

7th Global Meeting

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

Geneva, 18-22 November 2013



REPORT



World Health
Organization



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Printed by the WHO Document Production Services, Geneva, Switzerland

CONTENTS

KEY ACTION POINTS AGREED DURING THE SEVENTH GLOBAL MEETING	ii
PART I: INTRODUCTION	1
PART II: SUMMARY OF PROCEEDINGS	2
2.1 OPENING SESSION	2
2.2 THE POST-2015 DEVELOPMENT AGENDA	4
2.3 UNIVERSAL HEALTH COVERAGE	7
2.4 NONCOMMUNICABLE DISEASES	13
2.5 WHO REFORM AT COUNTRY LEVEL	20
2.6 CONCLUDING SESSION AND WAYS FORWARD	28
ANNEXES	
ANNEX 1: LIST OF ACRONYMS AND ABBREVIATIONS	31
ANNEX 2: HIGH LEVEL AGENDA AND PROGRAMME OF WORK	33
ANNEX 3: TYPOLOGIES OF WHO OFFICES IN COUNTRIES, TERRITORIES AND AREAS	38
ANNEX 4: OPENING REMARKS OF THE DIRECTOR-GENERAL	42
ANNEX 5: REMARKS ON BEHALF OF HWOs BY DR YAO KASSANKOGNO, HWO COMOROS	47
ANNEX 6: RESULTS OF THE EVALUATION OF THE MEETING	49
ANNEX 7: LIST OF PARTICIPANTS	53
APPENDICES	
APPENDIX 1: OVERVIEW OF LUNCHTIME SEMINARS	68
APPENDIX 2: SUMMARIES OF LEARNING OPPORTUNITIES	75
APPENDIX 3: SUMMARY OF SIDE EVENTS	78

Key Action Points agreed upon at the 7th Global Meeting

POST-2015 DEVELOPMENT AGENDA

1. Work to:
 - 1.1 **Position health firmly in the post-2015 agenda with at least one health goal;**
 - 1.2 **Incorporate health indicators in the goals of other sectors.**
2. Facilitate **outreach to other sectors of government** in addition to health, **as well as to non-State actors**, by plotting the path on the roadmap leading to New York 2015. To this end:
 - 2.1 Country offices should actively work with Ministries of Health, Ministries of Foreign Affairs, Heads of State and Government and Civil Society;
 - 2.2 Regional offices, headquarters and the WHO office in New York should seize the opportunities to advocate and sensitize actors of all mechanisms and platforms that will contribute to the agreed, final version of the post-2015 agenda.

UNIVERSAL HEALTH COVERAGE

3. **Develop a strategy for advancing UHC with country-specific roadmaps and milestones.** This requires:
 - 3.1 A clearer definition of what UHC means and an identification of its components;
 - 3.2 An improved way of packaging and communicating information on UHC, targeted at different stakeholders who play a role in its realization;
 - 3.3 A clear and feasible metrics to assess progress;
 - 3.4 A commitment to make UHC part of the new generation of Country Cooperation Strategies (CCSs).
4. **Create an expert network and resource group from the three levels of the Organization that can provide country-specific support in the area of UHC.**
5. **Strengthen HWOs and Country Teams in terms of knowledge, skills and financial resources in this area.**

NONCOMMUNICABLE DISEASES

6. **Develop tools to aid the surveillance framework and capacity development in national strategies and plans for NCDs and mental health**
 - 6.1 Develop clear guidance and provide technical assistance to support countries to produce national policies, strategies and action plans (including legislative frameworks) on NCDs and mental health;
 - 6.2 Establish a baseline and adopt at least a few country indicators to monitor and report on, which are consistent with the global action plans on NCDs and mental health;
 - 6.3 Support the integration of NCD prevention and management into the UHC package;
 - 6.4 Develop tools to incentivize and encourage behavioural change.
7. **Strengthen WHO capacity to support Country Teams in NCDs**
 - 7.1 Establish integrated Organization-wide teams to support HWOs in providing upstream policy advice and technical assistance;
 - 7.2 Develop guidance on how to build a business case for NCDs;
 - 7.3 Map out the specific skills and competencies of Country Teams that are identified as a priority.
8. **Improve WHO's capacity to work with multiple actors**
 - 8.1 Effectively engage the United Nations interagency group to act on NCDs at country, regional and headquarters level;
 - 8.2 Define more accurately the division of labour and accountability mechanisms within the United Nations system at all levels;
 - 8.3 Develop a strategic approach to interacting with industry.
9. **Gear relevant actors into political advocacy at the country and global level**
 - 9.1 Improve the quality of documentation and sharing of best practices across countries and advocate for their implementation;
 - 9.2 Develop advocacy packages and standard key messages to be addressed to all relevant stakeholders.

WHO REFORM AT COUNTRY LEVEL

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

- 10.1 Define the minimum country presence, including core country staff for different groups of country offices and ensuring that the skill sets cover policy analysis, monitoring and evaluation, and communication;
- 10.2 Appoint Deputy/Assistant HWOs, taking into consideration the size, disease burden and complexity of WHO operations in a given country or regional context.

11. Align planning and resource allocation with country priorities

- 11.1 Move towards a country-focused organization of financial and human resources that are aligned with country priorities and with the Twelfth General Programme of Work (GPW);
- 11.2 Initiate a process that involves country offices in the development of the Programme Budget 2016–2017, using a bottom-up approach that is clear, systematic and consistent;
- 11.3 Develop an easier and faster process for revising budget ceilings and provide financial flexibility that enhances responsiveness;
- 11.4 Make the CCS a strategic management tool that reflects country priorities (with respect to the national health policy, strategy and/or plan), and is in line with the GPW.

12. Address human resources challenges at country level

- 12.1 Fast-track compulsory mobility and rotation in order to facilitate re-profiling at country level;
- 12.2 Ensure that HR profiles (minimum core capacities) match country needs and priorities;
- 12.3 Align staff development and training efforts with emerging needs at country level;
- 12.4 Organize a training package on compliance and audits;
- 12.5 Make career development an effective process;
- 12.6 Harmonize the grades of HWOs and the duration of their assignments with those of counterparts in other United Nations agencies.

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

14. Other business

- 14.1 Complete the work on roles and responsibilities at the different levels of the Secretariat.
- 14.2 Revise SOPs to align with the GSM and accommodate the resource needs of countries in fragile situations.
- 14.3 Finalize the “country focus strategy” with the full involvement of the regional and country offices.
- 14.4 Strengthen security requirements and ensure they are in line with requirements identified by UNDSS.

INTERNAL MANAGEMENT CONTROL FRAMEWORK

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

- 15.1 Encourage HWOs to promote the use of relevant tools in their office by:
 - Reviewing use of direct financial cooperation (DFC), and the risks involved, and providing more comprehensive guidance on when to use and how to mitigate risks; in addition, providing guidance on whether other contract types may be more appropriate than DFC methods;
 - Enhancing performance assessment of WHO staff.
- 15.2 Strengthen a staff development programme for WHO leadership priorities, as well as training on compliance, risk management and accountability, including global induction;
- 15.3 Simplify policies and procedures, including enhancing GSM, taking into consideration the feasibility of having offline features to facilitate access to information in those country offices where bandwidth is poor.

PART I. INTRODUCTION

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

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

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

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

The meeting comprised plenary discussions, presentations (video and animation), and group work. The high level agenda and programme of work is provided in Annex 2. Lunchtime seminars were available for HWOs, summaries of which are provided in Appendix 1; also provided are summaries of the learning opportunities in Appendix 2. An overview of the independent side events is provided in Appendix 3.

Heads of WHO Offices were grouped according to the UN Human Development Index (HDI), placing countries into groups with similar contexts. An overview of this methodology is available in Annex 3. These four groups included:

- Group 1: Countries, territories and areas in fragile situations
- Group 2: Countries, territories and areas with a low Human Development Index as well as Least Developed Countries

- Group 3: Countries, territories and areas with a medium Human Development Index
- Group 4: Countries, territories and areas with a high and very high Human Development Index

The working groups were chaired by ADGs and DPMs and focused on identifying both challenges and concrete solutions to ongoing issues. HWOs acted as the groups' rapporteurs and delivered the content of the group work to the larger meeting during plenary.

Relevant technical units provided the background documents and technical support, especially during group work.

PART II. SUMMARY OF PROCEEDINGS

2.1 OPENING SESSION

Opening address by the Director-General

The Director-General of WHO, **Dr Margaret Chan**, opened the Seventh Global Meeting of HWOs with an address emphasizing the relevance of the role of HWOs as “the bridge between country needs and the different levels of the Organization” (see Annex 4). Dr Chan underscored the priority for WHO to put the needs of countries first, in particular through the reform process, in order to give the Organization’s work greater coherence by aligning activities at all three levels with shared policies, priorities and strategies.

The Director-General underscored the significance of WHO reform and exhorted HWOs to “walk, talk and dream reforms”. Three key areas of WHO reform were highlighted:

- **Financing processes:** The Sixty-sixth World Health Assembly in May 2013 for the first time approved the Programme Budget 2014–2015 in its entirety, with Member States establishing leadership priorities and categories of work to guide resource allocation. While Member States still need to commit the promised resources, this Programme Budget was a step towards creating a financing system that gives WHO a reliable overview of the “real” money coming into WHO, helping to ensure that programme budgets are funded. Such a move is important, given that the reform process comes at a time when funding from

- **Human resources:** For HWOs to function effectively, strong country offices are needed. Matching staff profiles to country needs and dealing effectively with the shift of disease burden towards chronic noncommunicable diseases (NCDs) must be given organizational priority.

The Director-General also emphasized the rising global burden of NCDs, which will place an increasing strain on health systems globally. WHO must play a role in advocating the importance of NCDs, the need for health system strengthening and promoting universal health coverage (UHC) to tackle this threat. In addition, country offices must be better prepared to deal with the ever-present threat of emergencies, such as the devastating typhoon that hit the Philippines in early November 2013.

Dr Chan spoke on the world’s vast and growing inequalities in income levels, opportunities and health outcomes, calling attention to the role that health can play in levelling the playing field. UHC is one of the most powerful social equalizers among all policy options, and should take a prominent role in the post-2015 development agenda debates. WHO must continue to advocate for the role of UHC as an individual goal in the post-2015 development agenda.

Summary of the plenary discussion

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