WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

مُنَظَّمَةُ الصِّحَّةِ العَالَمِيَّةِ
المكتب الاقليمي لشرق البحر الابيض المتوسط

ORGANISATION MONDIALE DE LA SANTÉ
BUREAU REGIONAL DE LA MEDITERRANÉE ORIENTALE

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

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Agenda item 13: Technical Discussions

STUDY OF WHO'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS: A REPORT ON DEVELOPMENTS, OCTOBER 1978 - JULY 1979

This Report has been prepared by the Regional Director after consultations with the *Ad Hoc* Committee on the Study and with Governments.

The Report highlights eleven major issues identified as being at the core of the study, and submits a series of recommendations which will constitute the subject for debate at the Technical Discussion Session. Following that Session, a further Report will be prepared and submitted to the Director-General as the contribution of this Region to the preparation of his Report to the Sixty-fifth Session of the Executive Board, January 1980.

Representatives in this Regional Committee Session are requested to examine the Report in advance, paying particular attention to the "Issues" and "Recommendations" of the Report.

Representatives wishing to submit additional issues, which they feel require to be highlighted, or new or amended recommendations, are invited to submit them in writing to the Conference Officer not later than the end of the day before the Technical Discussions Sessions.

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CHAPTER I

INTRODUCTION

1.1 In 1978, the Thirty-first World Health Assembly, after consideration of the Executive Board Organizational Study on WHO, "WHO's Role at the Country Level, particularly the Role of WHO Representatives", requested the Director-General to re-examine the Organization's structures in the light of its functions, with a view to ensuring that activities at all operational levels promote integrated action, and to report thereon to the Sixty-fifth Session of the Executive Board in January 1980 (WHA31.27). A background paper on this subject, prepared by the Director-General, was presented to the Twenty-eighth Session of the Regional Committee for the Eastern Mediterranean in 1978 (DGO/78.1).

1.2 The Regional Committee, after reviewing the document and the background paper established an *ad hoc* Committee consisting of:

Dr Abdul Majid Abdul Hadi	Under-Secretary, Secretariat of Health, Libyan Arab Jamahiriya
Dr Abdulla A. Al Baker	Director, Surgical Department, Ministry of Health, Qatar
Dr Ali Fakhro	Minister of Health, Bahrain

1.3 The terms of reference of the *ad hoc* Committee were as follows:

In collaboration with the Regional Director, to pursue the above study in depth with reference to the Eastern Mediterranean Region, and in line with the following terms of reference:

(i) to conduct the study in the Region together with the Regional Director on behalf of the Regional Committee;

(ii) to ensure adequate consultations with all governments of the Region on the basis of the Director-General's background paper, including selected visits to countries as necessary;

(iii) to monitor the progress of the study in the Region, making sure in particular that the necessary dialogues take place between governments and WHO;

(iv) to collaborate in preparing a joint report which will be the basis for the Technical Discussions at the 1979 Session of the Regional Committee, and which should be based on the country consultations; and

(v) to prepare a final regional report based on the discussions in the 1979 Session of the Regional Committee so as to permit the Director-General to prepare his global report for submission to the Executive Board in January 1980.

1.4 The *ad hoc* Committee met three times: on 23 January 1979 in Geneva, on 15 March 1979 in Riyad and on 14 May 1979 in Geneva, and discussed with the Regional Director various aspects of the Study.

1.5 In accordance with the schedule of activities for the Study as adopted by the Regional Committee in 1978, the Regional Programme Committee kept the matter under continuous review.

1.6 Throughout the period October 1978-July 1979, the matter was discussed on numerous occasions with Ministers of Health, other senior health officials, and with Ministers and others in the various sectors of Government, members of the Executive Board of WHO and other high officials, either during visits by the Regional Director and Programme Directors to Member States or on the occasion of meetings convened in the Regional Office and elsewhere for other purposes.

1.7 A questionnaire was sent by the Regional Director in April 1979 to all countries of the Region.

While only a limited number of detailed returns were received, those which came in were informative and useful.

1.8 This present Report on Developments in the Study, October 1978 - July 1979, has been prepared on the basis of a synthesis of the specific responses to the questionnaire, the deliberations of the *ad hoc* Committee and the views expressed by all those consulted during the year.

1.9 The Report on Developments is submitted for the consideration of Sub-Committee A of the Twenty-ninth Session of the Regional Committee, due to be held in Qatar from 8 to 11 October 1979.

1.10 After this Session, a further Report will be forwarded by the Regional Director to the Director-General, in time to serve as guidance to him in the preparation of his Report to the Executive Board.

CHAPTER II

THE STUDY AND ITS PURPOSE

Taking into account the genesis of the Study, i.e., a request to the Director-General to re-examine the Organization's structures in the light of its functions, and the very large number of subjects raised in the background paper (DGO/78.1) prepared by the Director-General and submitted to the Twenty-eighth Session of the Regional Committee (additional copies available if required), it may be generally agreed that the Study, as a whole, aims at ascertaining what are the expectations which the Member States have of the World Health Organization.

The Director-General's paper provokes the Organization and its member governments to ask themselves a large number of questions. These questions primarily relate to:

- how the Member States see their role in collaboration with WHO; and
- how they perceive the future functioning of the Organization; and, therefore,
- what should be the structure of the Organization in order to carry out its future functions.

CHAPTER III

THE ISSUES TO BE FACED

An analysis of the Director-General's paper was made, on the basis of which it was felt that, during its Twenty-ninth Session, in October 1979, the Regional Committee might wish to address itself to certain particular issues, which are eleven in number.

In this section of the Report, the issues will be identified, and formulated as questions. Each issue will then be briefly discussed.

Thereafter, a consensus view on ways and means to resolve the issue in question will be put forward as a Recommendation, subdivided into several parts.

It is suggested that the Sub-Committee may wish to focus its debate upon these recommendations during the Session.

Time will be set aside for a debate on each Recommendation presented in this paper, the length being gauged in accordance with the magnitude of the issue and the degree to which it is likely to be controversial.

At the end of the Session, additional time will be allowed in order to accommodate debate on any other issues or recommendations not covered in this paper but considered to be of relevance to the study.

ISSUE I

HEALTH FOR ALL BY THE YEAR 2000

Since the main social target of governments and WHO in the coming decades is "the attainment by all the citizens of the World, by the Year 2000, of a level of health that will permit them to lead a socially and economically productive life", how should WHO work and how should it be structured so that it works effectively?

Discussion

This issue has been singled out, in this way, because it is felt to be of overriding importance for all concerned with either the governance or the operation of WHO.

The Organization, by adopting the Resolution WHA30.43 which established this target, has, for the first time, set itself a relatively clear-cut goal, whose achievement can, to some degree, be measured. The establishment of a fixed date for this ambitious target provides a working framework for all the efforts of the Organization for just over two decades.

All other issues in this paper are subordinate to this one. Neither specific discussion upon it, nor the particular recommendations which follow, can cover all its implications; they range through the whole substance of this paper.

It is important to recall the historic shift in the outlook of the Organization that the adoption of the target of "Health for All by the Year 2000" (HFA/2000) implies.

With the adoption of HFA/2000 as a target, the Organization enters into the latest of the many phases through which International Health Work has passed since the convening of the first International Sanitary Conference in 1851. That Conference led to a series of efforts to collate international epidemiological data, and to control, by a system of regulations which still exist in amended form, the spread of epidemics. These aims were also at the core of the work of both the Bureau international d'Hygiène and the Health Organization of the League of Nations. They continue within WHO.

However, from its establishment after the Second World War, WHO has had, as part of its constitutional responsibility, the goal of "the attainment by all people of the highest possible level of health".

The will to bring about effective collaboration in international health has been present in the world for a long time; the means to achieve a reasonably specific target such as HFA/2000 are now available; WHO is going to try.

Recommendation I

1.1 The first essential is to take all necessary steps to educate all concerned regarding the implications of the HFA/2000 target. Both WHO staff, and those who run health services and train health manpower in the countries, should understand that the Organization, expressing the will of its Member States, all the countries of the world, in this Resolution, has decided to fix a goal, not just endorse a slogan. Its efforts, from now on, are to be dedicated, overall, to achieving that goal.

1.2 The target of HFA/2000 implies, above all, the need to set priorities. They are priorities relating to getting something, i.e., a level of health that will permit all citizens of the world to lead a socially and economically productive life, including those who have little or nothing.

1.3 WHO should not cease all efforts to bring about "something better" for those who are "already some way along the road", but its genuine priority is to get the really deprived to a tolerable level.

1.4 In the majority of the countries of the Region, especially those at the less-well-off end of the economic spectrum, this means a wholehearted effort, in subjects clustered around the Primary Health Care concept, directed towards widespread coverage by health services, and very close links between health work and all other aspects of social and economic development.

1.5 WHO's structure, and its staffing patterns, should reflect the aforementioned aims. This may be brought about, for example, by the formulation of strategy as an important component of the research programme; the Organization's Research strategy should essentially operate within a 15-20 year horizon to ensure the applicability of results in the forseeable future and, in particular, on an impact on Health for All by the Year 2000. Another example is

in the area of Health Manpower; by far the greatest effort should, in most countries, go toward the training of those responsible for Primary Health Care. In HMD, every effort should be taken to ensure that resources are properly distributed in accordance with priority needs and not unduly spent on the training of sophisticated health technologists serving the needs of only the affluent few. Indeed, there may, however, be a need to phase out technical units dealing substantially with subject matters not directly related to HFA/2000, or unable to guarantee a significant health impact through their activities designed for it. Another form of structural alteration within the Secretariat should be to increase the proportion of generalists serving there. These generalists should be able:

(a) to appraise:

- feasibility (i.e., the possibility of converting the proposals into effective and valid action);
- lead time (i.e., the delay between formulation of activities or programmes, and the start of field operations); and
- relative likely effort (preferably in terms of health impact);

(b) to formulate the activities and programmes found to be both feasible and likely to lead to the greatest impact:

- from the point of view of beneficiaries, primarily, i.e., not essentially in terms of infrastructure, or from the point of view of advantages to the beneficiaries providing or directing the activities; and
- from the point of view of final results (i.e., impact on health or on health problems) and not stopping short at intermediate points, i.e., only means towards these ends;

(c) to manage and control the programmes as designed: this would include the ability to take part in trouble-shooting, in the reformulation or modification of activity design; and

(d) to monitor and evaluate.

1.6 There will be a need to confirm WHO's authority to decline to collaborate in some activities, and to terminate others. One country responding to the

questionnaire speaks of "a wider authority to be given to WHO to exercise its input in implementing programmes and following them up".

1.7 The same Member State goes so far as to say that "Governments should be requested to submit periodic reports on a continuous basis for study by the Regional Committees and the Assembly through the appointment of a specialized Committee (control committee) for visiting Member States to follow up the implementation of programmes, to become aware of the application of recommendations, as well as to undertake a local study of the health situation and to compare the same with those contained in the reports submitted by Member States".

1.8 Such ideas lead to the recommendation that the hands of the Director-General and of the Regional Director need to be strengthened by the appointment, which is welcomed, of two new very senior and prestigious Advisory Bodies, the Global Health Development Advisory Council and the Regional Health Development Advisory Council (see Recommendation XI). These bodies, working in close association with the Secretariat, and existing Advisory Bodies, will have an important task in monitoring WHO activities and in helping to see that they are targeted on the HFA/2000 goal.

ISSUE II

FORMULATION AND IMPLEMENTATION OF SOCIALLY RELEVANT PROGRAMMES

Given that the Organization's strategy for attaining this target (HFA/2000), is based on "the formulation and vigorous implementation of socially relevant technical cooperation programmes, directed towards defined national health goals that foster national self-reliance in health matters and contribute directly and significantly to the improvement of the health status of the population concerned", what needs to be done to enable it to implement this strategy?

Discussion

The points which require stressing here are as follows:

1. The need to maintain a clear vision, in and for each country, of what is "socially relevant". No sweeping statement can emcompass this in a paper of this length.

   However, it can be said that the concept of "social relevance" is related, to determined efforts to stick closely to the HFA/2000 goal with its emphasis on "a socially and economically productive life" for all people.

   Some WHO programmes of the present time - such as the Expanded Programme of Immunization; Primary Health Care; Teacher Training; Control of Water-Associated Diseases, involving large poor rural populations - are easily defined as having a high level of social relevance.

   Some are, in some places, at the extreme other end of a spectrum of social relevance, such as furnishing expensive high technology equipment for the cure of cancer, or advice on building of 1 000-bed hospitals, in countries where between a third and a half of all deaths are those which occur in children under five and where preventable communicable disease is rife.

   Some of the more technologically sophisticated programmes, while quite socially relevant in countries with a *per capita* GNP per annum of over $10 000, are utterly inconsistent with the needs of those with less than $1 000 per year.

2. The need to define national health goals. Perhaps the gravest criticism that can be levelled at health leaders everywhere is the failure to have done this better in the past, a criticism in which WHO must take its share.

3. The concept of self-reliance implies self-confidence, reliance primarily on one's own resources, human and natural, and the capacity for autonomous goal-setting and decision-making. Through self-reliance, priorities have changed towards production for basic needs for those most in need; mass participation is ensured; local resources are utilized much better; creativity is stimulated; there will be more compatibility with local conditions; there will be much more diversity of development; there will be less alienation; ecological balance will be more easily attained; important externalities are internalized or given to neighbours at the same level; solidarity with others at the same level gets a solid basis. The self-reliance concept has to be kept in the forefront of the minds of all who are concerned with establishing the national health goals and the goals of WHO; it is too easy to begin programmes that themselves foster the very dependence from which all countries are trying to escape; too easy to set goals that are not achievable; too easy for WHO itself to take on responsibilities of an ongoing nature that seem constructive at the start, but may turn out to be destructive in the end.

   Overelaborate buildings that need maintenance that cannot be maintained; subsidy programmes to lure students into training for careers which have no future; subsidies for staff that national budgets can neither take over nor sustain; projects which depend on high level international experts who cannot be replaced by nationals without either huge investments of time and money on foreign training, or the denuding of other programmes in need of leadership: all these are examples of things which countries and WHO do together, which go against the concept of self-reliance.

Recommendation II

2.1 At the risk of repeating what has been said so often over the years, appropriate national health planning is of overriding importance in all countries, especially developing countries. WHO must continue its efforts, in close and intimate collaboration with Governments, whether through the Country Health Programming process or otherwise, to develop and share with them ways and means

which better predict what health services and health manpower are needed and how best they are to be deployed.

2.2 Every country needs to arrive, within its own national health planning process, at some clear criteria of what is socially relevant to its circumstances and what is not, and, as a corollary, to examine every request it makes to WHO, to see if the request fits the criteria. WHO, conversely, must have both the courage and the strength to stick to agreed criteria. (See Recommendation 1.6, 1.7, 1.8).

2.3 The guiding principle should be that Member States be encouraged to make use of the Organization in defining and achieving their social and health policy objectives through health programmes which satisfy the needs of their population, as well-defined as can be, and promote national self-reliance for health development. It is recognized, however, that it is not realistic to expect all the countries to aim at achieving self-sufficiency in all respects by the year 2000. Inter-dependency amongst the Member States is likely to continue for some time in the future. Indeed, some level of inter-dependence is timeless.

2.4 Recognizing that, in the Eastern Mediterranean Region, WHO is collaborating with three types of countries, and that their requirements for technical co-operation vary a great deal, the Organization should respond to the needs of each country according to its circumstances. The three types of country are:

- countries where a fairly well-developed health infrastructure, including health facilities, has been developed, which is staffed generally by expatriate persons, or staff is provided under contract or other arrangements, including institutions and business corporations from outside the Region. Availability of financial resources is not a constraint. Some of these countries are cooperating with the Organization under a Funds-in-Trust arrangement. Others should. The problem is one of transfer of critical information, combined with the need for some technical support, in order to enable the Governments and decision-makers, as far as possible, not to make mistakes which have been made by others. In these countries, the target of providing health care for all is achievable by technical adaptation, improved management and modification of their programmes through Health Services Research and innovative approaches to suit their requirements.

- Countries where health personnel are available and technical know-how to solve basic health problems does in fact exist, but where there is a trend to use limited financial and technical resources in developing sophisticated programme activities which are capital-intensive and do not benefit large sections of the population, which, despite all that is done, still suffer from neglect and ill health. In these countries, there is need to wean the bureaucrats and professionals from pursuing their policy of unequal distribution of national and WHO resources to a policy which would provide for all. These countries lack the will to define their goals clearly, and thus cannot mobilize their resources in order to develop a meaningful, well-coordinated, programme for social justice which would protect and promote the health of the whole population. (WHO's role in these situations is most difficult, and is not being made easy due to the self-interest too often implied in the involvement of bilateral and other, non-UN multi-lateral organizations).

- The third group of countries are those where there is a lack of technical know-how, poor development of health infrastructure, lack of administrative experience and rather severe economic constraints. During the last thirty years, some technical persons have been trained, health facilities and training institutions have been developed and the ministries of health are in the process of organization. It is necessary that WHO work with these countries in concentrating on the most economic utilization of their newly acquired technical, manpower and meagre financial resources for the benefit of all, by using health technology which is basic to the solution of common health problems and which is not capital-intensive.

ISSUE III

IMPLICATIONS OF UN SYSTEM CHANGES FOR WHO

What are the political, social and economic realities within which the Organization will function in the future, within the United Nations System, which is itself engaged in a continuous process of reform and adaptation?

Discussion

There is at present an extensive reform and adaptation process taking place within the United Nations System. The main underlying rationale of this reform is the synthesis and integration of all development efforts, including those of WHO.

In response to the demands of the developing countries to improve their lot in the face of the growing gap between themselves and the industrialized countries, as manifested by the deterioration in the level of poverty, unemployment, undernourishment/starvation, poor health conditions and (their) growing economic dependence on the industrialized countries, the Sixth Special Session of the UN General Assembly (1974) adopted two resolutions entitled "Declaration on the Establishment of a New International Economic Order" and "Programme of Action on the Establishment of a New International Economic Order". The objectives outlined in these documents were elaborated later in the year in the "Charter of Economic Rights and Duties of States", and further consolidated in a resolution on "Development and International Economic Cooperation", adopted in 1975 by the UN Seventh Special Session. With the adoption of these documents, the developing countries had succeeded in making development - the establishment of the New International Economic Order - the priority item on the international agenda.

The latter resolution also established an *ad hoc* Committee on the Restructuring of the Economic and Social Sectors of the United Nations System, with a view to initiating the processes of restructuring the UN system so as to make it fully capable of dealing with problems of international economic cooperation development in a comprehensive manner, in pursuance of various UN Assembly resolutions.

As a result of the follow-up, the UN General Assembly in 1977 (vide its resolution 32/197), recalling the above two resolutions, decided to appoint a Director-General for Development and International Economic Cooperation to "provide effective leadership to the various components of the UN system in the field of development and international cooperation and in exercising overall coordination within the UN system in order to ensure a multi-disciplinary approach to the problems of development on a system-wide basis". This Director-General would also "ensure coherence, coordination and efficient management of all activities in the economic and social fields financed by the regular budget or by extrabudgetary resources".

On the subject of Regional and Inter-regional Cooperation in Section IV of the Annex to the UN Resolution 32/197, it is stated:

- "The regional commissions should be enabled fully to play their role under the authority of the General Assembly and the Economic and Social Council as the main general economic and social development centres within the United Nations system for their respective regions, having due regard to the responsibilities of the specialized agencies and other United Nations bodies in specific sectoral fields and the coordinating role of the United Nations Development Programme (UNDP) in respect of technical cooperation activities";
- ..."they should exercise team leadership and responsibility for co-ordination and cooperation at the regional level";
- ..."without prejudice to membership of regional bodies concerned, the organizations of the United Nations system should take early steps to achieve a common definition of regions and subregions and the identical location of regional and subregional offices".

Countries of the Eastern Mediterranean Region are at present members of four UN Economic Commissions, namely:

Economic Commission for Africa;
Economic Commission for Western Asia;
Economic and Social Commission for Asia and the Pacific;
Economic Commission for Europe.

In order to have co-terminous boundaries of the Regions of the UN organizations, considerable re-adjustment in the membership of the WHO Eastern Mediterranean

Region would be required. Moreover, emphasis on the nature of development programmes in each of the Economic Commissions varies according to the economic and social conditions of the constituent Member States. Coordination of WHO programmes with those of the Commission would therefore require considerable flexibility, variation in time span and approaches.

Regarding operational activities of the UN system at the country level, the General Assembly Resolution 32/197, Annex, Section V, paras. 34 and 35, states:

"On behalf of the United Nations system, overall responsibility for, and coordination of, operational activities for development carried out at the country level should be entrusted to a single official to be designated taking into account the sectors of particular interest to the countries of assignment, in consultation with and with the consent of the government concerned, who should exercise team leadership and be responsible for evolving, at the country level, a multidisciplinary dimension in sectoral development assistance programmes. These tasks should be carried out in conformity with the priorities established by the competent national authorities and with the assistance, as necessary, of joint interagency advisory groups. Subject to the requirements of individual countries, steps should be taken to unify the country offices of the various United Nations organizations".

Furthermore, "In the context of the foregoing, consideration should be given by the General Assembly to the establishment of a single governing body responsible for the management and control at the intergovernmental level, of United Nations operational activities for development. This body should replace the existing governing bodies. Its composition should be such as to ensure a wide, equitable and balanced representation".

An "*Ad hoc* Committee on Restructuring of the Economic and Social sectors of the UN system", the "Economic and Social Council" and the "United Nations Administrative Committee on Coordination" are all presently considering proposals for restructuring of the UN system. Their recommendations, after approval, would also affect the WHO structure and function at various levels.

It is understood that the appointment of the Resident Coordinator which aims at a better coordination of operational activities for development by the United Nations system does not affect relations between governments and individual organizations of the United Nations system or the direct lines of authority and

communication between the representatives of these organizations at the country level and their own executive heads.

Recommendation III

3.1 WHO is a part of the UN system. Changes in the latter not only have relevance for how it works; they also have the force of stemming from intergovernmental decisions at the highest level.

There is an urgent need for Member States, in their capacities as governors of one single agency, WHO, with whose autonomous work the national authorities directly concerned (the Ministries of Health) are by and large satisfied, and whose collaborative efforts they wish to see continued, not only to take cognizance of, but to understand fully, the implications of the decisions of the UN General Assembly and other bodies.

3.2 Because, as can be seen from the above discussion, this is a highly complex subject, hitherto little studied by health leaders, it is recommended that the Regional Director, suitably advised, undertake further study of the implications, for the work and structure of WHO, of ongoing changes in the UN system as a whole, and report to the Thirtieth Session of the Regional Committee in 1980.

ISSUE IV

INTERSECTORAL INTEGRATION OF HEALTH PROGRAMMES WITHIN COUNTRIES

How can the health functions of WHO and its constituents, the Health Ministries of Member States, best be related and coordinated with social, economic and political action within the Member States, in order to make a real contribution to their social and economic development?

Discussion

No one doubts the need for health to be considered in what is nowadays called a "multisectoral" context. The very definition of health, enshrined in WHO's Constitution, recognizes implicitly that health is not something that "health workers alone can achieve for people". This is not the place to expound on the interrelationships which abound. It will suffice only to recall the influence of "the four E's": Education; the Environment; Energy resources and the Economy, on health.

Each of these reminds us of the complexity of what we are dealing with.

There is no one "authority" which can deal with all the ramifications of the thing we call "health".

Certainly no Health Ministry to-day can, or would wish to "go it alone".

But all countries are faced with a huge proliferation of ministries and other agencies who have responsibilities relating to health, and all need help in bringing them into focus together, and learning how, in the interests of Health for all, they can better work together.

Recommendation IV

4.1 WHO has a clear responsibility to advise countries and to collaborate with them in setting up appropriate mechanisms for intersectoral collaboration within each one.

4.2 In one respect, i.e., the interrelationships between the Health and Education sectors, the approaches taken so far by WHO in this Region are endorsed.

Recommendations of the Ministerial Consultation on Health Services and Manpower Development (see "An Integrated Approach to Health Services and Manpower Development": EMRO Technical Publications Series, No.1) are commended to all Member States for close study. Advances so far made in many countries are noted with gratification.

4.3 It may be suitable for WHO to promote similar high level Consultations, designed to produce equally specific recommendations, as between Health Ministries and those responsible for selected other sectors, e.g., Ministries of Economics and Planning; Ministries responsible for the Environment, for Energy and for Community Development. This could be done at the Regional, Sub-regional or National levels.

4.4 Each country should give serious consideration to the need to set up its own best form of coordinating machinery. Nevertheless, it is felt that all countries require some form of "National Health Council" and some form of "mechanism" which brings to bear on both the formulation and implementation of Health policy, the resources of all ministries and agencies whose plans and work infringe upon health. At the core of such councils or multisectoral agencies or mechanisms, must lie a well staffed Health Ministry.

4.5 There is a need within each Health Ministry, of at least a few key individuals who have a health development generalist's view and understanding of the total developmental process of a country. Such people must have the time, and the authority, to establish close working relationships with their colleagues in other sectors. WHO should help to train them; countries, however, have to identify those who are fit for training.

ISSUE V

APPLICATION OF RESOLUTIONS AND DECISIONS OF GOVERNING BODIES

How can the policies of WHO, adopted by the Governments, acting in their corporate capacity, and expressed as Resolutions of the World Health Assembly and Regional Committees, best be applied by the same Governments, each within its own country, so that they result in effective collaborative programmes?

Discussion

The Director-General's background paper (DGO/78.1) has referred to global policy becoming "too far withdrawn from national reality", and has suggested that globally determined action often has not responded adequately to local needs. "Similarly", the paper continues, "local activities often have not adequately reflected global policies. These contradictions between global guidance and national execution have often led to a less than optimal use of WHO's resources in countries. Moreover, different aspects of the same programme, provided, on the one hand, by the Central Office, and, on the other hand, by the Regions, have become divorced from one another, whereas, in order to be effective, they should be closely interrelated".

In fact, this quotation is taken from the section of the Director-General's paper dealing with WHO structures: but the problem of getting WHO policy (i.e., the corporate policy of all the Governments) translated into national action, has also come to the fore in discussions in this study.

Recent advances in the approaches taken to various aspects of programming have highlighted what some see as a tendency of governments to agree, sometimes too readily, through their delegates to the governing bodies, to (often bold and far-seeing) resolutions about which little or nothing is done "back home", and, sometimes, little can be done.

During the last few years, efforts have been made to synchronize the work of the Regional Committees and the World Health Assembly by referring selected policy matters to the Regional Committees before their submission to the Executive Board

and the World Health Assembly. This is a welcome development, but, so far, many technical matters of importance to the countries of the Region have not been discussed in the Regional Committee before the corresponding resolutions were approved by the Executive Board and the World Health Assembly. This lack of prior consultation has invariably led to approval of some resolutions by the World Health Assembly which were too general and too vague to be relevant and meaningful for countries of this and other Regions.

Recommendation V

5.1 To improve compliance with World Health Assembly resolutions, it would be highly desirable to involve and consult Member States and Regional Committees in a more systematic and intensive manner.

5.2 To further improve the process of consultation, referral, resolution-making and implementation, it is suggested that, as far as possible, the government representation in Regional Committees and the World Health Assembly should be by the same person and Executive Board members should be included where applicable and alternatively, as suggested by a member of the *ad hoc* Committee, a study could be made as to how best the Regional Committee could be represented at Executive Board Sessions, such as by an observer, who, along with the Regional Director, could explain the viewpoint of the Regional Committee on particular matters of programme and policy which affect countries of the Region.

5.3 The Regional Committee may also consider the appointment of a Sub-Committee(s) to study specific subjects in collaboration with the Secretariat and to advise on them. A process based on the mode of work of the Executive Board's Organizational Studies, which are well appreciated, may have its application for suitable subjects at the Regional Committee level (See, for example, Decision 4 of the Sixty-third Session of the Executive Board).

5.4 It may be suitable to go so far as to place all items of importance on the agenda of the Regional Committees, preceded by discussion amongst technical personnel at national or at inter-country levels in the Region. The Regional Committees could then submit their views, after considering their relevance to, and implications for, the Member States, to the Executive Board for consideration before its submission to the World Health Assembly. The World Health Assembly could then discuss the matter from a global point of view.

This process would reflect the real needs of the constituents and avoid the passing of resolutions in which many of the Member States are not interested or are not in a position to comply with. It would also initiate an educational and screening process for identifying problems requiring global action. Problems of regional interest should be the concern of Regional Committees and the Member States within each Region may be the more easily persuaded to comply with Regional Committee decisions.

5.5 Consideration needs to be given to the specific proposal from one country that all resolutions andproposals should be submitted to the Regional Committee before going to the Board and Assembly. While it is improbable that all such resolutions and proposals could or should be so handled it is probable that a much higher proportion can be in the future than has been the case in the past.

5.6 WHO should take more specific steps than it has sometimes done in the past to follow up on the implementation of World Health Assembly or Regional Committee resolutions.

The recommendations offered under Issue I have some relevance here, as do some of those under Issues IX and X. Particularly relevant is the suggestion that, within the Regional Office, the Regional Director may care to consider giving responsibility for "liaison and coordination" with a group of countries to particular officials: follow-up of implementation in a given country of governing body resolutions could be a part of that official's responsibility.

ISSUE VI

THE SIGNIFICANCE OF TECHNICAL COOPERATION

How can the switch, frequently expressed in recent years as being desirable, from a Technical Assistance Approach to one of Technical Cooperation between WHO and the Member States, be achieved?

Discussion

The following extract from the Director-General's paper is an important contribution to this subject:

"It is also necessary to clarify the real significance of technical co-operation. In the new programme budget policy and strategy it has been defined as activities that have a high degree of social relevance for Member States in the sense that they are directed towards defined national health goals and that they will contribute directly and significantly to the improvement of the health status of their population through methods that they can apply now and at a cost they can afford now. While this definition has been accepted in principle, its meaning in practice is less clear. On no account can the concept be allowed to be considered as a new name for technical assistance. In providing technical assistance in the past, WHO has either agreed passively to government requests, or has imposed its own vertical type of programme on countries. In both cases, the process has led in most instances to fragmented WHO projects that have had little real influence on the improvement of the national health situation, and that have not promoted the self-sustaining growth of the relevant programme in the country after WHO's departure. The reason for such relatively low impact of WHO's assistance lies mainly in the inadequate interest shown by governments in using WHO in a more effective way and their lack of commitment to programmes they themselves had adopted in Regional Committee and the World Health Assembly".

"Technical cooperation, on the other hand, implies that no matter at what operational level programme doctrines have been generated or programme activities implemented, the programmes have to be concerned with solving specific priority national health problems. The development of technical cooperation programmes implies the identification of needs in countries by these countries, as well as

the identification or generation of appropriate methods for meeting these needs. It is necessary to develop technical methods that take full account of the social and economic context in which they are to be applied. These social and economic factors emanate from the countries. Suitable methods can also emanate from the countries, and it is WHO's duty to spot these methods, to analyse them and to transfer the appropriate information to all countries which require them. It is also WHO's duty to generate appropriate technical methods that take account of the social and economic factors involved in their application, if existing methods are inadequate or non-existent. The development of these methods has to be arrived at through cooperation among countries, WHO acting as a stimulator, catalyst and co-ordinator. Thus, the most suitable technical cooperation programmes are likely to be arrived at through a process of mutual influencing of socio-economic and technical factors, the former deriving mainly from the countries, the latter often deriving from WHO through the coordination of activities in countries for the development of the technical methods concerned. This is one way in which the exercise by WHO of its coordinating role should lead to relevant programmes of technical cooperation".

"Programmes of technical cooperation in and among countries can also be made more effective through support from various regional mechanisms. These include, for example, regional multidisciplinary panels of experts; Regional Advisory Committees on Biomedical and Health Services Research, which bring individual expertise from various countries to bear on research requirements and questions of research policy in each region; and national centres that are recognized as regional centres for operational research, development and training in specific programme areas, where countries work together to solve common problems and to build up cadres of national personnel trained for self-reliance in developing the programme concerned in their country".

"The more general application of technical cooperation programmes at all operational levels should result from discussions in the Regional Committees that give rise to the realization of the need for inter-country cooperation. The proper manifestation of such cooperation should also be through national rather than Secretariat mechanisms. In like manner, global technical cooperation programmes should result from the realization of the worldwide nature of the problem and the need to solve it through cooperation among countries that transcends the boundaries of individual regions. The evolution of technical cooperation programmes in such a way is the

best guarantee that the real needs of Member States will be reflected in their demands on WHO, and that their specific requests for technical cooperation will conform to the policies they have adopted in the resolutions of the Health Assembly and other deliberating organs".

Recommendation VI[1]

6.1 As with the subject of HFA/2000 (see Recommendation 1.1), the first need is for in-depth education of all concerned, in WHO itself and in the Member States, as to the true nature of Technical Cooperation. This is an ongoing responsibility of all senior officials on both sides.

6.2 Every request to WHO from Governments, for collaboration, assistance, advice, training or the provision of supplies, has to be examined in this context, just as it has to be examined in the context of "self-reliance", "social relevance" and as to its place in the strategy to achieve HFA/2000.

In other words, all proposals for requests for technical cooperation should be screened to ensure compliance with the characteristics stated, namely, that the joint collaborative programme should have a definite development effect, that it can be guaranteed to be self-sustaining and to demonstrate a multiplier effect, and that it demonstrably enhances national self-reliance.

6.3 Where technical cooperation is sought, this should guarantee full freedom of discussions and of proposals on the basis of equality between the Member States and WHO (as represented by its Secretariat) or through TCDC.

6.4 Where technical cooperation is sought, there should be a completely frank exchange of views, methods of controlling health problems and the implications of action that might be undertaken.

6.5 Requests for purely material or financial assistance are not to be acceded to, unless clearly related to socially relevant technical cooperation (i.e., joint action with WHO). This applies particularly to requests, open-ended in time, where material or financial assistance may well impede the process of self-reliance.

6.6 Requests for temporary material or financial support, which is directly related to valid technical cooperation activities are acceptable only if they are accompanied by guarantees that national responsibility (replacing such material or financial support) will be assumed over a period of time.

[1] N.B. All recommendations on this Issue relate also to Issue VII.

6.7 There is a need for specific educational efforts to bring about what is mentioned in the foregoing recommendations.

Indeed, recognizing the successful role played, over the years, by WHO's technical meetings of various kinds, in forwarding a huge range of technical and categorical activities, generally by spreading "technical know-how", it is felt that WHO could readily play a fuller role in promoting "developmental know-how".

In this connection, certain recent activities of WHO in this Region are especially commended. They include workshops, seminars, etc., on the Primary Health Care concept, on Teacher Training, on Country Health Programming Approaches, on the development of Medium-term Programming in selected programme areas, the Ministerial Consultation on an Integrated Approach to Health Services and Manpower Development, and on the Role of the Social and Behavioural Sciences in Health Services and Manpower Development.

WHO should seriously consider a planned programme of meetings, workshops, consultations, seminars, etc., whether at Regional level, or in and with individual countries, designed to promote the understanding of the Technical Cooperation concept, in the context of the HFA/2000 goal.

ISSUE VII

THE SIGNIFICANCE OF TECHNICAL COOPERATION AMONG DEVELOPING COUNTRIES (TCDC)

What are the structural implications, if any, of establishing Technical Cooperation Among Developing Countries as a permanent and important part of technical collaboration with WHO?

Discussion

Technical Cooperation Among Developing Countries (TCDC) has been the subject of the Technical Discussion Session of the World Health Assembly in the present year: the recommendations are available in Document EB63/48.

In essence, it cannot be too often emphasized that TCDC is not really a "separate entity"; it does or should permeate the whole of WHO's work. Good examples abound in this Region. Underlying the TCDC concept is an assessment of complementary surpluses and deficits occurring within developing countries. By this is meant "discovering what one developing country has to offer which other countries need". It is by matching complementary surpluses and deficits, and by effecting the necessary transfer or exchange, that the "surpluses" of some developing countries can be used for the benefit of other developing countries.

Nothing is more gratifying, in the Eastern Mediterranean Region, to anyone concerned with Health Development, than to see the activities which already take place, in the spirit of TCDC.

Recommendation VII

7.1 Since the TCDC concept permeates the whole of WHO's work, no special provisions are needed for it and no special structural changes are called for. The recommendation in the Director-General's paper for the creation of a separate TCDC Bureau in the Regional Office is not supported.

7.2 Nevertheless, all of Recommendation VI and its component parts relate equally to the TCDC concept as to the basic concept of Technical Cooperation *per se*.

7.3 Likewise, because it permeates the whole of the work of WHO, and because opportunities for TCDC which exist are not always either fully known or fully utilized, it should be an important subject for the attention of the Regional Consultative Committee.

Issue VIII

The Work of the Regional Committee, the Executive Board and the World Health Assembly

Are any changes required in order to improve the efficiency and effectiveness of the work of the Regional Committees, the Executive Board and/or the World Health Assembly? If so what are they?

Discussion

To the gratification of all concerned, there has been considerable change in the manner of working of the Regional Committee in this Region. Coincident with the rapid maturation in the health leadership of the Region's Member States, there has been a steady increase in the seriousness of the Committee's deliberations, in the depth into which technical subjects are gone, and, significantly, in the actual level of participation in the meetings.

Delegations are increasingly led by Ministers, in person, and composed of individuals knowledgeable in the subjects to be discussed.

In recent years, notable advances in the involvement of the Regional Committee in the work of the Organization have included the establishment and first meetings of the Regional Consultative Committee, and the *ad hoc* Committee on the subject of this paper.

There is general agreement that still further involvement of the Regional Committee in the ongoing work of the Organization is desirable, and the Recommendation below includes some ways of bringing this about.

In the Director-General's paper, the following paragraphs are highlighted here, because they express views which appear to be very relevant in this particular Region:

> "The Regional Committees are crucial for involving Member States deeply in the work of the Organization, as part of the growing trend for the governing bodies to play a more active role in the Organization's affairs. This implies that these Committees should be strengthened so that they become a sort of parliamentary forum for the review and control of all regional activities, including the supervision of the activities of the Regional Offices in accordance with Article 50 of the Constitution".

"The constitutional functions of the Regional Committees relate to policy, control, regional cooperation with other organizations and programme budget matters. To fulfil these functions the Committees have to display a high degree of leadership and determination. This has strong political implications, because, in order to gain acceptance of the application of the Organization's new policies, and to ensure the implementation of its new strategies, the full political support of all Member States will be required. Ways therefore have to be sought of creating greater awareness of policy issues within the Regional Committees so that these issues can be dealt with at the regional level and so that health administrators will be in a better position to deal with them in their own countries".

"Among the policy issues with which Regional Committees will increasingly have to deal are intersectoral and interagency social and economic development activities in countries and at regional level; the introduction of new concepts of health services and health manpower which are likely to arouse the opposition of the established health professions; opposition from professional and commercial sources to the adoption of drug policies aimed at providing essential drugs for all and at establishing drug industries in developing countries; agreement on criteria for the selection of countries for vaccine production as part of the policy of reaching regional self-reliance in matters of vaccine supply; political and commercial arbitration in relation to the development and application of appropriate technology for health; and the resolution of any problems resulting from commercial interests or questions of prestige when attempts are made to put technical cooperation among developing countries into practice".

"As for the programme budget aspects of the work of the Regional Committees, the new arrangements for the development of programme budgeting and management of WHO's resources at the country level offer an excellent opportunity to hold fundamental discussions with countries on the nature and extent of programmes for technical cooperation with WHO. On the basis of these discussions, the Regional Committees can now hold reviews of broad programme proposals, instead of the former practice of reviewing detailed project proposals. These broad reviews should include not only country programmes, but also common problems for which intercountry cooperation within the framework of WHO is indicated, as well as any global support required. They should

help to ensure that the Organization's programmes are based as far as possible on countries' real needs based on first hand information rather than on second hand assumptions concerning the nature of these needs. They should also attempt to select programmes to be given priority in general and for the attraction of extrabudgetary funds in particular".

Each of the subjects alluded to by the Director-General in these paragraphs has had the specific attention of the Regional Committee for the Eastern Mediterranean Region in very recent times, and it is anticipated that all the trends of recent years will continue.

Recommendation VIII

8.1 Regarding the Regional Committee

(a) The trend to much greater involvement of the Committee in the ongoing work of the Organization is endorsed.

(b) All Member States are urged to ensure that, in the words of one response to the questionnaire for this study, "a greater degree of seriousness be bestowed upon the Regional Committee meeting and activities".

(c) There is a need, gradually, and in a carefully planned manner, to expand, for closely defined purposes, the number and work of *ad hoc* and technical committees formed by the Regional Committee from among its members, to work with the Regional Director on carefully selected problems.

(d) Pending receipt of its first Report, it is anticipated that the Regional Consultative Committee will gradually become an institutionalized entity of considerable significance.

(e) The *ad hoc* Committee on the Structure of WHO in the Light of its Functions is felt to have served a useful role and should be continued in existence. The *ad hoc* Committee is asked to submit a further report to the Thirtieth Meeting of the Regional Committee in 1980, emphasizing whatever points may have come out in the debate in this Report. (See also Recommendation V, Sections 5.4 and 5.5, for the subject of referring Resolutions of the World Health Assembly to and from Regional Committees).

8.2 General

(a) While it is very desirable to improve coordination between the various governing bodies, attention should be paid to the desirability of reducing

duplication and overlap of their tasks and functions. There should be a review of the division of labour among the Executive Board, the World Health Assembly and the Regional Committee, closely correlated with their specific responsibilities, and with their responsibilities at different stages of particular processes, and with the different geographical extents to which these responsibilities apply.

(b) The review of implications of draft resolutions should provide a good testing ground for the division of responsibilities as referred to above: thus, Regional Committees, for instance, are in a better position to review the regional significance of particular draft resolutions, and to solicit or review countries' responses and commitments to the various proposals than are the Executive Board or the World Health Assembly.

(c) With the increasing number of Member States, there should be a trend to streamline the Agenda in meetings of governing bodies and avoid repetition of subjects discussed in previous meetings unless specifically required. There should likewise be a trend to reduce substantive work done in plenary sessions. Thus, a greater proportion of the work of the governing bodies could be done in committee and the tasks and responsibilities of various committees would be redefined, e.g., in terms of the major functions of WHO. Thus a "programme" committee may be divided into two parts dealing with technical cooperation and coordination functions, respectively. The latter should be particularly concerned with possibilities of either the transfer or the equalization of resources; the former should be partly concerned with problems arising from requests falling marginally within, or even outside, the proper brief of WHO. (These committees might be of particular use to the Executive Board but may also apply to the work of the World Health Assembly and Regional Committees).

(d) Consideration could be given to lengthening the terms of office of Executive Board members to get greater benefit from their services (for example, for the duration of the MTP).

(e) The tendency for proliferation of advisory bodies should be watched with care, and the terms of reference of such bodies as the Regional and Global Health Development Advisory Councils, the global, and possibly regional,

health funding groups, and the Regional Consultative Committees (or their equivalents) should be periodically reviewed and compared, as between the terms of reference of the governing bodies and of each committee, to avoid overlap or duplications and to ensure a clear definition and differentiation of responsibilities and also to ensure that the correct questions are addressed to the right body.

(f) Consideration may be given to increasing the duration of Regional Committee meetings, particularly in relation to a possible reduction in the frequency or duration of the World Health Assembly, and in relation to the expanding role of the various committees mentioned above. The subject of biennial Assemblies requires further serious study, and this Regional Committee may wish the matter to be specifically studied by the Regional Consultative Committee.

(g) As far as possible, continuity of representation by countries to the governing bodies should be established and maintained, i.e., as far as possible, the same key delegates should attend the World Health Assembly and the appropriate Regional Committee in any one year, and, as far as possible, in successive years. Current Executive Board members should also form part of delegations to the World Health Assembly and to the Regional Committee.

ISSUE IX

THE SECRETARIAT: THE CENTRAL OFFICE AND THE REGIONAL OFFICE

Are any changes required in order to improve the efficiency and effectiveness of the Secretariat (the staff of WHO) in the field, the Regional Offices and the Central Office in Geneva? Are any changes required in the relationships and in the balance of functions as between these three levels? Are there specific implications for the who and how of staff recruitment to WHO?

Discussion

Considerable and gratifying positive opinion is generally expressed concerning the capacities of individual WHO staff members at all levels, and substantial appreciation does appear to be expressed by individual Member States and by the governing bodies with the quality of work of the Secretariat.

Nevertheless, a substantial number of issues have been raised regarding, *inter alia*, recruitment, and duration of employment with WHO, of internationally recruited professional staff.

Likewise, while the corporate roles of both the Central Office and the Regional Office appear to enjoy considerable confidence, a number of quite strongly-held views have been expressed regarding their respective roles.

While this Issue applies particularly to the professional staff who are engaged in Health work *per se*, they also apply in principle to the professional level administrators. The work of the locally recruited, non-professional (clerical, financial and administrative) staff of the Organization is, of its kind, relatively sophisticated and there is, therefore the need to maintain high standards in their selection.

Some of the changes felt to be required in order to improve the efficiency and effectiveness of the Secretariat at the various levels are expressed in the following Recommendation.

Recommendation IX

9.1 Regarding individual staff

(a) As implied in the foregoing discussion, there is a need for the highest standards among WHO staff at all levels. It is the duty of the Organization to put at the disposal of Member States a staff of broad-gauge international health development experts, who understand not only their own disciplines and technologies, but also the real needs of countries and the ways and means of fostering positive development.

(b) Bearing in mind the urgent attention directed by recent resolutions of the Executive Board and World Health Assembly concerning the geographical distribution of staff, every effort should be made to put these into effect, and especially to secure recruitment of a higher proportion of staff from the developing countries and those presently under-represented.

(c) In general, the international professional staff should fall into two groups, whether their tasks are technical in the sense of being "health" professionals or administrative. One of these should be a core group of continuing staff of broad experience in health work, usually of a general nature, who might be called "International Health Development Experts"; it is not felt that this group should contribute more than about 20 per cent of the total professional staff of the Organization. The remaining professional staff should be recruited for periods of two up to seven years, either on secondment from government or as "free-lancers", with the clear understanding that they would "rotate" back to national work, whether in the public or private sector, or to international work under other auspices, at the conclusion of their stay with WHO.

(d) Serious attention should be given by WHO to providing "attachments" or in-service training opportunities to potential national health leaders in order to familiarize them with international health work and to develop a cadre of future recruits for the Organization. This may be the best way to prepare future recruits. Many should come from staff, or potential staff, of the "International" Departments of Health Ministries.

9.2 Regarding the Secretariat in the Field

(a) It is felt that the policy followed in EMR, whereby the establishment of WHO Programme Coordinators' Offices is limited to selected countries, is a wise one.

Such offices should continue to be located only where either the size of the WHO programme, or other specific needs or wishes of a country, call for them. However, where they do exist, there is a need to ensure that the Coordinator is well backed up by adequate support staff. There is a distinct feeling that the title "WHO Programme Coordinator" is not a satisfactory one. The previous title of "WHO Representative" may be preferable; in any event, the individual should bear a title which, in the circumstances of the country in which he serves, conveys a sense of both his technical advisory function and, also, of his prestigious role as Chief of Mission vis-à-vis other national and international officials, of the Representative of the Regional Director of the World Health Organization. He or she is the presence of the Organization in the country concerned: in this, as in other parts of the world, all the titular authority that can be given is needed in order to back up his or her essentially technical work in the interests of health development.

(b) There is need for continuing effort to ensure that all field staff, including WPCs, are fully briefed in all relevant aspects of the health policy and programme of the country in which they are stationed, and are kept abreast of overall WHO policy, as well.

9.3 Regarding the Regional Office

The current practice of continuous review of the staffing pattern in the Office is endorsed, with particular reference to the need to change emphasis from time to time, to ensure that staff positions in the Office match programme needs. The institution of the Regional Programme Committee, and the delegation by the Regional Director, of authority in technical matters, to the Programme Directors, are noted and felt to be satisfactory.

There is need to continue and increase visits to the countries by the Regional Director and his Programme Directors and Advisers to the maximum extent possible (see Recommendation X). As for the staffing of the Regional Office, EMRO has always resisted all temptation to expand, and has, in fact, been reduced in recent years. However, the Regional Office should be adequately staffed to carry out its task and, as its tasks expand, there may well be a need for a modest expansion of its staff in some of the priority programme areas, in particular as and when the Regional Office takes over functions previously carried out by the Central Office in Geneva.

9.4 Regarding the Central Office

Every effort should be made to observe, in the spirit as well as the letter, all the expression of opinion, including resolutions such as WHA29.48, which are emphatically directed to diminishing the huge proportion of the WHO budget expended on the Central Office, as well as to make quite clear that ours is a decentralized Organization, with its roots in the Regions.

WHO should neither be, nor appear to be, an organization which has its head divorced from the body of its reality. Staff in Geneva should be kept to the minimum needed to enable the Central Office:

(a) to perform its genuinely global role in such matters as global-level information, EPIDNATIONS, etc.;

(b) to service the Executive Board and World Health Assembly effectively; and

(c) to provide a Technical Resource, or Technical Back-up Service to the Regional Offices, while making a determined effort not to duplicate categories of staff more properly located in the Regions.

Staff should never, other than in exceptional circumstances, be recruited to Geneva without substantial previous field experience: where this is unavoidable they must be rigorously exposed to Regional Office and country work patterns early in their service with WHO. They should be in constant touch with their opposite numbers in the Regional Offices and the field Every effort should be made to rotate professional staff: Geneva staff to the field and field staff to Geneva.

Every effort should be made to relocate such global functions as could be as well, or better, carried out in Regional Offices, such as the Special Programme for Training and Research in Tropical Diseases (now in Geneva), perhaps using the model of the responsibilities given to AMRO for TCDC, or to EURO for Road Traffic Accidents. Necessary staff adjustments, as between Geneva and the Regional Offices concerned, would be necessary.

The current budgetary situation, wherein something of the order of 40 per cent of the total Regular Budget of WHO is spent in maintaining and operating the Central Office in Geneva and whereby such a substantial proportion of voluntary funds are also expended in Geneva or in global and inter-regional projects based on the Central Office, is viewed with deep concern by all involved in this study.

The concomitant tendency for the Central Office to attract, as by a magnet, the best available professional staff, for entirely understandable, if mainly personal, reasons, is a source of profound distress in a Region where almost any Regional Office staff member and many of the field staff could more than double their take-home pay by moving to Geneva.

The issue of the location of the Central Office, in one of the highest-cost countries in the world, continues to be viewed with concern. As the Director-General has stated in his background paper: "the new functions and consequent structure of the Global (Central) Office that emerge from this study may help the Assembly to decide whether it wishes to deal with this matter or not".

9.5 Regarding the Regional Director

The section of the Director-General's paper specifically referring to the role of the Regional Directors (see Paragraphs 65 and 66 of that paper) has been carefully examined.

It is accepted that the Regional Director should assume "a stronger political role, outside the health sector too, e.g. for the promotion of HFA/2000 and to act to an increasing extent as the Director-General's *alter ego* to global matters in (the) region". By "political", in this context, is understood "influencing national policies on health and health related matters". The Regional Director should never, no more now than in the past, become involved in other political matters of any sort.

This being said, the Director-General's statement that "Increasing political responsibilities, such as meetings with Heads of State and Ministers of Health, fighting the cause of health as part of social and economic development at regional political organizations, and appearing before Regional Economic Commissions, will make it necessary for Regional Directors to delegate programme responsibilities to an increasing degree" is endorsed.

The extent to which programme responsibilities have been delegated in the Eastern Mediterranean Region is noted and endorsed, whether this be to the Director of Programme Management, individual Programme Directors, or to WHO Programme Co-ordinators.

It is not, however, agreed that "to fulfil their political role adequately, Regional Directors may require political advisers". So far as this Region is concerned, it is felt that the task implied in this section of the Director-General's paper will be adequately performed by the Regional Consultative Committee.

In order that the standing of the Regional Directors be made clear and unequivocal to all concerned, their ranking within the WHO and UN hierarchy should be clearly promulgated: in all respects they should rank with the Deputy Director-General. The Regional Directors are elected officials, as is the Director-General himself; the six Regional Directors and the Director-General are the only elected officials of the World Health Organization, and there should be no question as to their position beside him at the head of the Secretariat.

ISSUE X

RELATIONSHIP BETWEEN THE SECRETARIAT, THE GOVERNING BODIES AND MEMBER STATES

Are any changes required in the relationships between the Secretariat and either the governing bodies of the Organization or individual Member States, i.e., in the way the Secretariat works with them?

Discussion

In general, it is felt that a very healthy relationship has grown up, over the past 30 years, between the Secretariat, the governing bodies and individual countries. In this Region, in particular, countries appear reasonably satisfied with the more or less constant access which they have to the Regional Director and to his senior staff.

But there is room for improvement, as well as for some changes.

The changes are essentially such as logically follow such recent innovations as the setting up of the Regional Consultative Committee, the expanding role of the Regional Committee itself, and rapid expansion in the numbers and duties of the various Advisory Bodies referred to in other parts of this paper (see Issues IX and XI *inter alia*).

The Recommendation which follows is principally directed towards ways and means of improving relationships within this Region.

Recommendation X

10.1 There are many possible forms which a permanent link between WHO and individual Member States can take; no effort should be made to force a uniformity of pattern for this link.

10.2 Countries in which a WHO Programme Coordinator, or a WHO Representative, is appointed, should probably be confined to those with a large collaborative programme with WHO (see also Issue IX). Conversely, there is probably no special need for WPCs or WRs in countries with a small WHO collaborative programme. These countries may be suitable for NPCs (National Programme Coordinators) but

this approach, although it has only been used in a limited way, has not, on the whole, been very successful.

10.3 Irrespective of the nature of the link established between individual countries, there should be responsibilities within the Regional Office (and possibly in the Central Office) for direct contact with these "links". In other words, tasks and functions in the major WHO offices, should be not only divided by subject or function (e.g., HMD; SHS; RHL) but also with some geographical connotation.

10.4 The practice in EMRO, whereby the Regional Director has assigned liaison functions with certain countries (not having WPC's or WR's) to selected Programme Directors, is well appreciated. It is felt that this system can profitably be extended, thus ensuring that within the Office there is one "focal point" for the management of all aspects of a given country's collaborative programme.

While especially relevant in countries with no WR or WPC, this system may be appropriate for others as well. The system should be made a little more formal, and countries should be informed how it is working. The Regional Consultative Committee should monitor its success.

10.5 In preparation for meetings of the governing bodies, as well as in national reviews of the implications and possible obligations that may be incurred as a result of draft resolutions, there should be ample consultations between national officials and responsible members of the Secretariat. In such discussions, the "link" would play a prominent role, but if the link is provided by an NPC or a UN Resident Coordinator, a supplementary presence of members of WHO Secretariat may be necessary.

10.6 Conversely, there is considerable benefit to be expected from periodic visits by senior national officials to the Regional Office. Such visits should be encouraged, and should take place regularly, and with greater frequency, to enable national officials to determine what the Secretariat is able to offer and what may be particularly valuable to their own country. They are a very useful way of helping to acquaint national officials with the work of their Organization.

10.7 Amongst the most useful contacts between the Secretariat and Member States have always been: (a) the visits by the Regional Director to countries;

(b) the Regional Director's individual meetings with heads of delegations at the time of the Assembly, the Executive Board and the Regional Committee; and (c) country visits by Programme Directors and Advisers, whether to review whole programmes or specific projects.

It is recommended to WHO that all these be continued.

It is also recommended to Member States that full advantage be taken of them, in the sense that due preparation is made for the visits, and appointments arranged with the right people, in appropriate depth.

In particular, arrangements should, when appropriate, be made for the Regional Director to meet with the Head of State; other Directors should meet with all national officials to whom their WHO collaborative programmes are relevant.

10.8 On the side of the countries, there is a need for all to have, as most in this Region now do, an Office or Department of International Health, specifically charged with the responsibility of liaison and coordination with WHO and all other multilateral and bilateral agencies concerned with health. Like WHO, this Office or Department should be staffed by a core of individuals with a broad understanding of: (a) how health development takes place; (b) the nature and resources of WHO and other agencies; and (c) potentials for TCDC. Its personnel should have a quite deep familiarity with WHO, and should include some who have worked in the Organization for short or long periods. WHO should continue its support for the training of such people, and should expand it.

ISSUE XI

THE DEPLOYMENT OF NATIONALS IN THE WORK OF WHO

In recent years there has been a constant trend towards the increasing deployment of "nationals" to further the collaborative work of WHO. Should this trend continue? Is there a case for a shift in what has hitherto been a somewhat arbitrary demarcation line, between work performed by the international civil service and work done for WHO by those who are not directly employed by it?

Discussion

It is generally accepted that, if the goals of WHO are to be achieved, and especially the goal of HFA/2000, there has to be considerably greater involvement of nationals at every level.

At the present time, the approaches being used to enlist the services of nationals in achieving collaborative goals include the following:

- strengthening links between the governing bodies and the Secretariat, especially through an expanding network of governing body committees (e.g., the Programme Committee of the Executive Board, the Regional Consultative Committee, the *ad hoc* Committee on this Study) which carry out prescribed tasks between sessions of the governing bodies concerned;
- a range of Advisory Bodies at both global and regional levels. These have been expanding rapidly. They include the newly established Global and Regional Health Development Advisory Councils, whose task is, at the highest level, to give advisory services in all aspects of health and help the Director-General and the Regional Director to monitor the total. technical programme; the Global and Regional Advisory Committees on Medical Research; Expert Panels, globally, and Regional Advisory Panels on a wide variety of technical subjects. In this Region, there are, apart from the Regional Health Development Advisory Council and the Regional Advisory Committee on Biomedical Research, seven such panels with a total membership of 109 individuals. Emanating from these Advisory Panels,

Scientific Working Group meetings are convened from time to time on specific subjects. The individual members, designated for three-year terms of service in an honorary capacity, are called on, increasingly, to provide advice on subjects, proposals and projects falling within their personal area of expertise.

- Nationals of Member States are recruited on a temporary basis, whether as Short-term Consultants or Temporary Advisers, as long has been the case, to provide specific advisory services. A few, in special areas, notably, for example in certain research projects, are recruited on a special contractual basis to provide a continuing advisory resource.

- Nationals are recruited within their own countries,at a salary subsidized by WHO, to perform tasks within projects which might otherwise require either more expensive international staff or difficult direct recruitment from abroad. It is in this group that some difficulties have been encountered.

- Nationals are receiving incentive payments to perform particular tasks, often involving either difficult field travel or specific production tasks.

The work of those nationals who are members of the various Advisory Bodies is very well appreciated. It is felt that the system, despite the recent very great expansion it has gone through, is working well, and no serious snags have as yet been encountered.

The same can certainly be said of the two committees of the Regional Committee: although both are at a very early stage.

The matter of salary subsidies, however, has given rise to some disquiet. In a special study made for the Regional Director on the subject, the following opinions were expressed:

- that the payment of salary subsidies to the nationals employed on WHO-assisted field projects often did not improve the project performance and created jealousies and unhappiness amongst the other (the great majority) nationals employed in the Ministries of Health;

- that the criteria governing salary subsidies differed from agency to agency, between the countries concerned and even between projects in the same country;

- that salary subsidies are in some instances being paid to national staff stationed in the capital city who have no direct contact with the project and who carry on with their governmental duties as before;

- that the salary subsidy system, as applied, did not necessarily offer any incentive to the national to do any more or better work, and soon became looked upon as a right;
- that the request for salary subsidies was mushrooming and could eventually reach proportions where the amounts being paid will have a restraining effect on the expansion of existing projects and the initiation of new projects.
- that some countries in the Region, for constitutional or other reasons, have not requested or have refused salary subsidies to their national government employees; this precludes a uniform Region-wide practice for the payment of salary subsidies.

Other agencies of the UN system have various practices in different countries, but in those instances where other agencies do pay salary subsidies, they generally thought the practice was not desirable and they were inclined to abolish it as soon as possible.

As the review progressed, it became apparent that the payment of salary subsidies could not or should not be considered in isolation from WHO's general involvement in the whole field of "Local Costs" (the assumption by WHO of accepted Government Commitments).

Recommendation XI

11.1 The increasing trend to involve nationals in the work of WHO is highly commended and to be encouraged to the full.

11.2 The expanding network of advisory bodies is to be encouraged, as is the putting of them to full use.

11.3 The expanding "committee system" of the Regional Committee is also to be encouraged (see Recommendations EM/RC28A/R.3 and EM/RC28A/R.7).

11.4 The recruitment, through special agreements, of selected scientists and others to provide specific advisory services to programmes or projects for defined periods of time (e.g., on the launching of a new programme or the restructuring of a large scale project) is appreciated and encouraged.

11.5 The payment by WHO of incentives, especially supplementary per diem, to nationals carrying out specific tasks within defined projects involving field travel

or production commitments, is felt to be useful, though it requires careful monitoring.

11.6 Because it is discriminatory in nature and has not been demonstrated to improve project performance in practice, the system of salary subsidy has little to commend it, and therefore should be phased out as soon as is practically possible.

11.7 Whenever possible, the Organization should endeavour to use, as it already does, the services of qualified consultants and advisers from within the Region to advise neighbouring countries; this, of course, contributes to increasing regional self-reliance in the spirit of TCDC.

CHAPTER IV

SUMMARY AND CONCLUSIONS

This "Report on Developments with regard to the Study of WHO's Structure in the Light of its Functions", is submitted to the Regional Committee, in the hope that it will serve:

- to stimulate new ideas;
- to enhance the dedication of all concerned; and
- to contribute some worthwhile thoughts, from this particular Region, to global reconsideration of WHO's Structure and Functions.

It is difficult, if not impossible, to provide an effective "Summary and Conclusions" to a paper of this kind.

The whole paper, by its very nature, is but a Summary of some changes that need to be made to keep our Organization not only up-to-date, but in the forefront of leadership in health work for the world as a whole - what a daunting task to try to "summarize" all that!

Its Recommendations are but a few thoughts put together by us, the Secretariat of WHO, working in close collaboration with the *ad hoc* Committee as to how we can improve on what we are already doing: they are spread through the text.

The ideas that lie behind the paper are those of all the Governments of all the world, and especially of this Region, as we try together to achieve the goal, for all the citizens of the world, by the year 2000, of a level of health that will permit them to lead a socially and economically productive life.

It is firmly believed that the goal is a realistic one, one to which we should aspire, and to which we can aspire. It has become the goal to which we, in the Eastern Mediterranean Region, do aspire.