



EUROPE

**Regional Committee for Europe
Fifty-second session**

Copenhagen, 16–19 September 2002

Provisional agenda item 5(c)

EUR/RC52/Inf.Doc./1
7 August 2002
23196
ORIGINAL: ENGLISH
UNEDITED

**EXTERNAL EVALUATION OF THE WHO REGIONAL OFFICE'S
HEALTH CARE REFORM PROGRAMMES**

SUMMARY AND RECOMMENDATIONS OF THE EXTERNAL EVALUATORS

As requested by the Regional Committee at its fifty-first session, an external evaluation was commissioned with the following terms of reference agreed on by the Standing Committee of the Regional Committee:

“To assess the extent to which WHO’s Regional Office had influenced governments to incorporate in their health care reform programmes the principles enshrined in the Ljubljana Charter on Reforming Health Care”.

This document includes the summary report and recommendations of the evaluation team and the Regional Director’s comments. The full report of the external evaluators can be found in document EUR/RC52/BD/2 (in English only).

Comments of the Regional Director on the summary report and recommendations and on the full report (EUR/RC52/Inf.Doc./1 and EUR/RC52/BD/2)

First of all, I should like to thank the team of external evaluators for the work carried out.

The terms of reference and the methodology of this evaluation were thoroughly prepared and discussed by the Standing Committee of the Regional Committee (SCRC) at several of its sessions. The terms of reference decided upon were “to assess the extent to which the WHO Regional Office has influenced governments to incorporate in their health care reform programmes the principles enshrined in the Ljubljana Charter”.

I am satisfied to read in the evaluation report that the principles of the Ljubljana Charter are “widely accepted and form the basis for most reform programmes”. I agree with the recommendation that these principles should be strongly emphasized in our advice to Member States. This will be reinforced in the next phase of the Health for All policy framework, which will include the translation of principles and values into concrete public health choices and actions.

However, a significant part of the report is outside the terms of reference agreed upon by the SCRC and deals with many different subjects, from the ongoing general management of the Regional Office to detailed line management issues. The fact that the terms of reference and methodology of this additional part of the report were not prepared in collaboration with the SCRC and Executive Management raises for me a number of methodological and ethical issues. In my opinion, it is questionable whether full use has been made of previous work done by the SCRC and Executive Management; of the numerous internal and external audits already carried out during the last biennium; and of policies, guidelines and regulations from WHO headquarters.

Many of the issues mentioned in the evaluation report are included in my presentation to the Regional Committee, and I will, of course, be happy to answer any questions.

In conclusion, I strongly believe that evaluation is an essential part of public health and of the management of public services. We have always welcomed the many audits and evaluations that have taken place at the Regional Office. We have made good use of their recommendations; one example of this is the recent evaluation of the EUROHEALTH programme. But evaluation has to be based on clear principles and on agreed methodology. I hope that the new global framework for evaluations in WHO, recently presented to the Executive Board, will make a breakthrough in this complex and sensitive area.

Marc Danzon, M.D.
Regional Director

7 August 2002

WORLD HEALTH ORGANIZATION
EUROPEAN REGION

REPORT OF AN INDEPENDENT EXTERNAL EVALUATION OF
HEALTH CARE REFORM PROGRAMMES

SUMMARY AND RECOMMENDATIONS

SUMMARY

1. The Regional Committee of the World Health Organization, European Region commissioned an external review of the Region's health care reform programmes with the following terms of reference:

'the main purpose of the evaluation will be to assess the extent to which the WHO Office has influenced governments to incorporate in their health care reform programmes the principles enshrined in the Ljubljana Charter.'

The Ljubljana Charter was endorsed by all Member States and proposes that health care systems should be:

- Driven by values
- Targeted on health
- Centred on people
- Focused on quality
- Based on sound financing
- Oriented towards primary health care

The evaluation is concerned only with WHO influence and not with the health care reforms in Member States.

2. Information for the evaluation was obtained from several sources:
 - Documents from WHO and other agencies
 - A questionnaire sent to all WHO European Region Member States
 - Discussions with WHO staff and other experts
 - Eight country visits
3. Although most European countries have embarked on health care reforms during the last decade, the study focused mainly on those countries that have experienced major political and economic changes in the 1990s, which have resulted in widespread reforms across all sectors, including health care. WHO has assisted these countries through the establishment of local Liaison Offices and through financial support, most recently via the 2002-3 Biennial Collaborative Agreements. Some countries with special needs have also

received humanitarian aid and help with specific problems such as tuberculosis.

4. The findings from all sources were largely consistent. WHO is universally respected as a source of trusted, authoritative and independent advice on all matters concerning health. Its opinions carry weight with decision-makers, professionals and funding agencies.
5. In relation to health care reforms, we found that although the Ljubljana Charter has not been strongly promoted by WHO, its principles are widely accepted and form the basis for most reform programmes. However many countries are experiencing difficulties in the implementation of their strategies, and in some cases changes are being introduced that could have negative effects on health and health services, for example when service reconfigurations or new funding arrangements reduce access to services for vulnerable or isolated groups. It appears that WHO has not often commented to governments on these matters or offered advice on alternative arrangements.
6. Some areas of WHO support are particularly valued by countries. These include training events, conferences and seminars which aim to develop primary care skills and strengthen local capacity; publications and materials, particularly from the Observatory, though more of them need to be translated into Russian; opportunities to share experience with other countries; and the WHO networks such as Healthy Schools and Healthy Cities.
7. WHO should confirm its role as a leader in health policy and regularly review its programmes to ensure that a proper balance is maintained between *population health* and *health care* activities.
8. WHO's leadership in health depends on the quality and range of technical expertise it can offer. It is important that WHO Office maintains a high level team capable of:
 - offering timely and authoritative advice to countries
 - assisting in the development of tools for monitoring progress
 - assessing the impact on health of public policies
 - anticipating future health problems and helping countries to prepare to deal with them.
9. The implementation of effective health care reforms is a long process and can only be achieved with broadly based political support. WHO is uniquely placed to assist countries in developing such strong support among decision makers and professionals.
10. WHO should also seek to extend its important and influential role as the focus for coordination of health support and policies with donor agencies and the European Union.

11. Efforts to develop local capacity in countries where professional development opportunities have previously been limited are already bearing fruit. The expertise and advice of colleagues from Eastern Europe should be increasingly used across the Region.
12. Communications within WHO and between WHO and Member States should be reviewed to improve awareness of WHO activities, services and publications.
13. We believe that the distribution of WHO support to Member States should be reviewed to ensure that it still fairly reflects countries' needs. Where a country presence is still needed, it should be adequately resourced and staffed, with appropriate devolved authority to maintain the dignity of the organisation and to provide timely and informed support to the Government, donors and other agencies.
14. The arrangements for the line management, appraisal, continuing professional development and career progress of Liaison Officers need revision.
15. There are advantages at present in appointing non-nationals to head WHO Country Offices, though they should have knowledge and experience of the host country's culture, systems and problems.
16. The location of WHO Country Offices should be reviewed especially in countries where space in a UN House is available.
17. WHO's ability to establish 'vertical' programmes targeted at specific health problems is highly valued and such rapid response capacity should be maintained. However it is important that these programmes are integrated into the general health services of a country as rapidly as possible, to maximise their effectiveness and sustainability.

RECOMMENDATIONS

To the Regional Committee

Recommendation 1:

WHO should invite Member States to confirm their commitment to the Ljubljana principles and assist them to develop methods to measure their progress towards them.

Recommendation 2:

WHO should confirm its prime role of leadership and guidance in relation to all aspects of health and health care in the Region. In the field of health care, this should include the periodic updating of the Ljubljana Charter, further development of the European Observatory and regular review of relevant programmes, activities and arrangements in the Office and Member States.

Recommendation 7:

WHO should regularly review its policies and projects to ensure that a proper balance is maintained between population health promotion and health care activities.

Recommendation 16:

The arrangements for the allocation of BCAs should be kept under review to ensure that resources remain fairly apportioned and appropriate to countries' current needs.

To the Regional Director

Recommendation 3:

WHO should seek opportunities to work with the Governments of Member States to develop broadly based support for health care reform programmes based on the Ljubljana Charter principles.

Recommendation 4:

WHO should develop a comprehensive policy for strengthening capacity in countries to help fulfil its commitment to help Member States to develop their own policies and services. This may include:

- **providing or working with others to promote further training in public health and health care policy and management, especially for young professionals**
- **support for the establishment of a European network of Schools of Public Health with strong programmes in health policy and management**
- **support for other measures to develop local capacities such as participation of local experts in international professional activities, fuller use of internet based information, and English language training**
- **inviting more experts from Eastern European countries to contribute to projects across the Region.**

Recommendation 5:

WHO should offer assistance and expertise to Member States in the health impact analysis of their policies within health and other fields.

Recommendation 6:

WHO Regional Office should maintain its strategic links with all major donor agencies. In particular, it should ensure that there is close communication with the European Union to ensure consistency of health related policies and, wherever possible, synergy in implementation.

Recommendation 8:

WHO should facilitate the development of health networks and other linkages between Member States and between professional bodies.

Recommendation 9:

WHO should seek to ensure that disease specific programmes are fully integrated into the country health care system to assure long term sustainability.

Recommendation 10:

Priority should be given to maintaining professional excellence and assuring a critical mass of expertise in all relevant areas within the WHO Regional Office senior team.

Recommendation 11:

Consideration should be given to alternative structures for the management of the Regional Office presence in countries.

Recommendation 12:

The Regional Director's review of all the outposted Regional centres should include assessment of the impact on the Copenhagen office and on general strategic development as well as on management arrangements.

Recommendation 13:

Consideration should be given to a review of communications strategy and performance within the Office and with countries. Suitable information about WHO's services and materials should be made available to incoming Ministers and senior officials.

Recommendation 14:

Consideration should be given to the preparation of a comprehensive, up to date publication and dissemination strategy

Recommendation 15:

Whenever possible publications that are relevant to a wide range of decision makers and professionals should be translated into the WHO official languages, with priority given to translation into Russian.

Recommendation 17:

Guidelines should be developed for the inclusion of small projects in BCAs.

Recommendation 18:

BCAs should include an undesignated allocation that can be available for in-biennium developments.

Recommendation 19:

The changes in the current arrangements for the Liaison Office system should aim to provide local technical support, to ensure stronger WHO representation in countries and to allocate adequate resources to fulfil the roles of WHO Country Offices.

Recommendation 20:

The new arrangements for Liaison Officers or WHO Representatives should seek to enhance their status and give them more authority, independence and stability.

Recommendation 21:

There are advantages at present in having an international Liaison Officer or WHO Representative. The selection criteria for such a post need to be carefully developed and the policy should be kept under review.

Recommendation 22:

Consideration should be given to the location of WHO Country Offices in UN houses when this is possible.

Recommendation 23:

All WHO activities in a country should be co-ordinated from a single office.