

WHO Country Presence 2005

Part I. Results of a Global Survey

Part II. WHO Country Offices, Representatives, Liaison Officers and Heads of Office



**World Health
Organization**

Department of Country Focus

This report intends to give the first global picture of WHO country presence as of September 2005. It is the starting point for future exercises for which the information will be updated and will undergo more comprehensive and exhaustive analysis.

This report is comprised of two parts:

The first part presents an analysis of all responses received from a global survey on WHO country presence. This survey was organized by the Country Support Unit Network¹ and carried out with all WHO country offices from March to May 2005.

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The second part of this report presents information on WHO Country Offices, Representatives, Liaison Officers and Heads of Offices. The analysis is based on information extracted from the WHO Representatives Information System in September 2005. This system has been maintained by the Department of Country Focus since September 2002.

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1. The Country Support Unit Network consists of the Department of Country Focus at WHO Headquarters and six Units in the regional offices. These are the Country Analysis and Support Unit in the WHO Regional Office for Africa (AFRO), the Country Support Unit in the WHO Regional Office for the Americas (AMRO), the Office of the Assistant Regional Director in the WHO Regional Office for the Eastern Mediterranean (EMRO), the Division of Country Support in the WHO Regional Office for Europe (EURO), the Programme Planning and Coordination Unit in the WHO Regional Office for South-East Asia (SEARO), and the Programme Development and Operations Unit at the WHO Regional Office for the Western Pacific (WPRO).

Part I.
Results of a Global Survey (May 2005)

This report summarizes the findings of a global survey carried out from March to May 2005 by a “cross-World Health Organization (WHO) working group on WHO country presence” under the guidance of the Directors of Programme Management (DPMs).

The working group developed a survey to collect information on WHO country offices and sub-offices, functions of WHO country teams, participation in national health sector processes and the UN (United Nations) country team, priorities for WHO technical cooperation, and human resources and budget (see Annex 1: Survey on WHO Country Presence).

Purpose

The survey was conducted to obtain a global picture of current WHO country presence across regions.

Data analysis

Information on WHO country presence was received from 144 WHO country offices, four desk officers (in Bahrain, Kuwait, Qatar and the United Arab Emirates) based in the WHO Regional Office for the Eastern Mediterranean (EMRO), one special office in the Occupied Palestinian Territory, and one field office at the border between Mexico and the United States. The following sections present an analysis of all responses received.

1. Premises of WHO country offices

The majority (43%) of WHO country offices are located in rented premises, while 23% are located within ministries of health, 19% within UN common premises, 5% on WHO property and 10% under other arrangements (Figure 1). Variations exist between regions, as shown in Table 1.

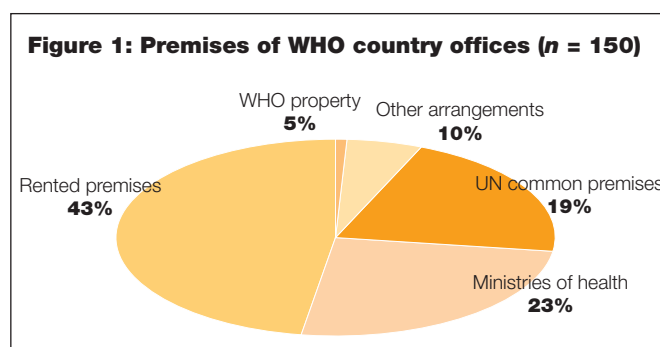


Table 1: Premises of WHO country offices, by WHO region (n = 150)

WHO Region	Rented premises	Ministries of health	UN common premises	WHO property	Other	Total
African	26	2	12	1	5	46
Americas	16	4	1	6	1	28
Eastern Mediterranean	5	11	1	0	5	22
European	6	8	11	0	3	28
South-East Asia	5	2	3	0	1	11
Western Pacific	6	8	1	0	0	15
TOTAL	64	35	29	7	15	150

2. Establishment of sub-offices

Thirty-two country offices have established sub-offices to better serve WHO Member States. The number of sub-offices per country ranges from one to 36. Sub-offices have been established in large countries (e.g. Nigeria), countries in crisis (e.g. Afghanistan, Democratic Republic of Congo, Iraq and Sudan) and countries with large national programmes (e.g. polio, tuberculosis and leprosy).

programmes in India). During times of crisis, additional sub-offices have been opened to meet priority health needs (e.g. in Indonesia and Sri Lanka for the aftermath of the Tsunami in December 2004 and in Sudan for humanitarian action).

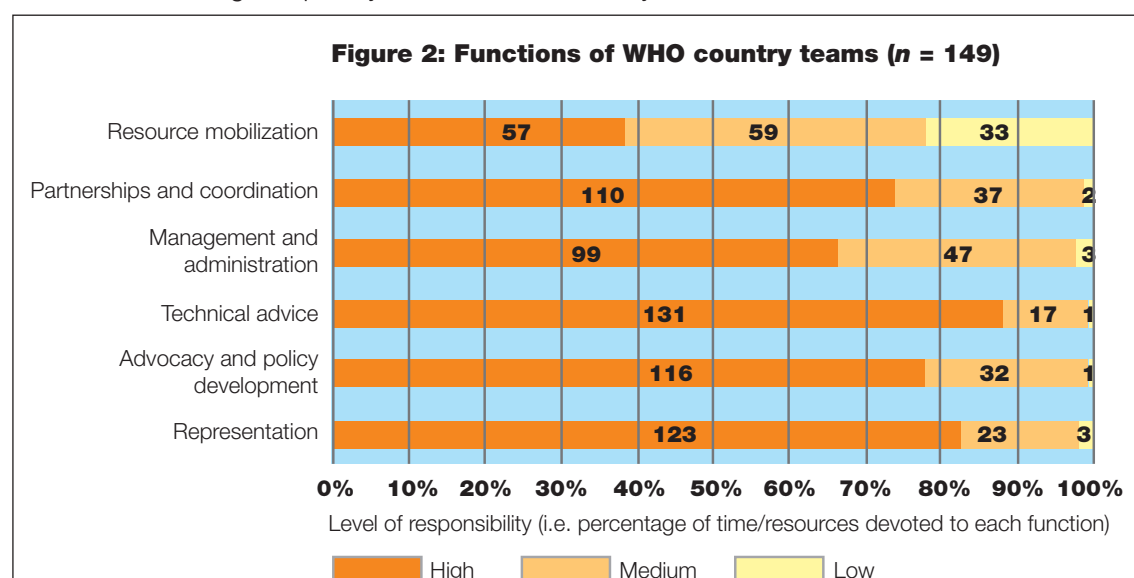
Table 2: Number of WHO country sub-offices

No. of sub-office(s)	Main WHO Country Office
1	Belize, Bosnia and Herzegovina, Chad, Costa Rica, Ecuador, Equatorial Guinea, Eritrea, Ghana, Haiti, Kazakhstan, Namibia, Nepal, Romania, Russian Federation, Sierra Leone, Sudan, Uganda, Ukraine, United Republic of Tanzania, Uzbekistan and Viet Nam
2	Guinea
4	South Pacific and Guatemala
5	Bolivia and India
6	Indonesia (before the Tsunami, the WHO Country Office in Indonesia had only 3 sub-offices) and Pakistan
9	Afghanistan and Colombia
11	Democratic Republic of Congo
36	Nigeria

3. Functions of WHO country teams

The main functions of WHO country teams relate to six key areas: (i) management and administration, (ii) representation, (iii) advocacy and policy development, (iv) technical advice, (v) partnerships and coordination, and (vi) resource mobilization.² The survey rated these functions according to the proportion of time and resources devoted to each, providing a picture of the type of work performed by the WHO country teams.

The analysis of the functions of WHO country teams across all regions³ (Figure 2) shows that technical advice is the highest priority function at the country level. A detailed breakdown indicates that



2. Overview of the Roles and Function of WHO Representatives and Required Competencies, April 2004. This document clustered functional areas into three groups: (i) advocacy, partnership and representation, (ii) policy development and technical cooperation, and (iii) administration and management.

3. The analysis does not include the WHO Country Office in the Republic of Korea, which has been operating as an administrative office since January 2004 and is due to scale down. The functions of this country office will be directly covered by the Regional Office, mainly through the DPM.

technical advice (88%) and representation (83%) are high priority functions, closely followed by advocacy and policy development (78%) and partnerships and coordination (74%). Additionally, more than half of the respondents (66%) indicated that management and administration was a high priority function for country offices. Ratings for the level of responsibility for resource mobilization varied from high (38%), to medium (40%) to low (22%) across all regions. Such variations may reflect the existing constraints on the ability of WHO country offices to mobilize resources at the country level.

4. Participation in national development processes and the UN country team

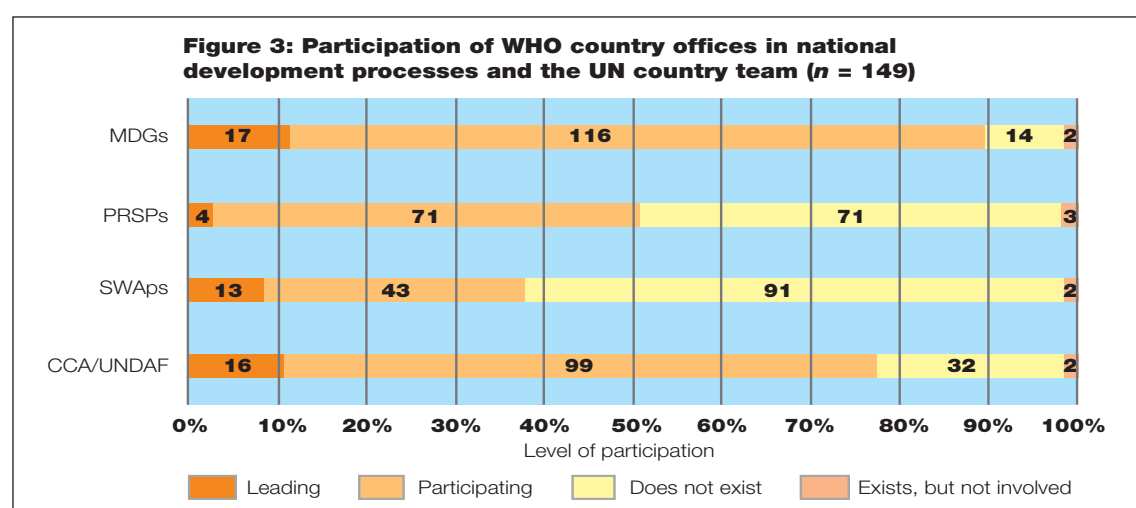
The growing recognition of the importance of health for human and economic development, and for the achievement of national targets and the Millennium Development Goals (MDGs) has underlined the need for WHO to participate actively in these processes.

The analysis of the participation by WHO country offices in national development processes (Figure 3) indicates that:

- The majority (78%) of all country offices are supporting national processes for attaining the MDGs and a proportion (11%), further specify that they are taking the lead at country level for health-related goals.
- In the 78 countries where Poverty Reduction Strategy Papers (PRSPs) have been formulated, 91% of WHO country offices are participating in, and 5% are taking the lead in the health components of the process.
- Similarly, in the 58 countries where Sector-wide Approaches (SWAs) exist, 74% of WHO country offices participate and 22% lead international efforts around health SWAs.

The significant number of WHO country offices participating in national development processes indicates that improving the skills and competencies of the WHO country team in broader health development and partnerships is becoming more important at the country level.

The majority of WHO country offices (85%) are participating in the UN Common Country Assessment/UN Development Assistance Framework (UN CCA/UNDAF), and 14% of them are leading health-related theme groups.



5. Work towards priorities identified in the Country Cooperation Strategy⁴

Five main priorities for WHO technical cooperation at country level were identified in the analysis of the Country Cooperation Strategies (CCSs):

- Health systems development (81%);
- Control of communicable diseases and noncommunicable diseases and their associated health risks (66%);
- Environmental health (34%);
- Reproductive health and child and adolescent health (32%);
- Country-level partnerships (23%).

Other priorities frequently identified in the CCSs include humanitarian action and emergencies (20%). These priorities are in line with those identified in a CCS analysis carried out in December 2004.⁵ This study also identified health systems development as the highest priority in meeting WHO country needs with specific priorities varying from the need to establish new national policies, to improving the delivery and financing of the personal care services and public health programmes for improved health outcomes.

6. Current staffing of WHO country offices

Current staffing levels in WHO country offices⁶ range from two staff members in Croatia⁷ to over 1000 in India. As shown in Table 3, there are variations between countries due to large national programmes (e.g. polio in Nigeria and India) and crisis situations (e.g. Haiti and Sudan). Staffing levels of country offices need to be considered in relation to the strategic agenda for WHO technical cooperation.

Table 3: Range of staffing levels in WHO country offices

WHO Region	From...	...To
African	6 (Seychelles)	451 (Nigeria)
Americas	14 (Bahamas)	83 (Haiti)
Eastern Mediterranean	3 (Tunisia)	345 (Sudan)
European	2 (Croatia, Czech Republic, Estonia, Hungary, Kazakhstan, Latvia, Lithuania, Poland, Slovakia)	45 (Russian Federation)
South-East Asia	9 (Bhutan)	1071 (India)
Western Pacific	6 (Malaysia) ⁸	48 (China)

4. The Country Cooperation Strategy reflects a medium-term vision of WHO for its cooperation with a given country and defines a strategic framework for working with that country.

5. WHO Programmes and Country Focus: Technical Cooperation with Member States - Are demands being met?. Geneva, Department of Country Focus, World Health Organization, 2004. Discussion Paper IIA.

6. Does not include Desk Officers based in EMRO for Bahrain, Kuwait, Qatar, and the United Arab Emirates. Does not include the WHO Country Office in Slovenia, which was undergoing a restructuring and recruiting process at the time of the survey.

7. The following WHO country offices also have two staff members: Czech Republic, Estonia, Hungary, Kazakhstan, Latvia, Lithuania, Poland, Republic of Korea and Slovak Republic.

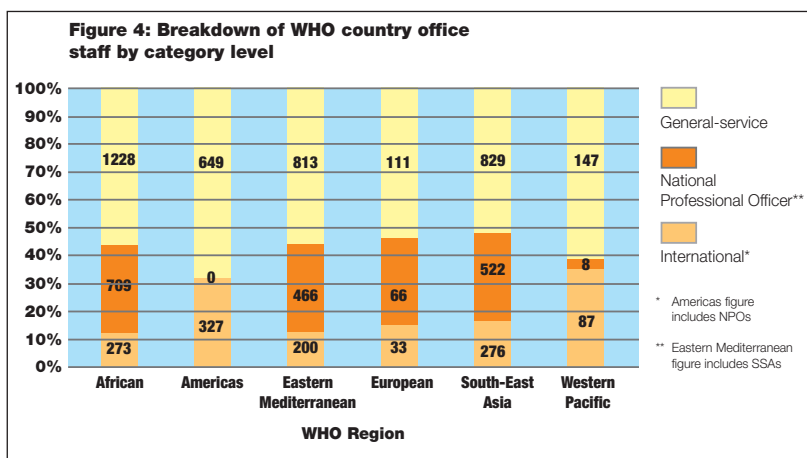
8. Does not include the WHO Country office in the Republic of Korea nor the offices covered by the WHO Country Office in the South Pacific (e.g. the WHO Country Offices of Tonga and Kiribati are staffed by liaison officers and support staff under the supervision of WHO Representative (WR) South Pacific).

Category level of WHO country office staff

A breakdown by category level of staff shows that across all WHO Regions:

- 18% are international professional staff;
- 26% are national professional officers (NPOs), including special service agreements (SSAs); and
- 56% are general-service (G) staff.

However, as can be seen in Figure 4, there are variations in the composition of WHO country teams between regions. For example, more than a third of the country office staff in the WHO Western Pacific Region are international staff, whereas in the African Region international staff represent 12% of all country office staff. National professional officers NPOs⁹ including holders of special service agreements (SSAs) represent a third of all country office staff in all regions except the Western Pacific, where they currently represent 3%¹⁰ of all country office staff.

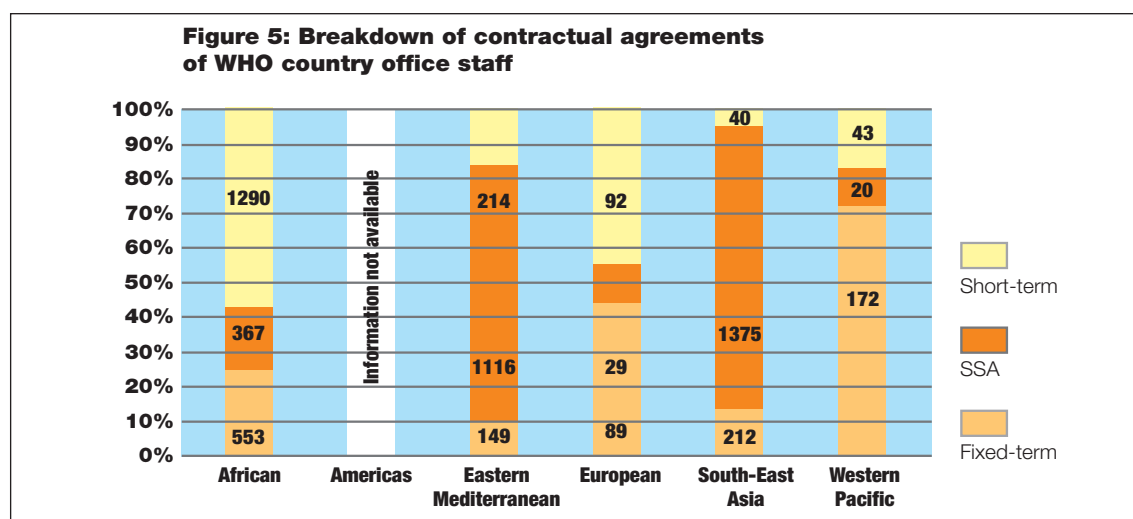


Contractual agreements of country office staff

A breakdown of contractual agreements across all regions¹¹ (Figure 5) reveals that:

- 20% of WHO country office staff hold fixed-term contracts;
- 50% are under SSAs; and
- 29% hold short-term contracts.

The proportion of staff holding fixed-term contracts is approximately 20% at country level whereas it is 40% at headquarters.



9. The decision to employ an NPO as opposed to an international professional staff member depends on criteria such as the availability of local expertise, the nature of the task and the current balance of staffing at a duty station.

10. The Regional Office for the Western Pacific (WPRO) has recently reviewed its policy on NPOs and expects to employ more NPOs in the future.

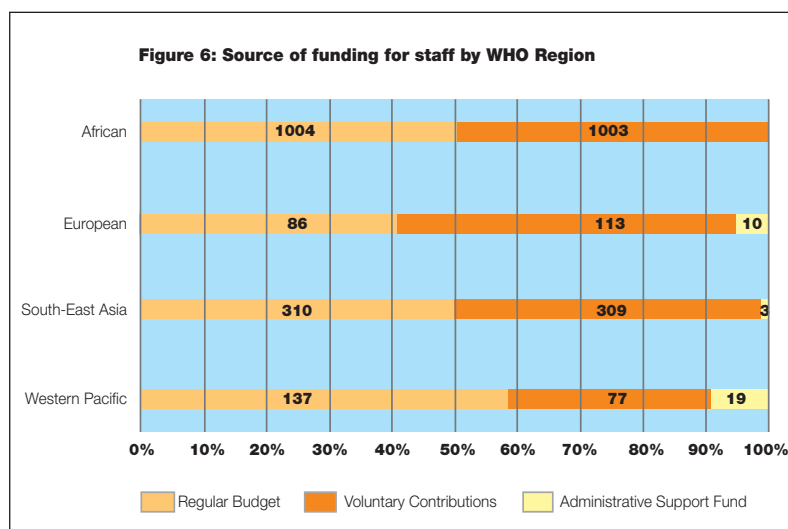
11. Information on contractual agreements for country office staff in the WHO Region of the Americas is not available.

Once again, variations exist between regions and at the different levels of the Organization. The highest numbers of country office staff under SSAs are employed in the WHO South-East Asia Region, followed by the WHO Eastern Mediterranean Region, and are primarily accounted for by large national programmes on polio, tuberculosis and/or leprosy (e.g. in India, Nigeria and Pakistan) and by humanitarian and emergency programmes (e.g. in Afghanistan, Democratic Republic of Congo, Iraq and Sudan).

Source of funding

The analysis of the source of funding of WHO country office staff reveals an approximate 50–50 split across all regions between contracts funded under the regular budget and by voluntary contributions. As shown in Figure 6, there are slight variations between regions.

For example, in the WHO Western Pacific Region almost 60% of all country office staff contracts are funded under the regular budget, 33% by voluntary contributions and 8% under the administrative support fund, whereas in the WHO European Region, 41% are funded under the regular budget, 54% by voluntary contributions and 5% under the administrative support fund.



8. Current level of funding for WHO cooperation in countries

The current budget for WHO country cooperation¹² ranges from US\$ 0.52 million in Georgia to US\$ 71.1 million in Ethiopia. As shown in Table 4, variations exist as each region has its own specific pattern for funding WHO country offices.

Table 4: Range of total budget allocation (in US\$)

Region	From...	...To
African	1.4 million (Equatorial Guinea)	71.1 million (Ethiopia)
Americas	1.4 million (Bahamas)	28.5 million (Brazil)
Eastern Mediterranean	1.1 million (Libyan Arab Jamahiriya)	57.2 million (Iraq)
European	0.52 million (Georgia)	20.5 million (Russian Federation)
South-East Asia	2.2 million (Maldives)	65.6 million (India)
Western Pacific	0.095 million (Tokelau)	6.2 million (China)

This survey provides the first global picture of WHO country presence. As a one-time survey, the analysis is based on the available information at that time. This exercise will be followed by a more comprehensive and exhaustive analysis.

12. Regular budget 2004–2005 plus voluntary contributions 2002–2003. Figures are as reported in the survey and may differ from those in the Programme Budget.

13. Does not include the WHO Country Office in the Republic of Korea nor the 15 offices covered by the WHO Country Office in the South Pacific.

14. Does not include the WHO Country Office in the South Pacific.

Annex 1: Survey on WHO Country Presence

A. COUNTRY OFFICE INFORMATION

Country: _____

Location of country office	UN common premises	Ministry of Health	Independent premises	WHO property	Other arrangements
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of office	WR Office	Liaison/Head of Office	Desk Office*
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there sub-offices? If yes, please indicate number:

Does this country office cover more than one country? If so, please state number and name(s):

Main responsibilities of country office: Indicate the main responsibilities of country offices, which will give a sense of the type and work load of the country office. Please bear in mind the proportion of time/resources devoted to each activity when indicating the level of responsibility (high, medium or low).

	High	Medium	Low
1. Representation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Advocacy and policy development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Technical advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Management and administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Partnerships and coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Resource mobilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section A: Open comments:

B. NATIONAL HEALTH SECTOR PROCESSES

Do national development and health sector processes exist? Yes No If yes, please indicate the degree of WHO country office's involvement where: 1 = leading; 2 = participating; 3 = not involved

SWAp	<input type="checkbox"/>	<input type="checkbox"/>
PRSP	<input type="checkbox"/>	<input type="checkbox"/>
MDGs	<input type="checkbox"/>	<input type="checkbox"/>
UN CCA/UNDAF	<input type="checkbox"/>	<input type="checkbox"/>

Section B: Open comments:

C. COUNTRY COOPERATION STRATEGIES

Has a CCS been formulated? Yes No If yes, year? _____ Priorities identified in CCS: _____

_____ 1. _____

_____ 2. _____

_____ 3. _____

_____ 4. _____

Has the CCS identified a minimum level of core presence? If yes, what is recommended? _____

Section C: Open comments:

D. HUMAN RESOURCES

D1. WHO country office staff members (Note: This section refers to staff funded through the SCC Area of Work. D2 refers to staff funded through other Areas of Work and/or staff working with the government in various projects. In some offices, only Section D1 needs to be filled in.)

Staff	Condition of employment		Total	Source of funding	
	Fixed term	Short-term (specify STP, SSA, APW)		Number of posts funded by RB	Number of posts funded by VC (specify OS or AS)
Professional					
a) NPO					
b) International					
c) General service					

Position/title	Area(s) of work responsible for:	Grade	
		P	G
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

If you had one additional professional staff member in your country office, what would be the critical task(s) assigned to that person?

Section D1: Open comments:

D2. WHO staff assigned to various projects:

WHO staff funded through other Areas of Work and/or WHO staff working with the government in various projects

Staff	Condition of employment		Total	Source of funding	
	Fixed term	Short-term (specify STP, SSA, APW)		Number of posts funded by RB	Number of posts funded by VC (specify OS or AS)
Professional					
a) NPO					
b) International					
c) General service					

Position/title	Area(s) of work responsible for:	Grade	
		P	G
1.			
2.			
3.			
4.			
5.			
6.			

Section D2: Open comments:

E. BUDGET

The working budget is the total amount of funds received for country work under voluntary contributions and NOT the planned budget, which is sometimes different.

WHO country RB

(2004–2005):	US \$	VC (Working budget 2002–2003):	US \$
Portion of budget for Country Office		US\$ total;	RB; VC
Operations (2004–2005):		(% of total country budget)	

Section E: Open comments:

F. ADDITIONAL COMMENTS

Please comment on what you feel should be the principle criteria/approaches used for defining WHO core presence in countries.

Any additional comments in relation to core presence?

Part II.

**WHO Country Offices,
Representatives, Liaison Officers
and Heads of Office**

One hundred and ninety-two countries are WHO Member States (see Annex 1: WHO Member States, by region) and two are Associate Member States (Tokelau and Puerto Rico). There are also three offices in special territories, which are not countries: in the UN administrative territory of Kosovo, the US–Mexican Border Federal Office in El Paso, Texas and the West Bank and Gaza office in the Palestinian Self Ruled Areas (STAP).

WHO headquarters are located in Geneva. Each WHO region has a regional office:

- WHO Regional Office for Africa (AFRO) in Brazzaville, Congo
- WHO Regional Office for the Americas (AMRO). The Pan American Sanitary Bureau (PASB) is the executive arm of the Pan American Health Organization (PAHO) in Washington; the Bureau simultaneously serves as the WHO Regional Office for the Americas
- WHO Regional Office for the East Mediterranean (EMRO) in Cairo, Egypt
- WHO Regional Office for Europe (EURO) in Copenhagen, Denmark
- WHO Regional Office for South-East Asia (SEARO) in New Delhi, India
- WHO Regional Office for the Western Pacific (WPRO) in Manila, Philippines.

In addition to the regional and headquarters offices, WHO has 144 country offices that cover 158 Member States (see Tables 1, 2 and Annex 2: WHO Country Offices). Thirty-four countries have no WHO country office.

WHO region	Number of WHO Member States	Number of WHO country offices	Number of WHO special offices
African	46	46	0
Americas	35	27	1 ^a
Eastern Mediterranean	21	17	1 ^b
European	52	28	1 ^c
South-East Asia	11	11	0
Western Pacific	27	15	0
TOTAL	192	144	3

WHO region	Member States
African	–
Americas	Canada, United States of America, Puerto Rico ^d
Eastern Mediterranean	Bahrain, Kuwait, Qatar, United Arab Emirates
European	Andorra, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom of Great Britain and Northern Ireland, Vatican ^e
South-East Asia	–
Western Pacific	Australia, Japan, Tokelau ^f
TOTAL	34

- a. US–Mexican Border Federal Office in El Paso, Texas
 b. West Bank and Gaza office in the Palestinian Self Ruled Areas (STAP)
 c. UN administrative territory of Kosovo
 d. Puerto Rico is an Associate Member State.
 e. Observer
 f. Tokelau is an Associate Member State.

The WHO Regional Office for Africa is responsible for the largest number of country offices (46) and has a sub-regional office in Harare, Zimbabwe. SEARO is responsible for the smallest number of countries, but this Regional Office deals with some of the most densely populated countries of the world, e.g. India, Bangladesh and Indonesia.

In some countries (32), the WHO country office has WHO sub-country offices e.g. Afghanistan, Nigeria, India.

Some countries have WHO liaison offices and other offices, such as the WHO Office at the European Union in Belgium; the WHO Office at the African Union; the Economic Commission for Africa in Ethiopia; or the WHO Centre for Health Development in Japan, but these are not considered as WHO country offices.

WHO country presence

The goal of WHO's country presence is to enable the entire Organization to support countries in reaching their national health goals and to contribute to global and regional public health actions, as well as to draw on the experience of each country in building a body of public health knowledge that can benefit the rest of the world. Under the leadership of the WHO Representative (WR)^g and with the support of all levels of the Organization, the WHO country office is the centre of the Secretariat's mechanism for delivering its technical cooperation.

Roles and functions of country teams

The WHO country team performs WHO core functions at the country level and provides leadership in the following key functional areas: advocacy, partnership and representation, policy development and technical cooperation, and administration and management.

Who leads the WHO country offices?

Various categories of managers are responsible for the WHO country offices (see Table 3 and Annex 3: WHO country offices and representation). There are differences in their designations and the acronyms for their titles and sometimes in their functions. These differences depend on both the region and country where they are based.

• WHO Representatives

WHO Representatives (WRs) are designated by the Director-General and the respective Regional Director, and they represent the Director-General and the Regional Director in the country of assignment. They are all international staff (see Annex 4: Overview of the Roles and Function of WHO Representatives and Required Competencies, April 2004).

In the WHO African, Eastern Mediterranean, South-East Asian and Western Pacific Regions these staff are simply called WHO Representatives (WRs). In the WHO Americas Region, where they represent both PAHO and WHO, they are called PAHO/WHO Representatives (PWRs). In the WHO European Region, the WHO Representatives are called the WHO Representative and Head of Office (WR/HO) and the overall responsibility for all country offices within the WHO European Region lies with the Director of the Country Support Division.

• Heads of Office

Heads of Office (HOs) are nominated by the respective Regional Director. They are international staff. The highest number (four) of HOs is in the WHO European Region (in Albania, Serbia and Montenegro, the Former Yugoslav Republic of Macedonia and the UN administrative territory of Kosovo). In the WHO African and Western Pacific Region there are no HOs.

g. The term 'WHO Representatives' also refers to Liaison Officers and Heads of Office, where relevant.

• Liaison Officers

Liaison Officers (LOs) are designated by the Regional Directors. They can be international or national staff. The WHO European Region has the largest number of Liaison Officers (26). They are called LOs and are all national staff. Where there is no WR/HO or HO, the LOs are responsible for the WHO country office; otherwise they support the WR/HO and/or the HO. They all report to the Director of the Country Support Division in the WHO Regional Office for Europe (EURO). In the WHO African Region, the three Liaison Officers are called WHO Liaison Officers (WLOs). In the WHO Western Pacific Region, the five Liaison Officers are called Country Liaison Officers (CLOs). The WHO Americas, Eastern-Mediterranean and South-East Asian Regions have no Liaison Officers.

In total, the 144 WHO country offices and the three special WHO offices are headed by 115 WRs, 5 HOs and 27 LOs (WLOs, LOs and CLOs) (see Table 3). The largest number of WRs is in the WHO African Region, whereas the WHO European Region has the highest number of LOs.

WHO region	WHO Representatives				Total	Comments
	WRs	LOs	HOs	Others		
African	43	3	–		46	Out of three WLOs, two are nationals (in Algeria and Mauritius) and one is international (in Seychelles). The WLOs are the responsible for the WHO country offices and report directly to the Regional Director.
Americas	26	–	1	1	28	The HO is in the US/Mexico border office. «Other» refers to the Caribbean Programme Coordinator (CPC) in Barbados. Both are PWRs.
Eastern Mediterranean	16	–	1	1	18	The HO is in the Palestinian self-ruled Areas. «Other» refers to the National WR in Libyan Arab Jamahiriya.
European	5	19	4	1	29	The LOs are all nationals and the HOs are all international. The figure for HOs includes the HO in the UN administrative territory of Kosovo. «Other» refers to the WHO Special Representative (WSR) to the Russian Federation. In Albania, Armenia, Kazakhstan, Macedonia, Moldova, Serbia and Montenegro, Tajikistan, Turkey, Uzbekistan there are WR/HOs or HOs and LOs.
South-East Asia	11	–	–	–	11	
Western Pacific	10	5	–	–	15	The CLOs are all international staff. Out of five CLOs, four (i.e. Kiribati, Solomon Islands, Tonga, and Vanuatu) report to the WR South Pacific and one (i.e. Republic of Korea) reports to the Director, Programme Management.
TOTAL	111^h	27	6	3	147	

h. The total number of WRs is actually 115 as the HO Mexican Border, the CPC Barbados, the National WR Libyan Arab Jamahiriya and the WSR to the Russian Federation are considered by their respective Regional Offices as WRs.

WHO Representatives covering more than one country or territory (Table 4)

In the WHO Regions of the Americas and Western Pacific, some WRs represent WHO in more than one country.

Table 4: WHO Representatives (WRs) covering more than one country or territory

WHO region	Representative	Based in	Countries covered
Americas	PWR Bahamas	Bahamas	Bahamas, Turkey and Caicos
	PWR Jamaica	Jamaica	Jamaica, Bermuda and the Cayman Islands
	PWR Venezuela	Venezuela	Venezuela, Netherlands Antilles (Netherlands)
	CPC Barbados	Barbados	Barbados, Antigua and Barbuda, Dominica, Grenada, St Kitts and Nevis, Saint Lucia, St Vincent and the Grenadines; the UK overseas territories: Anguilla, British Virgin Islands, Montserrat and the French departments: French Guyana, Guadeloupe, Martinique. Under the CPC Barbados, the Programme Officer Eastern Caribbean looks after Antigua and Barbuda, Dominica, Grenada, St Kitts and Nevis, Saint Lucia, St Vincent and the Grenadines
Western Pacific	WR	Malaysia	Malaysia, Brunei Darussalam and Singapore
	WR	Samoa	Samoa, American Samoa, Cook Islands, Niue and Tokelau
	WR	Fiji	Fiji, French Polynesia, New Caledonia, and Wallis and Fortuna Islands (France), Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Palau, Solomon Islands, Tonga, Tuvalu, Commonwealth of the Northern Mariana Islands (USA), and Vanuatu

Gender of WHO Representatives (Table 5)

Few women occupy the position of WR.

The largest number of female WRs is employed in the WHO Region of the Americas (11) followed by the WHO African Region (9).

In total there are 25 female WRs, and therefore women represent approximately 21% of the total number of appointed WRs. LOs are not employed in every region, but the WHO European Region has the highest number of female LOs (14) and they represent more than 50% of the total number.

Out of the six HOs, none are women.

Table 5: WHO Representatives (WRs), Liaison Officers (LOs) and Heads of Office (HOs), by gender and region

WHO region	WR		LO		HO	
	Female	Male	Female	Male	Female	Male
African	9	31	0	3	N/A	N/A
Americas	11	16	N/A ⁱ	N/A	0	1
Eastern Mediterranean	2	15	N/A	N/A	0	4
European	1	1	14	10	N/A	N/A
South-East Asia	2	9	N/A	N/A	N/A	N/A
Western Pacific	0	9	1	2	N/A	N/A
TOTAL	25	81	15	15	0	5

i. N/A = Not applicable

Age of WHO Representatives (Table 6)

The youngest WRs (two) are 44 years old. The majority of WRs are aged between 56 and 62 years. This means that in the next six years almost 50% of the WRs will retire (Table 7).

	40–50 years	51–55 years	56–62 years
Total	18	36	51

Note: Staff members employed by WHO before 31 December 1989, will retire at the age of 60 years. Those employed after 1 January 1990, will retire at the age of 62 years.

Year	2006	2007	2008	2009	2010	2011	Years 2006-2011
TOTAL	6	5	10	13	9	11	54

Rotation and mobility of WHO Representatives

Seventy WRs have served fewer than three years in the country of assignment. This means that more than half of the WRs have been recently appointed and/or that many of them have been reassigned from one country to another (Table 8). This is an increasing trend. A few years ago the majority of WRs stayed much longer in the same country. At present only 10% of the WRs (12) are in their position for more than five years.

However the reassignments generally take place within the same region. Only a few WRs have been reassigned outside their region.

The absence of a clear policy on staff rotation, and mobility in general, affects not only WRs but also the international staff in the WHO regional and country offices.

WHO region	>7 years	6 years	5 years	4 years	3 years	2 years	1 years	<1 year
African	2	0	2	9	6	8	9	4
Americas	0	2	0	1	2	3	14	5
Eastern Mediterranean	0	2	1	2	0	4	5	2
European	0	1	0	0	0	0	1	1
South-East Asia	0	1	0	1	0	2	3	4
Western Pacific	0	0	1	0	2	2	3	0
TOTAL	2	6	4	13	10	19	35	16

The analysis of the nationalities of the WRs shows that out of 115 positions, only 19 WRs come from a country outside the region where they are posted.

Post grades and personal grades of WHO Representatives

The grade of WR posts varies and more closely follows regional practices than the global Organization policy. The WR posts are at P5, P6 and D1 grades (Table 9).

WHO region	P5	P6	D1	Total Posts	Comments
African	24	19	–	43	WRs' posts are at grades P5 and P6.
Americas	27	–	1	28	All WR positions are at the P5 grade. Only the CPC Barbados is at the D1 grade.
Eastern Mediterranean	–	17	–	17	All WR posts are at the P6 grade. The post in the Libyan Arab Jamahiriya is temporarily covered by a national.
European	5	–	1	6	All WR/HO are at the P5 grade: only the post of the Special Representative to the Russian Federation is at the D1 grade.
South-East Asia	3	7	1	11	The posts of WR in Bhutan, Maldives and Timor-Leste are at the P5 grade. The WR post in India is at D1 grade; all others are at P6 grade.
Western Pacific	–	10	–	10	All WR posts are at the P6 grade.
TOTAL	59	53	3	115	

For most WRs, the personal grade is the same as the post grade. However, there are WRs whose personal grades differ from their post grades. The personal grade is linked to the grade of the WR's previous position or to his or her career achievements (see Table 10).

•Grade of Head of Office

The six Heads of Office in the WHO Americas, European and Eastern Mediterranean Regions are all at the P5 grade.

• Grade of Liaison Officers

The three Liaison Officers in the WHO African Region and the five in the WHO Western Pacific Region are all at P5 grade.

The 19 Liaison Officers in the WHO European Region are all nationals and follow the NPO scale.

Educational background of WHO Representatives

Almost all WRs, LOs and HOs have a Doctorate in Medicine (MD) and have then followed post-graduate studies in Public Health, Epidemiology or Management. Less than 10% are not medical doctors but have graduated in medical-related fields.

WHO region	Regional Office	WHO Country Office	WR of another country	WHO HQ	UN agency	Outside UN system
African	21	3	13	–	1	–
Americas	5	2	13	1	2	1
Eastern Mediterranean	3	3	3	2	–	3
European	1	–	–	–	–	1
South-East Asia	5	–	5	–	1	–
Western Pacific	1	3	2	2	–	–
TOTAL	36	11	36	5	4	5

- Of the 115 present WRs, only five have not worked for WHO or for another UN agency before.
- Almost all WRs have worked only in one WHO region, with three exceptions. This shows that there is almost no inter-regional rotation.

What position do WHO Representatives take up after an assignment?

The trend in the past was for the majority of WRs to move from one WR position to another within the same region. However, recently more WRs are being called back to the Regional Offices to serve in different capacities.

Since March 2001 many WRs have retired and two passed away during their assignment in the Organization. Few have left the Organization to work elsewhere.

Overall few previous WRs (less than 10) currently work at headquarters.

Annex 1: WHO Member States, by region

- AFRO (46)** Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe
- AMRO (35)** Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico (associated), Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela
- EMRO (21)** Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen
- EURO (52)** Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia and Montenegro, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, The Former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan, Vatican (observer).
- SEARO (11)** Bangladesh, Bhutan, Democratic People's Republic of Korea, Democratic Republic of Timor-Leste, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand
- WPRO (27)** Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tokelau (associated), Tonga, Tuvalu, Vanuatu, Viet Nam

Annex 2: WHO country offices and representation

AFRO	
Country name	WHO Country Responsible
Algeria	WLO
Angola	WR
Benin	WR
Botswana	WR
Burkina Faso	WR
Burundi	WR
Cameroon	WR
Cape Verde	WR
Central African Republic	WR
Chad	WR
Comoros	WR
Congo	WR
Côte d'Ivoire	WR
D.R. Congo	WR
Equatorial Guinea	WR
Eritrea	WR
Ethiopia	WR
Gabon	WR
Gambia	WR
Ghana	WR
Guinea	WR
Guinea-Bissau	WR
Kenya	WR
Lesotho	WR
Liberia	WR
Madagascar	WR
Malawi	WR
Mali	WR
Mauritania	WR
Mauritius	WR
Mozambique	WR
Namibia	WR
Niger	WR
Nigeria	WR
Rwanda	WR
Sao Tome and Principe	WR
Senegal	WR
Seychelles	WLO
Sierra Leone	WR
South Africa	WR
Swaziland	WR
Togo	WR
Uganda	WR
United Republic of Tanzania	WR
Zambia	WR
Zimbabwe	WR

AMRO	
Country name	WHO Country Responsible
Argentina	PWR
Bahamas also covers:	PWR
Turks and Caicos Islands	
Barbados also covers:	CPC
Antigua and Barbuda	
Dominica	
Grenada	
Saint Kitts and Nevis	
Saint Lucia	
Saint Vincent & Grenadines	
Eastern Caribbean:	
Anguilla, British Virgin	
French Antilles: Guadalupe,	
Martinique, St. Martin and St.	
Bartolomew, French Guyana	
Belize	PWR
Bolivia	PWR
Brazil	PWR
Chile	PWR
Colombia	PWR
Costa Rica	PWR
Cuba	PWR
Dominican Republic	PWR
Ecuador	PWR
El Salvador	PWR
Guatemala	PWR
Guyana	PWR
Haiti	PWR
Honduras	PWR
Jamaica also covers:	PWR
Bermuda	
Cayman Islands	
Mexico	PWR
Nicaragua	PWR
Panama	PWR
Paraguay	PWR
Peru	PWR
Suriname	PWR
Trinidad and Tobago	PWR
Uruguay	PWR
Venezuela also covers:	PWR
Netherland Antilles	
Aruba	

Acronyms	
CLO:	Country Liaison Officer (WPRO)
CPC:	Caribbean Programme Coordinator (based in Barbados)
LO:	Liaison Officer (EURO)
PWR:	PAHO WHO Representative (in AMRO/PAHO Region)
WLO:	WHO Liaison Officer (AFRO)
WR:	WHO Representative
WR/HO:	WHO Representative and Head of Office (new designation of WR in EURO)
WSR:	WHO Special Representative to the Russian Federation

EMRO	
Country name	WHO Country Responsible
Afghanistan	WR
Djibouti	WR
Egypt	WR
Iran (Islamic Republic of)	WR
Iraq	WR
Jordan	WR
Lebanon	WR
Libyan Arab Jamahiriya	WR
Morocco	WR
Oman	WR
Pakistan	WR
Saudi Arabia	WR
Somalia	WR
Sudan	WR
Syrian Arab Republic	WR
Tunisia	WR
Yemen	WR

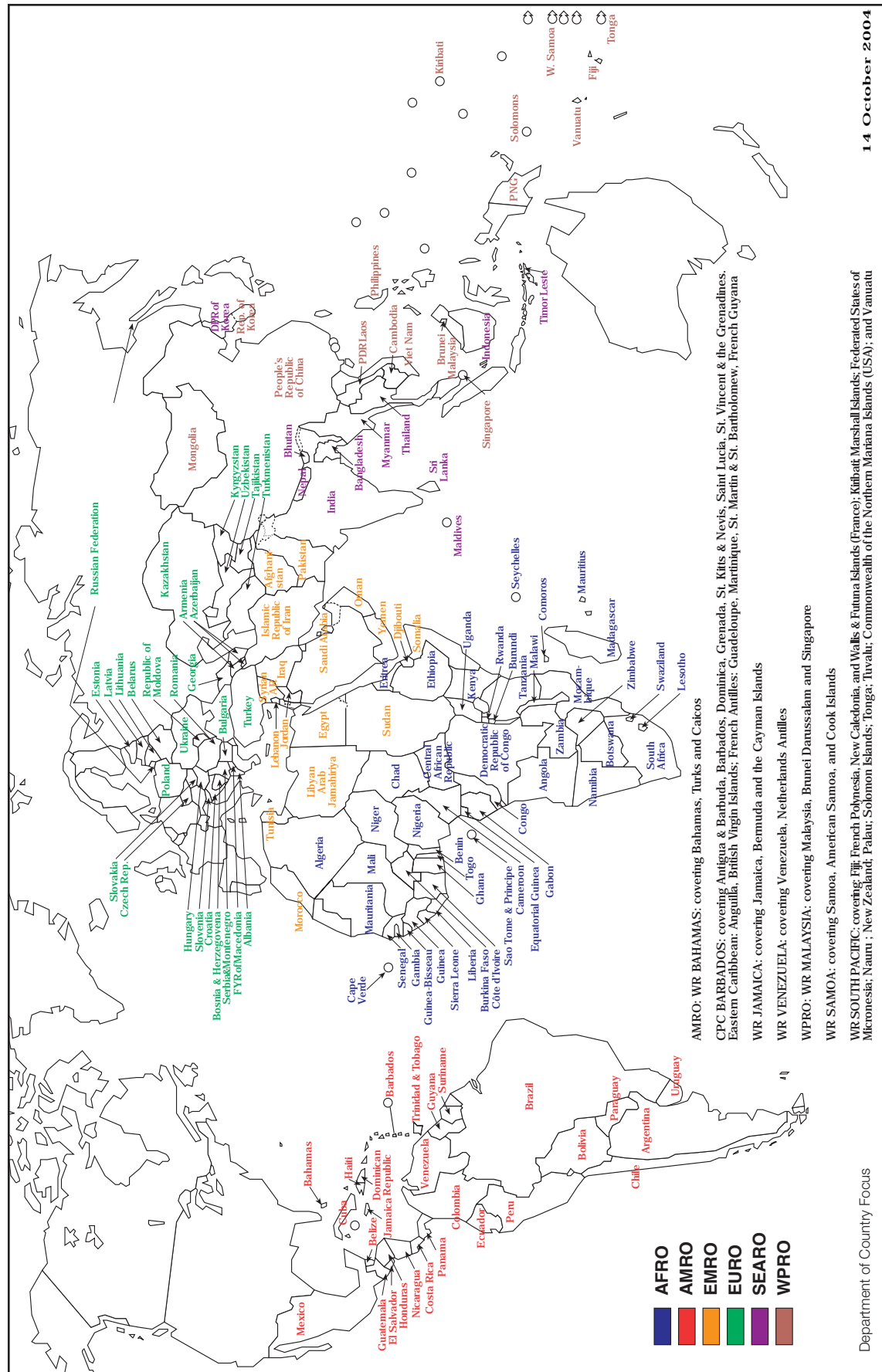
EURO	
Country name	WHO Country Responsible
Albania	HO
Armenia	WR/HO
Azerbaijan	LO
Belarus	LO
Bosnia and Herzegovina	LO
Bulgaria	LO
Croatia	LO
Czech Republic	LO
Estonia	LO
Georgia	LO
Hungary	LO
Kazakhstan	LO
Kyrgyzstan	LO
Latvia	LO
Lithuania	LO
Poland	LO
Republic of Moldova	WR/HO
Romania	LO
Russian Federation	WSR
Serbia and Montenegro	HO
Slovakia	LO
Slovenia	LO
Tajikistan	WR/HO
"The former Yugoslav Republic of Macedonia"	HO
Turkey	WR/HO
Turkmenistan	LO
Ukraine	LO
Uzbekistan	WR/HO

SEARO	
Country name	WHO Country Responsible
Bangladesh	WR
Bhutan	WR
DPR Korea	WR
Timor-Leste	WR
India	WR
Indonesia	WR
Maldives	WR
Myanmar	WR
Nepal	WR
Sri Lanka	WR
Thailand	WR

WPRO	
Country name	WHO Country Responsible
Cambodia	WR
China	WR
Laos	WR
Malaysia also covers:	WR
Brunei Darussalam	
Singapore	
Mongolia	WR
Papua New Guinea	WR
Philippines	WR
Republic of Korea	CLO
Samoa also covers:	WR
American Samoa	
Niue	
Cook Islands	
Tokelau	
SOUTH PACIFIC also covers:	WR
Fiji	
French Polynesia	
New Caledonia	
Kiribati	CLO
Marshall Islands	
Micronesia (Fed.States)	
Nauru	
New Zealand	
Palau	
Solomon Islands	CLO
Tonga	CLO
Tuvalu	
Commonwealth Northern Mariana Isls.	
Vanuatu	CLO
Viet Nam	WR

Special Offices	
AMRO - US-Mexican Border Federal Office in El Paso.	HO
EMRO - WHO office in Jerusalem - West Bank and Gaza Office	HO
EURO - Office in the UN Administrative Territory of Kosovo	HO

Annex 3: WHO Country Offices



Department of Country Focus

14 October 2004

Annex 4: Overview of the Roles and Function of WHO Representatives and Required Competencies, April 2004

The Context

The goal of WHO's country presence is to enable the entire Organization to support a country in reaching its national health goals and contributing to global and regional public health action, and to draw on the experience of the country in building a body of public health knowledge that can benefit the rest of the world. Under the leadership of the WHO representative (WR) and supported by all levels of the Organization, the WHO country office is the centre of the Secretariat's mechanism for delivering its technical cooperation.

Job Summary

As representative of the Director General and Regional Director, the WR manages WHO core functions at country level and provides leadership in the following key functional areas: Advocacy, Partnership and Representation, Policy Development and Technical Cooperation, and Administration and Management.

1. Advocacy, Partnership and Representation

- Promote an effective health dimension to social, economic, environmental and development policy through dialogue with senior government officials, bi-lateral and multi-lateral agencies, UN organizations and other partners and advocate health as an integral part of national development and aid cooperation.
- Provide health authorities with assessments of broad political trends at the global level and their implications on national health programmes.
- Keep national authorities regularly informed of resolutions of the governing bodies on health priorities, enable the country to contribute to the work of WHO and gain maximum benefit from its membership.
- Facilitate dialogue between national authorities, the donor community and other development and cooperation partners on policies and in resource mobilization and assist authorities in preparing technically sound proposals, ensuring consistency with national priorities and WHO policies.
- Promote coordination amongst health development partners under the leadership of the MOH and act as a broker for the development and/ or strengthening of networks with institutions, non-governmental organizations, professional associations, the donor community and other health actors to mobilize support for priority health needs.
- Participate in the UN country team and ensure that the CCA/UNDAF reflects the national health situation and that the needs for assistance are addressed by the UN system's Organizations.
- Promote WHO activities and information on global health trends through the national public information media.

2. Policy Development and Technical Cooperation

- Catalyse development through informed policy change and technical cooperation in ways that stimulate action and help to build sustainable national capacity in the health sector.
- Develop the WHO country cooperation strategy (CCS) and co-ordinate the managerial and implementation process with support of RO and HQ.
- Mobilize expertise from all levels of the Organization (Regional Offices and HQ) to provide appropriate technical support.
- Contribute to the situational analysis and assessment of health needs and resources and to the implementation of appropriate interventions, by providing evidence-based information to national authorities, and facilitating the planning, implementation and evaluation of national health policies, plans and programmes.
- Contribute to global policy and strategy formulation and the development of norms and standards.
- Provide technical support in building national capacities including for disaster preparedness and response.

3. Administration and Management

- Ensure the optimal use of limited resources to produce maximum impact through planning, directing and managing efficiently and effectively, the financial, technical, logistic and human resources of the WHO office, including the provision of policy and operational guidance and training.
- Promote team work and harmonious staff relations.
- Develop and monitor the CO and staff work plans.
- Serve as a member of the security management team and be responsible for the safety and security of personnel employed by WHO at the duty station and their eligible dependants and for the implementation of the security plan.

Annex 5 Regional and Country Offices of the World Health Organization

WHO Regional Offices

AFRO	World Health Organization Regional Office for Africa - Bureau régional de l'Afrique B.P. 6 Brazzaville / Republic of Congo Parienyatwa Hospital P.O. Box BE 773 Harare / Zimbabwe	Telephone: Telephone: Facsimile: *GPN Tel: Fax: Email: Telephone: *GPN Tel: Fax: Facsimile: Email:	00 47 241 39 100 - 00 47 241 39 695 00 (242) 665 65 00 00 47 241 39 501 - 00 47 241 39 503 39100 or 39696 39501 or 39503 regafro@afro.who.int 00 263 47 46 000 or 746 323 38000/38333 or 38244 38004/5/6 00 263 4 746 .127/746.823 or 00 47 241 38004/5/6 regafro@whoafr.org
AMRO	World Health Organization Regional Office for the Americas Pan American Sanitary Bureau 525, 23rd Street, N.W. - Washington, D.C. 20037 / USA	Telephone Facsimile *GPN Tel Fax Email	(001) 202.974.3000 (001) 202 974 3663 43000 43663 webmaster@paho.org
EMRO	World Health Organization Regional Office for the Eastern Mediterranean - Bureau régional de la Méditerranée orientale - P.O. Box 7608 Abdul Razzak Al Sanhoury Street (opposite Children's Library) Nasr City / Cairo 11371 / Egypt	Telephone Facsimile *GPN Tel Fax Email	202 670 2535 202 670 2492 or 94 *GPN Tel 65000 65300 asu-rms@emro.who.int
EURO	World Health Organization Regional Office for Europe 8, Scherfigsvej DK-2100 Copenhagen Ø / Denmark	Telephone Facsimile *GPN Tel Fax Email	(0045) 39 17 17 17 (0045) 39 17 18 18 71717 71818 postmaster@euro.who.int
SEARO	World Health Organization Regional Office for South-East Asia World Health House Indraprastha Estate Mahatma Gandhi Road / New Delhi 110002 / India	Telephone Facsimile *GPN Tel Fax Email	(0091) 11 2337 08 04 (0091) 11 2337 0197/9395/9507 22222 26666 registry@whosea.org
WPRO	World Health Organization Regional Office for the Western Pacific P.O. Box 2932 1000 Manila / Philippines	Telephone Facsimile *GPN Tel Fax Email	(00632) 528 80 01 or 303 1000 (00632) 52 11 036 or 52 60 279 88888 /89100 89780 postmaster@wpro.who.int
AFRO			
ALGERIA	WHO Country Office Officier de Liaison de l'OMS pour l'Algérie Bureau de Liaison de l'Organisation Mondiale de la Santé pour l'Algérie c/o PNUD Boîte postale 823 Alger-Gare Alger 16000 Algérie	Telephone : GPN Tel : Facsimile : Email :	213 21 91 2615/1141 30000 213 21 91 1686 omsalger@sante.dz
ANGOLA	WHO Country Office Représentant de l'OMS CP 3243 Luanda Angola	Telephone : GPN Tel : Facsimile : Email :	244 222 332398/394153 35621 244 222 332314 wr@ao.afro.who.int
BENIN	WHO Country Office Représentant de l'OMS Boîte postale 918 Cotonou Bénin	Telephone : GPN Tel : Facsimile : Email :	229 30 1907 or 1753 30200 / Fax 30203 229 30 4208 omsben@intnet.bj
BOTSWANA	WHO Country Office WHO Representative PO Box 1355 Gaborone Botswana	Telephone : GPN Tel : Facsimile : Email :	267 397 1505 36000 267 395 9483 whobot@bw.afro.who.int

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BURKINA FASO	WHO Country Office Représentant de l'OMS Boîte postale 7019 Ouagadougou 03 Burkina Faso	Telephone : 226 50 30 65 09 GPN Tel. : 30600 Facsimile : 226 50 33 25 41 Email : whobf@bf.afro.who.int
BURUNDI	WHO Country Office Représentant de l'OMS Boîte postale 1450 Bujumbura Burundi	Telephone : 257 233 401 GPN Tel. : 33400 Facsimile : 257 231 771 Email : ndabambalirel@bi.afro.who.int
CAMEROON	WHO Country Office Représentant de l'OMS Boîte postale 155 Yaoundé Cameroun	Telephone : 237 221 1003 GPN Tel. : 33600/1/2 Facsimile : 237 221 1077 Email : who@cm.afro.who.int
CAPE VERDE	WHO Country Office Représentant de l'OMS Boîte postale 266 Praia Cap-Vert	Telephone : 238 2 621 406 GPN Tel. : 30700 Facsimile : 238 2 621 408 Email : omscav@cvtelecom.cv
CENTRAL WHO AFRICAN REPUBLIC	Country Office Représentant de l'OMS Boîte postale 1416 Bangui République centrafricaine	Telephone : 236 61 29 38 GPN Tel. : 33800 Facsimile : 236 6101 37 Email : omsrca@intnet.cf
CHAD	WHO Country Office Représentant de l'OMS Boîte postale 152 N'Djamena Tchad	Telephone : 235 52 38 03 GPN Tel. : 34000-1-2 Facsimile : 235 52 31 59 Email : wrochad@who.in
COMOROS	WHO Country Office Représentant de l'OMS Boîte postale 435 Moroni Comores	Telephone : 269 730036-731495 GPN Tel. : 34900 / 34902 Facsimile : 269 73 18 25 Email : wrcom@snpt.km
CONGO	WHO Country Office Représentant de l'OMS Boîte postale 2465 Brazzaville Congo	Telephone : 242 63 83 29 GPN Tel. : 34101 Facsimile : 242 81 34 47 Email : yadaa@whoafr.org
COTE D'IVOIRE	WHO Country Office Représentant de l'OMS 01 Boîte postale 2494 Abidjan 01 Côte d'Ivoire	Telephone : 225 22 51 7200 GPN Tel. : 31612 Facsimile : 225 22 51 72 32 Email : wrcci@ci.afro.who.int
DEMOCRATIC REPUBLIC OF THE CONGO	WHO Country Office Représentant de l'OMS Boîte postale 330 Malabo Guinée équatoriale	Telephone : + 47 241 39001 & 39002 GPN Tel. : 34200 Facsimile : GPN+ 47 241 39070 Email : omskin@cd.afro.who.int
EQUATORIAL GUINEA	WHO Country Office Représentant de l'OMS Boîte postale 330 Malabo Guinée équatoriale	Telephone : 240 09 4445 Facsimile : 240 09 3236 Email : oms1@intnet.gq
ERITREA	WHO Country Office WHO Representative PO Box 5561 Asmara Erythrée	Telephone : 291 1 151 613 GPN Tel. : 34400 Facsimile : 291 115 13 22 Email : secwhoeri@afro.who.int
ETHIOPIA	WHO Country Office WHO Representative PO Box 3069 Addis-Ababa Ethiopie	Telephone : 251 11 553 4777 GPN Tel. : 34607 Facsimile : 251 11 551 4037 Email : who-wro@et.afro.who.int

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GABON	WHO Country Office Représentant de l'OMS Boîte postale 820 Libreville Gabon	Telephone : 241 73 43 59/8 GPN Tel. : 34800 Facsimile : 241 73 43 65 Email : oms.gabon@internetgabon.com
GAMBIA	WHO Country Office WHO Representative Private Mail Bag 170 Banjul Gambie	Telephone : 220 446 22 83/6 GPN Tel. : 30800 Facsimile : 220 446 22 89 Email : whogam@qanet.gm
GHANA	WHO Country Office WHO Representative PO Box M.B.142 Accra Ghana	Telephone : 233 21 763 919 GPN Tel. : 31002 Facsimile : 233 21 76 39 20 Email : who@whoghana.org
GUINEA	WHO Country Office Représentant de l'OMS Boîte postale 817 Conakry Guinée	Telephone : 224 21 2052 GPN Tel. : 31200 Facsimile : 224 46 50 09 Email : oms.gui@oms.org.gn
GUINEA-BISSAU	WHO Country Office Représentant de l'OMS Caixa postal 177 Bissau Codex 1011 Guinée-Bissau	Telephone : 245 21 1280 & 1318 GPN Tel. : 31400 Facsimile : 245 20 1179 Email : regoms-bissau@eguitel.com
KENYA	WHO Country Office The WHO Representative PO Box 45335 Nairobi Kenya	Telephone : 254 20 271 7902/8024 GPN Tel. : 35000 / 35003 Facsimile : Email : wrkenya@ke.afro.who.int
LESOTHO	WHO Country Office WHO Representative (Acting) P.O. Box 214 Maseru 100 Lesotho	Telephone : 266 22 312 122 GPN Tel. : 36203 Facsimile : 266 22 31 02 13 Email : who@ls.afro.who.int
LIBERIA	WHO Country Office WHO Representative PO Box 10-0316 Monrovia 10 1000 Libéria	Telephone : 231 6 227 378 GPN Tel. : 31800 Facsimile : 231 22 67 47 Email : wco.wholr@undp.org
MADAGASCAR	WHO Country Office Représentant de l'OMS Boîte postale 362 Antananarivo 101 Madagascar	Telephone : 261 20 223 13 64 GPN Tel. : 36510 Facsimile : 261 20 22 355 54 Email : ndikuyezea@mg.afro.who.int
MALAWI	WHO Country Office WHO Representative PO Box 30390 Lilongwe 3 Malawi	Telephone : 265 1 772 450 GPN Tel. : 36601 Facsimile : 265 1 773 350 Email : whomalawi@mw.afro.who.int
MALI	WHO Country Office Représentant de l'OMS Boîte postale 99 Bamako Mali	Telephone : 223 222 46 83 GPN Tel. : 32001 Facsimile : 223 222 23 35 Email : thieroa@omsmali.org
MAURITANIA	WHO Country Office Représentant de l'OMS Boîte postale 320 Nouakchott Mauritanie	Telephone : 222 525 99 51 GPN Tel. : 32200 Facsimile : 222 525 8644 Email : whorim@mr.afro.who.int
MAURITIUS	WHO Country Office WHO Liaison Officer PO Box 1194 Port Louis Maurice	Telephone : 230 210 7300/7400 Facsimile : 230 210 6474 Email : who@intnet.mu

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MOZAMBIQUE	WHO Country Office Représentant de l'OMS CP 377 Maputo Mozambique	Telephone : 258 21 49 2732 /1991/2165 GPN Tel. : 36836 Facsimile : 258 21 49 1990/8998 Email : nogueiraa@mz.afro.who.int
NAMIBIA	WHO Country Office WHO Representative PO Box 3444 Windhoek Namibie	Telephone : 264 61 204 6284 GPN Tel. : 37003 Facsimile : 264 61 204 6202 Email : who@na.afro.who.int
NIGER	WHO Country Office Représentant de l'OMS Boîte postale 10739 Niamey Niger	Telephone : 227 75 2039 GPN Tel. : 32400 Facsimile : 227 75 20 41 Email : coddzy@ne.afro.who.int
NIGERIA	WHO Country Office WHO Representative PO Box 2152 Yaba Lagos Lagos State Nigéria	Telephone : 234 9 461 8596 GPN Tel. : 32602 Facsimile : 234 9 461 8591/2 Email : admin@ng.afro.who.int
RWANDA	WHO Country Office Représentant de l'OMS Boîte postale 1324 Kigali Rwanda	Telephone : 250 51 0664 GPN Tel. : 35200 Facsimile : 250 51 42 62 Email : who@rwanda1.com
SAO TOME AND PRINCIPE	WHO Country Office Représentant de l'OMS Case postale 287 Sao Tomé Sao Tomé-et-Principe	Telephone : 239 222957 GPN Tel. : 37100 Facsimile : 239 2 21 766 Email : edferreira.who@undp.org
SENEGAL	WHO Country Office Représentant de l'OMS Case postale 4039 Dakar Sénégal	Telephone : 221 823 02 70 GPN Tel. : 32803 Facsimile : 221 823 32 55 Email : omsdakar@oms.sn
SEYCHELLES	WHO Country Office WHO Liaison Officer PO Box 52 Victoria Mahe Seychelles	Telephone : 248 224 795 Facsimile : 248 22 57 54 Email : who@seychelles.sc
SIERRA LEONE	WHO Country Office WHO Representative PO Box 529 Freetown Sierra Leone	Telephone : 232 22 235 587 GPN Tel. : 33000 Facsimile : 232 22 23 52 15 Email : whosl@sl.afro.who.int
SOUTH AFRICA	WHO Country Office WHO Liaison Officer PO Box 13113 Tramshed Pretoria 0126 Afrique du Sud	Telephone : 27 12 354 8580 Facsimile : 27 12 354 8551 Email : aetukudo@un.org.za
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