

# WHO Country Presence 2007

## Part I. WHO Country Offices and Heads of WHO Country Offices

## Part II. Results of a global survey



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This report is an update of the WHO Country Presence 2005 report and intends to give a global picture of WHO country presence as of May 2007.

### **This report is comprised of two parts:**

The first part of the report presents information on WHO Country Offices and WHO Country Representatives. The analysis is based on information extracted from the WHO Representatives Information System in May 2007. This system has been maintained by the Department of Country Focus since September 2002.

The second 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 Network<sup>1</sup> and carried out with all WHO country offices from January to May 2007.

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1. The network comprises the Country Support Unit of the WHO Regional Office for Africa, the Country Support Unit at the WHO Regional Office for the Americas, the Office of the Assistant Regional Director in the WHO Regional Office for the Eastern Mediterranean, the Division of Country Support at the WHO Regional Office for Europe, the Programme Planning and Coordination Unit at the WHO Regional Office for South-East Asia and the Programme Development and Operations Unit at the WHO Regional Office for the Western Pacific and the Department of Country Focus at WHO headquarters, Geneva.

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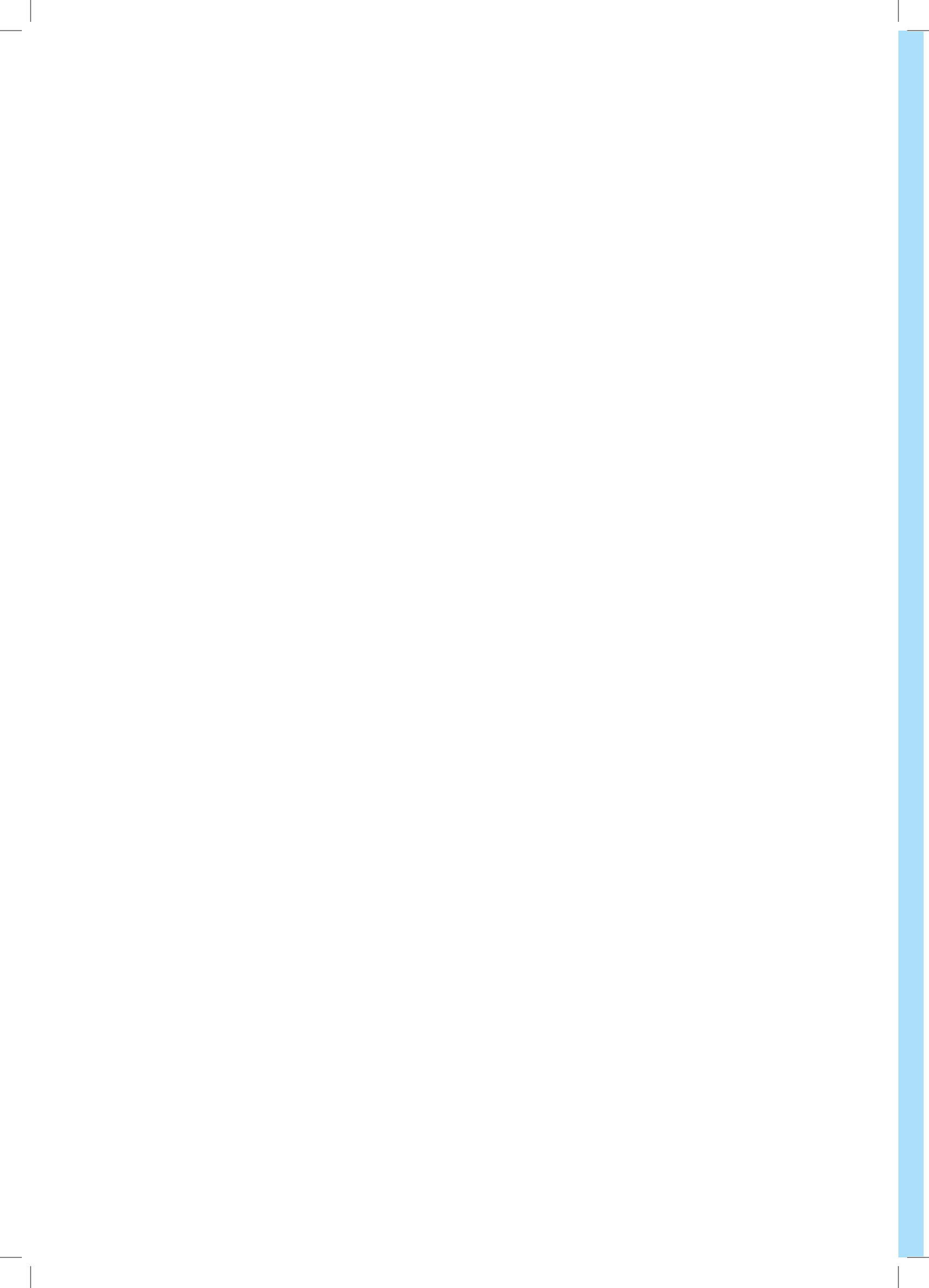
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Part I

**WHO Country Offices and Heads  
of WHO Country Offices**

## WHO Member States, Regional and Country Offices

One hundred and ninety-three countries are WHO Member States (see Annex 1: WHO Member States), two are Associate Member States (Puerto Rico and Tokelau). One country is an observer (Vatican).

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

- WHO Regional Office for Africa (AFRO) in Brazzaville, Republic of 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 D.C., the United States of America; the Bureau simultaneously serves as the WHO Regional Office for the Americas
- WHO Regional Office for South-East Asia (SEARO) in New Delhi, India
- WHO Regional Office for Europe (EURO) in Copenhagen, Denmark
- WHO Regional Office for the East Mediterranean (EMRO) in Cairo, Egypt
- WHO Regional Office for the Western Pacific (WPRO) in Manila, the Philippines.

In addition to the regional and headquarters offices, WHO has 145 country offices that cover 159 Member States (see Tables 1 and 2 and Annex 2: WHO Country Offices and representation). There are also three offices in the following areas, which are not countries: in the United Nations Interim Administration Mission in Kosovo, the US–Mexican Border Field Office in El Paso, Texas and the West Bank and Gaza office in the Palestinian Self-Ruled Areas (STAP). Thirty-four countries (excluding Vatican - observer) have no WHO country office. In actuality, this figure is higher than 34 - however, there are countries which do not have a physical WHO country office but are represented by the WHO Representative in another country. For instance, the WHO Representative for Malaysia covers not just Malaysia but also Brunei Darussalam and Singapore (however, there is only one country of office located in Malaysia).

**Table 1: WHO Member States, Country Offices and Special Offices, by WHO Region**

WHO Region	Number of WHO Member States in WHO Region	Number of WHO Country Offices	WHO special offices
<b>WHO African Region</b>	46	46	0
<b>WHO Region of the Americas</b>	35	27	2 <sup>a</sup>
<b>WHO South-East Asia Region</b>	11	11	0
<b>WHO European Region</b>	53	29	1 <sup>b</sup>
<b>WHO Eastern Mediterranean Region</b>	21	17	1 <sup>c</sup>
<b>WHO Western Pacific Region</b>	27	15	0
<b>Total</b>	<b>193</b>	<b>145</b>	<b>4<sup>d</sup></b>

a United States-Mexico Border, Field Office located in El Paso, Texas, United States of America and the Office of the Caribbean Program Coordination (OCPC) office based in Barbados.

b United Nations Interim Administration Mission in Kosovo

c West Bank and Gaza office in the Palestinian Self Ruled Areas

d The following areas are not countries

**Table 2: WHO Member States without a WHO country office, by WHO Region**

WHO Region	Member States
WHO African Region	–
WHO Region of the Americas	Canada, Puerto Rico, United States of America <sup>e</sup>
WHO South-East Asia Region	–
WHO European Region	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
WHO Eastern Mediterranean Region	Bahrain, Kuwait, Qatar, United Arab Emirates
WHO Western Pacific Region	Australia, Japan, Tokelau <sup>e</sup>
<b>TOTAL</b>	<b>34</b>

<sup>e</sup> Puerto Rico and Tokelau are Associate Member States

NB. This does not imply that there is no WHO country presence in that country. See definition of country presence below for further clarification.

AFRO is responsible for the largest number of country offices (46). SEARO is responsible for the smallest number of countries (11), but this Regional Office deals with some of the most densely populated countries of the world, e.g. Bangladesh, India, and Indonesia.

In some countries, besides the main WHO country office, there are also WHO sub-country offices (see Table 12 in Part II of the report for a complete list).

Some countries have WHO liaison offices and other offices (these are not considered as country offices). These include the WHO Liaison Office in Washington and the WHO Office at the World Bank and the International Monetary Fund (both in Washington D.C., the United States of America), the WHO Office at the United Nations in New York, United States of America; the WHO Mediterranean Centre for Vulnerability Reduction in Tunis, Tunisia; the WHO Office at the African Union and the Economic Commission for Africa in Addis Ababa, Ethiopia; and the WHO Office at the European Union in Brussels, Belgium. There are also other technical offices such as the International Agency for Research on Cancer and the WHO Lyon Office for National Epidemic Preparedness and Response (both located in Lyon, France); the WHO Centre for Health Development in Kobe, Japan; the WHO European Centre for Environment and Health in Rome, Italy; the WHO European Office for Investment for Health and Development in Venice, Italy; and the WHO European Office for Integrated Health Care Services in Barcelona, Spain.

## WHO country presence

WHO country presence is the platform for effective engagement with countries for advancing the global agenda as well as contributing to national strategies and priorities, and bringing country realities and perspectives into the global policies and priorities. Country presence therefore refers to the work of the Secretariat as a whole carried out through:

- A physical WHO presence: This represents the work of WHO carried out through country offices, including subnational and decentralized sub-offices in provinces and districts. WHO currently has a physical presence in 145 countries in the six WHO Regions.
- Coordinated support from other levels of the Secretariat. This represents technical backstopping from the regional and headquarters levels, which contributes to WHO's strategic agenda in a particular country and ultimately to national health and development strategies. This support includes technical support, programme management and coordination for country support, including inter-country teams and subregional hubs.

## **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 2: WHO country offices and representation). There are differences in their designations, in the acronyms for their titles and sometimes in their functions. These differences depend on both the region and country where they are based (see Annex 4: Role and functions of Heads of WHO Country Offices and required competencies).

## **WHO Representatives**

The WHO Representatives are designated by the Director-General and by the respective Regional Director. They represent the Organization, the Director-General and the Regional Director in the country of assignment. They are all international staff except the WHO Representative in the Libyan Arab Jamahiriya who is a national.

- In the WHO African, Eastern Mediterranean, South-East Asian and Western Pacific Regions these staff are simply called WHO Representatives.
- In the WHO Region for the Americas, where they represent both PAHO and WHO, they are called PAHO/WHO Representatives.
- In the WHO European Region, the WHO Representatives are called WHO Representative/ Head of Country Office.

## **Heads of Country Office**

Heads of Country Office are found only in the European Region. They are nominated by the Regional Director of EURO. Where there is no WHO Representative/Head of Country Office, the Head of Country Offices are responsible for the WHO country office and they represent the Organization at the country level. They are national.

## **Liaison Officers**

Liaison Officers are designated by the Regional Director.

- In the WHO African Region they are called WHO Liaison Officers. There are three (3) WHO Liaison Officers (two nationals in Algeria and Mauritius and one international in Seychelles). They are responsible for the WHO country office and report directly to the Regional Director of AFRO.
- In the WHO Western Pacific Region, they are called Country Liaison Officers and are all international staff. Four of the Country Liaison Officers (i.e. Kiribati, Solomon Islands, Tonga, and Vanuatu) report to the WHO Representative for South Pacific countries.
- The WHO Region for the Americas, the Eastern-Mediterranean and the South-East Asian Regions have no Liaison Officer.
- In the WHO European Region, there are Liaison Officers and they are all national staff. There are no Liaison Officers where there are national Heads of Country Offices. They are not heading the office but they support the WHO Representative/Head of Country Office and/or the international Head of Country Office with deputy functions.

## Heads of Office

At present, there are Heads of Office in two of the three following areas:

- in EMRO, in the West Bank and Gaza office in the Palestinian Self-Ruled Areas
- in AMRO, in the United States-Mexico Border, Field Office located in El Paso, Texas, United States of America (Considered a PAHO/WHO Representative).

They are nominated by the Regional Director. They are responsible for their offices and report directly to the respective Regional Director.

There are also **Desk Officers** in EMRO for Bahrain, Kuwait, Qatar and United Arab Emirates. They are based at the Regional Office of EMRO in Cairo, Egypt.

In total, the 145 WHO country offices are headed by 115 WHO Representatives, 22 Heads of Country Offices and 8 Liaison Officers (WHO Liaison Officers and Country Liaison Officers) (see Table 3). The WHO African Region has the highest number of WHO Representatives, whereas the WHO European Region has the highest number of Heads of Country Offices.

WHO Region	Heads of WHO Country Offices				Total	Comments
	WR	HCO	LO	Others		
<b>WHO African Region</b>	43	–	3		<b>46</b>	Out of three WHO Liaison Officers, two are nationals (in Algeria and Mauritius) and one is international (in Seychelles). The WHO Liaison Officers are the responsible of the WHO country offices and refer directly to the Regional Director.
<b>WHO Region of the Americas</b>	27	–	–	2	<b>29</b>	“Others” refer to the Head of Office in the United States-Mexico Border, Field Office located in El Paso, Texas, United States of America and the Office of the Caribbean Program Coordination. Both are PAHO/WHO Representatives
<b>WHO South-East Asia Region</b>	11	–	–	–	<b>11</b>	No Heads of Offices or Liaison Officers - all WHO Representatives.
<b>WHO European Region</b>	6	22	–	1	<b>29</b>	In Albania, Armenia, Tajikistan, Turkey, Uzbekistan and the Russian Federation there are WHO Representatives/ Heads of Country Office. The Heads of Country Office are national staff. “Others” include the responsible of the WHO office in the United Nations Interim Administration Mission in Kosovo (Pristina- Kosovo).
<b>WHO Eastern Mediterranean Region</b>	17*	–	–	5	<b>22</b>	The WHO Representative in the Libyan Arab Jamahiriya is included but he is a “National WHO Representative”. “Others” refer to the Head of Office for the West Bank and Gaza office, and to the four Desk Officers based in EMRO for Bahrain, Kuwait, Qatar and the United Arab Emirates.
<b>WHO Western Pacific Region</b>	10	–	4	–	<b>14</b>	The Country Liaison Officers are all international staff. Four Country Liaison Officers (Kiribati, Solomon Islands, Tonga, and Vanuatu) report to the WHO Representative for South Pacific countries.
<b>TOTAL</b>	<b>114</b>	<b>22</b>	<b>8</b>	<b>8</b>	<b>152</b>	The total number of WHO Representatives is actually <b>115</b> as the Head of Office in the United States-Mexico Border, Field Office is considered by AMRO as a PAHO/WHO Representative.

WR - WHO Representative HCO - Head of Country Office LO - Liaison Officer

**Head of WHO Country Offices covering more than one country or territory**

As shown in Table 4, in the WHO Regions of Africa, the Americas and Western Pacific, some WHO Representatives represent WHO in more than one country.

<b>Table 4: Head of WHO Country Offices covering more than one country or territory</b>			
<b>WHO Region</b>	<b>Representative</b>	<b>Based in</b>	<b>Countries/territories covered</b>
<b>WHO African Region</b>	<b>WR Madagascar</b>	Madagascar	La Reunion (France)
<b>WHO Region of the Americas</b>	<b>PWR Bahamas</b>	Bahamas	Bahamas, Turks and Caicos Islands
	<b>PWR Jamaica</b>	Jamaica	Bermuda, Cayman Islands, Jamaica
	<b>PWR Venezuela (Bolivarian Republic of)</b>	Venezuela (Bolivarian Republic of)	Netherlands Antilles (Netherlands), Venezuela (Bolivarian Republic of)
	<b>PWR Barbados and Eastern Caribbean Countries</b>	Barbados	Antigua and Barbuda, Barbados, Dominica, Grenada, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines; the UK Overseas Territories: Anguilla, British Virgin Islands, Montserrat
	<b>Coordinator OCPC</b>	Barbados	Serving Caribbean Community (CARICOM) Health Agenda and Cooperation with the French departments in the Americas: French Guyana, Guadeloupe and Martinique
<b>WHO Western Pacific Region</b>	<b>WR Malaysia</b>	Malaysia	Malaysia, Brunei Darussalam and Singapore
	<b>WR Samoa</b>	Samoa	Samoa, American Samoa, Cook Islands, Niue and Tokelau
	<b>WR South Pacific</b>	Fiji	Commonwealth of the Northern Mariana Islands (USA), Federated States of Micronesia, Fiji, French Polynesia, Kiribati, Marshall Islands, Nauru, New Caledonia, New Zealand, Palau, Solomon Islands, Tonga, Tuvalu, Vanuatu, Wallis and Fortuna Islands (France)

**Gender of Heads of WHO Country Offices**

Table 5 shows the gender distribution of Heads of WHO Country Offices across all six regions. Currently 30% of Heads of WHO Country Offices are female.

**Table 5: Gender distribution of Heads of WHO Country Offices**

WHO Region	WHO Representative		Head of Country Offices/ Liaison Officers		Head of Office	
	Female	Male	Female	Male	Female	Male
WHO African Region	10	30	0	3	N/A	N/A
WHO Region of the Americas	14	14	N/A	N/A	1	0
WHO South-East Asia Region	2	9	N/A	N/A	N/A	N/A
WHO European Region	0	3	12	10	N/A	N/A
WHO Eastern Mediterranean Region	2	15	N/A	N/A	0	0
WHO Western Pacific Region	0	10	1	3	N/A	N/A
<b>TOTAL</b>	<b>27</b>	<b>79</b>	<b>13</b>	<b>16</b>	<b>1</b>	<b>1</b>

### Age of WHO Representatives

The youngest WHO Representative is 45 years old. The majority of WHO Representatives (68) are aged between 56 and 62 years. This implies that in the coming six years more than 50 % of the WHO Representatives will reach the mandatory retirement age. Such information is not kept for Heads of Country Offices, Liaison Officers and Heads of Office.

**Table 6: Age distribution of WHO Representatives<sup>f</sup>**

	40–50	51–55	56–62
<b>Total</b>	14	29	67

f. Staff who joined the Organization before 31 December 1989 will retire at the age of 60. For those who joined after 1 January 1990, they will retire at the age of 62.

**Table 7: Number of WHO Representatives retiring in the coming six years**

Year	2007	2008	2009	2010	2011	2012	Years 2006-2010
<b>TOTAL</b>	4	11	12	6	12	6	<b>51</b>

## Rotation and mobility of WHO Representatives

Sixty-four (64) WHO Representatives have less than three years of service in the country of assignment. This means that more than half of the WHO Representatives have been recently appointed and/or that many of them were reassigned from one country to another. This seems to be a growing trend. A few years ago the majority of WHO Representatives were remaining for a much longer time in the same country/duty station. At present only 10% of WHO Representatives (12) have been in their current position/duty station for more than 5 years.

The reassignments are however done within only one region. There have been only a few reassignments of WHO Representatives outside their region. The absence of a clear policy on staff rotation and mobility in general affects not only WHO Representatives but also the international staff in the WHO regional and country offices.

Regional Offices	>6 years	5 years	4 years	3 years	2 years	1 years	<1 year
AFRO	2	3	4	7	3	14	6
AMRO	0	1	0	6	8	2	8
EMRO	2	1	0	3	2	2	5
EURO	0	0	0	0	2	1	1
SEARO	0	0	1	3	1	4	1
WPRO	1	1	1	3	0	3	1
<b>Total</b>	<b>6</b>	<b>4</b>	<b>13</b>	<b>10</b>	<b>19</b>	<b>35</b>	<b>16</b>

The analysis of nationalities of WHO Representatives shows that out of 114 positions, only 19 WHO Representatives originated from a country outside the region where they are currently posted.

## Post and personal grades of WHO Representatives

The grade of WHO Representative posts varies and more closely follows regional practices than a global organizational policy. The WHO Representative posts are at P5, P6 and D1 grades.

WHO Region	P5	P6	D1	Total Posts	Comments
WHO African Region	21	22	-	43	All WHO Representative positions are at P5 and P6 grade
WHO Region of the Americas	19	8	2	29	
WHO South-East Asia Region	2	8	1	11	The posts of WHO Representatives Bhutan and Maldives are at the P5 grade. The WHO Representative post in India is at D1 grade; all others are at P6 grade.
WHO European Region	6	-	-	6	All WHO Representatives/Heads of Office are at the P5 grade
WHO Eastern Mediterranean Region	-	17	-	17	All WHO Representative posts are at the P6 grade. The position in the Libyan Arab Jamahiriya is temporarily covered by a national.
WHO Western Pacific Region	-	10	-	10	All WHO Representative posts are at the P6 grade.
<b>TOTAL</b>	<b>48</b>	<b>65</b>	<b>1</b>	<b>114</b>	

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

• **Grade of Head of Country Offices and Liaison Officers**

The Heads of Country Offices of EURO (22) are all nationals and follow the National Programme Officers (NPO) scale (B and C). The WHO Liaison Officers and Country Liaison Officers of AFRO (3) and of WPRO (4) are all at P5 grade.

• **Grade of Head of Office**

The Heads of Offices are all at P5 grade.

**Educational background**

Almost all WHO Representatives, Heads of Country Offices and Liaison Officers have a Doctor of Medicine (MD) and postgraduate qualifications in public health, epidemiology or management. Less than 10% are not Medical Doctors but are graduates in medical-related fields.

**Table 10: Previous positions of WHO Representatives**

WHO Region	In Regional Office	At WHO Country Office	As WHO Representative	From Head-quarters	In another UN agency	From outside the UN
WHO African Region	15	8	15	1	1	-
WHO Region of the Americas	6	5	12	1	1	1
WHO South-East Asia Region	6	-	5	-	1	-
WHO European Region	1	-	2	-	-	1
WHO Eastern Mediterranean Region	3	1	6	1	-	3
WHO Western Pacific Region	3	2	2	2	-	1
<b>Total</b>	<b>34</b>	<b>16</b>	<b>42</b>	<b>5</b>	<b>3</b>	<b>6</b>

- Out of the present WHO Representatives, only six have not worked for WHO or for another United Nations agency before.
- Almost all WHO Representatives have worked only in one WHO Region, with only three exceptions

### **What positions do WHO Representatives take up after an assignment?**

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

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

Overall few previous WHO Representatives (9) currently work at Headquarters in Geneva.

Part II

**Results of a global survey**

## Introduction

This report summarizes the findings of a global survey carried out from January to May 2007 by the WHO Country Support Unit Network. This is the second survey that has been carried out - the first was conducted in 2005 and the report published - WHO Country Presence 2005 has been made available and widely disseminated.

## Purpose

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

## Methodology

The original survey used in 2005 was slightly modified to take into account new and current WHO terminology (especially those related to the WHO core functions as stated in the Eleventh General Programme of Work). The questions were also simplified and streamlined to facilitate data collection. The survey contained five sections (please see Annex 5 for the full survey):

- A. Country office information including location and sub-offices, and functions of WHO country teams;
- B. Participation of the country office in national health sector processes and the United Nations (UN) country team;
- C. Use of WHO Country Cooperation Strategies;
- D. Human resources; and
- E. Budget

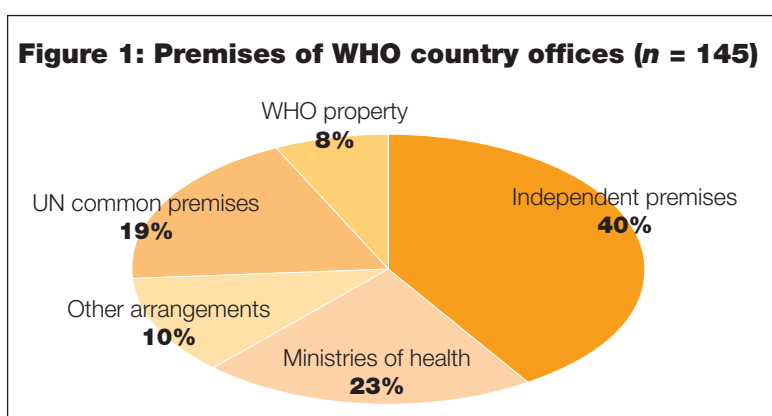
In addition, for the first time, the survey was also made available on the Country Support Unit Network portal (SharePoint site) and country offices were given the opportunity to complete the survey online if they so wished.

## Data analysis

The response rate was 100% with surveys received from all 145 WHO country offices. The following sections present an analysis of all the responses received.

### 1. Premises of WHO country offices

The majority (41%) of WHO country offices are located in independent premises (usually rented), while 21% are located within ministries of health, 19% within UN common premises, 7% on WHO property and 12% under other arrangements (Figure 1). Variations exist between regions, as shown in Table 11.



**Table 11: Premises of WHO country offices, by WHO Region (n = 145)<sup>a</sup>**

WHO Region	Independent premises	Ministry of health	UN common premises	WHO property	Other arrangements	Total
WHO African Region	25	3	10	2	5	<b>45</b>
WHO Region in the Americas	13	6	1	8	0	<b>28</b>
WHO South-East Asia Region	5	3	2	0	1	<b>11</b>
WHO European Region	5	6	11	0	7	<b>29</b>
WHO Eastern Mediterranean Region	7	8	2	1	0	<b>18</b>
WHO Western Pacific Region	5	7	1	0	1	<b>14</b>
<b>TOTAL</b>	<b>60</b>	<b>31</b>	<b>27</b>	<b>10</b>	<b>17</b>	<b>145</b>

<sup>a</sup> analysis includes special offices of the US-Mexican Border Field Office in El Paso (AMRO) and WHO West Bank and Gaza office (EMRO)

## 2. Establishment of sub-offices

Thirty-four country offices have established sub-offices to better serve WHO Member States. The number of sub-offices per country ranges from one to 37. Sub-offices have been established in large countries (e.g. Nigeria) and countries with large national programmes (e.g. polio, tuberculosis and leprosy programmes in India). For countries in crises, additional sub-offices have been established to meet priority health needs as well as to facilitate communication (e.g. Iraq and Sudan).

**Table 12: Number of WHO sub-offices**

Main WHO office (location of sub-offices)	No. of sub-offices
Afghanistan (Heart, Faizabad, Mazar, Kandahar and Jalalabad). Plus two additional field offices in Gardes and Kundus.	5
Albania (Elbasa)	1
Angola (one in each province)	18
Bosnia and Herzegovina (Banja Luka)	1
Central African Republic (Bossangoa)	1
Chad (Abéché)	1
China (Guangzhou)	1
Colombia (at the departmental level: Medellin, Monteria, Quibdo, Cucuta, Neiva, Cali, Pasto, Soacha)	8
Côte d'Ivoire (Bouaké)	1
Ecuador (Guayaquil City)	1
Equatorial Guinea (Bata)	1
Ghana (Tamale)	1
Guinea (N'Zérékoré and Kissidougou)	2
Indonesia (Aceh, Jayapura, Kupang, Medan, Yogyakarta: all sub-offices are located in respective provincial health offices)	5
Iraq (11 in Iraq and 2 outside Iraq - one main office in Baghdad, four additional meeting points - MoH, Ministry of Environment, Ministry of Higher Education, Baghdad Central Disease Control, UNAMI premise at the Green Zone, two offices in Erbil, four sub-offices at Directorates of Health in Mosul, Hala, Kirkuk and Basra; an office in Amman where the WR sits and a sub-office in Kuwait shared under common services with UN Assistant Mission in Iraq).	13
Kazakhstan (Almaty)	1
Kenya (North-east Kenya)	1
Kyrgyzstan (in the Ministry of Health by the end of May 2007)	1
Lebanon (Tyre) <sup>h</sup>	1
Liberia (Voinjama and Harper)	2
Namibia (Oshakati)	1
Nepal (IPD office, Kathmandu)	1
Nigeria (one sub-office in each state of Nigeria and Federated Capital Territory)	37
Pakistan (Karachi, Lahore, Quetta, Peshawar, Muzaffarabad)	5
Russian Federation (Nazran)	1
Sierra Leone (Eastern province)	1
Somalia (Hargeisa - Somaliland, Mogadishu, Garowe - Puntland, Baidoa - S/C Zone)	4
Sudan (Nyala, El Fasher, El Genina, Juba, Kassala, Kadugly)	6
Uganda (Gulu, Kitgum, Pader, Lira). Plans to open a sub-office in Karamoja.	4
Ukraine (Donetsk)	1
United Republic of Tanzania (Zanzibar)	1
Viet Nam (Ho Chi Minh City)	1
West Bank and Gaza Strip	1
Yemen (Aden)	1

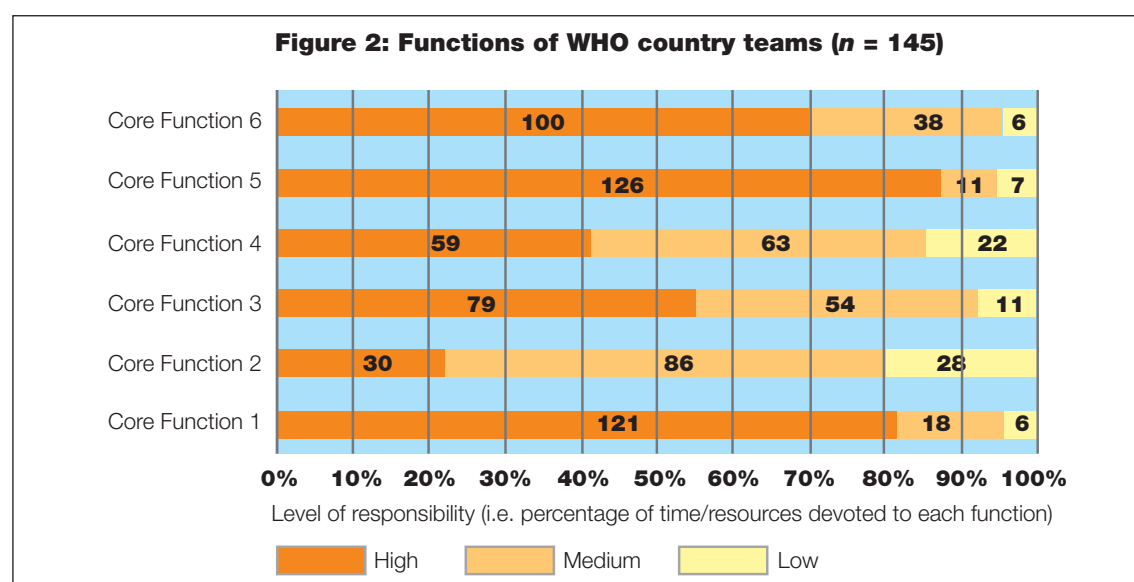
<sup>h</sup> Established after the crisis of July 2006; planned to be closed after June 2007.

### 3. WHO core functions and WHO country teams

WHO will fulfill its priorities through its six core functions set out in the Eleventh General Programme of Work. In the present survey, country teams were asked to indicate, for each core function, the level of responsibility the country team has with regard to each core function, bearing in mind the proportion of time/resources devoted.

<b>Core function 1</b>	Providing leadership on matters critical to health and engaging in partnerships where joint action is needed
<b>Core function 2</b>	Shaping the research agenda and stimulating the generation, transition and dissemination of valuable knowledge
<b>Core function 3</b>	Setting norms and standards and promoting and monitoring their implementation
<b>Core function 4</b>	Articulating ethical and evidence-based policy options
<b>Core function 5</b>	Providing technical support, catalysing change and building sustainable institutional capacity
<b>Core function 6</b>	Monitoring the health situation and assessing health trends

The analysis of the WHO core functions that are being performed by WHO country teams across all regions (Figure 2) shows that country teams devote the most time and resources to providing technical support, catalysing change and building sustainable institutional capacity. A detailed breakdown indicates that providing technical support (87%) and providing leadership on matters critical to health and engaging in partnerships where joint action is needed (83%) are rated highly as well, closely followed by monitoring of the health situation and assessing health trends (69%) and setting norms and standards and promoting and monitoring their implementation (54%).



### 4. Participation in national development processes and the United Nations 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.

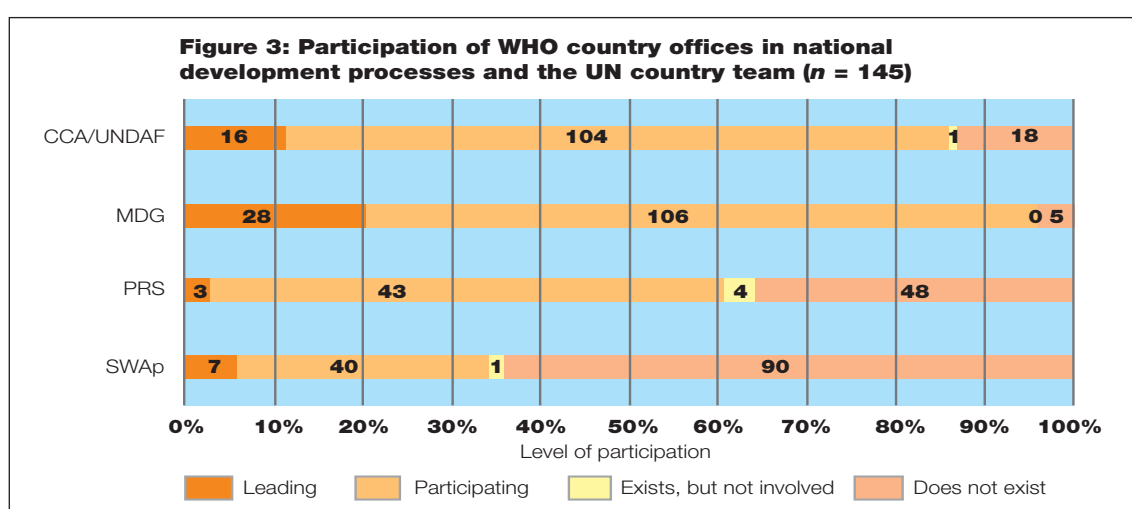
The analysis of the participation by WHO country offices in national development processes (Figure 3) indicates that:

- The majority (79%) of country offices are supporting national processes for attaining the MDGs and a proportion (21%) further specify that they are taking the lead at country level for health-

related goals. This is a significant increase compared to the previous survey conducted in 2005 where 11% of country offices indicated that they were leading the process.

- In the 83 countries where Poverty Reduction Strategy Papers (PRSPs) have been formulated, 90% of WHO country offices are participating in, and 4% are taking the lead in the health components of the process.
- Similarly, in the 47 countries where Sector-Wide Approaches (SWAs) exist, 85% of WHO country offices are participating in the process versus 73% in 2005.

Partnerships is one of WHO's six-point agenda. An increasing number of WHO country offices are participating in national development processes. The majority of WHO country offices (86%) are participating in the United Nations Common Country Assessment/United Nations Development Assistance Framework (UN CCA/UNDAF), and 13% of them are leading the health-related theme groups.

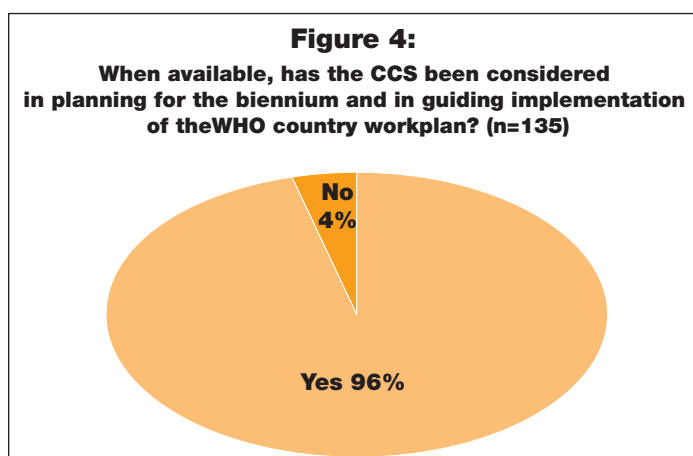


## 5. Use of the WHO Country Cooperation Strategy

**The WHO Country Cooperation Strategy (CCS) reflects a medium-term vision of WHO for its work with a given country and defines a strategic agenda for working with that country. The time-frame is generally 4–6 years but may be shorter for countries in crisis. The CCS is the WHO instrument for aligning with the national agenda while harmonizing with the organizations of the UN system and other agencies in the country.**

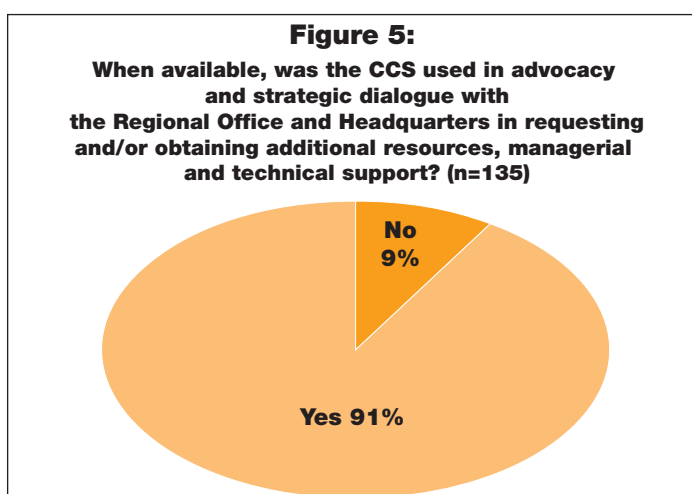
### The use of the Country Cooperation Strategy in the planning process

Where a WHO Country Cooperation Strategy (CCS) was available, 96% of WHO country offices indicated that it was considered in the planning for the biennium and in guiding implementation of the WHO country workplan, highlighting the importance and usefulness of the CCS in guiding strategic planning and ensuring coherence of WHO's work at country level (Figure 4).



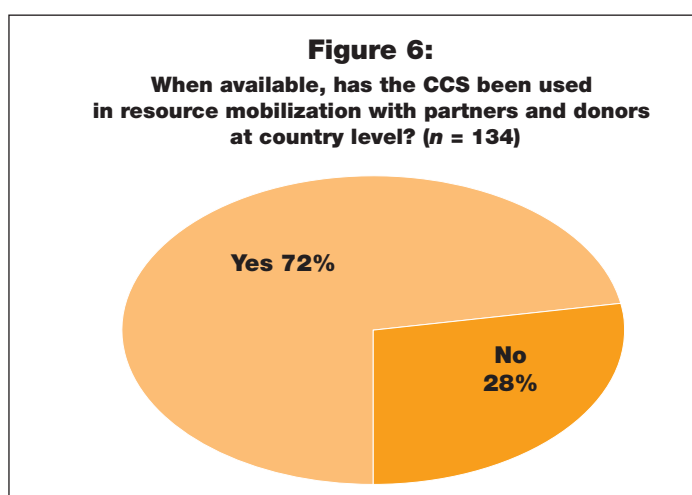
**The use of the Country Cooperation Strategy in advocacy and strategic dialogue**

Similarly, they use 91% indicated that they use the CCS as a tool for advocacy and formulating strategic dialogue with the Regional Office and Headquarters in requesting and/or obtaining additional resources, managerial and technical support (Figure 5).



**The use of the Country Cooperation Strategy in resource mobilization**

72% of country offices further indicated that the CCS has been used for resource mobilization with partners and donors at country level (Figure 6).



**6. Current staffing of WHO country offices**

Current staffing levels in WHO country offices range from one staff member in the Republic of Montenegro and Slovenia to 1204 in India. As shown in Table 13, there are variations between countries due to large national programmes (e.g. polio in India and Nigeria) 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 13: Range of staffing levels in WHO country offices**

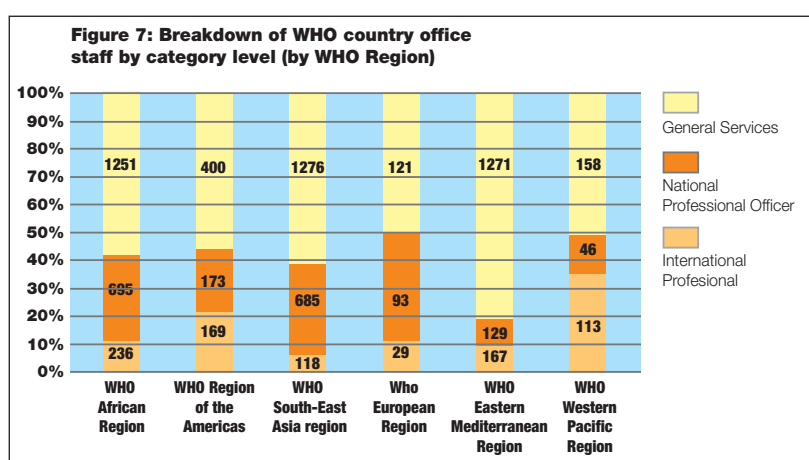
WHO Region	From...	...To
WHO African Region	6 (Seychelles)	490 (Nigeria)
WHO Region of the Americas	4 (Bahamas)	99 (Haiti)
WHO South-East Asia Region	8 (Maldives)	1204 (India)
WHO European Region	1 (Slovenia and Montenegro)	52 (Russian Federation)
WHO Eastern Mediterranean Region	6 (Libyan Arab Jamahiriya)	509 (Pakistan)
WHO Western Pacific Region	3 (Kiribati and Tonga)	60 (Viet Nam)

### Category level of WHO country office staff

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

- 12% are international professional staff
- 26% are national professional officers (NPOs)
- 62% are general-services staff

However, as can be seen in Figure 7, there are variations in the composition of WHO country teams between regions. For example, more than one-third of the country office staff in the Western Pacific Region are international professional staff, whereas in the African Region, international professional staff represent around 10% of all country office staff. NPOs represent around one-quarter of all country office staff in most regions except in the Eastern Mediterranean and Western Pacific regions where they currently represent roughly 10% of all country office staff.

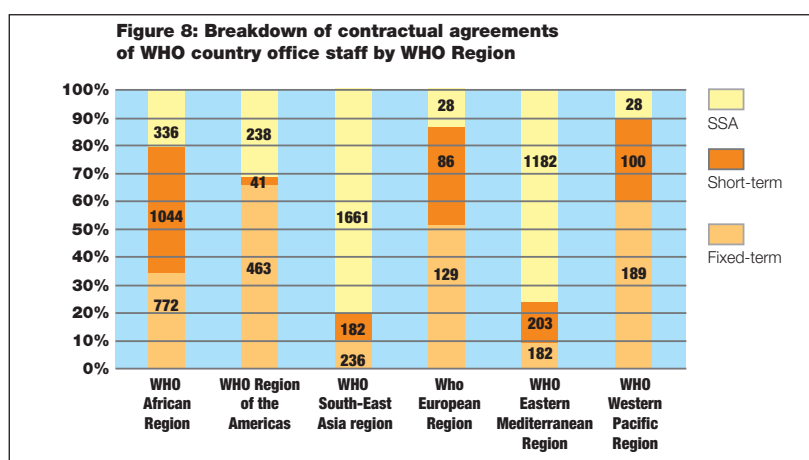


### Contractual agreements of country office staff

A breakdown of contractual agreements across all regions reveals that:

- 28% of WHO country office staff hold fixed-term contracts
- 23% hold short-term contracts
- 49% are under Special Services Agreements (SSAs).

Figure 8 shows that variations exist between regions. 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 this is primarily accounted for by large national programmes on polio, tuberculosis and/or leprosy (e.g. in Bangladesh, India, Nigeria and Pakistan) and by humanitarian and emergency programmes (e.g. in Afghanistan, Democratic Republic of Congo and Sudan).



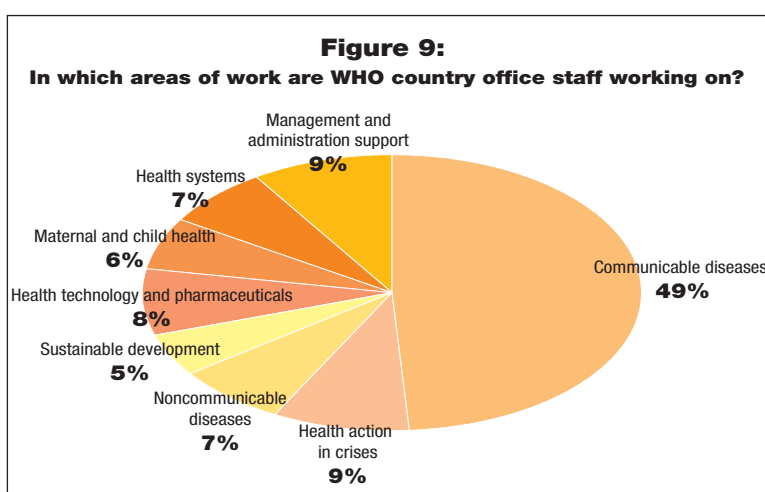
**OTHER FACTS**

**Number of country offices having...**

United Nations Volunteers	11	(1-3 in total)
Associate Professional Officers	12	(1-2 in total)
Seconded staff	16	(1-25 in total)

**71 country offices indicated that they had a full-time IT staff in the office.**

To obtain a sense of which areas of work WHO country teams were predominantly working on, the survey asked country offices to indicate the number of professional (international and NPOs) staff working on and/or responsible for eight separate areas of work (see Figure 9). Note that in some country offices, the same staff member could be responsible for multiple areas of work.



**65 offices indicated that they had a web site.**  
**35 offices indicated plans to develop a web site in 2007.**

**7. Current level of funding for WHO cooperation in countries**

The current budget of WHO country cooperation ranges from US\$ 0.43 million in Kiribati to US\$ 100.4 million in India. As shown in Table 14, variations exist as each region has its own specific pattern for funding WHO country offices.

**Table 14: Range of total budget allocation (in US\$)<sup>i</sup>**

WHO Region	From...	...To
WHO African Region	1.75 million (Seychelles)	89.3 million (Nigeria)
WHO Region of the Americas	0.79 million (Trinidad and Tobago)	70.5 million (Brazil)
WHO South-East Asia Region	2.0 million (Maldives)	100.4 million (India)
WHO European Region	0.86 million (Republic of Moldova)	9.8 million (Russian Federation)
WHO Eastern Mediterranean Region	0.86 million (Oman)	79.1 million (Sudan)
WHO Western Pacific Region	0.43 million (Kiribati)	24.6 million (China)

i. Total budget allocation estimated as: Total Regular Budget allocation (2006-2007) + Other Sources (i.e. voluntary contributions, AS, FT, etc.) received in 2004-2005 (US\$). Figures reported in the survey may differ from those in the Programme Budget. These figures relate only to countries where there is a physical WHO presence i.e. country office.

## Annex 1: WHO Member States

*All countries which are Members of the United Nations may become members of WHO by accepting its Constitution. Other countries may be admitted as members when their application has been approved by a simple majority vote of the World Health Assembly. Territories which are not responsible for the conduct of their international relations may be admitted as Associate Members upon application made on their behalf by the Member or other authority responsible for their international relations. Members of WHO are grouped according to regional distribution (193 Member States).*

**WHO African Region (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

**WHO Region of the Americas (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, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela (Bolivarian Republic of)

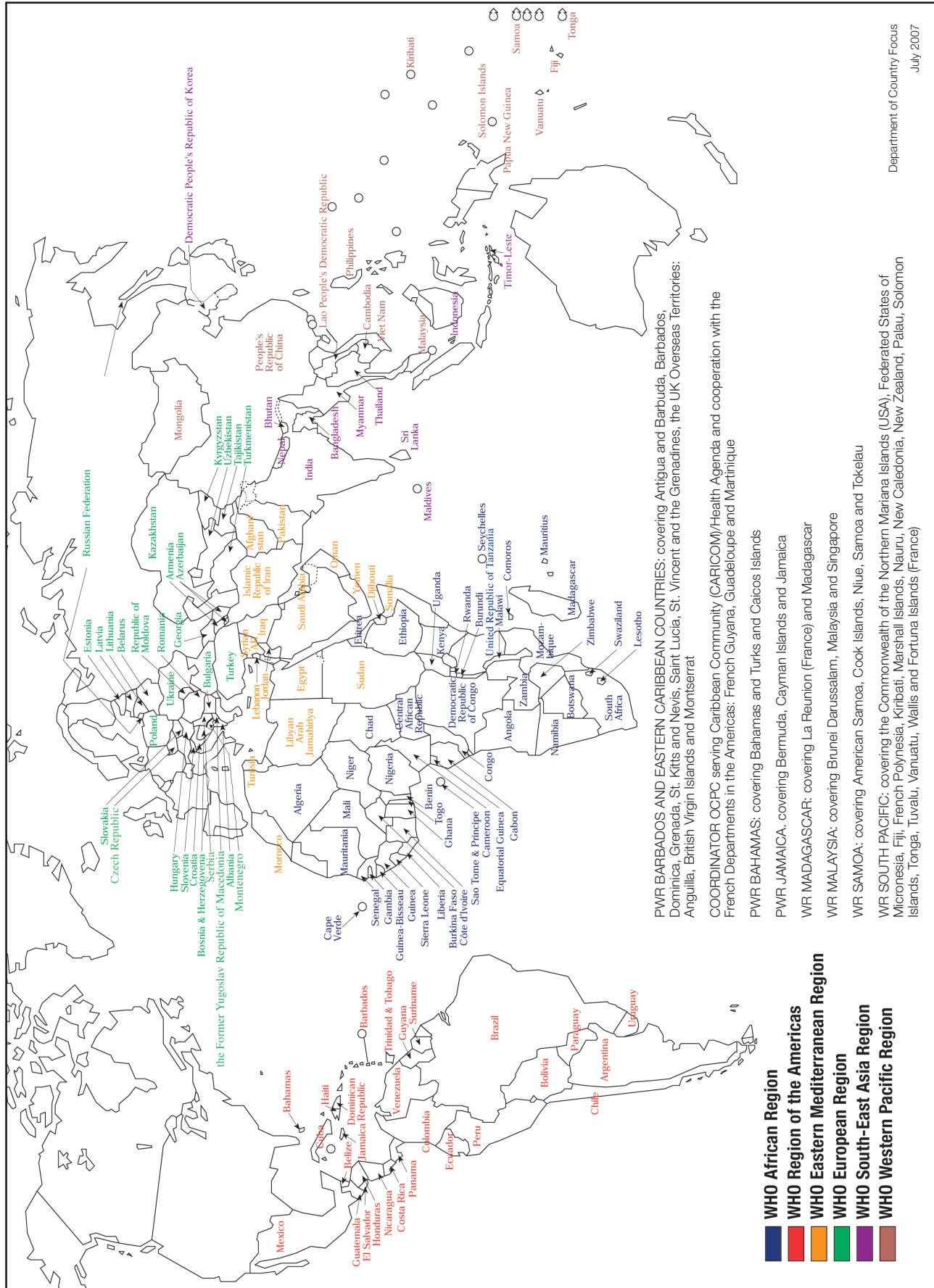
**WHO South-East Asia Region (11):** Bangladesh, Bhutan, Democratic People's Republic of Korea, Timor-Leste, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand

**WHO European Region (53):** 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, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, The Former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan

**WHO Eastern Mediterranean Region (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

**WHO Western Pacific Region (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, Tonga, Tuvalu, Vanuatu, Viet Nam

**Annex 2: Map of WHO country offices**



Department of Country Focus  
 July 2007

**Annex 3: WHO country offices and representation**

<b>WHO African Region</b>	
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
Democractic Rep. of 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
<i>also covers: La Réunion</i>	
Malawi	WR
Mali	WR
Mauritania	WR
Mauritius	WLO
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
Togo	WR
Uganda	WR
United Republic of Tanzania	WR
Zambia	WR
Zimbabwe	WR

<b>WHO Region of the Americas</b>	
Country name	WHO Country Responsible
Argentina	PWR
Bahamas <i>also covers:</i>	PWR
Turks and Caicos Islands	
Barbados <i>also covers:</i>	PWR
Antigua and Barbuda	
Dominica	
Grenada	
Saint Kitts and Nevis	
Saint Lucia	
Saint Vincent & Grenadines	
UKOTs:	
Anguilla, British Virgin Islands, Montserrat	
Caribbean Program Coordination	PWR
Guadeloupe, Martinique, 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	
Haiti	PWR
Honduras	PWR
Jamaica <i>also covers:</i>	PWR
Bermuda	
Cayman Islands	
Mexico	PWR
Nicaragua	PWR
Panama	PWR
Paraguay	PWR
Peru	PWR
Suriname	PWR
Trinidad and Tobago	PWR
Uruguay	PWR
Venezuela <i>also covers:</i>	PWR
Netherland Antilles	
Aruba	

**Acronyms**

CLO:	Country Liaison Officer (WPRO)
HCO:	Head of Country Office
HO:	Head of Office
PWR:	PAHO WHO Representative (in AMRO/PAHO Region)
WLO:	WHO Liaison Officer (AFRO)
WR:	WHO Representative
WR/HO:	WHO Representative and Head of Office

**WHO Eastern Mediterranean Region**

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

**WHO European Region**

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

**WHO South-East Asia Region**

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

**WHO Western Pacific Region**

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
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 Islands	
Vanuatu	CLO
Viet Nam	WR

**Special Offices**

AMRO - US-Mexican Border Field Office in El Paso.	HO
EMRO - WHO office in Jerusalem - West Bank and Gaza Office	HO
EURO - Office in the UN Administered Province of Kosovo	HO

## **Annex 4:**

### **Roles and functions of Heads of WHO Country Offices**

As representative of the Director-General and the Regional Director, the Head of WHO Country Office 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**

- Acts as an upstream policy adviser to the government by promoting an effective health dimension to social, economic, environmental and development policy through dialogue with senior government officials from the Ministry of Health and other relevant ministries and local governments, 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 act as a convener/broker for the development and/ or strengthening of networks with government, institutions, non-governmental organizations, professional associations, the external partners and other health actors to mobilize support and resources for priority health needs.
- Promote coordination amongst health development partners under the leadership of the MOH in line with the Paris declaration on Aid effectiveness.
- Lead the public health agenda within the UN country team and ensure that the UNDAF reflects the national health situation and that the needs for cooperation and coherent assistance are addressed by the UN System.
- Promote WHO activities and information on global health trends through the national public information media

## **2. Policy Development and Technical Cooperation**

- Catalyse policy development through informed policy change and technical cooperation in ways that stimulate action and help to build sustainable national health systems and capacity in the health sector.
- Facilitate the development of the WHO country cooperation strategy (CCS) with the support of Regional Offices and HQ, ensuring its alignment with national priorities and harmonization with health development partners; co-ordinate the CCS management and implementation process of country programme based on CCS, within the MTSP framework.
- Mobilize expertise from all levels of the Organization (Regional Offices and HQ) to provide appropriate and coherent technical and programmatic support to the country based on the CCS strategic agenda.
- 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 and systems, plans and programmes.
- Contribute to global policy and strategy formulation and the development of norms and standards.
- Provide technical support in building national capacities for health and health systems including for disaster preparedness and response.

## **3. Administration and Management**

- Ensure implementation of the WHO strategic objectives in the country.
- Ensure full accountability for the delivery of country expected results committed in the biennial plans.
- 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 country office, as well as the totality of WHO resources for the country (country programme) including the provision of policy and operational guidance and training.
- Promote team work and harmonious staff relations.
- Develop and monitor the Country Office and staff work plans.

## Annex 5: Survey (Standard Framework)

### 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
	<input type="checkbox"/>	<input type="checkbox"/>

Are there sub-offices? If yes, please indicate number: and the location(s):

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

#### Core functions and main responsibilities of country office as reflected in the Eleventh General Programme of Work (11th GPW)

Please bear in mind the proportion of time/resources devoted to each core function when indicating the level of responsibility (high, medium or low).

	High	Medium	Low
1. Providing leadership on matters critical to health and engaging in partnerships where joint action is needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Setting norms and standards, and promoting and monitoring their implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Articulating ethical and evidence-based policy options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Providing technical support, catalysing change, and building sustainable institutional capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Monitoring the health situation and assessing health trends	<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

<b>1. Has a first CCS been formulated?</b>	Yes	No	If yes, year?	Priorities identified in CCS:
	<input type="checkbox"/>	<input type="checkbox"/>		1.
				2.
				3.
				4.
				5.
				6.
<b>2. Has the CCS been updated or a second CCS been formulated?</b>	Yes	No	If yes, year?	Priorities identified in CCS:
	<input type="checkbox"/>	<input type="checkbox"/>		1.
				2.
				3.
				4.
				5.
				6.
<b>3. When available, has the CCS been considered and used in planning for the biennium and in guiding implementation of the WHO country workplan?</b>	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
<b>4. When available, was the CCS used in advocacy and strategic dialogue with the Regional Office and Headquarters in requesting and/or obtaining additional resources, managerial and technical support?</b>	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5. When available, has the CCS been used for resource mobilization with partners and donors at country level?</b>	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		

**D. HUMAN RESOURCES**

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

**General service**

<b>Are there UNVs, APOs and/or seconded staff in your country office?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please indicate the number(s) of each where appropriate.
---	---------------------------------	--------------------------------	--

Work areas	Number of Professional (international and NPOs) staff working on and/or responsible for this area of work (besides the WR/LO/HO)
<b>Communicable diseases</b> (including HIV/AIDS, tuberculosis, malaria, polio)	
<b>Health action in crises (disaster preparedness and response)</b>	
<b>Noncommunicable diseases and mental health</b> (including health promotion, injuries and violence prevention, substance abuse, nutrition and tobacco control)	
<b>Sustainable development and protection of the human environment</b> (including food safety, ethics, trade, human rights and law)	
<b>Health technologies and pharmaceuticals</b> (including essential drugs, medicines, immunizations, vaccines and biologicals)	
<b>Maternal, newborn, child, adolescent and reproductive health</b>	
<b>Health systems</b> (including equity, social determinants of health, health policy, development and services, health financing, measurement and research)	
<b>Management/administration support</b>	

	yes	No
Is there a full-time staff in your country office working on information technology (IT) issues?	<input type="checkbox"/>	<input type="checkbox"/>
Does the country office have an internet web site?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify the URL link address of the country office web site:		
Are there plans to develop a country office web site this year?	<input type="checkbox"/>	<input type="checkbox"/>

**Section E: Open comments:**

**E. BUDGET**

**Total RB allocation (2006-2007):** \_\_\_\_\_ US \$      **Other Sources (OS) (i.e. voluntary contributions, AS, FT, etc.) received in 04-05\*\*)** \_\_\_\_\_ US \$

**Portion of total budget (RB + OS) spent on the functioning\*\*\* of the country office (2006-2007):** \_\_\_\_\_ (% of total country budget)

\*\* The figures for 04-05 should be used in this box as the final figures for «Other Sources» (defined as all other income than RB) for each country office is not available before the end of the biennium 06-07. Using 04-05 figures gives an indication of the approximate level of the Country Office's income.

\*\*\* By «functioning» is meant: running costs, infrastructure, IT, rent, Head of Office salaries as well as administrative (WR secretaries) and support staff (drivers, cleaners, etc. ). Please note that support staff here does not refer to those working for technical programmes.

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**Section E: Open comments:**

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**F. ADDITIONAL COMMENTS (If any)**

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*Thank you very much for taking the time to complete the survey. The results of this exercise will be published in the upcoming report*

*WHO Country Presence 2007 which will be widely distributed and made available on the Country Focus website <http://www.who.int/countryfocus>*

**Annex 6: Status of WHO Country Cooperation Strategies (June 2007)**

Country and other areas	1999	2000	2001	2002	2003	2004	2005	2006	2007
<b>WHO African Region</b>									
Algeria				2002-2005					
Angola				2002-2005					
Benin						2004-2008			
Botswana					2003-2007				
Burkina Faso				2002-2005					
Burundi							2005-2009		
Cameroon					2003-2007				
Cape Verde				2002-2005					
Central African Republic						2004-2007			
Chad				2002-2006					
Comoros							2005-2009		
Congo						2004-2007			
Côte d'Ivoire						2004-2007			
Democratic Republic of the Congo				2002-2005					
Equatorial Guinea				2002-2005					
Eritrea						2004-2006			
Ethiopia				2002-2005					
Gabon						2004-2007			
Gambia				2002-2005					
Ghana				2002-2005					
Guinea						2004-2007			
Guinea-Bissau						2004-2007			
Kenya				2002-2005					
Lesotho						2004-2007			
Liberia							2005-2010		
Madagascar						2004-2007			
Malawi							2005-2009		
Mali					2003-2007				
Mauritania				2002-2008					
Mauritius						2004-2007			
Mozambique						2004-2008			
Namibia						2004-2007			
Niger						2004-2007			
Nigeria				2002-2007					
Rwanda						2004-2007			
Sao Tome and Principe								2006-2009	
Senegal				2002-2006					
Seychelles						2004-2007			
Sierra Leone						2004-2007			
South Africa								2006-2009	
Swaziland				2002-2005					
Togo						2004-2007			
Uganda		2000-2002							
United Republic of Tanzania				2002-2005					
Zambia				2002-2005					
Zimbabwe						2004-2007			
<b>WHO Region of the Americas</b>									
Argentina									
Bahamas									
Barbados/Organization of Eastern Caribbean States								2006-2009	
Belize									
Bolivia					2003-2004				
Brazil									200
Chile									
Colombia								2006-2010	
Costa Rica						2004 - 2008			
Cuba									200
Dominican Republic									2007-2011
Ecuador									
El Salvador								2006-2011	
Guatemala								2006-2011	
Guyana						2004-2007			
Haiti									



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Country and other areas	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>WHO Region of the Americas (Following)</b>										
Honduras								2006-2010		
Jamaica										
Mexico							2005-2009			
Nicaragua						2004-2008				
Panama								2006-2011		
Paraguay										
Peru										
Suriname								2006-2009		
Trinidad and Tobago								2006-2009		
Uruguay								2006-2011		
Venezuela (Bolivarian Republic of)				2002-2006					2007-2010	
<b>WHO South-East Asia Region</b>										
Bangladesh						2004-2007				2008
Bhutan				2002-2007						2008
Democratic People's Republic of Korea						2004-2008				
India			2001-2005					2006-2011		
Indonesia		2001-2005						2006-2011		
Maldives			2002-2005						2007-2011	
Myanmar			2002-2005						2007-2011	
Nepal			2002-2005					2006-2011		
Sri Lanka			2002-2005					2006-2011		
Thailand						2004-2007				2008
Timor-Leste						2004-2008				
<b>WHO Eastern Mediterranean Region</b>										
Afghanistan								2006-2009		
Bahrain							2005-2010			
Djibouti								2006-2011		
Egypt							2005-2009			
Iran (Islamic Republic of)							2005-2009			
Iraq							2005-2010			
Jordan					2003-2007					
Kuwait							2005-2009			
Lebanon							2005-2009			
Libyan Arab Jamahiriya							2005-2009			
Morocco						2004-2007				
West Bank and Gaza Strip								2006-2008		
Oman							2005-2009			
Pakistan							2005-2009			
Qatar							2005-2009			
Saudi Arabia								2006-2011		
Somalia										
Sudan						2004-2007				
Syrian Arab Republic					2003-2007					
Tunisia							2005-2009			
United Arab Emirates							2005-2009			
Yemen				2002-2007						
<b>WHO Western Pacific Region</b>										
Cambodia			2001-2005							
China						2004-2008				
Lao People's Democratic Republic								2006-2008		
Malaysia			2001-2005							
Mongolia			2001-2005							
Papua New Guinea							2005-2009			
Philippines							2005-2010			
Samoa					2003-2007					
South Pacific Countries*								2006-2010		
Viet Nam					2003-2006					

\*Fiji, French Polynesia, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Caledonia, New Zealand, Northern Mariana Islands, Palau, Solomon Islands, Tonga, Tuvalu

Final first CCS

Final second CCS



**Annex 7: List of contact details**

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		GPN Fax	+ (47 241) 39503 regafro@whoafr.org
Email			
Regional Office for the Americas	525 23rd St. N.W. - Washington, D.C. 20037, United States of America	Telephone	+ (202) 974-3000
		GPN	43000
Fax			+ (202) 974 3663
Email			webmaster@paho.org
Regional Office for South-East Asia	World Health House Indraprastha Estate Mahatma Gandhi Marg New Delhi 110 002, India	Telephone	+91-11-23370804/809/810/811
		GPN	22222
Fax			+91-11-2337 0197/9395/9507
Email			registry@whosea.org
Regional Office for Europe	Scherfigsvej 8 DK-2100 Copenhagen Ø Denmark	Telephone	+45 39 171717
		GPN	71717
Fax			+45 39 171818
Email			postmaster@euro.who.int
Regional Office for the Eastern Mediterranean	Abdul Razzak Al Sanhoury Street, P.O. Box 7608, Nasr City, Cairo 11371, Egypt	Telephone	(202) 22765000
		GPN	65000
Fax			(202) 2670 24 92/2670 24 94
Email			Webmaster@emro.who.int
Regional Office for the Western Pacific	P.O. Box 2932 1000 Manila Philippines	Telephone	(+63 2) 528 9991
		GPN	88888 /89100
Fax			(+63 2) 521 1036 or 526 0279
Email			pio@wpro.who.int
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		GPN	35621
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		GPN	30200
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		GPN	30600
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BURUNDI	WHO Country Office Représentant de l'OMS Boîte postale 1450 Bujumbura Burundi	Telephone	+257 231 247
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CAMEROON	WHO Country Office Représentant de l'OMS Boîte postale 155 Yaoundé Cameroun	Telephone	+237 221 1078 +237 221 1003
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COMOROS	WHO Country Office Représentant de l'OMS Boîte postale 435 Moroni Comores	Telephone GPN Fax Email	+269 730056 +269 730076 34901 +269 731825 ballm@km.afro.who.int
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ZIMBABWE	WHO Country Office WHO Representative PO Box CY 348 – Harare Zimbabwe	Telephone GPN Fax Email	+263 4 797640 +263 4 253724 37700 +263 4 253732 maunzey@whoafr.org

**WHO REGION OF THE AMERICAS**

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BARBADOS	BARBADOS WHO Country Office PAHO/WHO Representative PO Box 508 Bridgetown Barbados	Telephone Fax Email	+1 246 435 9263 +1 236 426 3860 +1 246 228 5402 cpcadmin@cpc.paho.org
BELIZE	WHO Country Office PAHO/WHO Representative PO Box 1834 Belize City Belize	Telephone Fax Email	+501 2 233946 +501 2 244885 +501 2 230917 blzemail@blz.paho.org
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BRAZIL	WHO Country Office Representante da OPAS/OMS Caixa Postal 08729 70312-970 Brasilia DF Brasil	Telephone Fax Email	+55 61 325 19500 +55 61 325 19501 +55 61 325 19591 postmaster@bra.ops-oms.org
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CUBA	WHO Country Office Representante de la OPS/OMS Oficina Sanitaria Panamericana Apartado Postal 68 La Habana Cuba	Telephone Fax Email	+537 838 2526/7 +537 833 2075 pwr@cub.ops-oms.org
DOMINICAN REPUBLIC	WHO Country Office Representante de la OPS/OMS Apartado Postal 1464 Santo Domingo Dominican Republic	Telephone Fax Email	+1 809 542 6177 +809 562 1519 +1 809 544 0322 e-mail@dor.ops-oms.org
ECUADOR	WHO Country Office Representante de la OPS/OMS Oficina Sanitaria Panamericana Apartado Postal 17-07-8982 Quito Ecuador	Telephone Fax Email	+593 2 246 0215 +593 2 246 0330 +593 2 246 0325 jprosper@ecu.ops-oms.org
EL SALVADOR	WHO Country Office Representante de la OPS/OMS Apartado 1072, Sucursal Centro San Salvador El Salvador	Telephone Fax Email	+503 22 980021 +503 22 983491 +503 22 981168 rivaspri@els.ops-oms.org
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TRINIDAD & TOBAGO	WHO Country Office PAHO/WHO Representative PO Box 898 Port-of-Spain Trinidad and Tobago	Telephone Fax Email	+1 868 625 4492 +1 868 624 7524 +1 868 624 5643 e-mail@trt.paho.org
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EGYPT	WHO Country Office WHO Representative a.i. Magless El Shaab PO Box No. 146 Cairo 11516 Egypt	Telephone GPN Fax Email	+20 2 795 7706 65000 +20 2 795 3756 wregypt@egy.emro.who.int
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LEBANON	WHO Country Office WHO Representative PO Box 5391 Beirut Lebanon	Telephone Fax Email	+961 1 612 008 +961 1 612 973 registry@leb.emro.who.int
LIBYAN ARAB JAMAHIRIYA	WHO Country Office National WHO Representative PO Box 2317 Tripoli Libyan Arab Jamahiriya	Telephone Fax Email	+218 21 478 1823 +218 21 478 1822 +218 21 478 1823 wriiy@ltnet.net
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OMAN	WHO Country Office WHO Representative PO Box 1889, Ruwi Muscat 112 Oman	Telephone GPN Fax Email	+968 24 605860 +968 24 699433 64800/64802 +968 24 602637 wroman@oma.emro.who.int
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