technical assistance and, in emergencies, necessary aid, is conditioned upon the request or acceptance of governments.

Fundamental to the main objective of the WHO and to the role of WHO Representatives and its country offices, is Article 33 of the Constitution which refers to the relationship between WHO, Member States and others, namely: "The Director-General or his representative may establish a procedure by agreement with Members, permitting him, for the purpose of discharging his duties, to have direct access to their various departments, especially to their health administrations and to national health organizations, governmental or non-governmental. He may also establish direct relations with international organizations whose activities come

within the competence of the Organization. He shall keep regional offices informed on all matters involving their respective areas."

This article is further strengthened by Article 37 of the constitution which states: "In the performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which might reflect on their position as international officers. Each Member of the Organization on its part undertakes to respect the exclusively international characters of the Director-General and the staff and not to seek to influence them."

The WHO Manual sets out the general principles and guidance concerning WHO Representatives and their key role in relation to the Organization's technical cooperation at country level and defines the WHO Representative's role. WHO country offices may be established by the decision of the WHO Director-General, in close consultation with the government concerned. The Director-General may appoint, upon the recommendation of the Regional Director, a WHO Representative to cooperate with the government on behalf of the Organization as a whole, and to act as the senior officer responsible for the activities of the Organization in that country. WHO Representatives act under the authority of the Director-General and the Regional Director on behalf of

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the Organization as a whole, and are responsible for all aspects of activities of the Organization in their country or countries of assignment. WHO Representatives establish and maintain close contact with the highest levels of the national health administration and, by agreement with the government in accordance with Article 33 of the Constitution, with other government departments.

Within the limits of the authority delegated to them and depending on the situation in the country concerned, WHO Representatives carry out the following main functions in support of and collaboration with the national government:

- national, regional and global health policy formulation and implementation
- planning, programming and management of national health programmes
- planning and management of WHO cooperative activities in the country
- mobilization and rationalization of the use of available resources
- guidance and supervision of WHO staff in the country
- coordination within the country and with external partners
- representative and other diplomatic functions at country level.

The WHO Manual provides the parameters for the WHO Representatives' role including their charter to work with a range of government ministries, institutes and agencies within countries and areas, not only with health ministries.

## Historical perspective

The Constitution of the WHO was adopted by the International Health Conference held in New York from 19 June to 22 July 1946, signed by the representatives of 61 states, and entered into force on 7 April 1948 with

the establishment of the World Health Organization. Between these two dates, an interim commission was established, which had as its main function the continuation of the international work inherited from the previously existing organizations, namely Office international d'Hygiène publique and the Health Organization of the League of Nations.

The establishment of the WHO and the adoption of its programme of work by the first World Health Assembly, enabled the Director-General to give its secretariat a provisional pattern of organization which was put into effect on 1 October 1948 and was grouped in three major departments:

- Department of technical services, divided into epidemiological services, biological standardization, editorial and reference services and health statistics;
- Department of field operations, divided into division of planning and division of field operations;
- Department of administration and finance.

These departments worked under the Director-General, directly attached to whose office were a technical liaison section, a legal section and a public relations office.

The decentralization of technical services and the establishment of six Regional Offices of WHO to provide a more effective contact between the Organization and national governments was among the first policy issues envisaged in the implementation of the First WHO Programme of Work. With such a pattern of organization a distinction arose between two main services. On one hand are services relating to problems of international coordination in epidemiology, health statistics, research, therapeutic substances, publications and information assembly, classification, coordination and dissemination, which have to be undertaken centrally. On the other hand, the advisory ser-

vices and activities for direct technical aid or assistance to Member States undertaken jointly by governments and WHO are better provided and implemented by the regional offices. The first 25 years of experience have shown dynamic development towards the search for an equilibrium between these two services at all levels of the Organization. However, the impact of direct assistance services on national health development (which were enhanced by the first and second UN development decades of expanded programmes for technical assistance which commenced in 1952), are usually more easily noted at country level. The central activities, which are of a more general nature, are more difficult to observe and appreciate, though they make a positive contribution to national health development.

It was not clear in 1949 how the structure and staffing of a regional office should reflect the requirement for planning and supervising the technical assistance to be given towards solving the health problems of the Member States. This problem was discussed as early as 1949 at the second WHA and ultimately led to a fundamental change in the policy of WHO. It was concluded that, rather than sending short-term consultants specializing in specific health problems to individual countries, a professional officer, qualified and experienced in dealing with a particular health problem or field of work should be posted to the regional office. This would provide essential continuity for WHO's study of that particular problem in a region and for uninterrupted attention to the needs of the Member States in the development and progress of their own services and programmes aimed at the control of the problem. This led to the birth of the Regional Adviser posts, which later became key positions in the regional offices, and from the 1950s played a dominant role in the development of field programmes. To ensure the bal-

anced planning of WHO assisted projects by the regional offices, the Regional Advisers were required to work through a single public health officer in charge of a Planning and Operations Bureau, which by 1952 was developed into an Office of Health Services headed by the Deputy Regional Director. They were assisted by public health advisers and regional specialist advisers, to ensure the integration of all field programmes into general public health programmes for each country, and the rapid development of the various activities within the region. The Office of Health Services was later developed into a Division of Programme Management.

The first posts of WHO Representative were created in 1952 in the South-East Asia Region, followed by Africa and the Western Pacific. The work of the regional offices was developing fast, aiming, on one hand, for the establishment and maintenance of effective relationships between WHO and national health authorities and, on the other hand, to comply with its constitutional responsibility for leadership and the coordination of international health work. All this was at a time when bilateral technical assistance was already beginning to develop independently of and sometimes in inappropriate financial competition with WHO assisted programmes. Since that time, WHO Representatives, either for a single country or for a group of neighbouring countries, have gradually been appointed in an increasing number of countries in all WHO regions (except in the developed countries) as the field programme of the Organization expanded and in so far as budgetary resources would permit. In this respect, the WHO programme budget for 1996 made provision for 107 representatives, 32 liaison officers and one national programme officer in country offices of Member States in its six regions.

The Executive Board of WHO has on several occasions referred to the role of WHO

Representatives. An organizational study was suggested by the Executive Board in its Thirty-third Session in 1964 and submitted to its Thirty-ninth Session in January 1967, on coordination at the national level in relation to the technical cooperation field programme of the Organization. Based upon that study the Board defined the functions of WHO Representatives as; to represent the Organization at the country level; to provide liaison with the other international agencies; and to coordinate the programme implemented by the Organization in the country concerned. It also noted with appreciation the increasing importance attached by the majority of governments to the Representatives of WHO and stressed that WHO Representatives act as public health advisers and that governments are interested principally in the assistance they can provide in assessing a country's needs and resources and in setting up and implementing programmes. The same study identified the qualifications of such representatives as ability and experience in public health administration, combined with high personal qualities and training in public health, national health planning and elements of sociology, economics, demography and behavioural sciences.

The role of the WHO Representative has developed alongside the development and modification of relations between WHO and governments. The first two decades of the life of the Organization were geared mostly to provision of direct technical assistance and cooperation with countries, governed by their prevalent political, economic, socio-cultural and health status. Since then, the prime constitutional coordinating role in international health work has to some extent been marginalized. This was further aggravated by the independent development of bilateral technical assistance (from governments), which often competes with WHO especially in its proportionate financial

value, and limits its envisaged coordinating role. This has led to a gradual artificial separation between the demands of countries of the Organization, on the one hand, and the aspirations of its Constitution and governing bodies on the other. As a result there has been a divorce between the activities of the regions and of headquarters. The former were mostly devoted to technical assistance and cooperative functions, particularly applicable to a wide range of health activities guided by the classified list of programmes outlined by the respective periodic WHO General Programme of Work. The latter, on the other hand, were devoted to coordination activities directed towards: the international transfer of information on health matters; collaboration with government health administrations; professional groups and the UN system; stimulation of activities aimed at improving environmental factors affecting health and the establishment of international standards in the field of health.

### Present perspective

The role of the central technical and international coordinating services of WHO and of the programmes of direct technical assistance to Member States was further developed in 1975. The Executive Board (Off.Rec.WHO No.223, part 1, Annex 7) confirmed that an integrated approach was indeed essential for the successful fulfillment of WHO's mission and that this approach would determine the functional and structural interrelationships required within the Organization with primary emphasis on how the programme as a whole could be most rationally conceived and most effectively delivered. It considered that the change of the traditional relationship from "assisted government" and "assisting agency" to that of collaboration would help all concerned to

adhere to the General Programme of Work decided upon by the World Health Assembly. At its Fifty-eighth Session in May 1976, the Executive Board decided to set up a working group to prepare an organizational study on WHO's role at country level, particularly the role of WHO Representatives. The report of this working group was presented to the Sixty-first Session of the Executive Board in January 1978. The Board in that Session decided that WHO activities within Member States should be more oriented towards collaboration with governments in the planning, programming, implementation and evaluation of national health programmes integrated into national socioeconomic development plans, rather than to the implementation of fragmented projects. This evolution from the phase of technical aid or assistance to that of collaboration necessitates improved dialogue between WHO and the government concerned in order to increase the participation of national authorities in the work of WHO. This collaboration should cover both advisory and operational assistance, helping to develop self reliance in the health field while taking into consideration the socioeconomic conditions, needs and cultural context as well as organization of health services prevailing in the countries and promote cooperation between the countries themselves.

This technical cooperation should be carried out mainly at the country level, on request, and should reflect the unity of concept and of action at all levels within the Organization. Collaboration includes the simultaneous exchange of information and ideas, contributes to the formulation of health policies and programmes and the provision of human, financial and material resources in order to put such programmes into effect. All of these should be based on the extent to which the country is able to define their needs and the type of collaboration required

to enable WHO to give more concrete directions to its cooperation.

The Alma-Ata Declaration of September 1978 and the adoption by the World Health Assembly in 1979 of the Global Strategy for Health for All by the Year 2000 defined the main social target of governments and WHO as the attainment in the world by the year 2000 of a level of health that will permit all the people to lead a socially and economically productive life. They were substantial in facilitating the functional evolution of the Organization and the implementation of its collaborative activities with the governments and communities of Member States where health should be approached in the broader context of its contribution to, and promotion by, social and economic development.

The role of WHO and its staff at all levels and particularly the WHO Representatives at country level has developed accordingly, guided by the pertinent resolutions of its governing bodies and the relevant regional programme budget policies. The mechanism of this collaboration took various forms to ensure its coordination with defined national health policies and set priorities with the active involvement of the WHO Representative as a prime mover and a major catalyst. The Representative and WHO staff at national level work with their national partners to build health system infrastructures based on primary health care, using the health science and technology capabilities available to the Organization and its Member States. In addition to the regular exchange of information and its dissemination, the regional offices introduced a periodic joint review of national health programmes with emphasis on areas where WHO collaboration is sought, to ensure a partner relationship with the Member States. In such areas, WHO technical support can complement and facilitate the implementation of nationally initiated and managed collaborative programmes aimed at

solving the country's most important health problems through well defined action plans that are likely to have a significant impact on the solution of the health problems concerned. Moreover, periodic visits of national senior health officials to the regional offices were encouraged to allow for personal communication with the Regional Advisers concerned and a better acquaintance with the scope and potential of the technical support that could be provided. Similarly, in addition to regular visits by the Director-General and the Regional Director, Regional Advisers responsible for specific programmes created to solve priority regional or global health problems are urged to visit Member States to provide guidance and facilitate the adequate implementation of collaborative programmes and assess their impact. In this connection, the Regional Committees assisted by the Regional Consultative Committee and the Regional Advisory Committee on Health Research assigned by the Regional Director, were constructively used by the Member States to take collective decisions on their behalf to foster technical and economic co-operation in priority issues common to them and to monitor and control WHO activities to ensure their adherence to the policies agreed upon and to the goals of the WHO's General Programmes of Work.

Based upon this conceptual and operational evolution, the implementation of WHO collaborative activities with Member States during the past 20 years proved substantial in attaining a significant improvement in the overall health status in most developing countries. However, it also revealed the need to strengthen the WHO country offices to enable the WHO Representatives to perform efficiently as team leaders entrusted with the provision of a variety of diversified duties that sometimes extend beyond the boundaries of health and the traditional training of health professionals.

## Future challenges

WHO faces critical challenges as a result of global political, economic, social and health changes due to the end of the Cold War. This has stimulated a major ongoing realignment of global political and economic relationships. In many countries these changes have also been accompanied by greater emphasis on market-based economies and democratic reforms which stress individual rights and responsibilities for health, food, housing, education and political representation. At the same time, the decline in the pace of economic growth and the growing debt burden in many countries have resulted in fewer resources for international development activities and for national funding for health and social sector programmes. Confronting these serious limitations, national authorities worldwide have become increasingly preoccupied with health sector financing, particularly the sharply rising cost of medical care which threatens the sustainability of cost-effective primary health care intervention.

These dramatic global changes have also been accompanied by other transitions that have significantly affected health status and disease patterns. These include growing environmental health problems resulting from national resource degradation and pollution; improper use and disposal of hazardous materials; significant demographic changes caused by rapid population growth in some countries; unplanned urbanization and mass migration of refugees due to natural and man-made disasters; and greater expectations regarding the level and quality of health care created by expanding medical technology and health awareness. The spread of the AIDS pandemic and the resurgence of diseases such as tuberculosis and malaria threaten to jeopardize hard-won improvements in health status, particularly in terms of life expectancy and infant mortality.

Concerned with the need to respond to these profound changes the WHO Executive Board established a working group in May 1992 on the WHO response to global change, to undertake a review of the extent to which WHO could make a more effective contribution to global health work in Member States. The report of this working group (EB92/4) was submitted to the Ninety-second Session of the Executive Board in April 1993. Among the future directions for WHO and main issues identified by the working group which require action were those under item 4.5 of the report concerning the WHO country offices and representatives. Other important issues of concern in this regard relate to the mission of WHO, where Health for All by the Year 2000 continues to provide a valid and timeless aspirational goal. Its association with the year 2000 has been a motivational concept rather than a limiting time frame, that should represent only the first milestone in the continuous efforts of Member States towards health for all. The working group report recommended changes in the structure and process of the Organization in response to global change, with a view to improving health status and health care throughout the world. These recommendations involve the WHO governing bodies, its headquarters' responsibilities and those of its regional offices, coordination with United Nations and other agencies, budgetary and financial considerations as well as technical expertise and research.

Following the recommendations of this working group, a development team on the role of WHO country offices was established with seven core groups representing the six WHO regional offices and its headquarters. The report of this development team, chaired by Dr S. T. Han, Regional Director for the Western Pacific, was prepared after continuous consultations that started in January 1994, between the seven core groups

of the team and culminated in its formal meeting which took place in Manila in November 1994. The development team report concluded that there was a need to reappraise WHO Representatives and country offices and to enhance their roles for implementing what the countries expect from the Organization at present and beyond the year 2000. The report noted that while it is officially stated that WHO country offices must be the hub of the Organization for implementing its technical cooperation activities, WHO practices do not always match this proclaimed principle. Expectations that WHO Representatives will facilitate change and act as advocates for WHO policies are constrained by unrelated and uncoordinated demands at other levels of the Organization, and lack of support. WHO Representatives feel that their role and the reality of working at country level are not well understood when decisions are made at regional or headquarters level. Many WHO Representatives have expressed a feeling of vulnerability in their efforts to balance their responsibilities to the country and to the Organization, leading them to behave cautiously instead of taking a proactive role.

The development team analysed the situation and recommended changes in many areas. These included revision of the functions of WHO country offices and reinforcement of their composition, with greater reliance on national staff, rationalization of the support provided at other levels of the Organization and an increase in such support, greater delegation of authority to WHO Representatives, with corresponding accountability, and lastly new guidelines on the status, selection, appointment, training and rotation of WHO Representatives. This report was submitted to the Ninety-sixth Session of the Executive Board, in May 1995, then a revised report (EB97/5), prepared on the basis of the comments made by members of the board was submitted in November 1995 to the Ninety-

seventh Session of the Executive Board, who requested the Director-General, in decision EB97/13, to take action in seven specific areas, aimed at strengthening the role of WHO country offices. The first two areas include the development of criteria for establishing a WHO country office, whose activities must be coordinated with the ministry of health, and guidelines for relations between country offices, ministries of health and other health bodies. The third area aims to maximize WHO Representative efforts for appropriate coordination of United Nations support to the WHO country plan to meet its priority health needs through well established dialogue with the country's health leadership, with emphasis on the ministry of health and other national health bodies, as well as other UN agencies and other partners in intersectoral development related to health. The fourth area concerns the development of guidelines to determine the eligibility of both WHO and non-WHO staff to be WHO Representatives. The other three areas include taking necessary steps to ensure the development of a unified WHO country programme integrating global, regional and country levels of WHO inputs, in collaboration with national health authorities and based upon their policies, assessed priorities and needs. Appropriate country involvement should be ensured in the selection process of WHO Representatives and this process should include submission by the Regional Director of a short list of at least three candidates in order of preference to the Director-General, who will appoint the WHO Representative after consulting the Senior Staff Selection committee.

The Director-General submitted a progress report (EB98/3) on the implementation of this decision to the Ninety eighth Session of the Executive Board in April 1996 and then established in June 1996, at WHO headquarters, a working group on the WHO coun-

try office which is currently studying the above mentioned first four issues in the initial phase of its work and is expected to prepare a document in this regard to be presented to the Executive Board in January 1998.

## Future role of WHO country offices<sup>1</sup>

Based upon the revised report of the Development Team on the Role of WHO Country Offices, commented upon by the Executive Board and submitted to its Ninety-seventh Session in November 1995, and in line with the WHO Ninth General Programme of Work 1996-2001, the future role of WHO country offices is envisaged as achieving the following objectives:

- a) Support the ministry of health in formulating national policy and strengthening its leadership in the health sphere within the government;
- b) Promotion of health issues in other sectors and ministries;
- c) Planning, monitoring and evaluation of WHO technical cooperation;
- d) Promoting multi-agency integrated developmental planning and collaboration with the UN system, while maintaining WHO constitutional leadership in health;
- e) Resource mobilization;
- f) Adequate and prompt response to health emergencies.

<sup>1</sup> The future role of WHO country offices may be revisited within the context of and in compliance with the Oslo Group report on WHO cooperation for health and development (1997), the ongoing debate by the WHO Executive Board on the subject and the WHO working group report *Partnership with countries* (LSC/WGP/99.1), submitted in January 1999 and discussed recently at the global meeting of WHO representatives and liaison officers held in WHO headquarters, Geneva, Switzerland, in late February 1999.



To achieve these objectives, among others, the WHO country office, as directed by WHO Representatives and supported by responsible WHO divisions at regional and global levels, and in consultation with the national health authority and other health related sectors, should set quantifiable, time limited, targets relevant to each objective.

The functions of a WHO country office and its Representative entail the development of mechanisms and approaches for the phasic realization of these targets and the eventual evolution of certain sustainable products that maintain the infrastructure and managerial capabilities of the national health systems in terms of equity, efficiency, cost effectiveness and quality. These approaches and mechanisms may vary from one country to another, based upon the prevailing socio-economic situation and politico-administrative organization and available resources.

Approaches and mechanisms relevant to the six main objectives may be as follows:

*a) Support the ministry of health in formulating national policy and strengthening its leadership in the health sphere within the government*

- continued provision of information to high-level and executive national authorities, concerning WHO policies and resolutions of its governing bodies;
- encouragement, strengthening and upgrading of government participation in WHO governing bodies;
- regularly updating analysis of the national health situation and trends at reasonable periodicity;
- health systems research and analysis of health intervention in terms of equity, efficiency, cost effectiveness and quality;
- encouragement of government priority setting and its continued monitoring and revision;
- including health economics and financing within the context of national development;
- strengthening and supporting strategic planning, broad and detailed programming and evaluation;
- catalysing the intra- and intersectoral coordination and collaboration in health and providing WHO mediating technical support at national and international levels with emphasis on ministry of health leadership and joint approaches to policy analysis, planning and implementation.

The expected products of such interventions and approaches may be as follows:

- establishment of a national multisectoral supreme council for health involving other health related ministries and sectors as well as senior representatives of scientific, educational and health professional institutions;
- endorsement and adoption of a national health policy and the different health systems necessary for its strategic planning and implementation;
- continued updating and renewal of national health for all strategy;
- sustainable self-reliant health financing system;
- development of a national health quality assurance system;
- adequate, simple national health information system including epidemiological surveillance of disease and injuries;
- development of a national health and biomedical information system;
- institutionalization of health systems research;
- national plan for human resources development for health and continued training for health personnel;
- national drug policy.

*b) Promotion of health issues in other sectors and ministries*

- establishment and maintenance of direct access to the major government departments and officials dealing with health related issues, while keeping the ministry of health as the primary counterpart of WHO collaboration. This is in line with Article 33 of the WHO constitution and with the second issue in Executive Board decision EB 97/13;
- provision to health related sectors and ministries of relevant information on WHO policies and its governing body resolutions, which relate to activities of these sectors and call for WHO involvement and cooperation for the sake of health promotion and protection;
- promotion of collaboration and partnership between various sectors in health development through personal communication and encouragement of organized national multisectoral discussions and consultations for management of health problems;
- provision of assistance as appropriate in the coordination of donor actions by the government to avoid overlapping and ensure focusing on priority areas.

The expected products of such interventions and approaches may include the following:

- adequate awareness of WHO policies and activities by health related government officials as well as scientific, educational and professional societies;
- promotion of health as a developmental issue necessary for increasing the productivity and output of other sectors; raised awareness of how health may be affected by the impact of developmental projects;
- establishing multisectoral bodies that deal with specific health issues related to

activities or responsibilities of various sectors within the health sector and the government as a whole;

- coordinated plans for integrated socio-economic development involving national as well as international resources and ensuring their proper utilization.

*c) Planning, monitoring and evaluation of WHO technical cooperation*

- the WHO Representative should act as a health policy adviser and the office as the primary unit for delivery of all WHO technical cooperation, which includes its generation, coordination, execution and evaluation;
- establishment of a periodic dialogue and close collaboration with all health related sectors of the government and other public national authorities;
- prompt response and adequate provision of information to these sectors with the WHO Representative's office acting as a think tank with relevant national and international technical information. A mini-library at the WHO Representative's office, retaining WHO and other technical publications as well as catalogues of books and equipment, will facilitate this task;
- provision of assistance, with competent national and international staff as appropriate, to support national initiatives and priorities as governed by the Regional Budget Programme Policy and the joint planning of the WHO country programme collaboration;
- direction of WHO country collaboration to meet national priorities and maintain its overall coherence with WHO policy and its governing body resolutions;
- encouragement and assistance in developing comprehensive national plans addressing specific health problems, with

proper situation analysis, objectives, targets and implementation activities where WHO collaboration can be fitted in and adequately absorbed and utilized.

The expected products of such mechanisms may be summarized as follows:

- improved image of WHO;
- appreciable and measurable impact of WHO technical collaboration for national health development;
- enhancement of WHO constitutional leadership in health:

*d) Promoting multi-agency integrated developmental planning and collaboration with the UN system while maintaining WHO constitutional leadership in health*

- provision of advice to the UN and other agencies and provision of information and technical support for the preparation of their health related programmes;
- provision of advice to the government on health related issues, creating awareness on health impact of developmental programmes for consideration in preparing the Country Strategy Note;
- strengthening coordination of multilateral and bilateral institutions inputs into health to prevent or minimize duplication;
- encouragement of joint policy analysis, planning and implementation;
- promotion of holistic, comprehensive approaches for tackling complex, interdependent socioeconomic problems which seriously affect the health of the population, especially poverty.

The expected products of such interventions and mechanisms may include the following:

- coordination and harmonization of operational activities of UN agencies in the

country to ensure a sustainable impact and a better utilization of its resources;

- comprehensive, integrated national plans for the socioeconomic development of its communities;
- a Country Strategy Note reflecting the prevalent situation and socioeconomic needs with priorities for development.

*e) Resource mobilization*

- assist the country and enhance its capacity to mobilize and strengthen the management of national and external resources for health, whether human, administrative, technical or financial, to meet its identified priorities, irrespective of the sources of these national or international resources;
- maintain contacts and collaboration with many national institutions, nongovernmental organization's and scientific bodies;
- active involvement in the coordination of health and related programmes funded or implemented by other UN bodies or other partners either through direct contact or through programme thematic groups and donors specific subgroups;
- preparation of a short concise document or fact sheet presenting the strategy and priorities of WHO country cooperation and analysis of its impact, for its wide dissemination to national and international bodies concerned, to facilitate relevant collaboration and fund raising activities;
- provision of advice to nationals on technical aspects of the provision and appropriate use of budgetary resources for health which are made available to the government by bilateral agencies as well as the World Bank and other regional developmental banks.

The expected products of these interventions may be the following:

- adequate utilization of resources;
- fund raising for health development from interested and willing national and international agencies;
- enhanced solidarity of UN system and harmonization of its operational activities;
- awareness of WHO collaborative activities and practical implementation and interpretation of its constitutional leadership in health.

*f) Adequate and prompt response to health emergencies*

- WHO Representatives are the chief players in the country and should be supported to acquire the absolute, sole responsibility with reference to all WHO activities in emergency situations in the country;
- WHO Representatives should be able to make an immediate assessment of the impact of emergencies on health, and report as soon as possible to regional and headquarters levels of responsibility, with suggestions of assistance needed;
- WHO Representatives should be able to make an immediate response on behalf of the Organization within the tangible limits of their financial delegated authority, while waiting for, or requesting, special

support from regional offices and headquarters;

- WHO Representatives should coordinate with other main agencies, especially UNDP, in response to emergencies;
- promotion and provision of assistance for establishing a national strategy and plan of action for preparedness and response to emergencies in health, in coordination with other sectors concerned.

The expected products of such interventions may be as follows:

- development of a national plan for emergency preparedness and response in health;
- promotion of WHO image at the national level;
- rational and immediate response of WHO to mitigate the impact of emergencies on health;
- concerted and coordinated response of the UN system to emergencies, highlighting the role of WHO in health protection and disease prevention during and after emergencies.

To realize each of the WHO country office envisaged functional objectives, a plan of action can be formulated including a situation analysis of the function to be addressed, the objectives to be achieved, the time limited target to be attained, the products to be expected and the activities to be implemented for its production.

*Commentary*

**H.E. Dr Ali Bin Mohamed Bin Moosa**  
Minister of Health, Oman

This paper makes interesting reading; and the envisaged future role of WHO country offices seems to be very ambitious. If the WHO country office can undertake all these pro-

posed tasks this will definitely help the health services of the country concerned. I consider the WHO country office to be part of the ministry of health and not an extension

of the WHO regional offices or headquarters. Therefore, the WHO country office should work as a part of the ministry of health.

There is need to give some thought to the delegation of authority with accountability at the country level because it takes a lot of time to get the necessary support from the higher level. The most crucial point which I want to mention is that the WHO Representative should be a very able person with high personal qualities. He or she should have a

training in public health, national health planning and should have wide experience in public health administration.

First, I wish to congratulate Dr Al-Khawashky for his excellent and comprehensive account which, in my opinion, serves as an excellent discussion paper. The organization of the paper is also such that the discussion can smoothly follow its outline to reach the required conclusions.

I have few comments to offer for the writer's attention as well as for the discussion itself.

### *Commentary*

#### **H.E. Dr M. Eyad Chatty**

Minister of Health, Syrian Arab Republic

I wish to offer the following comments on this interesting paper:

1. Evidently, a great and commendable effort was devoted to its preparation in such an informative and comprehensive form.
2. However, it could have been usefully shorter, particularly its first half.
3. Had it addressed local matters more clearly and comprehensively, giving some brief examples, it could have acquired the character of the Region to which we belong.
4. We believe that an analytic review of the past experiences, and the anticipated future role of WHO, particularly in the light

of the new administration, could be a useful guide.

5. In my opinion, the Working Group has to elucidate the five guidelines required for the five proposed functions, elaborating on who will undertake the formulation of such working fundamentals: the Regional Office staff, external consultants on those who benefit from the work of WHO Representatives, or a combination of all these.

Finally, I wish you continuing success in your relentless endeavour to improve the health situation in the world, in our Region and in the Syrian Arab Republic.

### *Commentary*

#### **H.E. Dr Iraj Fazel**

President, Academy of Medical Sciences, Islamic Republic of Iran

I read Dr Al-Khawashky's paper on the role of WHO representatives at the country level and found it quite interesting and comprehensive so far as it described historical background and future prospects. However, I believe that in order to make this activity of

WHO more profitable, it would be desirable to have an objective evaluation of its past performance so that reasons for successes and failures be brought to light and used to improve future undertakings of this nature.

*Commentary***Dr Farouk Partow**

Former Assistant Director-General, WHO headquarters, Switzerland

**1. Historical perspectives**

To start with, I feel that the view expressed in the "historical perspective" section of the paper could be misinterpreted as minimizing WHO headquarters' role in health development. In fact, all health development policies and strategies were formulated, refined and followed up at that level, obviously with active participation and feedback from regional and country levels. Also, the technical and managerial health information that emanated and continue to emanate from WHO headquarters has established, over the decades, a solid base of international respect for WHO in all countries which remains fortunately untarnished in spite of the difficulties and the shortcomings in other areas of WHO activities.

The interpretation of the phrase "prime constitutional coordinating role in international health work" continues to create problems and frustrations, particularly at country level. Even at central level, where it should be easier to tackle, cooperation between agencies is based on "partnership" e.g. with UNICEF, the World Bank and others and not on WHO's "constitutional" leadership role. All partners have their own mandates and they flatly ignore "WHO leadership" in international health work. On the other hand, WHO has the constitutional responsibility to make all possible efforts to establish fruitful coordination on various health issues and tasks, particularly in policy and strategy identification. This has been and is being done in different areas, and it could be said that WHO policies and strategies are, by and large, shared, accepted and adopted by different partners. However, at country level, where the implementation of those policies

and strategies takes place, WHO lacks the resources and status to play the leading role with other partners in health work. In practical terms, leadership at country level is the prerogative of the national health authority (ministry of health) and the WHO representative's role is to advise and encourage the ministry of health and other authorities to adopt WHO policies and strategies to their health programme's needs and practices. Also the WHO representatives should maintain friendly consultations with foreign health partners to ensure that internationally accepted health policies (WHO policies) are followed at country level in a spirit of partnership and coordination. Any claim to a "prime role" will be resisted by others, including the ministry of health, which is usually subject to various political and financial pressures. Condescension serves no purpose and creates unnecessary sensitivity among WHO partners

**2. Present perspective**

The impact of WHO collaborative activities on the "improvement of the overall health status in most developing countries" is not as clear as it is stated in the last paragraph of this section. Such improvement is usually the result of implementing sound national policies and strategies by the national health authorities through their efficient health system. It is also largely dependent on upgrading the socioeconomic status of the country. WHO, as well as other health support partners, can play only a catalytic role in that process.

### 3. Future challenges

This part of the paper is largely based on the report of the Development Team on the Role of the WHO country offices, and its recommendations, approved finally by Executive Board decision EB97(13).

In my humble opinion, there is little to add to the reports' recommendations. However the following points deserve more emphasis here:

- a) Strict criteria are needed for the selection of WHO Representatives. These criteria should be fully respected; and the WHO Representative's performance should be systematically reviewed jointly by a team of senior staff from the Regional Office concerned and WHO headquarters.
- b) Delegation of budgetary and personal authorities to the WHO Representative should be expanded based on the authority exercised by other UN country representatives, e.g. UNICEF and UNDP.
- c) There should be a periodic assessment of WHO country office staff needs. National technical staff should be assigned as may be required to strengthen the WHO Representative's office capacities in health economics, planning and monitoring.
- d) Guidelines on the WHO Representative's cooperation with other health support agencies in the country (UN bilateral agencies), and with NGOs are needed. The WHO Representative's acceptability to other partners and his ability and availability as a useful technical resources to them can make a real difference to strengthening WHO role at country level, to WHO image and to the coordination of available health resources.

#### *Commentary*

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Having reviewed the article by Dr M.I. Al-Khawashky, we can find little upon which to comment constructively. However, as this article focuses on the history and present situation of the WHO country office, may I suggest that it would be useful to view it as

part one of a two-part series. With the current debate in the Executive Board and also the Oslo Group Study now under discussion, there is certainly a need to revisit the issue in the near future.