



WHO EUROPEAN REGION

WORK AT COUNTRY LEVEL

Concept note for report on visits of European governing body members to countries

1. Rationale:

WHO Europe's presence at country level is a key element for WHO's work in and with countries. This report aims to reflect on WHO work at country level and considers country presence as a core element of country work. In line with the vision of the RD and the direction of GPW 13, the Regional Office delivers work via intercountry, multi-country, and country specific mode. GPW13 puts countries at the centre and shifts WHO's efforts closer to the country level. As the development of the GPW13 has fuelled discussions on the impact of WHO at country level, Member States attending governing body sessions would benefit from being well informed on WHO's way of working in countries.

In order to provide insight into WHO's work at country level, and to further clarify how the Organization provides added value in achieving positive outcomes for health, the Standing Committee of the Regional Committee (SCRC) set up a subgroup on "Countries at the centre: the role of WHO at country level". It was agreed with the subgroup to organize a series of country visits in 2018, to support European WHO governing body members with knowledge at first hands to see how WHO has managed to influence strategic health development of countries, through the country offices and sub offices, the Regional Office, and also through collaboration with the centres of excellence – the geographically dispersed offices, backstopped by HQ.

2. European governing body members visits to countries:

The WHO Regional Office for Europe organized a series of visits in 2018 (February: Slovenia, March: Russian Federation, and April: Turkey) to show how WHO provides technical guidance and support to work taking place at country level in an integrated and coordinated manner across all three levels of the organisation, coordinated by the country office, led by the WRs and linking back to the global policies and actions agreed at the World Health Assembly.

SCRC/European EB members visited countries that have very different WHO country office set-ups and country situations. Accordingly, their country office structures are different:

- **Slovenia Country Office, Ljubljana.** This is a small country office in a high-income country which is also a member of the European Union. The important role played by a country presence in a high-income country was the main point of this visit.
- **Russian Federation Country Office, Moscow, and a visit to the Geographically Dispersed Office on noncommunicable diseases.** This visit demonstrated the different roles of a GDO and CO. It also demonstrated how a country office works at the country level in a WHO donor country, backstopped by the Regional Office and **how the country office function differs from, and yet coordinates with** the GDO NCDs at country level.
- **Turkey Country Office, Ankara, and the visit to a sub office (Gaziantep Sub Office).** This visit provided an overview of a WHO country office in emergency operational mode while continuing day-to-day routine activities with the Ministry of Health and key stakeholders. It also demonstrated how WHO can work across all three levels of the organization and across regions, involving multiple partners and agencies at country level.

All the visits highlighted the good collaboration and partnership that exists at country level, not only with ministries of health but also with health partners and donors. Country Offices are crucial to coordinate, and provide technical assistance, but also to guide policy level discussions. The visits to the country offices also provided the ministers of health with an opportunity to showcase their achievements and success stories resulting from WHO's presence and support in the country, through various mechanisms.

The work of the country offices and the roles of the WHO representatives and other staff featured in the visit and participants learned of the resources made available at country level. These include the role of the WHO representatives and their staff in health leadership, health diplomacy, negotiation, partnerships, resource mobilization, communication and advocacy, and strategic and technical assistance.

3. Short reflections on the visits by SCRC/European EB Members

The visits demonstrated how WHO stimulated a focus at country level on evidence-informed public health policy. WHO, and its country offices contribute to informing and developing policy change through helping with translation of WHO evidence and normative work to a country-specific context. This encourages evidence-based discussions as necessary, guided by the GPW13 and Health 2020. The country visits also highlighted how WHO country offices strengthen the capacity of ministries of health by assisting them to prepare evidence based papers and analysis to persuade both the politicians in government and the public, on the changes needed for health improvements.

Secondly the role of WHO Country offices in preparation of policy dialogues was also elaborated. WHO can help with the training of staff and to strengthen the local capacity in areas that are needed, in terms of technical assistance, provision of first hand access to WHO materials, evidence, knowledge and experts was proven to be an added value.

Thirdly, the WHO leadership at country level was assessed carefully. It became clear that the physical presence of WHO in countries helped to guide policy dialogue, and while leadership does not appear to be imposed, the country offices do play a leading role – in initiating, mediating, leading, implementing and monitoring, and this is most welcome by the countries visited. Further still, WHO's reputation and trust helps to bring together all stakeholders to communicate and work together.

Generally, it became clear that WHO has an important role to at country level with WHO Country Offices, WHO Regional Office for Europe, Geographically Dispersed Office and WHO Headquarters.

The visited countries highlighted the key health issues and the Biennial Collaborative Agreements and/or the WHO Country Cooperation Strategies between the WHO and the Ministry for health as the formal tools to engage with WHO as a whole.

The country visits reviewed the added value of working with WHO at country level. There are also benefits for WHO from its country presence through serving as learning sites for other countries and the opportunity to learn and receive feedback from directly supporting and influencing the implementation of WHO strategies and tools at national level.

Through the visits it became clear that WHO's role at country level is clearly more varied than strictly providing normative guidance. The assistance on public health advocacy to politicians, including in parliaments, were considered as crucial in terms of having credible, independent and impartial experts at hand. As such the visits visualized how WHO supports the development and guides implementation of public health legislation/policy at country level. Further support is also given through demonstrating the joint work done as well as working with the media to highlight health achievements and in the promotion of special health days for the enforcement of new policies, strategies and laws.

Going further into details, the visits also explained the different roles that the three levels of WHO play at country level. For example, how the development, dissemination and translation into action at national level is facilitated by HQ, the Regional Office and the country offices.

The close relationship and collaboration that WHO country offices have with the government and authorities of the host countries provide added value to both parties, leveraging WHO's work directly at country level and offering the country direct and straightforward exchanges with the Organization.

The visits also detailed the intersectoral work and how WHO facilitates SDG work at country level. WHO country offices catalyze the planning and implementation of the SDGs at both national and regional level especially, leading to a collaborative effort among it countries. Overall, the visits were considered as extremely useful in building a strong understanding of WHO's work at country level facilitated through WHO country offices.