World Health Organization
REGIONAL OFFICE FOR Europe

Regional Committee for Europe
68th session

Rome, Italy, 17–20 September 2018

Provisional agenda item 5(k)

EUR/RC68/Inf.Doc./4 Rev.1

10 September 2018
180515
ORIGINAL: ENGLISH

Countries at the centre: the strategic role of country offices in the WHO European Region

Report on visits of European governing body members to countries

This report reflects on WHO's work at country level, delivered by the three levels of the Organization, and the impact that this work has on health at the national level. It describes the added value of having an international head of office and other technical and core staff closer to the point at which leadership, coordination and assistance are required.

It describes a series of visits in 2017–2018, open to SCRC members and the European representatives on the WHO Executive Board, which demonstrated how WHO works in different countries and settings. These visits were planned by Regional Office staff in collaboration with the respective country offices and in agreement with ministries of health and national counterparts, and led by WHO representatives.

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Rationale

1. The presence of the WHO Regional Office for Europe at country level is a key element of WHO's work in, with and for countries. This report reflects on WHO's work at country level, delivered in various modalities by the three levels of the Organization, and the impact that this work has on health at the national level. It describes the added value of having an international head of office and other technical and core staff closer to the point at which leadership, coordination and assistance are required.

2. In line with the Regional Director's vision and the direction of WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13), the Regional Office delivers work via intercountry, multicountry and country-specific modes. GPW 13 puts countries at the centre and shifts WHO's efforts closer to the country level. As the development and endorsement of GPW 13 has fuelled discussions on the impact of WHO at country level, Member States attending governing body sessions would benefit from being well informed about WHO's ways of working in, with and for countries.

3. In order to provide insight into WHO's work at country level, and to further clarify how the Organization provides added value in achieving positive outcomes for health, the Standing Committee of the Regional Committee for Europe (SCRC) set up a subgroup on countries at the centre. The Regional Director invited the SCRC members to visit the WHO Country Office in Georgia to meet staff, visit the physical location of the office and hear from representatives of the Ministry of Health, as well as WHO, about how this collaboration produces key results at country level. Following this successful visit, the members of the subgroup requested visits to other country offices during 2017 and 2018, in order to obtain first-hand knowledge of the way WHO has managed to influence strategic health development in countries, through the country offices (and their suboffices), assisted by the Regional Office and its centres of excellence – the geographically dispersed offices (GDOs) – and supported by WHO headquarters. These visits also aimed to demonstrate how country offices do not work alone, but are driven by the global policies and actions agreed at the World Health Assembly, translated into the regional setting.

4. During the visits participants learned about the resources made available at country level, as well as about the role of the WHO representatives and their staff in health leadership, health diplomacy, negotiation, partnerships, resource mobilization, communication and advocacy, and strategic and technical assistance.

Visits to countries by European members of WHO governing bodies

5. The Regional Office organized a series of visits in 2017–2018, which were open to SCRC members and the European representatives on the WHO Executive Board. These visits were planned to show how WHO works in different countries and settings, according to the level of development of the country's health system. The governing body members were invited to Georgia in November 2017, Slovenia in February 2018, the Russian Federation in March 2018 and Turkey in April 2018. These visits were planned by Regional Office staff in collaboration with the respective country offices and in agreement with ministries of health and national counterparts, and led by WHO representatives. Additionally, a lunch-break briefing on WHO country work in Romania was organized during the World Health Assembly in May 2018.

6. During the visits, the governing body members met the staff of the respective country office and visited the country office premises in order to gain a clear idea of the way the Regional Office, together with the country office, delivers maximum assistance with low investment in resources. The governing body members also met ministers of health, parliamentarians and senior policy-makers, as well as other United Nations agencies and partners present in the country, donors and members of civil society. All interlocutors took advantage of the opportunity to describe their work and ways in which their collaboration with the country office brought positive outcomes and achievements for health. The visit schedule also included visits to other important offices, such as the GDO in Moscow, and a site visit to the primary health centres and suboffice in Gaziantep as part of the visit to Turkey.

7. These countries were specifically chosen as they have very different needs and hence different country office set-ups.

- The Georgia Country Office in Tbilisi is a small-to-medium-sized country office in a lower-middle-income country. The country office facilitates complex technical assistance defined by the biennial collaborative agreement (BCA), with the main priorities being universal health coverage, emergency preparedness, vaccine-preventable diseases and noncommunicable diseases (NCDs) – with a particular focus on tobacco control. The visit was important for learning about collaboration with other (mostly much bigger) United Nations agencies, international partners as well as national stakeholders in a country which faces complex challenges with limited resources.
- The Slovenia Country Office in Ljubljana is a small country office in a high-income country which is also a member of the European Union (EU). The Member States wanted to better understand why a country office in an EU country is necessary, how it works and the added value it creates for the country.
- The visit to the Russian Federation Country Office in Moscow, accompanied by a visit to the GDO on NCDs, demonstrated the different roles of the GDO and Country Office. It also demonstrated how a country office works in a WHO donor country, supported by the Regional Office, and how this function differs from, but is coordinated with, the GDO at country level.
- The visit to the Turkey Country Office in Ankara and the suboffice in Gaziantep provided an overview of a WHO country office working in emergency operational mode, while continuing day-to-day activities with the Ministry of Health and key stakeholders. It also demonstrated how WHO can work across all three levels of the Organization and across regions, involving multiple partners and agencies at country level.

8. The visits to the country offices provided the ministers of health with an opportunity to showcase their achievements and success stories resulting from WHO’s presence and support in the country, through various mechanisms.

Detailed reports of country office visits

Visit to Georgia, 28–29 November 2017

9. The visit to the Country Office in Georgia was organized as part of the second session of the 25th SCRC. The programme also included a presentation on the achievements of the country over recent years and a presentation by the WHO Representative on the work of the office, as well as staffing and other resources. The Minister of Health was present for this segment of the programme.

10. During the presentation, the WHO Representative explained that the WHO country office was among the three smallest of the 10 United Nations offices in Georgia, despite a very complex portfolio defined predominantly by the BCA. The BCA for 2018–2019 determined the workplan, led by the WHO Representative, who relied on assistance from staff in the Regional Office to ensure its implementation. The WHO Representative explained that the total budget for the 2018–2019 biennium, allocated in the BCA, amounted to almost US$ 1.1 million, with approximately 80% of country work funded through voluntary contributions, predominantly from the GAVI Alliance, the FCTC 2030 tobacco control and development project (Government of the United Kingdom of Great Britain and Northern Ireland) and the EU–Luxembourg–WHO Partnership on Universal Health Coverage. That funding was clearly not enough to address the country's health priorities, and hence resource mobilization was crucial to the Country Office's ability to deliver on expectations and needs.

11. The SCRC members were also invited to the premises of the Country Office so that they could see for themselves the modest environment in which the country office staff work.

12. The WHO Representative explained that the in-depth knowledge of country context, needs and the feasibility of health interventions in the Country Office make it a key strategic partner for WHO's engagement in the country. Its work involves policy advice and policy dialogue, health development cooperation and coordination with the health ministry, United Nations agencies and other partners. The Country Office in Georgia, like other WHO country offices, works in a complex environment, collaborating closely with national stakeholders including ministries, the National Centre for Disease Control and Public Health, Parliament, state-owned institutions and nongovernmental organizations. Given the country's limited resources, the media are an important partner in health communication. As 90% of health-care facilities are privately owned, engagement with the private sector is inevitable.

13. The provision of technical assistance is among the Country Office's core functions. It is led, managed and monitored in line with, and reports against, the BCA and facilitates and contributes to technical work. The BCA lists 25 deliverables in different technical areas. The actual work is fine-tuned in close collaboration with the relevant technical units from all three levels of the Organization and with the national authorities. Universal health coverage, emergency preparedness, vaccine-preventable diseases and NCDs – in particular tobacco control – are the main focus. The WHO Representative went on to explain some key issues on which Georgia is making progress. At the global level, for example, Georgia is one of the leading countries in the area of hepatitis C elimination. Between April 2015 and February 2018, 1.2 million tests had been done and approximately 40 000 people cured, most of them in 2016–2017.

14. However, Georgia has also made great progress towards universal health coverage over the years, with the assistance of WHO: over 90% of the resident population became entitled to a tightly defined package of state-funded benefits in 2013, as compared with only 45% of the population who were previously eligible. The package of services provided was adjusted for variable depth of coverage in order to reach various groups in accordance with their needs, i.e. with the lowest-income groups enjoying the most comprehensive benefits. To finance the broader coverage, the Government increased health spending significantly, although spending remained low in international comparisons. Public health spending in Georgia is at 2.9% of GDP and should be increased further as out-of-pocket spending as a percentage of total health spending is very high at 57% (2015). For that reason, in July 2017, the package of benefits was expanded for the most vulnerable households to cover essential medicines for four common chronic conditions, which has helped to mitigate the situation. Selective contracting has been initiated in the area of maternity hospitals, and future work will focus on selective purchasing and advancing the diagnosis-related-group payment system for hospitals. The work in the area of universal health coverage has been extensively supported by WHO.

15. Approximately 57% of men in Georgia smoke, and tobacco smoking kills approximately 11 000 citizens every year. The Secretariat of the WHO Framework Convention on Tobacco Control, WHO and the United Nations Development Programme, in cooperation with the National Centre for Disease Control and Public Health, and several ministries, produced a study, the Investment case for tobacco control in Georgia, which has made a tremendous contribution to the successful adoption of tobacco-control legislation. The Country Office in Georgia played a key role in reviewing the report, with guidance from Regional Office technical units. The know-how generated by this process will be utilized globally. The WHO Country Office was responsible for arranging for a parliamentary delegation from Georgia to visit Slovenia prior to the adoption of the tobacco-control law to learn from the latter's experiences. The insights gained during the visit helped to obtain the support of the budget and finance, and economy and economic policy committees, which had often been subject to pressure from the tobacco industry.

16. After the SCRC visit, WHO promoted close collaboration between members of parliament from several other Member States (Armenia, Republic of Moldova and Romania) with Georgia, which advanced the exchange of information, experiences and know-how. As a result of that comprehensive work, Georgia introduced its smoke-free policy, which is respected by almost 99% of the hospitality sector, on 1 May 2018. Other tobacco-control measures are being introduced gradually, including a ban on advertising (1 May 2018), pictorial health warnings, a ban on displays of tobacco products, plain packaging, etc.

17. During the SCRC visit, the Country Office also presented another country-level initiative, the so-called "proof of principle" that addresses antimicrobial resistance; drawing on local experience and needs, it promotes sample-taking, improves laboratory quality and communication between doctors and microbiologists and the generation of data that can serve as a basis for surveillance. The data collected are fed into global databases. The Country Office ensures that the work complements other international projects (e.g. the United States Centers for Disease Control project on infection prevention and control). The generated know-how has also been utilized by WHO technical units in other countries.

Visit to Slovenia, 1–2 February 2018

18. The mission to Slovenia demonstrated the role and presence of a WHO country office in a small, high-income country in central Europe, where WHO is the only international entity operating in the health field. The Country Office has gained a high level of respect and trust over the years, because of its long-standing, credible, transparent and evidence-based work.

19. The Country Office equips national policy-makers, health professionals and nongovernmental organizations with credible information and data about issues relevant to Slovenia, supporting the formulation of national health policies and the preparation of strategies and programmes, and provides guidance regarding evidence-based measures that have proved to be effective in public health.

20. The small core budget of funds allocated through the BCA is used to cover the costs of expertise, policy advice, advocacy and capacity building, and has led to clear country impacts that go far beyond what could be expected from the limited investment. This is made possible by ensuring that negotiated health priorities, activities and products result from the collaboration between WHO and Slovenia, a partnership that extends to all key stakeholders in the country, including the Ministry of Health, the National Institute of Public Health, and the National Assembly, and that includes cross-sectoral work with other ministries, agencies and bodies. New approaches to issues such as healthy ageing, social determinants of health and the Sustainable Development Goals (SDGs), and efforts to follow the Health 2020 indicators and monitor progress on NCDs, are all guided by WHO.

21. Policy dialogues form the main basis of the work of WHO in Slovenia, in which WHO provides evidence and key arguments for non-health partners, thereby ensuring a better understanding by decision-makers who are not necessarily health professionals. This is a key issue when addressing determinants of health that are the responsibility of other sectors, and is also important in the implementation of the United Nations 2030 Agenda for Sustainable Development. The visit clearly demonstrated to the governing body members the level of trust in WHO felt by national policy-makers in Slovenia as well as by the general public. The Minister and other high-level policy-makers described how the Slovenian Government benefits from, and makes full use of, the Country Office to communicate public health messages and issues of relevance for Slovenia to the media and the general public.

22. Achievements described on the visit included the in-depth assessment by WHO of the Slovenian health system, conducted at the invitation of the Slovenian Ministry of Health in 2015–2016. The assessment provided evidence used in shaping health reforms in the country and helped to move the political agenda towards such reforms. As a result, the National Health Care Plan 2016–2025 was adopted, laying the foundations for the reforms. The Plan lays out a framework for a set of legislative norms and national programmes for various health areas, including primary health care, long-term care, mental health and the draft public health services strategy. In all these activities under the Plan, WHO continues to provide technical assistance and expertise to the country.

23. Another achievement detailed during the visit related to the endorsement of the Act on the Restriction of Use of Tobacco Products, adopted in February 2017, which has given Slovenia one of the strongest tobacco-control regimes in the world. This accomplishment was substantially supported by assistance from WHO, both technical assistance during the drafting

of the Act, and assistance during the negotiation process in the country, including advocacy for the Act in Parliament in the shape of evidence-informed guidance.

24. A final example mentioned was the joint external evaluation of the country's preparedness for health emergencies, conducted in June 2017 by a team of WHO experts at the invitation of the Slovenian Ministry of Health. The external evaluation demonstrated considerable gaps in the system and structures. WHO assisted the Ministry of Health in reaching a more favourable position among all actors involved in the response to emergencies in the country, assisted the country in drafting the national health emergency plan and provided risk-communication training.

25. Slovenia has developed its collaboration with the GDO in Venice, Italy, in the area of social determinants, health equity and investment for health through the WHO Collaborating Centre for Health and Development in Slovenia. Slovenia is developing models and performing activities such as health impact assessments for agriculture and health, to be used as examples of good practice.

26. Slovenia is also providing assistance to other countries of the South-eastern Europe Health Network, with the support of WHO. This work has fostered technical collaboration, which has extended to some bilateral meetings between the countries.

Visit to the WHO Country Office and the WHO European Office for the Prevention and Control of NCDs, Moscow, Russian Federation, 1–3 March 2018

27. The visit to the Country Office in the Russian Federation presented an opportunity for the governing body members to be introduced to a wider scope of work done by a country office. This office is larger than the one in Georgia, with more staff, and it engages in many activities, such as strategic and technical collaboration, convening of stakeholders, health diplomacy, partnerships at country level, and communication and advocacy. Many of these tasks are delivered by the Country Office itself, but in meetings with partners at country level it became clear that the convening power of the Country Office plays an important role in the work as does assistance provided by embassies, civil society and other United Nations agencies in the Russian Federation. The presence of the GDO (the WHO European Office for the Prevention and Control of NCDs), located on the same United Nations premises as the Country Office, allows the Russian Federation to have a global impact and influence on health in the area of NCDs, but the GDO also plays a very different role to that of the Country Office.

28. Over recent years, the Russian Federation has become a key global player and a major donor and partner of WHO. Collaboration between the Ministry of Health of the Russian Federation and WHO has led to important strategic decisions, transforming and shaping the work of the Organization and the country office with successful results. The launch of the GDO marked an important milestone in the commitment made by the Russian Federation in September 2012 to combat NCDs, as the GDO provides support not only for all 53 countries in the WHO European Region, but also for other regions as required.

29. The Country Office maintains strong links between the GDO and Russian ministries, all which support one another in knowledge exchange and cross-border cooperation, as well as

facilitating work with Russian institutions and experts that now have the opportunity to share their expertise with the entire Region, particularly the countries of eastern Europe and central Asia. This visit gave the participants an opportunity to understand the differences between, as well as the collaboration between, the two suboffices of the Regional Office.

30. The physical presence of the WHO Representative in the country is an asset in communication and in reaching agreements. In round tables, meetings and parliamentary hearings during the visit, the strategic role played by the WHO Representative and the country office was emphasized. WHO is clearly accepted as being an authoritative, independent evidence provider and voice on health in the Russian Federation and is acknowledged as such by Russian physicians and the professional community. Even more importantly, the presence of a WHO country office was recognized by non-medical participants and other sectors as a major factor in ensuring appropriate support for key public health legislation, decisions and actions.

31. Public campaigns and working with the public are key issues for the Ministry of Health, an area in which it relies heavily on the Country Office. The Country Office has stepped up its work with all partners at the country level, including embassies and other sectors, especially in areas such as tuberculosis (TB), HIV, e-health and health systems, cancer and palliative care. This partnership has been particularly valuable for facilitating access and communication in situations where partners and embassies do not have contacts with, or a voice at, the Ministry of Health. The convening role of the Country Office is likewise important in view of the fact that there are 17 United Nations agencies in the country but no United Nations resident coordinator.

32. The country office enables regular interaction and meetings between staff of the Ministry of Health, WHO technical divisions and scientific and technical institutions, mainly undertaken through the 22 WHO collaborating centres in the Russian Federation. The Country Office assists the operational response of the network of research institutes in relation to infectious diseases and emergency medicine, certified by WHO and available to all those in need, bilaterally and internationally.

33. In recent years the Russian Federation has recorded a historically significant increase in life expectancy at birth, and in 2017 the country achieved the record figure of 72.6 years. Major progress has been achieved in reducing mortality from TB: over the past eight years, mortality has decreased by 66% and incidence by 30%. This is the result of intensive joint work by WHO and the Ministry of Health and workshops and training courses that changed both the training curricula and the practice of TB control, and gained the support of TB professionals and key national medical universities. The adoption of key legislation on tobacco and alcohol control has led to strong health promotion campaigns, the result of intensive technical and policy collaboration.

34. In collaboration with WHO, the Russian Federation has introduced evidence-based international technologies and practices that have led to a decrease in road-traffic mortality and per capita alcohol consumption. Strengthening of maternal and child care has reduced maternal mortality: a number of regions have recorded zero maternal mortality for several consecutive years. The Russian Federation is also close to achieving full interruption of mother-to-child transmission of HIV.

35. The Country Office continues to expand its work with patient associations and nongovernmental organizations by helping them to connect with the Ministry of Health. Notable progress has been seen in tobacco control, and a significant decrease in the prevalence of tobacco smoking from 39.1% in 2009 to 30.7% in 2016 has been achieved. The Country Office also works closely at the local level, through regular collaboration with the Russian Association of Healthy Cities. WHO assists with training courses and seminars organized by this association.

36. The Country Office has also played a crucial role in several high-level events organized in the Russian Federation in recent years. These include the First Global Ministerial Conference on Healthy Lifestyles and NCD Control (Moscow, 28–29 April 2011) and the Global Ministerial Conference on Ending TB in the Sustainable Development Era (Moscow, 16–17 November 2017). The Country Office also played an active role in advising the Olympic Organizing Committee and local government authorities on ways to make Sochi a smoke-free city for the Winter Olympic Games in 2014, and worked with the GDO to provide advice to the 11 cities that hosted the 2018 FIFA World Cup with the aim of strengthening preparedness for mass gatherings, surveillance, the response to health threats and risk communication.

Visit to the WHO country office in Ankara and field office in Gaziantep, Turkey, 5–7 April 2018

37. The visit to Turkey highlighted the achievements and challenges faced by the Organization in a country carrying out emergency operations. The visit enabled the governing body members to obtain first-hand information on a country office that was providing operational assistance not only to the host country, but also across two WHO regions (Europe and the Eastern Mediterranean) in a crisis. The visit clearly demonstrated the twofold function of the Country Office in Ankara: (a) to collaborate with the Ministry of Health in dealing with health issues within the Turkish population; and (b) to provide assistance to the Turkish Government in complex operations; these require coordinated technical guidance and support for the health assistance provided by Turkey and other partners at country level in response to the humanitarian crisis in the Syrian Arab Republic. The visit brought the members of the mission into contact with staff members and partners working in and with the Gaziantep field office, which is 100 km from the Syrian border, and highlighted the operations that WHO coordinates in the northern part of the Syrian Arab Republic, including collaboration between the Regional Office for Europe and the Regional Office for the Eastern Mediterranean.

38. Some of the key achievements in Turkey in recent years are described below.

- The Country Office has supported Turkey’s national plans, strategies and objectives for the years to come in many key health areas. WHO provided technical cooperation and support for the Ministry of Health in drafting and adopting a new strategic plan for the period 2018–2022. In addition, national action plans have been prepared, covering NCDs, tobacco control, development, financial protection, antimicrobial resistance and risk communication.
- A multisectoral action plan on NCDs for the period 2017–2025 has been prepared to improve the health sector’s response to NCDs, facilitate multisectoral cooperation, and ensure that all institutions implement health policy and develop a

common perspective on the subject; it was endorsed by the Ministry of Health and facilitated by technical assistance provided by WHO.

- WHO supported the implementation of a comprehensive analysis of NCDs and their risk factors, using the WHO STEPwise approach to surveillance, which focuses on obtaining core data on the established risk factors that determine the burden of disease.
- Evidence was regularly produced to inform the design of health policies. WHO contributed to preparing assessments, surveys and studies on health system performance, NCDs, tobacco control, alcohol and drug dependence, obesity, road safety, child maltreatment, risk factors and social determinants of health. Particular attention was given to vulnerable population groups, and gender markers were applied to all surveys and studies.
- Several capacity-building activities were implemented, including: a workshop on training and planning for emergency risk communication; a training package for smoke-free inspectors and tobacco quitline counsellors; epidemiology training programmes; the WHO Package of Essential Noncommunicable Disease Interventions (WHO PEN) in 81 family health centres (cardiovascular risk assessment); migration and health response; and integrated vector management.
- Advocacy activities have been conducted, achieving considerable results. Turkey is well known for its success in the implementation of the WHO FCTC. The Country Office continues to provide support to the enforcement of this legislation. For example, in October 2017, a letter sent by the WHO Director-General to the President of Turkey resulted in Turkey withdrawing plans to relax tobacco-control laws on heat-not-burn tobacco products and electronic nicotine delivery systems. The Country Office was instrumental in triggering and facilitating this action.

39. Another major achievement in Turkey is the Refugee Health Programme, in which WHO has worked closely with the Turkish Ministry of Health and provincial health directorates. This resulted in implementation of plans by the Ministry of Health to increase access to high-quality essential health services for the 3.5 million Syrian refugees in Turkey. Moreover, the programme helped to break down the existing language and cultural barriers faced by Syrian refugees when seeking primary health care services. The Country Office provided adaptation training for Syrian health professionals and patient guides, allowing them to better understand and operate inside Turkey's health system and, at the same time, to find new motivation by returning to employment. These Syrian professionals could then provide direct support at hundreds of refugee health training centres and units, making full use of their shared language and culture, after WHO assisted in the renovation of premises and the supply of required resources and personnel to the facilities. This programme resulted in increased accessibility and quality of emergency medical services, public health operations and routine primary health care services (including in mental health and psychosocial support) for the refugees.

40. The WHO emergency office in Gaziantep manages and coordinates the response to the Level 3 emergency in the northern part of the Syrian Arab Republic. This complex operation coordinates about 70 health cluster partners working in areas controlled by non-State armed groups. Working with nongovernmental organizations, WHO has already supported 2.7 million treatments through the country office and field office, in areas such as trauma care, mental health care, nutrition, and primary and secondary health care. Over 750 000 children have been covered by each of the four rounds of poliomyelitis (polio) vaccination campaigns that were

conducted in the northern part of the Syrian Arab Republic. Over 413 000 Syrian children were reached by routine immunization services in Turkey in 2017.

41. After the collapse of the Syrian health system, WHO supported the creation of a simplified disease surveillance system to ensure the timely detection of and response to disease outbreaks in the country. WHO created the early warning alert and response network (EWARN) which integrates multiple surveillance systems so that available resources are used efficiently, improving the exchange of information to monitor interventions and ensuring the flow of data across different levels of the health system. EWARN was crucial in the response to the vaccine-derived polio outbreak in June 2017.

42. During the visit, the governing body members were informed of the good collaboration and partnership that exists at country level, not only with ministries of health but also with health partners and donors. Well-established partnerships include those with a wide variety of academic institutes and nongovernmental organizations, such as the WHO collaborating centre at the International Children's Center in Ankara. Country offices are crucial for coordination and for providing technical assistance, but also for guiding policy discussions.

Technical briefing on WHO country work in Romania, Seventy-first World Health Assembly, 23 May 2018

43. The WHO Representative in Romania had the opportunity to present the work of the Romanian Country Office during a side event held on 23 May 2018 during the Seventy-first World Health Assembly. All European Member States were invited to the side event, which was chaired by the Regional Director for Europe. The Minister of Health of Romania gave an introductory presentation, during which she highlighted the added value of the collaboration between the Ministry and WHO. The Senior Adviser to the Minister also presented Romanian health system reforms, referring to the challenges faced by the Ministry and specific areas of joint work that had taken place, coordinated by the Country Office, which had resulted in some notable achievements.

44. The WHO Representative went on to explain the work done at the country level, which included assisting the Ministry in defining the main health priorities and translating them into the BCA, which was implemented with the assistance of staff from the Regional Office. The WHO Representative also explained that, though the main focus of the country office's work was technical assistance, the provision of strategic support and advice and assistance through policy dialogues was a crucial element. The WHO Representative further stressed the importance of advocating for the Health in All Policies approach and promoting dialogue for intersectoral and multistakeholder collaboration.

45. The WHO Representative highlighted the successful collaboration in the hepatitis prevention and control programme; evidence-based cervical cancer prevention strategies aiming at improvements in the national cancer screening programme; the rapid health system performance review conducted to provide a quick overview of the main health system gaps; and efforts to curb tobacco use. The Country Office had been particularly involved in curbing tobacco use by fostering closer collaboration between health stakeholders and the Ministry of Internal Affairs, through policy dialogue and evidence exchange initiatives in 2017 that had resulted in the improvement of tobacco law enforcement.

46. During 2017 another important investment by staff of the Country Office had been to strengthen institutional capacities in the country. More than 500 national experts had been trained in various technical areas, including TB control, vaccine-preventable diseases, polio surveillance, hepatitis prevention and control, cancer prevention and screening, mental health, NCD risk factors, human resources for health, health systems strengthening, evidence-informed policy, child and adolescent health, risk communication and long-term care. WHO had provided technical expertise for the development of an innovative delivery model for TB care in Romania with the aim of improving the quality of TB services and their cost–effectiveness and financial sustainability, and controlling multidrug-resistant and extensively drug-resistant TB.

47. Another major success story was the assistance that WHO provided, through coordination by the Country Office, to address an ongoing measles outbreak that had remained uncontrolled since January 2016. The WHO support had helped to identify and ensure immunization of susceptible individuals and those at heightened risk of infection, and WHO had engaged in the development of communication plans. A study had been conducted to clarify who had been affected by the outbreak and identify the factors behind the low vaccination uptake, in order to inform a strategy for increasing uptake in the future. The causes of vaccine supply shortages had been reviewed and short-, medium- and long-term action points and opportunities had been recommended to the Ministry of Health.

48. The WHO Representative also explained that, besides the technical assistance that had led to such achievements, other important WHO roles included liaison between the health ministry and other ministries and departments, including the Ministry of the Environment on advancing the SDG agenda, and the Ministry of Internal Affairs on the enforcement of tobacco-control measures, emergency preparedness and risk communication, as well as members of parliament on support for the national immunization programme and tobacco control, academia on various public health issues and local communities in partnership with the Ministry of Health on improving community health services. The Country Office worked with the Government, development partners, nongovernmental organizations and civil society organizations to promote and achieve better health outcomes for the population. That was a priority for the Country Office, as it was important to assist the country in integrating the SDGs into existing national health policies, strategies and plans by facilitating discussion among partners and accelerating implementation of the health-related SDGs at the country level.

49. The WHO Representative emphasized that the Country Office could not deliver technical assistance without the technical and normative support of the Regional Office and headquarters. As a WHO Representative, she clearly understood that she was responsible for ensuring that staff members from all three levels of the Organization were brought in for missions and other forms of technical support to collaborate with the country in accordance with their job function. The support combined a mixture of approaches, including policy-related, strategic and normative work, adaptation of global and regional guidelines to the national context and development of national documents, meetings, training and consultations. It also included technical assistance and strengthening of service delivery.

Brief reflections on the visits by SCRC members and Executive Board representatives

50. The visits provided clarity on WHO's role at country level and on the way in which the Organization works in a coordinated fashion under the leadership of country offices. They also provided the host countries with an opportunity to inform the governing body members of key achievements in health at the national level that had only been possible because of the close collaboration and support provided by WHO. Particularly interesting for the members of the missions was the information on the resources (human and financial) that were deployed by the country offices and the tools used. The members were surprised to learn of the small size of the country offices in the European Region, the small number of staff and the small budget made available to them. Their success was seen as a positive point for the Regional Office. Members also heard in more detail about the tools available to WHO staff in bottom-up planning and prioritization of the key health issues that were then included in the BCAs and/or the WHO country cooperation strategies as formal tools for collaboration.

51. During the country visits, the participants reviewed the added value of the country offices as a base for intercountry and multicountry meetings and discussions, and for exchanges of experience. WHO assisted countries such as Turkey in sharing their know-how (e.g. in emergencies and in tobacco control) by disseminating this information among other country offices and facilitating country visits for delegations from other ministries in the same country.

52. The visits demonstrated that WHO plays a greater role at the country level than was originally understood in providing normative guidance and technical assistance. Assistance in public health advocacy for politicians, including in parliamentary business, health promotion among the public, capacity building and exchange of experiences, in collaboration with partners and donors at country level, is considered to be crucial because it ensures that credible, independent and impartial experts are on hand.

53. The visits showed how WHO supports the development and guides the implementation of public health legislation and policy at country level. Further support is also provided by working with the media to highlight health achievements and promoting special health days for the enforcement of new policies, strategies and laws.

54. The visits clarified the different roles that the three levels of WHO play in countries: for example, how development, dissemination and translation into action at national level are facilitated by WHO headquarters, the Regional Office and the country offices.

55. The visits demonstrated the close relationship and collaboration of country offices with the governments and authorities of the host countries, which provides added value for both parties, leveraging WHO's work directly at country level and offering the country direct and straightforward exchanges with the Organization.

56. The visits also demonstrated how WHO works with and across other sectors, especially in ensuring equitable health for all and facilitating work on the SDGs at country level. WHO country offices catalyse planning for and implementation of the SDGs at national and, especially, regional level, promoting a collaborative effort among countries.

57. Overall, the visits were considered to be extremely useful in building a strong understanding of WHO's work at country level, as facilitated through WHO country offices.

Conclusions

58. The visits demonstrated how WHO has encouraged a focus at country level on evidence-informed public health policy. WHO and its country offices contribute to informing and developing policy change by helping with the translation of evidence, and through normative work in country-specific contexts. This encourages evidence-based discussion as necessary, guided by GPW 13 and Health 2020, the European policy framework. The country visits also highlighted how country offices strengthen the capacity of ministries of health by assisting them in preparing evidence-based papers and analysis to persuade both politicians in government and the public of the changes needed for improvements in health.

59. The visits demonstrated the role of country offices in the preparation of policy dialogues. WHO helps with the training of staff and strengthening of local capacity in relevant areas with technical assistance. First-hand access to WHO materials, evidence, knowledge and experts was shown to create added value.

60. WHO country offices support governments in their crisis response within the regional response framework, focusing on coordinating the emergency health response, streamlining decision-making and monitoring and managing information in partnership with local authorities and other actors, as highlighted by the case of Turkey since 2013.

61. WHO country offices are the main interlocutors between the host countries and the GDOs. An effective WHO Representative is necessary for the efficient functioning and sustainability of a GDO and for fostering the ongoing relationship with political counterparts in a country.

62. The role and function of WHO country offices in a country that is a WHO donor were also demonstrated. The visits showed how the work of WHO and the reform of WHO's approach to country work contribute to important strategic decisions while transforming and shaping the work of both the Organization and the health systems of the countries in question.

63. Finally, WHO leadership at country level was assessed carefully. It became clear that the physical presence of WHO in countries helps to guide policy dialogue and that, while leadership is not imposed upon countries, the country offices do play a leading role in initiating, mediating, leading, implementing and monitoring, and that this function is welcomed by the countries visited. WHO's reputation and the trust the Organization enjoys help to bring together all stakeholders so that they can communicate and work together. It would be an asset for WHO to continue with similar visits in the future, in close collaboration with ministries of health and other relevant partners and stakeholders. This will help to show the impact of GPW 13 at country level.

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