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EXTERNAL EVALUATION OF THE EUROHEALTH PROGRAMME REPORT OF THE EXTERNAL EVALUATORS

As requested by the Regional Committee at its forty-fifth session (resolution EUR/RC45/R6), an external evaluation has been made of the EUROHEALTH programme. This included an extensive search for and analysis of information and data on health care systems in the countries concerned, as well as visits to seven selected Member States. The evaluators conclude that the EUROHEALTH programme has been a partial or overall success in all the countries studied; however, general weaknesses and constraints have been identified, which need to be addressed in future intervention schemes.

The Regional Director has taken note with appreciation of the comments and recommendations in this report; the issues highlighted for future action will be dealt with in the framework of the country cooperation strategy currently being developed (see document EUR/RC50/10).

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INTRODUCTION

1. Over the past decade, the European Region of WHO has expanded by 20 countries, the majority of which are still undergoing tremendous political, social and economic change. As a result, a number of countries in the Region have been experiencing a substantial deterioration in the health of their populations. This called for both short-term action, as old systems and structures broke down, and support for long-term reforms. To respond to these challenges, the Regional Committee adopted a resolution in 1990 to establish what would soon become the EUROHEALTH programme, which would initiate and coordinate country-specific programmes, with priorities identified by the countries themselves.

2. At the request of the Regional Committee, the EUROHEALTH programme underwent an external evaluation in 1994. Based on the recommendations of the evaluators, the programme was then updated to take into account the changing situation in Europe and the lessons learned during the first three years of the programme. Furthermore, six priority areas were identified, namely, health policy development, health care reform, women's and children's health, infectious diseases, noncommunicable diseases and health promotion, and the environment and health.

3. At its forty-eighth session in 1998, the Regional Committee requested that the EUROHEALTH programme should again be subjected to an external evaluation in the year 2000. The Standing Committee of the Regional Committee (SCRC), at its meeting in April 1999, agreed on the methodology for the evaluation and selected Dr Danguole Jankauskiene and Professor Jussi Huttunen as external evaluators.

Evaluation method

4. This evaluation is based on careful assessment of the background material, interviews with staff in the country and intercountry programmes of the WHO Regional Office for Europe (EURO), and an in-depth analysis of the progress made in seven countries participating in the EUROHEALTH programme.

5. The evaluators made visits of between two and four days to each of the seven selected EUROHEALTH countries: Armenia, Bosnia and Herzegovina, the Czech Republic, Georgia, Lithuania, Tajikistan and Uzbekistan. In each country, the evaluators met at least once with the Minister of Health and key members of the ministerial staff. Other interviews were held with representatives of the Ministry of Foreign Affairs and of the World Bank, other United Nations organizations, the European Union and various nongovernmental organizations.

6. The external evaluators discussed the problems of country work with the liaison offices' staff by means of a structured interview. Meetings were arranged with the national counterparts of the WHO programmes involved, focusing on the strengths and weaknesses of WHO's country work and on the specific problems and challenges being faced by individual programmes. In all countries, the evaluators visited hospitals, health centres, maternity units, universities, public health schools and nursing colleges, and discussed the country's problems with decision-makers, key actors and people at the grassroots level.

7. To supplement the information from this in-depth analysis, the evaluators carefully reviewed all the background documents available from the remaining 19 countries.

OVERALL ASSESSMENT OF THE EUROHEALTH PROGRAMME

8. Based on a critical review of all the information collected during their mission, the external evaluators believe that the EUROHEALTH programme has been successful in meeting its objectives given the limited resources at its disposal, the difficult political and economic situation in the EUROHEALTH countries, and the complicated management structure of country work at EURO.

9. After the initial deterioration of health indicators in the early 1990s, the health status of most EUROHEALTH countries is improving. Substantial progress has been made in developing national health policies based on the principles of Health for All. Maternal and infant mortality rates are falling in all countries. Control of infectious diseases is improving, although there are also negative developments, such as the increasing incidence of AIDS and drug-resistant tuberculosis in some countries. Most EUROHEALTH countries have drawn up their national environmental health action plans. On the other hand, major problems still exist in the area of health care reform, and only little attention has been paid at national level to health promotion and the prevention of noncommunicable diseases.

10. EURO's country work has been hampered by less than satisfactory coordination of the Office's country programme and technical ("intercountry") programmes. Major problems were also observed in coordinating the health initiatives of various donor organizations (both United Nations and other bodies) in the countries.

11. In summary, the resources allocated to the EUROHEALTH programme during the past 10 years have been well spent. Many of the principles and methods developed for and used in the EUROHEALTH programme will also be useful in EURO's future country health strategy. The external evaluators wish to commend the dedication of the Director of the Country Health Programme and the EUROHEALTH programme staff, both at EURO and in liaison offices. Without their hard work and commitment, many of the goals set for the programme would not have been met.

PROGRESS IN THE PRIORITY AREAS OF THE EUROHEALTH PROGRAMME

Health policy development

Target: By the year 2000, at least 80% of EUROHEALTH countries will have formulated national Health for All policies, and at least half will have made plans for health system development on that basis.

12. The work of developing national health policies has proceeded well in the EUROHEALTH countries in spite of major difficulties, including rapidly changing governments and ministers with divergent political positions, a focus on short-term problems instead of long-term policy-making, and a lack of well trained staff at national, regional and local levels to create a critical mass for change.

13. A major problem with providing support for health policy development has been the lack of adequate capacity at EURO. The health policy unit in the Office is small and has been able to provide guidance to only a limited number of EUROHEALTH countries.

14. The majority of EUROHEALTH countries will soon have adopted their national health policy documents. A major challenge for the future is to give effect to these policies. Every effort should be made by WHO's country programme to provide adequate technical and other support to countries in this process.

Health care reform

Target: By the year 2000, the EUROHEALTH programme will have assisted 80% of the target countries in modifying their health care systems towards a more rational hospital structure and family-oriented health care. At least one national health programme will be managed in accordance with the concept of health gain, using measurable quality indicators.

15. Despite active work and a number of successes, the programme has failed to reach the targets set for 2000 in this area. Part of this failure is explained by the difficult circumstances in the countries, but WHO's input has been very limited and other actors have partly replaced WHO. Although the contribution of several United Nations agencies and other donors to this important area is commendable, it also has a "down side". The evaluators observed several examples where the advice of different organizations was conflicting and the work poorly coordinated.

16. The goals in health care reform are to develop primary health care based on a family doctor concept, to downsize the oversized hospital system, and to re-establish links between specialized care, primary health care and social care. Another major challenge is human resource development. The curricula for the basic training of health personnel should be modernized. Doctors and nurses need re-education, and health administrators at all levels need training in the management of change.

17. WHO should take a leading role in guiding the countries in health care financing. Experiments with market reforms and rapidly changing and often conflicting advice from various experts and different organizations have led many of the countries into an untenable situation.

Health of women and children

Target: By the year 2000, infant and maternal mortality rates in at least 90% of the EUROHEALTH countries will be no more than 15 per 1000 live births and 15 per 100 000 live births, respectively.

18. The work on women's and children' health has been successful in the EUROHEALTH countries. Several countries have reached the targets, and others are making significant progress towards them. The role of the family doctor should further be emphasized, in order to reduce fragmentation and to stress the importance of the lifelong approach in women's health. Otherwise, the current strategies are satisfactory.

Infectious diseases

Target: By the year 2000, poliovirus transmission will have ended in the EUROHEALTH countries, programmes under the Expanded Programme on Immunization will routinely reach at least 90% of the populations, and a permanent solution will have been found to the problems of vaccine provision.

All EUROHEALTH countries will have begun implementation of a national plan for tuberculosis control. They will be self-reliant in so far as AIDS prevention and control are concerned, in accordance with international principles and standards, and will also have re-established a public health system that ensures epidemiological surveillance and control of communicable diseases.

19. WHO has been very successful in supporting the EUROHEALTH countries in their efforts to control infectious diseases. Several problems still remain, however, and other problems are emerging. Only few countries in the area are self-reliant in vaccine provision. Every step should be taken to guarantee vaccine availability under all circumstances.

20. Other problems in infectious diseases include the increasing incidence of tuberculosis, and particularly of drug-resistant tuberculosis. WHO should continue its efforts to implement the DOTS (directly observed treatment, short course) strategy in all EUROHEALTH countries. AIDS is increasing rapidly in some countries of the area and needs to be paid more attention in the future. The epidemic is closely associated with intravenous drug use and prostitution, and it cannot be controlled without taking account of these problems.

Noncommunicable diseases and health promotion

Target: By the year 2000, each of the EUROHEALTH countries will have included health promotion as a specific part of its national policy, and at least 90% of those countries will have a specific programme based on the principles of the regional tobacco and alcohol control programmes.

21. The Regional Office has stepped up its work in the area of health promotion and noncommunicable disease prevention during the late 1990s, but the area is still neglected in view of its importance for the health of the nations. The prevalence of risk factors and the incidence of diseases are high, and positive changes in trends are rare. Only few countries are actively paying attention to these problems.

22. In the opinion of the external evaluators, EURO should increase its investment in health promotion. Areas of particular importance include smoking, alcohol abuse, and especially drug abuse. More attention should be paid to mental health diseases and their causes. Efforts should be made to develop the countrywide integrated noncommunicable diseases intervention (CINDI) programme from a local/regional pilot project to an instrument that influences national health promotion policies and actions.

Environment and health

Target: By the year 1997, in accordance with the Helsinki Declaration of Action on Environment and Health in Europe, each EUROHEALTH country should have developed national environment and health action plans. By the year 2000, a national road traffic safety programme will be developed and in the implementation phase in at least 80% of the countries; projects will be under way to improve drinking-water quality; and all EUROHEALTH countries will have adequately strengthened their institutional capacity for management of the environment and health at national and local levels.

23. The Regional Office has been very successful in supporting the EUROHEALTH countries in drawing up their national environmental health action plans. The area is currently facing major problems because of insufficient technical support and a lack of the economic resources needed for implementation. Every effort should be made to mobilize resources, in order to continue the work in this area that is of the utmost importance for health in both the short and the long terms.

IN-DEPTH ANALYSIS OF SELECTED COUNTRIES

24. The results of the in-depth analysis of the health situation and progress in health in Armenia, Bosnia and Herzegovina, the Czech Republic, Georgia, Lithuania, Tajikistan and Uzbekistan are described in a separate document.

MANAGEMENT AND ADMINISTRATION OF THE EUROHEALTH PROGRAMME

Management structure

25. The management structure of the EUROHEALTH programme consists of the Director of the Country Health Department, EUROHEALTH staff in Copenhagen, and a network of WHO liaison offices with national and international staff in the countries. The staff of the EUROHEALTH programme in Copenhagen comprises the programme Director, three subregional advisers (“subregional desks”) and technical personnel. The costs of the management structure include salaries and other costs of the EUROHEALTH programme in Copenhagen and the maintenance of liaison offices.

26. The external evaluators believe that the existing management structure is cost-effective and should be preserved in the future. Accession countries may not need liaison offices once they have joined the European Union. The number of regional advisers should be maintained at the current level.

Budgeting and planning

27. The success of the EUROHEALTH programme is based on an analysis of the problems in the target countries, an understanding of the Office’s potential to deliver actions to solve those problems, and skills to reconcile the priority needs of the countries with the Regional Office’s capacities. The entire planning process at EURO should therefore be carefully evaluated, to ensure that the work of the Office meets the needs and priorities of the Member States.

28. The budget of the EUROHEALTH programme has consisted of two elements in the second half of the 1990s: a regular budget country allocation (US $2.9 million for the 1998–1999 biennium) and the

costs of the 25 WHO liaison offices (US $2.4 million). These allocations, however, represent only a part of the costs of WHO's country work. They do not include the budget for EUROHEALTH staff in Copenhagen (US $1.9 million) nor the human resources of the technical programmes and collaborative networks. It is therefore difficult, if not impossible, to estimate the total costs or the cost–effectiveness of the EUROHEALTH programme activities.

29. The resources used for country work during the first 10 years of the programme have been very limited. The allocations to individual countries have varied between US $50 000 and US $200 000 per biennium, and this allocation has been further divided into 10–15 smaller allotments in the countries. These allotments typically cover the costs of one international travel for a national counterpart or the organization of a national or a subregional meeting. Nevertheless, the allocations have been of crucial importance in boosting activities in the priority areas of the EUROHEALTH programme.

30. Critical remarks were made concerning the current system of drawing up medium-term programmes (MTPs). The planning process involves ministries, liaison offices, EUROHEALTH staff and those in technical programmes, and it is considered to be too laborious in view of the small allocations. Furthermore, some countries think that their views have not been sufficiently heard in the process.

31. EURO's planning and budgeting system should be reformed to better serve the true needs of the countries. Until now, planning has been based on the Health for All/HEALTH21 targets, resulting in more than 100 "strategic products" for each biennium. The external evaluators believe that the process should instead start at country level and end with the Regional Office, reflecting the countries' priorities. Such an approach would yield more strategic products and tools to respond to country needs – different in different parts of Europe. Furthermore, such a system would guarantee better horizontal links between the departments and programmes, right from the planning stage.

32. Planning, implementation and follow-up procedures should be improved, to ensure that the outcomes of the programme serve the needs of the country as well as possible. For each country there should be a framework health policy document, ideally endorsed by the parliament, which forms the basis for planning. Programme planning should begin early enough to allow effective implementation from the start of the biennium. Mechanisms should be created for follow-up and evaluation of the programme. Liaison officers should have greater control over the use of WHO funds.

Liaison offices

33. WHO liaison offices are a unique feature of the programme. The primary duties of the liaison offices include acting as an interface between WHO and the country, ensuring coordinated support in the country, maintaining regular contact with representatives of other international organizations and development agencies, and assisting the ministry of health in coordination of activities of external partners and national programmes.

34. The external evaluators observed that the functions of the liaison offices vary greatly from one country to another. Some offices provide only routine technical support for WHO activities in the country, while others play a key role in health policy development and in the coordination of national and international health activities.

35. The work of the liaison offices could be improved in several ways. Their performance should be evaluated by the Regional Office at regular intervals. A standard workplan should be developed for those activities which are common to most or all liaison offices. On the other hand, liaison offices should be given more freedom in those activities which are specific to their own countries.

36. As the personal characteristics and skills of the liaison officers are of paramount importance for the success of their work, special attention should be paid to their selection, training and motivation. The external evaluators wish to commend the selection procedures that have lately been adopted. A search using formal advertisements, selection of a short-list of the best applicants after interviews, and final

selection jointly with the ministry effectively guarantee the recruitment of high-quality professionals for the job. The evaluators recommend that such a procedure should be used on a routine basis in all countries in the future.

37. The external evaluators recommend that the Regional Office organizes continuing education for the staff of the liaison offices on a regular basis. The liaison officers need training in health policy, in health services development, and in technical fields relevant to the health work in their countries. Other important areas include resource mobilization, emergency preparedness, management of change, and information technology. The liaison offices should play an active role in increasing the visibility of WHO in their countries. For that purpose they should strengthen their public relations and media skills and their connections with other organizations active in the health field.

Collaboration between the Country Health Department and the technical departments

38. The external evaluators noted that coordination of WHO activities in the countries is not optimal. Some liaison offices were poorly informed of the activities of the technical programmes in the country. The technical programmes often criticized the work of the Country Health Department and liaison offices, and vice versa. These different views are at least partially due to two different approaches to country work: (1) focusing on developmental (intercountry) work, and leaving it to the countries to adopt its results, or (2) supporting the countries in identifying their needs and adopting the best practices elaborated by the technical programmes.

39. The two alternative approaches have created tension in the Regional Office, and this problem needs to be addressed when the new country strategy is formulated. In this connection, the roles of the Country Health Department and the technical departments should be clarified. The external evaluators take the view that the Country Health Department should have a “gatekeeper” role, with close links to the technical programmes, on the one hand, and to the liaison offices and the countries, on the other.

40. The external evaluators believe that poor coordination of activities, both at regional and at country level, is the most important problem of WHO’s country work. The evaluators have the strong impression that the EUROHEALTH programme has succeeded in those areas where collaboration between the country programme and the technical programmes has been good, while lack of collaboration has led to reduced impact and waste of scant resources.

41. EURO should focus on improving collaboration and coordination at both regional and national levels. Steps to be taken include developing the planning, budgeting and follow-up procedures to cover all WHO activities in the country (see above) and improving the dialogue between the Country Health Department, technical departments, liaison offices and national counterparts. Standard operating procedures should be worked out to guarantee the best possible collaboration at both levels (such procedures already exist in some countries).

National counterparts

42. The network of national counterparts of the WHO programmes is an essential part of WHO’s work in the countries. The external evaluators were greatly impressed by the professionalism, commitment and devotion of the experts who had taken on the responsibility of coordinating national programmes and activities. Most of the counterparts had their own full-time jobs, implying that they took care of the counterpart functions in their free time and without compensation. In many cases, progress in a given activity was totally dependent on their work.

43. The evaluators noted that the working conditions of national counterparts need to be improved. They often work alone, without any outside assistance. One way to support their work is to arrange regular meetings of all counterparts in the liaison office to exchange information and experience, as is already done in many countries. Such meetings also help with coordination of WHO activities in the country.

44. The national counterparts need further education, in the same way as the liaison officers. Training has been made available in the form of participation in international meetings and workshops, as part of the country MTPs. The external evaluators support these activities, but feel that a concerted training and education plan should be drawn up for all counterparts, to guarantee maximum use of the very limited resources.

Public health advisers

45. During the past five years the Country Health Department has further strengthened its presence in the countries by establishing time-limited posts for public health advisers, who provide high-level advisory support to governments on health policy issues. Public health advisers have been working with the governments of Albania, Armenia, Bosnia and Herzegovina, Bulgaria, Georgia, Hungary, Latvia, Romania, Tajikistan and Uzbekistan.

46. The use of public health advisers in the countries has been instrumental in the success of WHO's work on health policy development. Without their support, it would have been difficult if not impossible to develop the national health policy documents and plans for implementing them in many countries. Public health advisers have been particularly useful because the resources of the health policy unit in Copenhagen have been too small to guarantee a country presence in the critical phases of policy development.

47. The evaluators recommend that public health advisers should continue to be employed. They should work in close collaboration with EURO's health policy unit. This would ensure uniform and coherent approaches to policy development and the effective exchange of information and experience between countries.

Coordination of the work of EURO and WHO headquarters

48. The presence of WHO headquarters in the EUROHEALTH countries varies from one field to another. Its contribution has been substantial in drug policy development, smoking policy, malaria control and other areas of prevention and treatment of infectious diseases. No major problems with regard to coordination of the work of EURO and WHO headquarters were brought to the attention of the external evaluators during their visits to the countries.

49. The evaluators believe that WHO headquarters should mainly work through EURO rather than directly with the countries, to avoid overlap and minimize the possibility of delivering mixed or conflicting messages. This approach is particularly well suited to the EUROHEALTH countries, where there is already a strong country presence in the form of liaison offices and a well developed network of national counterparts.

Coordination of the health work of United Nations agencies and other international organizations

50. Health initiatives in the EUROHEALTH countries are supported by a large number of bodies. In addition to WHO, these include other organizations of the United Nations system, such as the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), as well as the World Bank, the European Union, national development agencies and various nongovernmental organizations. All these organizations have their own objectives, strategies, administrative systems and bureaucratic rules.

51. During their country visits the external evaluators became increasingly aware of significant problems in the collaboration between international organizations. They encountered numerous examples of a lack of coordination, major overlaps of work and conflicting advice. The evaluators believe that the lack of coordination among organizations providing financial and technical support to the countries results in millions of dollars being wasted each year.

52. There are many reasons for this poor collaboration among donors. The countries themselves lack the capacity, and sometimes the willingness, to coordinate international activities. In some countries there is no national body responsible for coordination of international donors and, where it does exist, it may not have the capacity to meet its obligations. In the area of health, the problem is often the lack of a national health policy to be used as a blueprint for planning and implementation of international programmes.

53. The external evaluators are concerned about the lack of collaboration between WHO and the World Bank. The World Bank is taking a central role in advising the countries on their health needs, especially with regard to health policy and health care reform. Unfortunately, the dialogue between WHO and the World Bank is poor. Lack of collaboration results in a duplication of work, overlapping activities and conflicting advice. The evaluators also noted that the governments sometimes seem to forget that World Bank loans must be paid back and apply for funds for purposes for which they would receive technical support from WHO free of charge.

54. There are also problems in the work of the European Union’s PHARE and TACIS programmes. Countries do not always have the capacity or expertise to negotiate the agreements or influence the selection of experts during the tender process. As a result, the experts may have a very superficial picture of the country’s needs and circumstances. Finally, because of the nature of the European Union’s projects there is often a lack of continuity.

55. To improve the situation, both the countries themselves and the international donor community should take several steps. Coordination is a national task, and all international activities should therefore be coordinated by the government. International donor organizations should support such coordination and, if necessary, provide resources for its development and maintenance. They should also establish their own mechanisms and procedures to improve collaboration and the exchange of information.

56. All international health work in the country should be based on a national health policy document, ideally endorsed by parliament. International health work should be coordinated by the ministry of health. One of the most important tasks of the liaison officers is to provide technical assistance and support to the ministry in doing this. Key activities include organizing regular meetings of donors, agreeing on procedures for the exchange of information, and establishing task groups and working parties to coordinate the work of individual actors.

SUCCESS IN MOBILIZING EXTRABUDGETARY RESOURCES FOR THE EUROHEALTH PROGRAMME

57. The direct contribution of extrabudgetary resources to the core activities of the EUROHEALTH programme has been limited. However, the indirect impact of extrabudgetary donations through technical programmes and other organizations has been very substantial.

58. The evaluators recommend that greater efforts should be made to mobilize extrabudgetary resources for the priority areas of the country programme, and especially for health policy development and health care reform. Such efforts should be made both in countries and at the Regional Office. Resource mobilization should be an essential part of the training and retraining of the liaison officers in all EUROHEALTH countries.

59. WHO should be active in donor coordination in other ways, too, such as organizing meetings of international donors. This has been done in Georgia, where they have had a rapid and positive influence on the international work. In the evaluators' view, such meetings should be arranged for all EUROHEALTH countries in the future.

RECOMMENDATIONS

Country work at the WHO Regional Office for Europe

60. Country work at EURO is at a crossroads, for several reasons. It has to respond to the rapid political and socioeconomic changes in the European Region, and it must change as a part of the global reform process launched by the Director-General. It must follow the five principles underlying the Director-General's "call for change": WHO must change to become more effective, more accountable, more transparent and more receptive; WHO must be one organization; WHO must strengthen partnerships with Member States for more impact through strategic work; WHO must reach out; and WHO must underpin its work with facts.

61. The external evaluators recommend that the Regional Office should deepen and intensify its country work, in order to support countries in their overall health development. Particular emphasis should be placed on drawing up and giving effect to long-term health policies and on supporting countries in their health care reform. The country work should be extended to all the 51 countries of the Region.

62. WHO's country work must be strategic and relevant to countries' needs. This goal can be reached only if countries and WHO jointly assess the needs and identify the opportunities for change. The work must be based on a multisectoral approach, with linkages and alliances with other sectors, politicians, nongovernmental organizations and national and international development partners. The role of WHO must be clarified; its strengths include advocacy, policy support and technical advice. WHO must work in countries as one organization; the global, regional and country approaches must support each other.

63. The external evaluators have been pleased to note that the Regional Director has initiated a process to renew the country strategy to cover all 51 countries in the European Region. They recommend that the new country programme should be established as outlined by the Regional Director. The new programme should no longer be called the EUROHEALTH programme, as that name is associated with the 10-year strategy applied only in the central and eastern part of the European Region.

Priority areas for country work in 2000–2005

64. If the Regional Office's future country programme will indeed cover all 51 Member States, the future priorities must be those that meet the needs of all of them. In view of the varied circumstances of European countries, the common priorities must be supplemented with technical support in other key areas according to the needs of individual countries.

65. The external evaluators recommend that health policy development and health care reform should be selected as the future priorities for country work in the European Region. Health care reform should include support for primary health care development, nursing, human resource development and information systems. These areas are important for all 51 countries of the European Region, not only for the 26 countries which have been members of the EUROHEALTH programme.

66. Selection of health policy development and health care reform as the priorities does not imply that other areas included in the EUROHEALTH programme should be neglected in the future. On the contrary, work in these areas should be developed to respond to the specific needs of the countries. They do, however, differ from the two priority areas in two respects: needs in these other areas vary substantially in the 51 countries, whereas all of them require a national health policy and a well functioning health care system for its implementation.

67. The evaluators wish to emphasize the need to strengthen WHO's capacity in health policy development and health care reform in the future. Technical support to countries has been weak in these areas (with some exceptions), and it has been further hampered by poor coordination within the Regional Office. The external evaluators recommend that more resources should be directed to these areas, and that organizational structures and processes are developed to ensure maximum support to the countries.

68. Although they do benefit from support in health policy development and health care reform, countries that are candidates for accession to membership of the European Union will require particular assistance in the integration process. The external evaluators recommend that EURO, in collaboration with the accession countries and the European Commission, should urgently prepare a strategy for doing this. One possibility would be to set up a new WHO centre in one of the accession countries, to ensure proper input from WHO and to coordinate the bilateral input of EU member countries.

69. The strategy for country work in EU member countries should be carefully re-evaluated. Important areas include the development of collaboration with the European Commission on health policy and health promotion issues, health advocacy, health technology assessment and information systems.

Organization of country work

70. The external evaluators strongly endorse the Regional Director's plan to reorganize the Regional Office so that it responds better to countries' needs. However, they wish to emphasize that the new organizational structure is not an end in itself. What is needed is a team-based approach, with a clear focus on giving effect to policies and programmes in the countries.

71. The methods and approaches developed and used in the EUROHEALTH programme should form the basis for country work in the newly independent states and countries of south-eastern Europe in the future. The WHO liaison offices have proved to be a cost-effective way of enhancing WHO's presence and supporting health development in the countries. It is recommended that the liaison offices should be maintained and their work developed according to the recommendations set out below (paragraphs 76–79).

72. In the course of the evaluation, the external evaluators carefully reviewed the need to establish a network of WHO subregional offices in Europe. Overall, they do not recommend the establishment of such a network. Instead, the Office should make flexible use of public health advisers to support development in subregions, as has been done under the EUROHEALTH programme.

Budgeting and planning

73. EURO's planning and budgeting system should be reformed to better serve the true needs of the countries. Up to now, planning has been based on the Health for All/HEALTH21 targets, resulting in more than 100 "strategic products" for each biennium. The external evaluators believe that the process should instead start at country level and end with the Regional Office, reflecting the countries' priorities. Such an approach would yield more strategic products and tools to respond to countries' needs – different in different parts of Europe. Such a system would also guarantee better horizontal links between the departments and programmes, right from the planning stage.

74. A framework health policy document, ideally endorsed by parliament, should always form the basis for planning at country level, to ensure that the outcomes of the programme serve the needs of the country as well as possible. The country programme for any given period should fit into this framework. Programme planning should begin early enough to allow effective implementation from the start of the biennium. Mechanisms should be developed for continuous follow-up and evaluation of the programme.

75. The planning and budgeting system of the EUROHEALTH programme (medium-term programme planning) is too laborious in view of the small allocations. An ideal system would allow operational planning, budgeting and follow-up of all activities for one country at the same time. If such a system were developed and adopted, MTP planning would not be needed any more in its current form.

Development of the liaison office system

76. WHO liaison offices have been a key to the success of the EUROHEALTH programme. The primary duties of the liaison offices include acting as an interface between WHO and the country, ensuring coordinated support in the country, maintaining regular contact with representatives of other international organizations and development agencies, and assisting the ministry of health in coordinating the activities of external partners and national programmes.

77. The external evaluators recommend that the liaison office system should be maintained and developed in all those countries in which such offices are currently located. Accession countries may no longer need liaison offices once they have joined the European Union.

78. The work of the liaison offices could be improved in several ways. A standard workplan should be developed for those activities which are common to most or all liaison offices. On the other hand, liaison offices should be given more freedom in those activities which are specific to their own countries. As the personal characteristics and skills of the liaison officers are of paramount importance for the success of their work, special attention should be paid to their selection. The external evaluators wish to commend the selection procedures that have recently been adopted and recommend that such a procedure should be used on a routine basis in all countries in the future.

79. The external evaluators strongly recommend that continuing training and development of liaison office staff should be organized on a regular basis. The liaison officers need training in health policy, in health care reform and financing, and in technical fields relevant to the health work in their countries. Other important areas include resource mobilization, management of change, and information technology. The liaison offices should play an active role in increasing the visibility of WHO in their countries. For that purpose they should strengthen their public relations and media skills and their connections with other organizations active in the health field.

Collaboration with other international organizations

80. During their country visits the external evaluators became increasingly aware of major problems in the collaboration between international organizations. They encountered numerous examples of a lack of coordination, major overlaps of work and, worst of all, destructive competition and conflicting advice. To improve the situation, both the countries themselves and the international donor community should take several steps.

81. All international health work in the country should be based on a national health policy document. The work should always be coordinated by the ministry of health, supported by WHO. One of the important tasks of the liaison officers is to provide technical assistance and support to the ministry in doing this. Key activities include organizing regular meetings of donors, agreeing on procedures for the exchange of information, and establishing task groups and working parties to coordinate the work of individual actors.

82. The external evaluators are concerned about the lack of collaboration between WHO and the World Bank. The World Bank is increasingly taking a central role in advising countries on their health needs, especially with regard to health policy and health care reform. Unfortunately, the dialogue between WHO and the World Bank is poor. Lack of collaboration results in duplication of work, overlapping activities and conflicting advice.

83. The difficulties in collaboration between WHO and the World Bank are global, as well as regional and national. It is recommended that principles of collaboration should be negotiated at the highest levels of the two organizations and then implemented in the regions and countries.