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**Progress report on implementation of the WHO Regional Office  
for Europe's Country Strategy since 2000**

This progress report has been produced in accordance with resolution EUR/RC50/R5 on the WHO Regional Office for Europe's Country Strategy, "Matching services to new needs", and more specifically in response to the Regional Committee's request to the Regional Director to report back at forthcoming sessions on progress made in working with countries in the European Region.

The progress report, accompanied by a draft resolution, is submitted for the Regional Committee's consideration.



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## Introduction

1. This document should be seen as a mid-term progress report produced in response to the request by the Regional Committee last year to report on the implementation of country work at the forthcoming session. It focuses on: (i) how the collaboration between the Regional Office for Europe and Member States is progressing in terms of content increasingly tailored towards meeting countries' needs and strengthened international partnerships; (ii) how the European Country Strategy forms part of WHO's global Country Strategy; (iii) how collaboration is progressing in terms of better resource management to improve the delivery of services to countries (including WHO's strengthened country presence and organizational adjustments at the Regional Office); and (iv) the action being taken to improve collaboration with Member States in the biennium 2004–2005.

## Background and key principles of the Country Strategy

2. The Regional Office's Country Strategy, "Matching services to new needs", approved by the Regional Committee at its fiftieth session in 2000, emphasizes an orientation towards country work by considering all countries in their diversity. This approach is fully compatible with WHO's values and principles and should be seen as a response to the changes that have occurred in the European Region in recent decades, which have made countries more willing to decide on how to shape their own country-specific health policies, systems and services. The move towards meeting country-specific health needs is supplemented by an effort to build international partnerships for health, as well as partnerships among WHO's European Member States, based on the countries' own experience and on mutually learning from that of others. Therefore, the mission of the Regional Office is *"to support Member States in developing their own health policies, health systems and public health programmes; preventing and overcoming threats to health; anticipating future challenges; and advocating public health"*.

## Progress in collaboration with Member States

### Responding to the diversity of countries

3. The main feature of the Country Strategy is to "service" the specific needs of all Member States. Efforts will be pursued to tailor the Regional Office's support to countries' needs, while making it compatible with their perceived preferences.

4. This approach, which is the backbone of the Country Strategy, considers all the countries in their diversity and advocates strengthening international partnerships for health. In practice, the Country Strategy 2000 has meant: (a) introduction of the concept of Biennial Collaborative Agreements (BCAs) with countries of central and eastern Europe, covering all the resources used in countries; and (b) establishment of the "Futures Forum" programme for Member States with which WHO has no formally signed BCAs (in essence, western European countries).

5. Since the adoption of the Country Strategy in September 2000, activities have been increasingly specific in the 28 countries of central and eastern Europe having BCAs with the Regional Office. These activities have also been consistently developed with countries in western Europe with whom the Regional Office does not have the BCAs. Three initiatives highlighted below illustrate the diversity of the Regional Office's country work.

### *Programmes with the Stability Pact countries of south-east Europe*

6. Building on an initiative by the Council of Europe and the Regional Office, seven Member States in south-east Europe (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Romania, Serbia and Montenegro, and The former Yugoslav Republic of Macedonia) are using health and social cohesion as the main vehicles to lasting stability, economic development and collaborative progress. To this end, the

Dubrovnik Pledge on meeting the health needs of vulnerable populations in south-east Europe was signed in September 2001, with a view to explicitly linking health issues with overall social development in this group of countries. Seven project proposals have been designed, three of which (on mental health, food safety and surveillance of communicable diseases) are currently being implemented. The governments of France, Greece, Italy, Slovenia and Switzerland are supporting these projects both technically and financially. The projects also receive support from the Council of Europe's Development Bank.

### ***Strategies for rapid transition countries***

7. Strategies are being developed to support the so-called rapid transition countries (mostly those which are candidates for membership of the European Union (EU)) in addressing their health needs, in order to optimize opportunities for health gain and health system improvements and to minimize possible negative developments. This has been done through extensive collaborative work with Bulgaria, the Czech Republic, Estonia, Hungary, Poland and Slovenia, and substantial bridge-building efforts with the EU. In addition, research has been carried out to define the best way for the Regional Office to support these countries. This included the collection of information, brainstorming sessions and over 150 interviews with key stakeholders in the countries, the European Commission (Directorates-General for Health and Consumer Protection, Enlargement, and Research) and other local and international organizations. This resulted in identification of the main areas of interest to the Member States concerned and potential strategic directions for the Regional Office. Such areas include the reorganization of public health institutions and functions in Member States, development of health care systems, and health information. The findings from research on health systems in accession countries undertaken by the European Observatory on Health Care Systems have laid a solid foundation for this work. The main results of the research have been presented at an EU meeting in Athens and discussed in several countries (Poland, Slovakia) in recent months. More detailed information can be made available to the Regional Committee on request.

### ***Futures forum series for non-BCA countries***

8. In this project for non-BCA countries (mostly western European countries), difficult or new health issues that will be strategic concerns for the years to come (e.g. bioterrorism, the ethics of health systems, tools for decision-making in public health) are studied and debated in order to give Member States the opportunity to share their views and experience. Each Forum functions both as a think-tank (offering a vision and guidance in shaping the agenda for the future) and as a network that provides and circulates information to its members and possibly to other Member States. So far, a series of four meetings of the Futures Forum have taken place: two in 2001, one in 2002 and one in 2003. The most recent meeting was in Brussels on 16 and 17 June 2003, under the overall title of "tools for decision-making in public health".

9. In the next cycle of the Futures Forum, another meeting will be held in 2003, two more meetings in 2004 and one in 2005. After the eighth meeting in 2005, it is proposed to carry out a more formal evaluation, to follow up on the suggestion made at the Regional Committee session last year that "the work of the Forum should be evaluated in terms of opening up the discussion to more participation and securing maximum value for its output".

10. It should be noted that western European countries are also benefiting from other Regional Office programmes, in particular those involving all European Member States (such as the Framework Convention on Tobacco Control) or those linked to the European perspective of global reports in areas such as mental health and violence. The Regional Office is also looking at the specific needs of these countries, in particular helping them to design their public health policy (France and Portugal) or to tackle a specific sector of this policy (evaluation of health promotion policy in Finland). Similarly, mention should be made of the health technology assessment review for the National Institute of Clinical Excellence in the United Kingdom. Instruments for health system coordination in decentralized western European tax-based systems have been offered to the Spanish government, in support of its work on a health care coordination bill. As part of the preparation and launch of Portugal's national health plan, a series of meetings were held, including a workshop with international and national policy-makers coordinated by the Regional Office.

## Types of service to countries

### *Emergency and humanitarian assistance*

11. This category of service is rendered to countries in need of extra support, such as those in the southern Balkans (Albania, Bosnia and Herzegovina, Croatia, Serbia and Montenegro, and The former Yugoslav Republic of Macedonia, as well as the United Nations administration in the province of Kosovo), the Russian Federation (northern Caucasus), Tajikistan and Uzbekistan. WHO has responded efficiently to complex emergencies in order to reduce avoidable mortality, morbidity and disability. The presence of WHO field staff in areas not controlled by a government, such as Kosovo, has been crucially important for negotiating access to health care for people in need, especially minority, refugee and internally displaced populations. WHO has also helped to ensure that essential public health functions are carried out. The Regional Office has given direct assistance to selected countries in the form of rapid health assessments, specific public health programmes, training, supplies of essential drugs and basic medical equipment, and expert technical advice. Following the earthquake in Georgia in 2002, when many health care facilities were damaged, the Regional Office helped the government assess the condition of those facilities and contributed to local decision-making on the merger or closure of selected establishments.

12. The emergency mental health programme implemented in response to the complex emergencies in the Balkan region has been supported by many partners, such as the EU (European Commission Humanitarian Aid Office – ECHO), and the governments of Denmark, Italy, Japan, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom. In the early phase of the emergency, the programme ensured access to mental health care for refugees, displaced populations and/or other vulnerable groups, supported communities undergoing the consequences of social trauma, assessed the conditions of mental health services and coordinated humanitarian assistance aimed at meeting the immediate needs of the whole population. In the post-emergency period, the programme turned its support mainly to the public health sector and the mental health services, with a community-based mental health approach. The programme strengthened the capacity of local authorities, professionals and communities to respond to emergency mental health needs in a comprehensive way and to develop sustainable policies and services. This approach aims at the de-institutionalization of psychiatric hospitals, provision of health services at community level, policy development, and international cooperation and partnership.

13. A basic package of support activities to be carried out before, during and after an emergency has been developed. The package encompasses coordination, health information and disease surveillance, as well as a credible, visible WHO presence in the field.

### *Health crises*

14. Responding to Member States' needs during their health crises testifies to the improved content and delivery of the Regional Office's services. The most recent examples (from 2002 and 2003) include health emergencies in Andorra, the Czech Republic, Spain and The former Yugoslav Republic of Macedonia. The Andorra crisis was linked to possible exposure of the population to dioxin associated with its release into the environment. The health risk as perceived by the population and emphasized by the media and NGOs was very high and extended well beyond the level predictable by scientific knowledge. WHO assisted the Ministry of Health and Well-Being and an interministerial working group and provided clarification to the Parliamentary Committee with regard to the health impact on the population.

15. Another type of health crisis, of a political nature, concerned Kyrgyzstan, where direct intervention by the Regional Office contributed to resolving a problem with the country's health system reform. The challenges to the reforms were of concern not only to those in the Ministry of Health (who wanted to extend the reforms) but also to the main external partners that were supporting the process (the World Bank, the United States Agency for International Development, the United Kingdom's Department for

International Development and the Swiss Development Corporation). A concerted and successful effort was made by these agencies to renew support for the reforms.

### **Global events**

16. The launch of the global report on violence in some European Member States (e.g. Albania, Croatia, France, Georgia, Germany and the Russian Federation) is a good example of another type of service. The aim of such initiatives is to point out that violence is an important health issue (with its critical impact on the burden of disease and all the suffering that it entails). Insufficient attention had been paid to this problem in recent years, until the launch of the *World report on violence and health*<sup>1</sup>. The Regional Office tailored its services to meet country-specific needs, under the umbrella of a global initiative.

### **Resource mobilization**

17. Member States have been helped to mobilize resources, from the Global Fund for HIV/AIDS, Tuberculosis and Malaria for instance, to address their priority health needs (a detailed briefing note on the subject was contained in document EUR/RC52/SC(3)/17). Following an explicit request made at the fifty-second session of the Regional Committee, the Regional Office has been actively involved in this initiative with a precise mandate. Notable progress has been made in supporting the submission of proposals to the Global Fund from Croatia, Estonia and Uzbekistan (HIV/AIDS) and from Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Romania and Ukraine (tuberculosis). The example of the Republic of Moldova receiving funds from the Global Fund for its effective national tuberculosis control strategy, supported by the Regional Office and other partners, is of particular interest. As a result of this initiative, there are already evident signs of improvement, with a documented increase in the rate of detection of new cases and a stabilization of mortality. The Regional Office is of course intensively supporting the implementation of projects in countries that were selected in the first round of applications.

### **Poverty reduction**

18. Contributing to the development of poverty reduction strategies is an indispensable mechanism and a fruitful development strategy for attaining the United Nations Millennium Development Goals and for securing investments in health, as recommended by the Commission on Macroeconomics and Health. Evidence on explicit policies and strategies to alleviate poverty is regularly produced and shared with Member States. Specific efforts are in progress in countries such as Azerbaijan, Georgia, the Republic of Moldova and Tajikistan.

### **Health policies and systems**

19. Explicit mention should be made of the Regional Office's work in Bulgaria (jointly with the European Commission) on revising a draft of the new Public Health Law, where various Regional Office technical programmes are involved. Similar work is ongoing in relation to a review of the new Health Transformation Programme proposed by the Ministry of Health of Turkey, as well as the National Health Plan of Portugal.

20. In addition, and in order to increase effectiveness and sustainability when working with and in countries, all WHO support in the form of field interventions of a technical nature is supplemented by activities designed to foster health system development and take account of the health policy implications of such interventions. This approach helps countries in their health system reform efforts and opens up a broad health policy debate.

21. An advisory group (including representatives of the World Bank, the European Commission and other partners) and an expert panel on health systems have now scaled up their operations in several countries.

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<sup>1</sup> Krug EG et al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002.



## **Evidence**

22. Providing tailored evidence that meets the needs of countries and their policy-makers has become increasingly important. The Regional Office strives to base all its work on evidence. In addition, programmes have focused (to increasing effect) on the need to agree with countries the evidence that underpins the choice of intervention. This involves very specific technical debate and the development of comparative analysis, which allows national decision-makers to place their own policy choices in a European context. Production of summary statistics from the first national health interview survey for Malta is an example of the facilitating role played by the Regional Office in breaking new ground in health information in a country, by mobilizing technical support from various countries, especially Denmark and the United Kingdom. The Health for All database, the European Observatory on Health Care Systems and, the Health Evidence Network all endeavour to respond to the needs of practitioners for clearly communicated and scientifically sound evidence that responds to their immediate priorities. Work in these areas is done in partnership with various ministries of health and national statistical offices, as well as the European Investment Bank, the Open Society Institute, the World Bank, the Netherlands Environmental Agency (RIVM), the Romanian Institute of Public Health, the Swedish Council of Health Technology Assessment and the London Schools of Economics and Political Science and of Hygiene and Tropical Medicine, to name but a few partners.

## **Strengthened international partnerships**

23. As noted above, the Regional Office has been seeking to develop international partnerships in order to create an atmosphere of shared responsibility and to achieve better outcomes. Partnership is a key aspect of its Country Strategy. In doing so, the Regional Office is trying to overcome the problems of duplication of efforts and poor coordination of international work, in a context of the imbalance between huge needs and limited resources. Partnership also offers opportunities for synergistic approaches between international stakeholders, each of them working from their respective platforms and mandates. A number of major projects have been carried out in partnership: the Health Evidence Network, a clearing house for information of use for decision-making in public health, together with national, international and integrational organizations (the European Commission, in particular); surveillance of communicable diseases (with the European Commission); and preparations for the conference on mental health in 2005 (with the European Commission and the Council of Europe). Regular meetings are being held with the World Bank in a search for efficiency and common ground, complemented by country-based collaborative projects.

24. This “high-level partnership” is also adopted at all levels of WHO in Europe and especially on the ground. The Regional Office country staff are increasingly working with other stakeholders in the field (e.g. from other United Nations specialized agencies, the World Bank and the European Commission). Some examples of successful partnerships, as measured by their impact on developments in countries, include reconfirmation of the thrust of health system reform in Kyrgyzstan, work on HIV/AIDS in Bulgaria and Ukraine, a review of public health legislation (jointly with the European Commission) in Bulgaria, and public health workforce development through strengthening of the School of Public Health in Kazakhstan (with the Open Society Institute). Other examples are the promotion of healthy environments for children on World Health Day in the Russian Federation (in conjunction with an exhibition of works by famous Russian artists) and primary care reform in Georgia (in partnership with the World Bank, the United Kingdom’s Department for International Development and the European Commission). WHO’s country offices are also increasingly establishing relations with both government and civil society (e.g. nongovernmental organizations) and maintaining a policy dialogue with the main stakeholders in the Member States concerned. They are also fostering improvements in practical and strategic coordination with the rest of the United Nations family and with other partners, especially the World Bank and the European Commission.

25. Intersectoral partnerships have been explicitly promoted through various programmes. The European Network of Health Promoting Schools, for instance, is co-chaired by the Council of Europe, the European Union and the Regional Office. On 7 April 2003, World Health Day, the Network supported

Latvia in its national commitment resulting in a formal agreement between the Latvian ministers of health, education and science, and the Minister for Special Assignments for Children and Family Affairs.

26. The Regional Office has stepped up its efforts to facilitate bilateral collaboration between Member States, in order to promote sustainability and continuity. The Ministry of Health of Israel supported a project in the central Asian republics building up capacity in various aspects of public health, primary health care and family medicine, working through the Regional Office's fellowships programme. Twinning of pharmaceutical associations in Croatia, Estonia and Latvia with those in Germany, Finland and Denmark, facilitated by the Office's EuroPharm Forum, ensured implementation of the patient education campaign "Ask about your medicines".

### **Being part of WHO's global Country Strategy**

27. In 2000, WHO's governing bodies (the World Health Assembly, the Executive Board and the Regional Committee) agreed on strategic directions that the Secretariat should follow in order to respond effectively to the changing international environment. At the Fifty-fifth World Health Assembly in 2002, the Director-General announced the launch of the "Country Focus Initiative" (CFI). The aim of this initiative is for WHO to massively scale up its health and development work by improving its performance at country level.

28. CFI brings together different aspects of WHO's development as an organization over recent decades and concentrates on the following three areas:

- strengthening the role of WHO country offices;
- reaffirming the corporate strategy for the WHO Secretariat; and
- responding to changing expectations of WHO.

29. Because it has been promoting country work, the Regional Office has subscribed fully to this initiative and consistently acted in line with CFI throughout the period under review. The Regional Office sees CFI as WHO corporate policy and treats it accordingly. Efforts have been made to promote its principles and develop its concepts in practice. A critical cornerstone in the process of taking forward the Country Strategy, that has now become part of the global CFI, was the confirmation by the Regional Committee in 2002 that European Member States supported shifting a substantial amount of resources in the proposed programme budget for 2004–2005 to a strengthened country presence.

### **Reorganization of the Regional Office: better resource management to improve delivery of services to countries**

30. Two aspects deserve specific mention here: (a) improving WHO's country presence; and (b) implementing the necessary organizational adjustments at the Regional Office.

#### **Improving WHO's country presence**

##### ***Unified WHO country offices***

31. Dispersed action and a lack of quantitative strength were mentioned in the external evaluation of the EUROHEALTH programme (carried out in 2000) as critical weaknesses of WHO in delivering services to countries. Unifying and strengthening the Organization's country presence is a necessity if the Regional Office is to honour its commitments. The concept of a single country office that functionally integrates all of the Regional Office's interests in each country is being put into effect, so that all matters related to funding and human resources (whether permanent or temporary, and including humanitarian assistance and disease-specific project teams, etc.) become the full responsibility of the country office,

under the auspices of the Division of Country Support at the Regional Office. This measure will be fully implemented by the end of 2003.

32. In general, a WHO unified country office is proving to have an immediate “pay-off”, since the improved coordination and organization permit economies of scale and enhanced capacity to mobilize its resources in support of unified WHO operation on the ground. Where the amount of work in a country requires it, however, further increases in staffing are taking place and selected programmes are being transferred to country level (e.g. the central Asian drug abuse programme to Kazakhstan).

#### ***Strengthened WHO country offices***

33. In order to be effective, WHO’s country offices must have staff with the necessary skills and legal mandate to carry out their new enhanced role. Three lines of action are being pursued to this end:

- shifting the necessary human resources from the Regional Office in Copenhagen to the countries concerned;
- appointing international heads of office; and/or
- upgrading the skills of existing staff, especially liaison officers.

34. In parallel, the post of Liaison Officer and its legal status have been upgraded in 26 countries. The successful candidates have undergone a process of training designed to equip them with the necessary knowledge and skills. The entire process of recruitment and training will be completed for all 26 countries by September 2003.

### **Implementing the necessary organizational adjustments at the Regional Office**

#### ***A function-based structure***

35. The Country Strategy calls for new approaches, new job profiles and processes of work. An organizational adjustment of the Regional Office based on functions (rather than, as formerly, on programmes) has now been accomplished and is operational. The structure has the main following components: (a) a Division of Country Support that tailors WHO interventions to the needs and wishes of countries; (b) two Technical Support divisions that focus on producing quality services and using the latest evidence-based knowledge in delivering services to countries; (c) a Division of Information, Evidence and Communication in charge of providing reliable evidence-based information for both countries and the Regional Office as a whole; and (d) a Division of Administration and Finance, providing the infrastructure through which to better service the Member States.

#### ***Equipping the Division of Country Support with proper management tools***

36. More managerial integration of the Regional Office’s technical input to countries entails, in turn, strengthening the Division of Country Support, with a clear distinction between operations in countries, on the one hand, and units responsible for country policies, systems and services, on the other. Special mention should be made of the Country Work Help Desk, a single unit in charge of coordinating all Regional Office country operations. A country work management system, with explicit performance indicators, is slowly generating a new management culture, thus positively influencing the Regional Office’s performance and effectiveness.

37. The application of a carefully designed training package, with managerial competence (including financial management theory and practice) at its core, is crucial to enhance skills in country operations. At this stage, about 60 country staff have undergone such training (which takes a total of 20 days), with positive results as measured by systematic evaluation. Based on these findings, the training will be further expanded to include all other members of the Country Support Division.

### **Increased administrative support to countries**

38. In line with the CFI objective of improving the administrative capacity of WHO's country offices, much work has been done in this area. Formal administrative guidelines have been developed, and country office staff have been given hands-on training.

39. Administrative support from the Regional Office has been reorganized, with focal points designated in the areas of budget, finance and human resource services. There has been an increase in visits by administrative staff to country offices, in order to better understand local operational conditions and provide direct assistance with solving problems. Recruitment processes have been streamlined. Administrative support to countries will continue to be strengthened through the establishment of a Regional Office post responsible for coordination of administrative issues in the countries, and through formalized work process reviews.

### **Future prospects and needs**

#### **Ongoing actions to improve collaboration with Member States in the biennium 2004–2005**

40. The new collaborative approach to country work is particularly visible in the way in which BCAs for 2004–2005 are being prepared with the Member States concerned. The process through which the Regional Office's work in and with countries will be decided is aimed at defining agreed goals that are: (i) led by country priorities; (ii) strategically based on health needs; and (iii) explicitly negotiated in a spirit of efficiency, transparency and accountability. Concerned ministries of health will have an opportunity to discuss all these aspects with Regional Office staff before the end of 2003.

41. The strategic priorities to be addressed jointly by the Regional Office and the country concerned for the next biennium will be supported with funding allocated on the basis of expected results. Vertical programme work will thus give way to comprehensive actions, including health systems development and policy development work in support of technical interventions, in line with the suggestions of *The world health report 2000*. An internal cross-divisional process has been put in place to facilitate corporate unity of action, while overcoming fragmentation and a piecemeal approach. Country operations will be also discussed with each concerned Member State before the BCA is signed, leading to a results-based operational plan incorporating all stakeholders' contribution to achieving explicit expected results.

42. Results-based strategic and operational planning will in turn make BCA implementation, follow-up and evaluation more consistent than in the past. Efforts have been made to link the Regional Office's internal management information system to this new approach. BCA implementation will be the testing ground for joint work within the Regional Office on further developing the Country Strategy.

#### **Addressing future needs in WHO's country work**

43. Overall, the most important lesson learned in recent months is that it is possible to work in a new way in and with countries. With political leadership, technical guidance and a substantial amount of modern management, the Regional Office will strengthen its cooperation with countries during the remainder of this biennium and the following one, in line with the European Country Strategy.

44. However, a number of challenges lie ahead. The strategic vision of a Regional Office oriented towards country work in the framework of the CFI needs to be fully articulated in the coming years. This calls for:

- (a) a stronger resource base, so that effective country offices are developed which are in close contact with national authorities and national as well as international stakeholders. To this end, the Regional Office will advocate a more balanced distribution of WHO resources in the context of the "One WHO" approach;

- (b) more highly qualified staff in the field. To this end, technical personnel will so far as possible be allocated close to where operations take place (while carefully taking into account the coordination and guidance needed at regional level);
- (c) strengthened staffing in terms of administrative and support personnel, within the limits of available resources. The process of appointing international heads of WHO country offices will be continued;
- (d) strengthened managerial organization of WHO country offices. To this end, the running of country offices will be subject to operational standardization, to better reflect the function-based structure adopted within the Regional Office, and job descriptions will be reviewed as part of this process;
- (e) refined mechanisms for development of coordination and partnership with other United Nations agencies and international stakeholders at local level. Extensive use will be made of telecommunications, as financial resources permit;
- (f) finally, all possible efforts will be made to further deepen the function-based reform of the Regional Office at the service of its country orientation. This will be supplemented by further impetus to take forward coordination with WHO headquarters in the framework of the Country Focus Initiative.