

Third Global Meeting of WHO Representatives and Liaison Officers



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R E P O R T



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ABBREVIATIONS

APW	Agreement for the performance of work
ART	Antiretroviral therapy
ARV	Antiretrovirals
CCA	Common country assessment
CCS	Country Cooperation Strategy
CEB	UN System Chief Executives Board for Co-ordination
CMH	Commission on macroeconomics and health
CPC	Caribbean programme coordinator
cVDPV	Circulating vaccine-derived polio virus
DOTS	The internationally-recommended TB control strategy
FAQ	Frequently asked questions
GMS	Global management system
GPN	General programme network
HFA	Health For All
LO	Liaison Officer
MDG	Millennium development goals
NGO	Non governmental organization
NPO	National professional officer
PHC	Primary Health Care
PMDS	Performance management and development system
PSC	Programme support costs
SARS	Severe acute respiratory syndrome
SSA	Special service agreement
SWAP	Sector-wide approach
UNCT	United Nations country team
UNDAF	UN development assistance framework
UNDG	UN development group
UNRC	United Nations resident coordinator system
WLO	WHO liaison Officer
WR	WHO representative

RECOMMENDATIONS CONCERNING STRENGTHENING OF WHO WORK IN COUNTRIES

INTRODUCTION

The participants welcomed the Director-General's initiative in organizing the Third Global Meeting of WHO Representatives and WHO Liaison Officers (WRs/LOs). They appreciated the opportunity to contribute their ideas and energy to discussions on how to realize his vision of putting countries at the centre of WHO's work. The spirit of the meeting set by the Director-General in his opening remarks was one of change within continuity. The contribution of the WRs/LOs during the meeting was, not surprisingly, focused on the change.

The participants expect that the meeting and its outcome will become a major step in recognizing that WRs/LOs represent a force to be relied on and utilized in the achievement of the Organization's ambitious aspirations and plans.

For this force to be fully exploited, a number of concrete changes must be made in the way the Organization works to make it modern, responsive to countries' needs and more effective. This is the case for the full spectrum of WHO's work but also to meet the extra demands of new initiatives, such as the 3 by 5 Initiative, where WHO's global advocacy, resource mobilization and technical guidance must be matched by efficiency on the ground. Such changes will be essential to achieve the potential of WHO's renewed commitment to PHC.

To maintain the open dialogue that has been re-established with WRs/LOs in this meeting, appropriate permanent mechanisms must be established to ensure that the voices of WRs/LOs continue to be heard along with those of colleagues in regional offices and headquarters.

The WRs/LOs are confident that the recommendations of this meeting will be taken seriously and actively followed up in line with the benchmarks and time-frames agreed during the meeting. The WRs/LOs pledge to assume their responsibility and offer their full commitment to making a country-centred WHO a reality.

KEY RECOMMENDATIONS

Recommendations on which there was a high level of consensus as to their priority are grouped under sections 1-7. Because of time constraints benchmarks could not be proposed for all recommendations. These remain to be developed.

	Benchmarks
<p>1. There is a strong consensus on the importance of all countries having a country cooperation strategy (CCS), linked to a single workplan and budget, all developed jointly by the country office, regional office and as much as possible headquarters, to ensure the coherence of WHO's work at country level.</p>	
The meeting recommends that:	
<ul style="list-style-type: none"> ▶ The starting point for all WHO activities in all countries should be a country coordination strategy that serves as the basis for a single workplan and a single budget. 	<i>CCS and single workplan and budget in all countries by end 2004.</i>
<ul style="list-style-type: none"> ▶ The single budget should include regular budget country funds, an estimate of extrabudgetary funds from headquarters and the regional office, known and/or likely to be available for use in the country, and locally raised resources. 	
<ul style="list-style-type: none"> ▶ To enhance a common understanding and commitment to a country-centred approach, standardized tools should be used across all levels and regions of the Organization. 	<i>CCS and single workplan and budget in all countries by end 2004.</i>
<ul style="list-style-type: none"> ▶ The WR/LO should be responsible for the development of the workplan and budget (preferably with the involvement of regional office and headquarters staff) and should be responsible and accountable for the management of the budget. 	
<ul style="list-style-type: none"> ▶ No activities/expenditure should be undertaken in a country using WHO staff and funds outside the agreed workplan and budget (unless these are modified by the country office, in consultation with the regional office, to take advantage of new funding). 	
<ul style="list-style-type: none"> ▶ The workplan and budget should respond first to priorities identified in the country and not be driven by donor priorities and WHO internal earmarking of funds at global and regional level. Global and regional initiatives must be built into the workplan rather than operating outside it. 	
<p>2. The meeting concludes that further delegation of authority to WRs/LOs is critical and needs to be defined in three areas: political, programmatic/technical, and administrative.</p>	
The meeting recommends that:	
<ul style="list-style-type: none"> ▶ There should be greater recognition and support of the WRs/LOs role as representatives of the Director-General and regional director, to enhance their political role in promoting health at the country level. 	
<ul style="list-style-type: none"> ▶ Delegation of authority should be standardized across the regions but allow for exceptions based on the size and staffing of the country office (and possibly in the event of emergencies). 	<i>Standardized definitions of delegation of authority at all levels by end 2005.</i>

	Benchmarks
<ul style="list-style-type: none"> ▶ The status of LOs and National Professional Officers (NPOs) needs special consideration and clarification. 	
<ul style="list-style-type: none"> ▶ Delegation of authority in relation to financial and human resource issues requires rapid action (see relevant points in recommendations 1 and 3) 	
3. The meeting feels strongly that the efficiency and effectiveness of WHO at country level can be greatly enhanced by the WHO country office functioning as a budget management centre.	<i>Country offices as budget management centres by end 2005.</i>
The meeting recommends that:	
<ul style="list-style-type: none"> ▶ WRs/LOs should be given the authority to manage the agreed budget flexibly towards the achievement of an agreed set of expected results. 	
<ul style="list-style-type: none"> ▶ Where capacity exists (which should be the aim for all large and medium-sized country offices), both the authority for expenditure and the management of procedures for such expenditure should be at country level (for example, agreements for the performance of work, (APW), special service agreements (SSA), local cost requests), within appropriate mechanisms to ensure accountability. 	
<ul style="list-style-type: none"> ▶ Country offices should also be given more support in auditing to strengthen their capacity to be responsibly accountable. 	
<ul style="list-style-type: none"> ▶ Flexibility in use of the budget should be allowed for rapid response to an emergency situation. 	
<ul style="list-style-type: none"> ▶ Country budgets should include a small proportion of unspecified funds to be used at the discretion of the WR/LO (with appropriate regional office consultation) to respond to unforeseen demands. 	
<ul style="list-style-type: none"> ▶ Fund raising by WRs/LOs at country level should be explicitly encouraged and they should be empowered to negotiate and sign agreements, in consultation with the regional office and headquarters. This should be facilitated by clear instructions, revised standard procedures and templates for memoranda of agreement with donors, training of WRs/LOs and rapid legal clearance. 	
4. Another key message from the WRs/LOs is that improving the understanding of the roles and responsibilities of different components of WHO and improved communication are critical to WHO working as one organization.	
The meeting recommends that:	
<ul style="list-style-type: none"> ▶ The predominant (though not exclusive) roles and responsibilities of the three levels of WHO should be clearly defined and widely disseminated. 	<i>Clear definitions finalized and distributed by June 2004</i>
<ul style="list-style-type: none"> ▶ Plans to modernize and enhance the IT environment and connectivity (including the global programme network (GPN) or equivalent) across the whole Organization should be accelerated, giving priority to regions/countries in greatest need of improvements. 	<i>Improved connectivity in the African Region by end 2004 and across the whole Organization by end 2005.</i>
<ul style="list-style-type: none"> ▶ All country offices should have video-conferencing capacity and web-sites (or pages). 	
<ul style="list-style-type: none"> ▶ Communication should not only occur up and down the hierarchy (headquarters, regional office, country office) of the Organization but simultaneously among and across levels and regions. 	

	Benchmarks
<p>5. The meeting emphasizes that WHO can only become a truly country-centred organization if there is genuine recognition that WRs/LOs are integral members of the Organization's senior management.</p> <p>The meeting recommends that:</p> <ul style="list-style-type: none"> ▶ More frequent and effective mechanisms of consultation between headquarters, regional offices and WRs/LOs should be established, for example, reference groups and "think tanks" (possibly virtual) on different topics (possibly for each headquarters cluster). ▶ WRs/LOs should be involved in the design phase of all new global initiatives. ▶ More WRs/LOs could be invited to participate in global and regional governing body meetings with additional satellite meetings. 	<p><i>WRs/LOs included with RO and HQ staff in reference groups and other mechanisms immediately, and mechanisms for ongoing involvement defined by June 2004.</i></p>
<p>6. The meeting agrees that, in order to implement the work of WHO at country level, significant investment is needed in strengthening the human resource capacity and competency of country offices.</p> <p>The meeting recommends that:</p> <ul style="list-style-type: none"> ▶ The capacity and competency of country offices must be adequate to support the priorities of the CCS and workplan. In particular, health systems expertise is lacking in many offices despite the universal importance of this area of work. ▶ Country offices with a WHO representative should have a minimum additional staff of one international administrative officer and at least one programme officer. Consideration should be given to categorizing countries in order to determine minimum staffing and resource allocations. ▶ The policy of mobility and rotation should be finalized and implemented as soon as possible. Clear benchmarks should be set for the transfer of headquarters staff positions to the regional and country offices, including redeployment of existing staff, if appropriate. Redeployment of staff to country offices should not be used as a penalty or to relocate non-performing staff. It should be part of an individual career plan. ▶ WR/LO and other country office staff competencies should be continuously upgraded, for example through distance learning and peer education activities. ▶ The plan to allocate 2% of the budget and 5% of staff time for staff 	<p><i>Comprehensive plans for upgrading country level staffing and competencies developed by June 2004.</i></p> <p><i>Minimum staffing levels defined by June 2004, recognizing the additional demands created in some countries by the 3 by 5 and other initiatives.</i></p> <p><i>Plans developed by June 2004. Targets set for end 2005 and monitored closely.</i></p> <p><i>Continuing education opportunities for CO staff developed by June 2004.</i></p> <p><i>Availability of 2% of budget for staff devel-</i></p>

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