

Second Country Support Unit Network Meeting

Country Focus and Health Systems Development

The Cairo Report

3-5 August, 2004



WORLD HEALTH ORGANIZATION



**WHO Regional Office for Eastern Mediterranean
Department of Country Focus
Sustainable Development and Healthy Environments**

Table of Contents

	Pages
Key recommendations for Action	2
I. Introduction	5
A. Opening session	5
B. Objectives	6
C. Expected outcome	7
D. Methodology	7
E. Agenda	7
II. Country Focus Policy and Strategies	7
III. Country Office Work in WHO Regional Office for Eastern Mediterranean	8
IV. Country Focus and Health Systems Development	8
A. Update on Global WHO Health Systems Development	8
B. Regional Approaches and Innovations	8
i. WHO Regional Office for Africa	8
ii. WHO Regional Offices for the Americas	8
iii. WHO Regional Office for the Eastern Mediterranean	8
iv. WHO Regional Office for Europe	9
v. WHO Regional Office for South-East Asia	9
vi. WHO Regional Office for the Western Pacific	9
V. National Health Development	9
VI. Reporting from Working Groups	10
VII. Implications on ways of Working in Country Offices, Regional Offices and Headquarters: Summary of Discussions	10
VIII. Country Support Unit Network matters	13
IX. Concluding Session	14
• Agenda	15
• List of Participants	16
CD CONTENT	19

KEY RECOMMENDATIONS FOR ACTION

- Countries are “at the heart of the WHO work”, making the strengthening of their health system the central element of WHO's work. It is the Members States' concern to mobilize national resources for the development of policies and institutions that are able to address the social, political and economic determinants of health and deliver health outcomes through a well balanced set of personal and public health services.
- The current and planned WHO shift towards increased and enhanced country work needs to be accompanied by a renewed emphasis on health systems work at country level. WHO, through its country office team, needs to focus its support to Member States (technical, advisory and normative work) in a way that supports them in their own efforts to develop health systems that adequately respond to the needs of its citizens and its society.
- This policy approach needs to be articulated in terms of management and organization at the three levels of WHO. Budgets, resource allocation mechanisms, human resource development, information communication technology, and organizational adjustments all have to be aligned with the mission to help countries build their own health systems.
- In line with Director General's commitment to the 3rd global meeting of WHO Representatives and Liaison Officers to improve WHO's response to critical challenges in country work, urgent measures need to be taken to improve the responsiveness of WHO country and regional offices to the needs of Member States. This should be done at the same time that WHO refines its shared vision on health systems.

SUGGESTED ACTIONS

- I. **Directors of Programme Management (DPM) to endorse and monitor the implementation of a package of actions** intended to improve WHO's capacity for health systems oriented country work. This is to be compiled by the Cluster on Evidence and Information for Policy (EIP), Country Support Units (CSUs) and Health Systems Advisers, by January 2005. These actions would include:
 - a. Developing an understanding of regional efforts to improve country office responsiveness in the field of national health system development, by:
 - i. undertaking a cross-regional review of health systems expertise in country offices
 - ii. developing strategies to better share health systems development experts among countries and mobilize resources for this
 - iii. mapping WHO existing plans and resources for training professional staff in health systems development, in particular training of staff at country level
 - b. Submitting regional applications to the Global Staff Development Fund to train country office teams, regional advisers and some HQ program officers in health systems development.

2. A series of ongoing policy discussions need to be finalized and communicated across WHO if efforts to strengthen WHO's work on health systems development are to proceed. The next meetings of **DPMs** will:
 - a. respond to the preliminary draft paper to the Executive Board on the WHO Country Focus Policy
 - b. clarify, together with HQ Decentralisation Informal Working Group, a 'road map' and milestones for WHO's decentralisation agenda
 - c. ensure that 2006/07 budget adequately covers the need for 'health systems' core capacity in WHO country office teams
 - d. endorse and disseminate the code of conduct for WHO staff on working with countries (including preliminary results of a quick 'study' on travel patterns of HQ technical staff to countries)

 3. **The CSU network to lead a 'task force' on the regional implementation of Country Cooperation Strategies (CCS).** The task force would set up and report on a cross-regional study of the management and organizational implications of regional implementation of the CCS. This would be completed by March 2005. Priorities would include:
 - a. sharing experiences and innovations on efforts to take forward integrated health system development
 - b. identifying how WHO technical work-plans could be explicitly linked to the national health system structures and functions
 - c. involving health systems focal points in the development of technical programme plans, and undertaking concrete actions for working across Areas of Work to deliver on objectives outlined in the CCS
 - d. introducing performance indicators related to a, b, c, above
 - e. developing support structures and other structural adjustments at the regional & HQ level to facilitate health systems oriented country work
 - f. identifying planning and budgetary implications of the above

 4. Ensure **strong linkage of CCS to national health development by addressing health systems issues.** A working group will be set up, comprised of volunteers from the Cairo meeting participants and EIP colleagues. They will identify issues related to health systems that they consider important for inclusion in the CCS, and share their findings with the CSU network by September 2005. This work will contribute to finalizing the CCS guidance document and ensure that the following information is included in CCS :
 - a. information on the involvement of all major stakeholders, in particular that of national authorities in the process of development or revision of the CCS
 - b. a situation analysis to identify issues and challenges related to health systems
 - c. any review or update of CCS should incorporate the major changes in health systems.
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5. **Mainstream CCS into the WHO managerial process** with special emphasis on the programme budget, and on monitoring and evaluation starting with 2006/07 in order to ensure that health system priorities identified in the CCS are adequately reflected. Activities include:
 - a. ensuring that the issue is addressed in the renewal of the WHO Managerial Framework (at the forthcoming meeting in August 2004)
 - b. making the link between CCS and WHO managerial framework explicit in the CCS Guidance document (following the meeting of Planning Officers in Washington last June a working group was set up to work on this)
 - c. the endorsement by DPMs of the CCS linkage with the WHO managerial framework at their meeting of October 2004 in Copenhagen.

 6. **ADG/EIP and regional health systems advisers to be requested to create a widely accessible inventory of health systems tools in WHO.** Regional Health Systems Advisers could work with EIP and other HQ units to develop the following :
 - a. a common framework/ WHO position papers on issues related to health systems for use at country level. Agreement needs to be reached that all levels of WHO be involved in the preparation of EIP/HQ policy papers
 - b. an inventory and review based on exchange of information between regions, of existing WHO tools and a set of appropriate tools based on gaps identified
 - c. common position papers/tools that could be used in advocating for health systems development amongst development partners at country level - this could be done by the Cluster on Sustainable Development and Healthy Environments (SDE) and EIP clusters, together with the regions
 - d. mechanisms for dissemination across regions and countries, of agreed 'best practice' on approaches to developing health systems, for example, Observatories on health systems, health sector analysis tools and regional and global initiatives to extend social protection and insurance for health.

 7. **Immediate follow up**
 - a. to share the findings of the Cairo meeting with all health systems advisers
 - b. Director, Country Focus Department to meet with Assistant Director General (ADG)/EIP and his team to share views and suggestions for follow up.
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I. INTRODUCTION

A. Opening session

Dr Hussein A. Gezairy, Regional Director (RD) of WHO Regional Office for Eastern Mediterranean (EMRO) opened the meeting and highlighted the importance of all regions working together as one WHO. WHO is now using the same language and 'one WHO' has the same meaning for all. The Director-General has placed emphasis on the work of WHO at country level and he is supporting Regional Offices in this regard. Decentralization is taking place. RD has delegated all the authorities he has to WRs. However, HQ needs to decentralize resources to country offices more effectively since most of the regions have small country offices which need strengthening.

EMRO has a good relationship with all Member States based on mutual confidence and transparency and WHO is accepted as a real partner. EMRO conducts joint program review missions before every biennial program development. Through this mechanism, agreement is reached between WHO and a Member State, on priorities for technical cooperation and allocation of funds. EMRO is also working with other regions in the area of Information Technology and support to the managerial process. EMRO is proud of having very good relations with all regional offices.

There are no WHO priorities - there are only national priorities and these vary from one Member State to another. There are no WHO programmes - the programmes are national and some are supported more than others by WHO. For instance, the Expanded Programme on Immunization (EPI) is a priority for all countries but this does not mean that WHO needs to allocate more funds to EPI since most countries are already funding this priority. Cases do also exist, of priorities that are not supported by anybody but WHO.

The understanding of what constitutes country support can vary. Some tend to think that it means that they can go and work directly with the country office. While newcomers to WHO may think that Country Focus is a new initiative, it is not a new concept. Country focus has been part of WHO agenda for the last 10-15 years and while it has been given different names the meaning has been the same. Dr LEE Jong-Wook has clearly translated country focus into redistribution of resources towards regions and countries. Implementing country focus is not an easy task. Functions need to be better defined between the different levels of the Secretariat. While HQ could focus more on normative work, direct technical cooperation with countries could be undertaken much better by regional and country offices.

With regard to health systems development, Dr Hussein A. Gezairy invited the participants to focus on community leadership as part of the Primary Health Care principles. Even before the Alma Ata Conference, EMRO had developed the basic development minimum needs approach (BDN) as a way of working directly with communities. EMRO would like to see Health for All as WHO's guiding principle. In the EMRO region, priority is now given to health systems development, including human resource development. However, while there is a need to strengthen national capacity with regard to health systems, other programs should not be neglected.

The CCS process is a good way of involving the Ministry of Health but also other partners together with the WR, Regional Office and HQ, especially now that the number of actors in health has increased at national level. EMRO has a good experience with Global Alliance for Vaccines and Immunizations and has received a lot of support from Roll Back Malaria.

Dr Hussein A. Gezairy highlighted the importance of the meeting to further strengthen relationships between country office, RO and HQ, and also with Member States.

Director Country Focus Department thanked the Regional Director for his valuable guidance and an untiring support in both technical and logistical aspect of the meeting. In the first meeting of the Country Support Unit Network in Copenhagen, EMRO had kindly offered to host the second meeting and the main theme selected for the meeting was 'Country Focus and the development of national health systems'. Particular thanks went to DRD, ARD and their teams. RD had pointed out that the Country Focus is not a new concept. In fact, it is an essential part of the WHO Constitution. The Country Focus was presented in 2002 to the Executive Board as an Initiative but since July 2003, when the Director-General clearly put countries at the heart of WHO's work, it has become an Organizational policy. Direct country office backstopping is the responsibility of the Regional Office and HQ should backstop regional offices in supporting country offices and Member States.

Dr Mohamed A. Jama, Deputy Regional Director chaired the first session of the meeting. In his opening remarks, he stimulated the discussion around the main theme and presented the agenda.



The Cairo meeting team

B. Main Objectives of the meeting

1. To agree a common set of principles and approaches across WHO for strengthening WHO's support to national health systems development through the implementation of Country Cooperation Strategies
2. To further strengthen the Country Support Unit Network

Specific objectives

- 1.1 To reach a common understanding on the progress across regions in enhancing health systems development through the strengthening of country offices in line with CCS and other WHO Country Focus policies and strategies
- 1.2 To promote learning across regions on approaches to:
 - a. the analysis of health systems needs during formulation of the CCS
 - b. the integration of WHO programs at country level to build health systems
 - c. technical backstopping to country offices from within and outside WHO
 - d. managing knowledge on country health systems
- 1.3 To share information on the functions and structure of the EMRO Country Support Unit

C. Expected outcomes

- Agreement among participants reached on common principles across regions, key lessons learnt, and actions and timetable for taking forward recommendations for WHO at country, regional and HQ levels.
- A report summarizing this agreement.

D. Methodology

The proposed agenda was organised around three themes:

- Setting the scene
- Different WHO country approaches to the building of health systems
- Common principles and implications for countries, regions and HQ

E. Agenda

The agenda of the meeting is attached.

II. Country Focus Policy and Strategies

Dr Marie-Andrée Diouf, Director, Department of Country Focus, highlighted in her presentation, the importance of putting country focus policy and strategies into practice for better results at country level. She also presented a brief overview on progress made so far and the future agenda. See CD Annex 2 for details.

III. Country Office Work in EMRO

Dr Abdallah Assa'edi, Assistant Regional Director, EMRO presented the country office work in the Eastern Mediterranean Region. The main points included WHO country presence in EMR countries, action taken to strengthen country offices, support provided from the regional office (including follow up mechanism of country office matters, database on country offices, formulation of CCSs), country support unit network in the regional office and regional AMS system. See CD Annex 3 for details.

IV. Country Focus and Health Systems Development

A. Update on Global WHO Health Systems Work

Dr Rafael Bengoa, Director, Health Systems Policy and Operations provided an overview of the global health systems work within the context of the prospects of meeting Millennium Development Goals (MDGs). Other points that were highlighted include : main challenges of health systems development in countries, the need to have one health systems strategy for WHO and the need to create a new way of working together to better support Member States in achieving their national and international health development goals. See CD Annex 4.1 for details.

B. Regional Presentations

WHO Regional Office for Africa (AFRO)

Dr Edward Maganu, WHO Representative Tanzania, presented an overview on the situation of national health systems in the region. He further explained how the regional office together with country offices is working to build national capacity in the area of health systems and how it is responding to requests from Member States' for specific technical support. The Nairobi process, a unique way of corporately working together to strengthen the national health systems was also briefly presented. See CD Annex 4.2 for details.

WHO Regional Offices for the Americas (AMRO)

Dr Daniel Lopez Acuña, Director, Programme Management highlighted the contextual factors that impact on the development of health systems. He outlined the key characteristics of the health system, described some of the major problems affecting health systems in the Americas and PAHO/WHO technical cooperation with countries. See CD Annex 4.3.

WHO Regional Office for the Eastern Mediterranean (EMRO)

Dr Belgacem Sabri, Director, DHS provided a brief overview of technical cooperation in health system development including measurement of health systems performance,

assessment of health systems functions, improvement of health systems functions especially in the areas of governance and leadership, human resources development, health care financing and national health systems observatories. See CD Annex 4.4 for details.

WHO Regional Office for Europe (EURO)

Dr Nata Menabde, Director, Department of Country Support presented the organization of the department and described how the entire collaboration with the Member States in the EUR region is structured along the functional health systems framework. The approaches and tools/instruments used for country support were highlighted. See CD Annex 4.5 for details.

WHO Regional Office for South-East Asia (SEARO)

Dr Anton Fric, Regional Adviser for Evidence and Health Information provided an overview of the health systems work in SEA region by highlighting the declaration made by the Health Ministers, and the "countries first" policy of the Regional Director. The on-going regional office support to countries in the relation to health systems development was also presented. See CD Annex 4.6 for details.

WHO Regional Office for the Western Pacific (WPRO)

Dr Reijo Salmela, Medical Officer/Scientist, Division of Health Sector Development highlighted main approaches to country support in the area of health systems in the Western Pacific region, described the current, relatively weak country capacity, lack of practical tools and presented ways to improve it. See CD Annex 4.7 for details.

V. National Health Development

Dr Daniel Lopez Acuña, Director, Programme Management presented a paper highlighting the urgent need for WHO to consider how to make technical cooperation in and with countries more efficient and effective. He described the national health development of a given country as its economic, social, political, and cultural process which constitutes the structural mix that defines the health and living conditions of the population. In addition, national health development is determined by a country's economic possibilities and state and social interventions for addressing and improving these conditions. A simple expression of this complex phenomenon is to differentiate three separate layers that interact and are mutually determined: health and its determinants, state and social interventions to address health problems and improve the health situation, and international technical cooperation for progress in national health development. See CD Annex 5 for details.

During the discussion EURO team expressed its view that the proposed difference between National Health Development and Health System is not in line with the WHO Health System Framework. However the debate was not finalized and the agreement reached to further clarify the issue in coming meetings. It was also agreed that the meeting should use the term Health Systems only (see suggested key recommendations for action).

VI. Report from Working Groups

The participants were divided into four groups on the second day of the meeting. Each group was given a set of questions to discuss and suggest ways of addressing the question.

Group 1 - Analysis of Health Systems needs during the formulation of CCS:

The group reviewed the scope of key issues and challenges of health systems at country level, types of strategic information and key indicators required in the CCS document. See CD Annex 6 for details.

Group 2- Integrating WHO Programmes to build Health Systems:

The group reviewed regional innovative processes and discussed how to scale up such processes. See CD Annex 6.2 for details.

Group 3 - Technical backstopping to country offices:

The group identified critical issues related to technical backstopping from regional office and headquarters, and proposed ways in which the three levels of WHO could work together for adequate, appropriate and effective technical support to countries. See CD Annex 6.3 for details.

Group 4 - Managing knowledge on Country Health Systems:

The group identified knowledge management as one of the important means of effective management and dissemination of information on health systems available within the Organization. The group discussed the current capacity that exists at all levels of the Organization and proposed ways in which WHO could be strengthened to manage the process better and produce the right kind of information where and when needed. See CD Annex 6.4 for details.

VII. Implications on ways of working in Country Offices, Regional Offices and HQ: Summary of discussions

The group agreed that country focused health systems development should be the core business for WHO. This principle has clear implications for the work of the Organization and in particular in the following areas:

- Programmatic and management
 - Health systems content
 - Capacity building
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- Technical backstopping
- Knowledge management
- Health systems aspect of CCS formulation

The points below summarize the implications for each area that need to be considered:

Programmatic and management:

- review the allocation of resources in relation to health systems across the areas of work
- ensure a shift of resources from HQ in the area of health systems to regions and countries
- ensure genuine joint planning (critically important for the development of a coherent program in health system development and effective back stopping)
- reflect core 'health systems' capacity needs explicitly in the Programme Budget and work plans
- mention the implications on health systems in countries, of programmes in the Programme Budget and work plans of 06-07
- take the 'health systems' dimension into account in each area of work as far as possible
- reflect the 'health systems' dimension in performance indicators and monitoring of country work

Health systems content:

- develop clearer policy on health systems development at country level
- make HQ work on health systems more responsive to country needs as outlined in the CCS
- build local capacity to develop national health systems profiles
- design tools and instruments with common desirable attributes that respond to country, regional and global needs
- develop WHO 'health systems' position papers, and improve coherence across Regions and HQ
- develop joint WHO policies/positions on elements of health systems drawing on common wisdom and in collaboration with Regions
- avoid fragmentation of health systems within the different technical units
- advocate in different fora and meetings of governing bodies for 'country focused health systems development' (e.g. DPMs meetings, Regional Committees etc.)

Capacity building:

- capacity development should not start as a top down approach
 - address the implications of CCS in developing health systems capacity in country offices with adequate resources
 - address the need for generalist 'health systems' expertise
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- formulate a request for allocating an adequate share of the global staff development fund for training on health systems development

Technical backstopping:

- create a database of expertise and make it available throughout the Organization
- make better use of collaborating centres and national institutions in health systems work
- mobilize external expertise through consortia and networks

Knowledge Management:

- knowledge management is a cross cutting area the scope of which is broader than health systems.
- articulate the roles and responsibilities of different levels of the organization within knowledge management for coordinated and coherent knowledge management work
- ensure that knowledge management is built in as a bottom up process
- foster regional and global observatories on health systems
- reorient existing resources for effective management of knowledge available within and outside the Organization
- promote cross fertilization and sharing of information among countries, regions and HQ

Health Systems aspects in CCS Formulation:

- the CCS needs to include an analysis of HS in relation to CCS that links with national Health Development and MDGs
 - this health systems analysis needs to be an explicit part of the CCS process and it should identify challenges and constraints for strategic action
 - the CCS process should also include stakeholder analysis, looking at strategies and positioning of actors in health
 - a certain degree of standardization is desirable for ensuring comparability, corporate identity and convergence of three levels of WHO.
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VIII. CSU Network matters

The CSU network agreed upon the following:

1. Developing a common report on the Country Focus:

- targeting a wide audience (WHO staff, Member States, partners and donors)
- on a yearly basis
- if possible, starting by the end of 2004
- accompanying the development of the paper on the Country Focus Policy that should be presented to the Executive Board in 2005
- including existing regional and HQ data and documents in the 2004 report

2. Initiating the Country Support Unit Network Information and Communication System

- starting simply with basic information on Country Core Presence and CCS
- avoiding duplication with health information data collection which is a responsibility of the EIP Cluster
- thinking about an electronically based information system, but taking into account the current status of connectivity of Country Offices
- defining what information should be accessible through the Internet and Intranet
- taking the necessary steps to set up and give accessibility of country support unit Intranet to the members of the CSU Network.

3. Other matters

- no specific main theme will be addressed in the next CSU Network meeting. It will concentrate on pending CSU matters.
 - CCS and health systems will remain permanent themes on the agenda of the future Network meetings
 - performance monitoring of country office work will be addressed in future meetings
 - next CSU Network meeting will be hosted by AMRO; visa issue will be considered while choosing the host country
 - next CSU Network meeting will be internal (only open to CSU Network members that includes WRs/LOs and DPMs).
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IX. Concluding session

The participants commended the EMRO team for their outstanding organization and management of the meeting. The secretarial support from EMRO and HQ was also appreciated. While the participants acknowledged with appreciation the strong representation of regional and country health systems teams, they felt that the meeting would have benefited more if there was stronger presence during the entire meeting from EIP/HQ.

On behalf of the participants, Dr Marie-Andrée Diouf, Director, Country Focus expressed her sincere gratitude for the warm welcome to all the participants in EMRO and for the commitment, enthusiasm and productivity of all participants.

In conclusion, Dr Mohamed A. Jama, DRD, reemphasized the importance of cross fertilization among the different levels of the Organization during the meeting and highlighted the active participation of three DPMs. They will consider the recommendation coming out of this meeting in their future deliberations.

Agenda for the Second Country Support Unit Network Meeting

Cairo, 3- 5 August 2004

I Tuesday, 3rd August

Setting the Scene

09.00 - 09.15 Plenary
Welcome and introduction:
EMRO
Presentation of the agenda

09.15 - 10.00 Country Focus
policy and strategies

10.00 - 11.00 Update on Global
WHO health systems work

11.00 - 11.30 Coffee break

11.30 - 12.30 Country Office
Work in the Eastern
Mediterranean Region

Lunch 12.30 - 14.00

Country focus and health systems development

Plenary session

14.00 - 15.00

'Country Focus and Health Systems development' -
(10' presentation by Region)

- Current approaches & constraints
- Regional innovations

15:00 - 15:30 Discussion

15.30 - 16.00

National Health Development
and Health Systems Development
- Paper presentation followed by
discussion

16.00 - 16.30 Coffee break

16.30 - 17.30 Agreeing on
methodology for group work

Wednesday, 4th August

Principles and approaches to strengthening country office work on national health systems

Working Groups

09.00 - 11.30 Four working
groups:

1. Analysis of health system needs during formulation of the CCS
2. Integrating WHO programs to build health systems
3. Technical back stopping to country offices
4. Managing knowledge on country health systems

11:30 - 12:30 Report back from
working groups

Lunch 12.30 - 14.00

Principles and approaches to strengthening country office work on national health systems (continued)

Plenary session

14.00 - 15.00 Report back from
working groups contd.

15:00 -15:30 Coffee break

1.1 Implications of lessons learned

Plenary session

15.30 - 17.30 Implications for
capacities and ways of working in:

- country offices
- Regional offices
- HQ

17.30 Meeting of rapporteurs
and facilitators of each group to
begin draft report & prepare for
next day

Thursday, 5 August

1.1 Implications of lessons learned (continued)

Plenary session

08.30 - 10.30 Final Report and
next steps on principles and
approaches to strengthen country
office work on national health
systems

10.30 - 11.00 Coffee break

Meeting of Country Support Units

11.00 - 12.30: Country Focus
Policy; next steps. With the
participation of
Dr Patrick Vaughan

12.30 Meeting of rapporteurs
and facilitators to finalize drafting

Lunch 12.30 - 14.00

Meeting of Country Support Units (continued)

14:00 - 15:00 Reporting on the
Country Focus

15:00 - 16:00 Country Focus
knowledge management &
Communication

16:00 - 16:30 Coffee break

16:30 - 17:30 CSU timetable:
plans & events

Other themes to be addressed:

- a. Partnerships and coordination
- b. Health Promotion

AOB: Working group on CCS
guidance; WR induction

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CD CONTENT

1. Final Report
 2. Country Focus Policy and Strategies
 3. Country Office Work in EMRO
 4. Country Focus and Health Systems Development
 - 4.1. Update on Global WHO Health Systems Work
 - 4.2. AFRO
 - 4.3. AMRO
 - 4.4. EMRO
 - 4.5. EURO
 - 4.6. SEARO
 - 4.7. WPRO
 5. National Health Development
 6. Reports from Working Groups
 - 6.1. Analysis of Health Systems during the formulation of CCS
 - 6.2. Integrating WHO Programmes for building Health Systems
 - 6.3. Technical backstopping to country offices
 - 6.4. Managing knowledge on Country Health Systems
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