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Strategic orientations of the Regional Office's work with geographically dispersed organizational entities, including WHO country offices

The WHO Regional Office for Europe is present in the countries of the European Region in many different forms: some traditional, such as collaborating centres and networks of national counterparts and focal points; and two that have taken on a new dimension in recent years – WHO country offices, also called liaison offices, and technical centres based outside Copenhagen, also called geographically dispersed offices (GDOs). Of course, all these structures have different roles and status: some of them (the country offices and the GDOs) are an integral part of WHO, while the others are not part of WHO but are working at least part of their time with and for WHO. In fact, through different mechanisms and forms, WHO in general, and the Regional Office in particular, is more present in Member States than is generally perceived and stated.

At its fifty-second session in 2002, the Regional Committee requested the Secretariat to clarify the role of the GDOs and the strategic orientations for their future work and development. The Standing Committee of the Regional Committee confirmed this request and suggested that the subject should be put on the agenda of the fifty-third session of the Regional Committee and that it should be broadened to include the country offices. The present paper is a response to this request. It should be read in conjunction with the document *Progress report on implementation of the WHO Regional Office for Europe's Country Strategy since 2000* (EUR/RC53/10), also prepared for this session of the Regional Committee.

This paper summarizes the development, current situation and strategic directions of the GDOs and the country offices. It also offers a broader perspective on the different forms of the Regional Office's country presence and proposals for their coordination.

A draft resolution, attached to this paper, is submitted to the Regional Committee for its consideration.

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Geographically dispersed offices: development, current situation and strategic directions

1. In the 1990s, some technical centres were established outside Copenhagen. At the First European Conference on Environment and Health, held in Frankfurt in December 1989, it was suggested that centres for environment and health should be created. The following year, the Governments of Italy and the Netherlands proposed that such centres should be established in their countries. In 1991, two centres were opened, in Rome and in Bilthoven. In 1993, a third centre was established in France (Nancy). In 1999 the Nancy office closed, and in 2000 it was the turn of the Bilthoven office. In 2001, in the same area of environment and health, an additional centre was opened in Germany (Bonn). Mention should also be made here of the Mediterranean Action Plan unit, located in Greece (Athens), which can be seen more as a specific technical programme than as a centre; and of the Project Office for Nuclear Emergency Response and Public Health, located in Finland (Helsinki), which was closed in 2001 owing to a lack of sustainable resources.
2. Three additional centres were opened in fields other than environment and health: one in Belgium (Brussels), established in 1999, originally in the area of health policy but now focusing on health impact assessment and observation of health systems (as part of the European Observatory on Health Care Systems); another in Spain (Barcelona), established in 1999, originally in the area of integrated health care services but now in the process of shifting its focus to hospitals, telemedicine, health at regional (i.e. subnational) level and policy for health for all; and one in Italy (Venice), established in 2001, in the area of health determinants.
3. All this happened with no explicit and systematic plan for development and with no common status, in particular with regard to the respective roles of WHO, the host countries and partners associated with the centres. This explains the concern expressed by the Standing Committee of the Regional Committee (SCRC) at its session in April 2003, “that they [the centres] had grown up organically, with little discussion of a deliberate structure and few provisions for formal annual reporting”. However, all the agreements for establishing the offices were made in strict accordance with the legal procedures under which WHO operates.
4. At present, there are therefore five existing geographically dispersed offices or GDOs (in Barcelona, Bonn, Brussels, Rome and Venice). Overall, they employ 97 people (16% of the Regional Office for Europe’s total staff). Of these, 11 are in Barcelona, 16 in Bonn, 32 in Rome, 9 in Venice, and 11 in Brussels, as well as 18 in the other hubs of the Observatory. Sixty percent are professional staff, and forty percent general service staff.
5. In 2000, the new Regional Director, taking into account the uncertainty of the situation with regard to the centres (as illustrated by the fact that two of them had closed and three were in the final stages of negotiation) and the need for a policy for their development, asked Professor Silano to prepare a report on their situation. The report was discussed by the SCRC in December 2001, and its recommendations and conclusions were distributed to the Regional Committee in September 2002 (document EUR/RC52/Inf.Doc./4).
6. From the report, it is evident that the centres are carrying out significant and indispensable work for the Regional Office, and that without them many useful activities would not exist. The report makes significant recommendations regarding the need to consolidate the existing GDOs, to clearly define their specific areas of activity, avoiding overlap with other Regional Office programmes, and to ensure that sufficient funding will be sustained. It also emphasizes management issues that in reality apply to the whole of the Regional Office with regard to the recruitment of staff, maintenance of scientific and technical competence and evaluation procedures. Finally, it raises the issue of the specific relationship of the GDOs with the host countries and partners involved (see Annex 1).

7. In recent months, additional work has been carried out internally to look more broadly at the issue of the Regional Office's country presence (see Annex 2). This work has consisted in an analysis of various WHO documents and policies, such as the Regional Office's Country Strategy, the global Country Focus Initiative and the global budget. The review has also looked at the current situation of WHO's country presence in the European Region; and, finally, a series of interviews have been conducted with representatives of Member States, members of the SCRC and staff members based both in and outside Copenhagen. This work, taking as its basis the conclusions of the Silano report, confirms the positive perception of the importance and quality of the work done by the GDOs. However, some concern was expressed in the interviews about the coherence and consistency of the work carried out in Copenhagen and in the GDOs. Questions were also raised concerning the distribution of the centres in a very limited number of countries in the Region (a point also made in the Silano report). The need to increase awareness of the GDOs, their activities and their way of operating was also stressed. It was also suggested that, in addition to their specific technical function, a broader function of coordination between the host country and the Regional Office could be located in the GDOs.

8. In fact, the Silano report and the internal work mentioned above provide clear recommendations for improving the management of the GDOs and guidance for their strategic development. This is summarized below.

9. In the next few years, the policy for GDOs will concentrate on stabilizing them and strengthening their links with the Office in Copenhagen, both administratively and programmatically. A special mechanism will be established to ensure and assess progress in this direction. The Regional Director will report to the Regional Committee on this issue in 2005.

10. GDOs could be established in countries with specific expertise and competence or with specific needs in technical areas where the Regional Office's resources are insufficient or non-existent. Every Member State can potentially be a host country, including countries that already have WHO country offices. In this case, these offices would be preferably in the same location. If the host Member State was not able to assume its part of the financing required, different partners could be approached to support the new GDO. A good current example of such practice is the role played by the European Observatory in the Brussels centre. However, in principle, no new GDO will be set up before the present situation has been stabilized. Exceptions could be made if an emergency situation or a special opportunity were to arise, especially in those parts of the Region where there is no GDO (as stated in the Silano report). In any case, the creation of a new centre should be agreed by the Regional Committee and meet the following criteria:

- that sustainability of funding is ensured (to be regarded as a prerequisite);
- that WHO's international dimension and values, as stated in its Constitution, form the foundation of the GDO's work and that the agreement with the host country guarantees the GDO's full compliance with current WHO policy and practice;
- that the objectives and activities of the GDO are in line with the programmes and priorities of WHO in the Region;
- that there is no overlap between the activities of the GDO and those of the rest of the Regional Office (i.e. that gaps are filled in and complementarity is ensured);
- that the host country agrees to GDO staff being recruited and managed under the same conditions as other WHO staff members, and benefiting from the same privileges and immunities.

WHO country offices: development, current situation and strategic directions

11. In the early 1990s the Regional Office significantly increased its country presence in central and eastern Europe through the EUROHEALTH programme, leading in particular to the establishment of WHO offices in a number of countries. In September 2000, the Regional Committee at its fiftieth session adopted the new country strategy, "Matching services to new needs", which includes strengthening the

Organization's country presence through the existing country offices. This is in line with WHO's global Country Focus Initiative, endorsed by the World Health Assembly in 2002. The new Director-General's address to the World Health Assembly in May 2003 confirms this orientation.

12. The mandate of the country office can be summarized in terms of the following functions:

- managerial: coordinate and manage the implementation of WHO country programmes, including the facilitation of relations with national counterparts;
- technical: identify the needs and opportunities for WHO support, facilitate technical interventions, disseminate WHO information;
- representational: represent WHO in the country and facilitate relations between WHO and the government.

13. The Regional Office currently has country offices in 28 countries. Special contracts (biennial collaborative agreements or BCAs) define priority areas and funds allocated for work in each of these countries. Country offices now cover all aspects of WHO's presence in the country, such as Emergency and Humanitarian assistance projects (nine countries), as well as various projects in specific technical areas (e.g. the tuberculosis project in the Russian Federation country office). One country, Malta, has a BCA without having a country office. This practice could be an interesting example for other countries in the Region to follow.

14. One hundred and eighty staff members work in the country offices (approximately 30% of the Regional Office's total staff); 18% are international professional staff and 25% are national professional officers.

15. Part of the internal survey already mentioned in the section on GDOs was concerned with perceptions of the country offices. It concludes that there is wide recognition of their work and usefulness and a real overall improvement in the definition of their functions, in the capacity of their staff and in the way they are managed. Some recommendations are made regarding the need for a minimum critical mass, for reinforcement of their technical capacity and for further strengthening coordination with other organizations and with local experts and institutions, including collaborating centres and networks of counterparts.

16. The document *Progress report on implementation of the WHO Regional Office for Europe's Country Strategy since 2000* (EUR/RC53/10), prepared for the present session of the Regional Committee, includes proposals for the future of the country offices in the European Region. It calls for more resources to be devoted to them; for their technical competence to be enhanced; for reinforced administrative and management support; for the development of partnerships with other United Nations agencies and international stakeholders; and for closer collaboration with WHO headquarters in the framework of the Country Focus Initiative.

Other forms of the Regional Office's country presence

17. As already mentioned, in addition to GDOs and country offices, the Regional Office's programmes are also present in Member States through different types of networks or institutions. Among these, mention should be made of:

- collaborating centres
- WHO documentation centres
- technical focal points

- networks of national counterparts
- expert advisory panels.¹

Collaborating centres

18. A total of 474 WHO collaborating centres are located in the European Region, of which 112 have been designated by the Regional Office and 362 by WHO headquarters.² They cover all the technical fields that potentially are of interest to the Regional Office. Most of them are located in the western part of Europe.

19. A review carried out between 1998 and 2000 confirmed that such centres are an essential and cost-effective mechanism that has enabled the Organization to carry out its mandated activities and to harness resources far exceeding its own. However, it also revealed a number of problems, and substantial changes have therefore been made to the policy and procedure for designating institutions as collaborating centres:

- they should contribute to the Organization's current priorities and areas of work;
- their designation should be time-limited, with appropriate distribution in terms of geographical location and subject matter;
- the designation and redesignation process should be open, collective and transparent; and
- their performance and future work plans should be stringently evaluated.

20. The new policy and procedure were introduced at the Regional Office in 2001. A regional screening committee was established, which forwarded its recommendations to the corresponding body at global level before the final decision was taken by the Director-General. The European Region has the largest number of collaborating centres worldwide (509 out of 1175), and the task of assessment and redesignation is therefore a considerable one.

21. At its April 2002 session, the SCRC acknowledged the importance of collaborating centres: "for WHO, they are part of its visible presence at country level and a valuable working link, while the individual institutions gain considerable prestige from bearing the WHO logo". The Standing Committee accordingly welcomed the new policy and procedure but drew attention to the need to ensure equitable geographical distribution (particularly with regard to the central Asian republics). In addition, it suggested that national governments should be involved at an earlier stage in the process, for instance by being informed of the content of centres' workplans once they had been drawn up.

¹ A WHO collaborating centre is an institution designated by the Director-General to form part of an international collaborative network carrying out activities in support of WHO's programme at all levels.

A WHO documentation centre is a national institute or library in a country of WHO's European Region designated by the Regional Office for Europe to increase the dissemination of literature and statistics emanating from the Regional Office. Documentation centres are unofficial counterparts of the Regional Office.

A focal point is a technical expert invited by WHO to be part of a WHO network on a specific subject. Focal points are not official country representatives.

A national counterpart is a country representative on a specific network, officially nominated by a Member State, following a request for nomination by the Regional Office.

An expert advisory panel consists of experts from whom the Organization may obtain technical guidance and support within a particular subject, either by correspondence or at meetings to which the experts may be invited.

² Eighty-seven in the United Kingdom, 47 in France, 41 in Italy, 37 in Germany, 27 in the Netherlands, 27 in Sweden, 22 in Switzerland and 22 in Denmark. Apart from the Russian Federation, 16 countries with BCAs have at least one collaborating centre (up to seven collaborating centres in the Czech Republic and Hungary) and 11 have none.

Documentation centres

22. The Regional Office also has formal agreements with 48 documentation centres in 38 countries of the European Region. These are involved in the dissemination of WHO products, although they are not officially WHO collaborating centres.

Technical focal points and networks of national counterparts

23. It is worth mentioning here another kind of country presence, linked to the technical implementation of the Organization's work in the Region: the Regional Office has 47 different networks of national counterparts and focal points for many technical issues. A paper on this topic was discussed by the SCRC in April 2003. A CD-Rom describing all these networks is available from the Secretariat.

Expert advisory panels

24. These are a significant and much appreciated form of WHO's presence in countries (or that of countries in WHO). At the end of 2001, WHO had 49 expert advisory panels, comprising 1337 national experts, of whom 433 were from the European Region (see document EB109/33, Add.1).

Strategic directions for improving the coordination of the Regional Office's input in countries

25. Based on the findings mentioned above and as stated in the regional Country Strategy, there is an evident need to strengthen coordination of the Regional Office's various inputs in each Member State in the Region. This requires further development of the following ongoing processes:

- assessment of the country's needs for WHO support
- coordination of all WHO activities in the country
- coordination of all types of WHO presence in the country
- dissemination of technical information and WHO documents.

As already mentioned, many institutions are concerned by and involved in this coordination.

26. Ultimately, every Member State will have an explicit mechanism for coordinating the Regional Office's inputs. It will include an identified central location, either a country office or a GDO (where they exist). Otherwise, such a function would be located in a collaborating centre. The coordination mechanism for each country will specify which of the functions described above are needed by the country and which institutions will be responsible for their development. This can be done by means of an agreement between the respective country and the Regional Office.

27. The major orientations of this strategy are set out below:

- (a) In countries **where there is a country office** (28 at the moment), the process of strengthening the capacities of that office will be continued, as stated in document EUR/RC53/10. In addition to playing its managerial and representational roles, the country office will have technical competence reinforced under the guidance of the Regional Office's technical divisions. Country offices will also play to the full their role of coordinating all the other aspects of WHO's country presence.
- (b) In countries **where there is a GDO** (four at the moment, with Italy having two), the GDO will, in addition to its specialized technical mission, accommodate the function of liaising with the host country under the responsibility and supervision of the Country Support

division of the Regional Office. This new function may require some revision of the GDO's current legal status and role. Additional resources will also be needed. They could be provided, at least partially, by the host country. As already mentioned in the case of Malta, a new type of BCA could be tested in these countries, even if there is no allocated country budget. Finally, and within this new function, coordination of all of WHO's country presence will also be carried out through the GDOs.

- (c) In the countries **where there is neither a country office nor a GDO**, a collaborating centre could be selected jointly by the country and the Regional Office in order to serve as a WHO coordination centre, linked to the Office's Country Support division. Its first new task would be to map WHO's existing country presence and liaise with the institutions and individuals involved. The country's need for WHO activities would then be identified and an action plan drawn up, outlining the steps and actions to be taken to develop such cooperation.

28. Coordinating the various institutions that are working with and for WHO in each Member State is an important challenge for the years to come. It is also an opportunity to increase the effectiveness, efficiency and visibility of the Regional Office's input in countries. This will be developed progressively, starting with two or three experiments, from which the necessary lessons will be learned. The Regional Director will report regularly to the Regional Committee on progress made in this area.

Annex 1

**General recommendations of the Silano report and comments by the Secretariat
(Extract from document EUR/RC51/SC(2)/9, submitted to the SCRC in December 2001)**

27. The main recommendations of the review are summarized in the following table:

	Recommendations	Comments by the Secretariat
4.1	<i>General recommendations</i>	
	The existing GDOs need to be consolidated.	Agree. This should be done before any more new ones are established, with perhaps the exception of meeting an exceptional and urgent need.
4.1.1	<i>Mission, functions and priorities</i>	
	No overlap between GDO activities and those of the Regional Office for Europe (EURO). Delegation of authority to take place where appropriate.	Agree. GDOs should be a truly integral part of EURO, with no overlap.
4.1.2	<i>Resources and duration of the Agreement</i>	
	No GDO to be established before the "minimum critical conditions" for sustainability of the GDO have been agreed upon by the contributing partners and EURO.	Agree. This requires the adoption of a very clear position on the part not only of the host country but also of EURO, which in fact has to provide additional services and funds. This encourages EURO to be cautious and serious when opening a new GDO, in order to be able to fulfil its role and duties in the long term.
4.1.3	<i>Fund-raising</i>	
	Additional fund-raising for GDOs is essential to make them viable on a long-term basis.	Agree. This is true for many of EURO's programmes.
4.1.4	<i>Recruitment of personnel: privileges and immunities</i>	
	Recruitment of core staff to be carried out internationally, with full recognition of WHO privileges and immunities.	The subject of privileges and immunities is an ongoing one and should prevent EURO from opening GDOs before this issue is clearly settled. Our major problem is that this precaution has so far been neglected, resulting in significant handicaps for the survival and development of GDOs.

	Recommendations	Comments by the Secretariat
4.1.5	<i>Relations with the host country and other supporting countries</i>	
	The GDO may assist the host country and other supporting countries in implementing WHO policies, while maintaining its own profile and not competing with national institutions with similar functions.	The host country should find its own technical interest in the work of the GDO, but WHO's international dimension and values, as stated in its Constitution, need to remain the core of the GDO work.
4.1.6	<i>Scientific Advisory Board and Coordinating Board</i>	
	<p>A Scientific Advisory Board may be created to provide scientific and technical advice.</p> <p>A Coordinating Board may be created to link the GDO to the host country and other Member States who have an interest in the GDO.</p>	<p>The idea of a Scientific Advisory Board (SAB) for each of the GDOs is supported, inasmuch as it is also advisable to have an SAB for EURO's technical programmes.</p> <p>In line with recommendation 4.1.1, that GDOs should be a truly integral part of EURO, the managerial function should not be carried out by an external board, but should follow normal EURO procedures. Coordination with the host Member State should remain the responsibility of the Executive Management of EURO, and not of a specific body.</p>
4.1.7	<i>Evaluation procedure</i>	
	Periodic evaluations of GDOs to be the same as for programmes in EURO. They should not be too time-consuming and inhibiting for the work of the GDO.	Agree.
4.1.8	<i>Profile of the Head of Office</i>	
	A high quality international officer, very familiar with EURO policies. The nationality of the Head of Office should be carefully evaluated to ensure that he/she can act as a valid interface with national and local authorities.	The qualities of the head of the GDO should be the same as those required of any international staff member working for WHO at the same level of responsibility: able to work with national and international authorities, good team-builder with an adequate technical background and, preferably, WHO experience. The nationality of the person is not to be considered as an indicator for selection.
4.1.9	<i>Start-up procedure</i>	
	A standard procedure should be developed.	Agree.

	Recommendations	Comments by the Secretariat
4.1.10	<i>Programme support costs and other financial issues</i>	
	The issue of deducting 13% from voluntary contributions for programme support costs should be reviewed by WHO.	The issue is a very sensitive and extensive one. The Regional Director will bring the specific case of GDOs to the attention of WHO's global administration and request their comments on the recommendation made in the report.
4.1.11	<i>Relations with contributing partners</i>	
	Contributing partners to GDOs to be kept informed about their achievements. A special focal point responsible for coordinating and harmonizing relations between EURO and the contributing partners should be considered.	The request for overall coordination to harmonize relations between EURO and all the contributing partners has already been fulfilled with the appointment of a new staff member, presently attached to the Regional Director's Office, charged with carrying out this mission for the whole of the Regional Office.
4.1.12	<i>Other aspects</i>	
	GDOs to establish networks with collaborating centres specializing in their area of competence. GDO should preferably not be located within a national institution (to avoid confusion of roles). GDOs should pay special attention to how they link with health authorities in the host country. Present policy regarding delegation of authority to GDOs should be reviewed. Ways of improving communication links between GDOs and EURO should be explored.	Agree, with no further comments.

28. The Regional Director thanks Professor Silano for the remarkable review that he made of the Geographically Dispersed Offices (GDOs), commonly called "Centres".

29. The latest developments with regard to the GDOs are the following:

- The Bonn Centre was officially opened on 30 October 2001, with four technical programmes (air quality, noise, housing and information on environment) and very specific tasks to accomplish. There is strong support from the host country, both technical and financial.
- The Brussels Centre, in addition to the tasks already being undertaken, will incorporate the European Observatory on Health Care Systems. The long-term view is to develop it into a broad health evidence network, with many national and international partners involved.
- The Venice Centre has opened and a plan of action has been established for its work, in particular on poverty. Increased resources are needed and expected.

- The Barcelona Centre has difficulty in functioning properly due to outstanding procedural problems that should have been solved before it was opened in September 1999. The recommendations of the report would have been particularly relevant in this case.
- Due to insufficient resources, the Helsinki Centre will be closed and its function shared between EURO, WHO headquarters and some collaborating centres. This illustrates the validity of the recommendation made in the report to ensure sustainability of the GDOs before opening them.

30. Thanks to Professor Silano's report, there is now evidence that GDOs are an asset for the work of the Regional Office. However, their good functioning requires strong administrative support and important integrative efforts from the rest of the Regional Office. This has not yet been achieved in many cases, but work is under way. The main priority now is to consolidate the existing GDOs before opening additional ones. However, if opportunities for new GDOs arise, they will be looked at to assess the interest of the proposal (in particular if the location is central or eastern Europe) and the viability of the project.

Annex 2

Summary of the findings of the internal review of the Regional Office's country presence

1. The objective of the internal consultation process was to provide additional information in response to the requests of the Regional Committee at its fifty-second session and the SCRC, by:
 - identifying common and differing views on the Regional Office's presence in the European Region;
 - collecting ideas and proposals for the future of this presence;
 - highlighting positive achievements and potential difficulties in the current daily management of the work involving the Regional Office's diverse locations outside Copenhagen, i.e. the five GDOs and the 28 country offices.
2. This was done through formal interviews with a sample of representatives of Member States and Regional Office staff members and through some group discussions in the SCRC, during the World Health Assembly in 2003 and during staff meetings. In addition, many informal exchanges took place by phone, by e-mail or at brief face-to-face meetings.
3. Although it was never intended to be a representative survey, it proved to be a very wide and lively exercise. It provided a qualitative overview of needs, concerns, expectations and perceptions regarding the Regional Office's country presence. It is an indicator of the common level of background information and knowledge and of the level of understanding of the various issues and of the perception of daily work in concrete situations.
4. The diversity of answers, both from representatives of Member States (including all the members of the SCRC) and from staff members in Copenhagen or from the five GDOs or the 28 country offices, is striking. There is a diversity of views and understanding of the many issues that were addressed.
5. The main results regarding the GDOs were the following:
 - The technical quality of the work was always highlighted by those who knew or had been in contact with GDOs or had used their products.
 - A wide range of opinions were expressed about the utility of having technical programmes outside Copenhagen. They ranged from "a formidable opportunity to develop weakly covered fields" to "doubts about the real benefit for the Organization, or the coherence of the agenda or the fairness of the geographical distribution of the current GDOs".
 - Some representatives of Member States mentioned the lack of continuously updated and easily accessible information on the GDOs, and they advocated a more formal process of discussion with the Organization's regional governing bodies regarding the conclusion and renewal of agreements related to the GDOs.
 - Opinions varied about whether the current GDOs could play an additional role in the host countries, but some good experiences were related and interesting proposals made, especially by GDO staff.
 - Some examples of difficulties and misunderstandings linked to the remote situation of the GDOs were highlighted; all of them can be remedied in line with the recommendations of the Silano report.

6. The main results regarding the 28 country offices were the following:
 - There was a shared recognition of the positive impact of the ongoing process for implementation of the Regional Office's Country Strategy, including improved involvement at country level, definition of functions, training of staff and the way they are managed.
 - The liaison officers or heads of country offices were described as key elements for assessing country needs and further developing the Regional Office's country presence as a service for the host country.
 - Some comments were made about the need to achieve a "critical mass" and to reinforce technical capacity at country level, while avoiding the creation of "mini regional offices".
 - A lack of use and coordination of local institutions and experts, including collaborating centres and networks of counterparts, was mentioned by some representatives of Member States.
 - Interestingly, representatives of Member States with country offices (including countries in rapid transition, soon to be part of the European Union) were unanimous in acknowledging their usefulness, while the others expressed the opinion that although this was a good model for those Member States who had them, they could not see it as a solution for their own country.
7. There were diverse opinions and ideas about the Regional Office's future country presence in countries where there are no country offices; this shows the need for more formalized thinking on the subject.