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A REVIEW OF THE REGIONAL OFFICE'S CENTRES ("GEOGRAPHICALLY DISPERSED OFFICES")

A review of the Regional Office's Centres ("geographically dispersed offices") was carried out by Professor Vittorio Silano (Italy) at the request of the Regional Director in 2000 and the final report was presented to the Regional Director in April 2001.

As recommended by the Standing Committee of the Regional Committee for Europe, which has reviewed the report at several of its sessions, the recommendations and conclusions of Professor Silano's report are submitted to the Regional Committee for information.

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1 TASK

The terms of reference of the present review take into consideration the previous and current experiences regarding the establishment and operations of the WHO EURO Centres/Project Offices (here referred to as Geographically Dispersed Offices, GDOs) which should not be confused with the WHO EURO Collaborating Centres. Differently from the Collaborating Centres, the GDOs are established in Member Countries to carry out core functions of WHO EURO with procedures which are identical to those applied in Copenhagen and staff members having identical duties and rights as those working in Copenhagen. This implies not only the availability for the medium term of substantial financial extra-budgetary contribution, but also the recognition by the Governments of hosting Countries of privileges and immunities of GDO staff members. On the other hand, the Collaborating Centres are specialist Units related to WHO EURO or the WHO HQ, but not part of the structure of the Organisation itself; they are more independent and generally have little WHO funding.

Apart from the Mediterranean Action Plan Unit in Athens that originated in 1982 an interagency project office, the start up of GDOs took place in 1990 when, as follow-up of the Frankfurt Conference on "Environment and Health", negotiations began between WHO EURO and the Governments of Italy and of the Netherlands to establish environmental health offices in Rome and Bilthoven, respectively (Table 1). The Nancy environmental health office followed in 1993 and three other GDOs were established in 1999 on health policies (Brussels), integrated health services (Barcelona) and nuclear emergency response (Helsinki). Moreover, two new GDOs (Bonn and Venice) are expected to start in 2001 (Table 1).

The terms of reference of this review are focused on the following aspects:

1.1 review the basic agreements for each GDO – length, financial arrangements, diplomatic status;

1.2 assess the cost-effectiveness of the existing GDOs;

1.3 review the relationship between the GDO and the WHO EURO (is the work carried out a core function of the GDO? Is the decentralisation improving effectiveness and/or efficiency of the services provided to Member States? What is the contribution of the regular budget and other resources from WHO EURO to the GDO activities? How does this compare with the additional funds coming through the Centres' existence?);

1.4 review the work programme, achievements and future plans. Analyse the relationship between funds available and work commitments;

1.5 review the relationship with the hosting Country (has GDO's existence improved and strengthened the relationship with the overall public health movements and institutes in the hosting country? Has the GDO's existence improved visibility and impact of WHO at country level? Has GDO's existence boosted other fund sources from the hosting Country other than those which are part of the core funding?);

1.6 describe fund raising: how many funds were raised in addition to the contribution received on the basis of the existing agreements. Analyse thoroughly the relative size of the different fund sources, i.e. WHO EURO budget, specific donations for the GDOs, additional VDs;

1.7 review staff situation (is staff adequate for the scope? Is there a satisfactory international spread amongst staff employed?);

1.8 consider future perspectives of the existing GDOs and relevant links to the new WHO EURO structure; analyse advantages and disadvantages of decentralisation of existing core functions as well as opportunities; and

1.9 trace down recommendations on the major issues of interest regarding the possible future establishment of new GDOs and relevant amendments to the existing arrangements, if appropriate.

The GDOs considered are those listed in Table 1; they are all on-going or ready to start at present; the Bilthoven office, now closed down, has been included as it was still in operation when this review started.

Table 1
WHO EURO Geographically Dispersed Offices (GDOs)
funded mainly by Member States and Regions' voluntary contributions.

Today	Denomination of the Office	Duration of the Agreement	P/Y Contribution* provided by the host country	Other voluntary Contributions*	P/Y Contribution* provided by the Regional Office**
Closed down	1) *WHO ECEH Bilthoven* European Centre for Environment and Health	1991-2000	The Netherlands: ~1.25 in 1991-1998; 0.75 in 1999-2000	Various donors: ~20% of the Dutch contributions	~0.250 (starting from 1996)
On-going	2) *WHO ECEH Rome* European Centre for Environment and Health	1991-2001	Italy: ~1.20	Various donors: ~100% of the Italian contributions in 1998-2000	~0.250 (starting from 1996)
On-going	3) *WHO MEDU Athens* Mediterranean Action Plan Unit	1982-to date	UNEP (though the MED Trust Fund): ~0.3 plus premises and services	GSF: ~0.7 p/y in 2001-2003	0.05 per biennium
On-going	4) *WHO HPO Helsinki* Project Office for Nuclear Emergency Response and Public Health	1999-2001	Finland: ~0.045; Germany: ~0.027		~0.243
On-going	5) *WHO ECHP Brussels* European Centre for Health Policies	1999-2009 ***	Belgium: ~0.5 in cash and kind	Finland: ~0.1; Austria: ~0.1; Switzerland: ~0.037 (in 2001 only)	0.138
On-going	6) *WHO IHB Barcelona* European Office for Integrated Health Care Services	1999-2004	Catalunia: ~1.53 in cash and kind	One 8-month secondment from the Emilia Romagna Region, ITA	~0.2
Ready to start	7) *WHO ECEH Bonn* European Centre for Environment and Health	2001-2010	Germany: ~1.0 plus premises (MoE)	Potentially the German MoH (0.25) and the University of Bonn	~0.3
Ready to start	8) *WHO IHD Venice* European Office for Investment for Health and Development	2001-2010	Italy: ~1.4 plus premises and informatics, furniture and similar items		* *

*: in million USD per year.

**: Costs for one professional staff and one support staff.

***: Depending on positive results of intermediate evaluations.

~: stands for "about".

2 PROCEDURE

In order to carry out the this Review, the following documentation has been acquired from each GDO listed in *Table 1*:

- the agreement that set up the GDO, signed between WHO EURO and the Government of the host Country and/or Region;
- the most recent workplan adopted by the GDO; and
- the available reports on the results achieved by the GDO so far.

Moreover, in order to gather additional information and discuss specific aspects, visits were paid to the ECHP Brussels (6 December 2000), ECEH Bilthoven (12 December 2000), HPO Helsinki (20-21 December 2000), ECEH Rome (30 December 2000), and to IHB Barcelona (15 January 2001). Meetings were also held in Rome and Copenhagen, respectively, with Dr Kamizoulis from MEDU Athens (11 December 2000) and Dr Klein as focal person for the WHO ECEH Office in Bonn (21 December 2000). Several interactions took place with Dr Ziglio as focal person for WHO IHD Office in Venice. Mr David Nolan was met on 16 January 2001 in Geneva.

Thanks to all the information gathered and related analyses, a specific report has been prepared for each above-mentioned GDO mentioned according to the following outline:

- *Mission and priorities*
- *Partners*
- *Location*
- *Start-up and expected duration*
- *Budget*
- *Organizational structure*
- *Privileges and immunities*
- *Management of funds and use of outputs*
- *Relationship between the GDO and the Regional Office*
- *Relationship with the host Country*
- *Fund raising and resource mobilization*
- *Main results and achievements*
- *Evaluations of results*
- *Possible future developments*

Eight specific reports have been produced for ECEH Bilthoven, ECEH Rome, MEDU Athens, HPO Helsinki, ECHP Brussels, IHB Barcelona, ECEH Bonn and IHD Venice according to the information gathered, to the analysis carried out and thanks to direct exchanges of viewpoints with the Heads of Office or

relevant focal persons. Each report was submitted for comments to the relevant Head of Office. The final version of these eight reports is herewith attached, as per Appendixes 1 to 8, respectively. They offer a standard commented analysis of the situations in the different GDOs and allow an easy comparison of the existing analogies and differences as well as a ready understanding of the positive and problematic aspects.

On the basis of these reports and of other available information, an overall analysis of the situation has been carried out leading to general (valid for all GDOs) and specific (valid for a given GDO) conclusions and recommendations.

The first draft of the Review dated 29 January 2001, was submitted for comments first to three external experts (Kenneth Calman, Vice Chancellor of the University of Durham, Jarkko Eskola, Director General of the Department of Promotion of Welfare and Health of the Finnish Ministry of Social Affairs and Health, and Vilius Grabauskas, Rector of the Kaunas Medical Institute, Lithuania) and then to all the heads of the eight above-mentioned GDOs.

The second draft of the Review was circulated among the three reviewers on, 22 March 2001; a third draft was produced on 28 March 2001 and fourth draft, produced on 30 March 2001, was further discussed in an *ad hoc* meeting held in Copenhagen on 4 April 2001 and the final version of the Review, here attached as Annex 2, was completed the same day.

3 ANALYSIS OF THE SITUATION AND CONCLUSIONS

3.1 General Issues

3.1.1 Positive Aspects

Since 1991, WHO EURO has been enjoying a large and continued support from partners in several Member States (mainly central and regional Governments) consisting of innovative forms of voluntary donations which have enabled the establishment of several GDOs specialised in selected core

sectors of activity. On-going negotiations and other factors indicate that this trend is likely to continue for the next decade and may indeed even increase.

The main work sectors, countries and contributions (in million USD per year), involved so far, are summarized in *Table 1*.

This development has been extremely beneficial to WHO EURO and to its Member States. The available budget for several specific areas of activity has largely increased alongside with the quality and quantity of the outputs. A major proportion of the efforts has been dedicated both to direct action in countries in need and to support their institutions. A number of high quality scientific products of global interest have also been made available by WHO EURO, which can be used both in Europe and in other Regions of the world. Never before has WHO EURO been seen so productive in the specific areas of interest. Therefore, the solidarity approach that has moved a number of partners in several countries to take this new approach has resulted in a very productive and innovative style of cooperation between WHO EURO and its Member States.

WHO EURO has become much closer to its Member States through decentralization of some of its core sectors of activity. As they develop a sense of ownership, some Member States and their Regions are more willing to contribute to the WHO EURO budget if they are offered the possibility to host or participate in supporting an *ad hoc* GDO. Moreover, it is often much easier for partners in Member States to contribute in cash, kinds, services and/or secondments to a locally established WHO EURO GDO than to WHO EURO in Copenhagen.

Through this mechanism, specific core activities have acquired a much higher visibility and a number of environments in which specific projects can be carried out, manpower trained and developed, and expertise acquired, have become available to WHO EURO. A number of collaborations have thus been established with local institutions, greatly increasing the quantity and quality of outcomes. The establishment of GDOs in Member States has not only offered WHO EURO the opportunity of being much more strongly supported

by a number of organizations in the involved Member States, but also that of being much closer to them, thus boosting a high synergy with local cultural and health institutions.

Additional opportunities offered by the establishment of GDOs include:

- the better understanding for WHO EURO of the health situation in the host Country as well as of analogies and differences with other countries; and
- the consequent development of more effective technical cooperation and assistance activities with the host Countries, also mediated through an easier access to benefits coming from the collaboration with local technical and scientific institutions.

Moreover, the establishment of some GDOs has offered WHO EURO the opportunity to work close to other international and intergovernmental organizations. This is the case of UNEP for the MED Unit Athens, of EU for the Brussels Centre, and FAO as well as other UN offices based in Rome for ECEH Rome.

From Member States' viewpoint, the possibility to host WHO EURO GDOs allows:

- a much higher visibility in a given international health sector and the opportunity of playing a more central role in the important process of priority setting. This is particularly important to regional local bodies, especially now when they are willing to play a more visible international role in public health, after (or in view of) receiving a full responsibility in the health sector. It goes without saying that, through these initiatives, WHO EURO is also contributing, and can do so more in the future, to the consolidation and growth of the regional institutions in Member States;
- the opportunity for local and national institutions and their experts to interact more closely with experts from other countries and WHO staff, thus contributing to a better understanding in international health and

to the exchange of information on relevant solutions to specific health-related problems.

Other positive aspects of the decentralization of some WHO EURO GDOs are:

- the more flexible and efficient management of voluntary donations;
- the higher productivity and stronger team spirit small units are capable of;
- the higher attention and hence the higher quality of technical and scientific results, when it comes to rather small-sized and somewhat separated GDOs, which have been established so far to deal with environmental health, health policy, integrated health care services and investment for health and development.

3.1.2 Problematic aspects

Although there are some very positive aspects for WHO and its Member States with the establishment of GDOs, the overall approach is also confronted with some problems such as:

- Lack of coherence and a policy framework within which to work. It is not clear how some GDOs fit into WHO's overall priorities.
- The management structure is weak in some of the GDOs and this includes the role and responsibilities of the Advisory Board.
- There has been little formal evaluation of the outcome, yet each of the GDO's has been very productive.
- In some cases the GDOs are too small and have not been given sufficient resources.
- The relationship between the host Country, the GDO and the Regional Office has in some instances been confused.

These are serious criticisms and could indicate a lack of co-ordination and focus. The potential is very considerable but the lack of appropriate management in some instances, a critical mass of staff and resource, suggest that this potential is not being realised in all instances.

Some spontaneous, somewhat occasional and *ad hoc* actions have played against coherence and continuous learning approach, which indicate that the importance of this development for WHO EURO and its Member States has not been fully understood even by some of those who initiated it. A situation characterized by several GDOs requires a much stronger and more effective management as compared to a structure localized in one place only, as well as higher costs for support services and communications. Moreover, there is a real “minimum” in terms of budget and staff which must be met in order to establish a sustainable situation; this is not always the case with the existing GDOs.

The truly international character of WHO EURO and its sense of unity may be undermined if the overall management is not strong enough and staff members working in local offices suffer from insufficient communications with some staff members in Copenhagen, where the latter may even feel that the success of any such office is a “somebody else’s problem”.

This Review shows that a lack of a general policy including standard criteria and procedures to be complied with both during negotiations for the GDO establishment and at its start up, running and closing down (when applicable) phases, has had a quite considerable impact on most of the offices established so far and prevented (and in some cases still prevents) their potentials from being fully seized. In addition, there are doubts that WHO EURO has always properly taken care in the past of the management of all the complex bilateral relations necessary to maintain the GDOs listed in *Table 1.*

Other unsatisfactory aspects which have been identified as being generally applicable to most GDOs concern the Advisory Board (AB) and the evaluation procedure of the results of the Centres. The AB and similar bodies established in most GDOs often did not have a clear mandate or appropriate memberships and Chairmen independent from the WHO EURO management. The AB often consists only of representatives of contributing countries and WHO with no one in the Board to give voice to the other countries. The

leading criterion to select AB members should be scientific and technical excellence. While it is understandable that contributing partners are invited to designate one or more qualified members of the AB (not country representatives), expertise and country balance should be pursued when selecting the remaining AB members. The participation of the Regional Director (or of any other Officials from Copenhagen) as Chairman of the AB is also questionable since the Chairman of the Board has to represent the Board and its consensus positions, whereas the RD has the responsibility of the whole WHO EURO. It cannot be excluded that these two roles may be conflicting on some occasions. In some cases the AB has been even confused with a management board and used for negotiating between WHO EURO and contributing countries. As far as the evaluation procedure is concerned, it should be noted that an adequate evaluation of the work carried out has taken place very rarely, if at all.

The success of fund raising activities has been very uneven in the different offices, being often inadequate. Fund raising requires considerable investments of time and efforts as well as a strong and visible support from the Regional Office particularly in view of the present staff shortage in most GDOs.

A further general comment concerns the structure of the agreements which have been signed by the WHO EURO and the competent Authorities in the host Country to establish the different GDOs. These agreements are very, and often unnecessarily, different from one another, indicating that the efforts to ensure consistency have not always been successful. While a certain degree of flexibility is obviously necessary, there are some essential aspects that should have been defined in detail and maintained throughout the different agreements. A particular problem is the fact that, in some cases, immunities and privileges are not ensured by the agreement and that negotiations between WHO EURO and competent Authorities at national level in the host Country have been carried out in an inadequate manner. Constraints

concerning the national recruitment of support staff have also been excessive in some cases.

A very important point is that, being the GDOs a very visible aspect of WHO EURO to Member States, if not properly managed, they may threaten not only their own future but also the credibility and reputation of WHO EURO in a wider context.

3.2 Specific issues for each Office

3.2.1 Environment and Health

The activity sector where the decentralisation approach has been more widely successful is “Environment and Health”. As an outcome of the Frankfurt Conference in 1990, two strong and well-recognized divisions of ECEH, in Rome (25 staff) and in Bilthoven (10 staff), have been built up and maintained over almost 10 years with remarkable and continuous support from the host Countries, respectively Italy and the Netherlands. Every year these two Offices benefited from voluntary donations of about USD 1.25 million each. Moreover, with the success of their activities, additional significant fund raising activity took place (see *Table 1*). A third smaller GDO was set up under different conditions in Nancy, France; between 1993 and 1998, this GDO specialised in local environment and health projects, had a 0.4-million-USdollar budget plus in-kind contributions such as personnel (1P, 1D and 2C) and premises. The three Environmental GDOs were, initially, a very good example of a devolved management structure with specific expertise in different countries. The three Units played a considerable part in the Environment and Health conferences from Frankfurt to London. The model is a interesting one and could be reflected in other areas of health and health care. In 1999, on the occasion of the London Conference, the German government announced its offer to host another WHO ECEH GDO from 2001 to 2010, located in Bonn with the intention to closely collaborate with the

University of Bonn and the City Government, and to contribute with a yearly budget of about USD 1.0 million.

Thus, even if the Nancy and Bilthoven Offices were closed down respectively in 1999 and 2000, the forthcoming start-up of the Office of Bonn in 2001 maintains the momentum for the WHO ECEH GDOs in terms of support to WHO EURO still very vivid and lively.

The resources provided to WHO EURO through the ECEH together with core funding from the Regular Budget and other funds, allowed the WHO EURO to lay the foundations for committing Member States to implement Environment and Health policy in very innovative ways (see Appendixes 1 and 2). Moreover, the new ECEH GDOs developed strong links to WHO Collaborating Centres and a number of other institutions, thus mobilising another substantial component of resources. The Environment and Health GDOs have encompassed about 1/3 of the overall WHO EURO technical staff and the overall budget of the WHO ECEH Department has increased by about 3 times thanks to ECEH.

Besides the creation of the ECEH, WHO EURO has also successfully mobilized other resources through other initiatives such as the WHO coordination at the UNEP-Mediterranean Action Plan Office in Athens (GRE) to ensure a focus on health outcome (*Table 1*).

Most of Environment and Health staff work has been dedicated to countries in need, both by direct action in the country and by support in country institutions. All WHO EURO's resource mobilization efforts have been used in direct support of the programme priorities identified by the Regional Committee. For more details on the successful outputs of the ECEH GDOs see Appendix 1 (ECEH Bilthoven), Appendix 2 (ECEH Rome) and Appendix 3 (MEDU Athens) and on future developments see Appendix 7 (ECEH Bonn).

3.2.1.1 ECEH Rome

The ECEH Rome Office is doing very well in terms of amount and quality of results and of additional fund raising (Appendix 2). The positive relationships existing between ECEH Rome and Italy's Authorities and Institutions, alongside with the readiness with which ECEH Rome met some local needs - often also common to other countries - are some of the reasons that made the ECEH Rome Office so successful throughout 10 years and so very promising in the future regarding WHO EURO's cooperation with Italy.

3.2.1.2 ECEH Bilthoven and EHP Nancy

Although the closing down of a geographically dispersed team due to the loss of interest on the part of the donor partner may be considered to some extent natural and should not be taken negatively, attention must be paid on the possible reasons for closing down Bilthoven and Nancy Offices in order to learn some lessons for the future.

In the case of the Nancy Office (1993-1998), the complicated structure of shared responsibilities and co-funding by a coalition of more than 10 partners within one country turned out to be too difficult to handle. Moreover, the area of activity of the Nancy Office "dealing with environment and health projects" was to some extent at the border of the WHO competence and many other Organizations (e.g. UNEP) could have carried out the same tasks more efficiently.

In the case of the Bilthoven Office, the closing down was *neither* related to the completion of the mandate *nor* to any marginality in the subjects dealt with by the Centre. In fact, although some aspects, e.g. chemical safety, may have lost some priority, there is still a great need for WHO to act on most of the sectors dealt with by the ECEH Bilthoven. Similarly, the termination of activities in Bilthoven was not related to any dissatisfaction for the results achieved, which have, in fact, been excellent (Appendix 1).

There have been very limited interactions between the Centre and the Dutch competent Ministries, especially in the second part of the Centre's lifetime when such exchanges nearly ceased. The relationship of the Centre with the RIVM was also quite difficult; though technical cooperation had been good, in some cases there might have even been competition for limited resources. A legitimate doubt is whether the Centre closeness to RIVM could not have obscured the Centre visibility for the Dutch Ministries of Health and of Environment.

Lastly, the role played by WHO EURO to consolidate the ECEH Bilthoven has not been adequate. For instance, the involvement of the Regional Office management at high level to prevent reduction of funding in 1999 and the close down of the Centre in 2000 has been apparently very weak.

3.2.1.3 ECEH Bonn

Assuming that the final agreements between the Government of Germany and WHO EURO will reflect the information available, the planning of the ECEH Bonn is very promising in terms of funding, establishment and expected priorities (see Appendix 7).

3.2.1.4 MED Unit Athens

The MED Unit has an important role in ensuring the participation of WHO EURO to the MED POL activities and in ensuring the liaison with UNEP. (Appendix 3).

UNEP gives priority to items which are under its direct financial control as opposed to those for which funds are allocated to Agencies, especially following the reorientation of the Mediterranean Action Plan (MAP) and the restructuring of the field of activities, adopted by the Contracting Parties (June 1995). UNEP implements activities directed to their targets, and funds will be allocated to Agencies according to their usefulness and contribution to the detailed workplan approved by the contracting parties (i.e., the

Mediterranean Countries). The optimal possibility for WHO to continue collaborations with UNEP within the framework of MAP consists in implementing activities strictly related to MAP objectives in the Environmental Health field.

The fact that in addition to an *ad hoc* budget for personnel, the MED Unit is offered full services and hospitality by UNEP, reduces drawbacks due to the limited staff available. A certain flexibility in the programme delivery deadlines also helps. However, even a limited staff enhancement would produce a great benefit to this office that is already doing well. The raising of additional funds equal to about USD 0.7 million per year for the period 2001-2003 provided by the Global Environmental Facility (GEF), is also an important step forward.

The MED POL workplan and budget for each biennium is approved by the Mediterranean States at their biennial meetings. Agency allocations for activities and salaries are approved at the biennial meetings following a proposal by the MED Unit. However, due to occasional late payment of country contributions, funds were sometimes allocated by UNEP in driblets and, in 1992 and 1993, a considerable amount of funds were still outstanding and irretrievably lost, whereas in 1997 these were allocated very late and not entirely used. These difficulties have been solved and the flow is now regular.

3.2.2 Health Policies

In terms of staff and funding, support for health policy development has been inadequate for many years in the Regional Office. During the 1990s, the technical support designated for health policy development was roughly 40%-50% of one P5 post (the same post was also responsible for two other programmes). The establishment of ECHP offers the opportunity for radically changing this situation, and for gradually building up, a unique experience and expertise on policy development in WHO. (Appendix 5).

The available staff are not sufficient to make up the “critical minimum”, which would be better met with five technical professionals, one information technology expert and four support staff members.

In case of minimal resources, priority setting becomes essential. So far, the ECHP has concentrated its work on limited sectors, which are crucial for health policy development and thus the prioritisation can be assessed positively. Facilitation of member states in HIA methodology and managing intersectoral action are expected to lead to health gains with minor resources utilisation. Networking and extensive cooperation are core strategies. ECHP has taken a good start in building partnerships, networks and cooperation both with experts and institutions. It is fundamental that this priority is clearly held.

3.2.3 Integrated Healthcare Services

Before this initiative started, the resources devoted by the Regional Office to integrated health care services consisted of two professionals, two support staff members and a budget of about USD 0.1 million per year, equal to a total yearly budget of approximately USD 0.450 million; presently the yearly budget amounts to about USD 1.7 million. (Appendix 6).

Although the Barcelona Office is still in its initial phase, it is clear that the potential is very high and that excellent results can be expected as soon as some remaining difficulties, particularly concerning the recruitment of technical professional staff, are solved.

The personnel arrangements foreseen by the agreement between the Generalitat of Catalonia and WHO EURO are quite cumbersome and difficult to implement. Following the agreement with the Catalonian Government, the conditions for recruitment have been changed. Initially all the general support staff members were employed with a status of seconded staff from the Catalonia Government, but as from January 2000 have been paid by WHO and are all now WHO staff. Post descriptions have been drafted and a final selection will be carried out once all posts are established and post-

descriptions are finalised, classified and approved. At present, general support staff are “acting” in their posts until a formal selection has taken place.

According to the information available, the post descriptions have not been finalised yet, either for the Head of IHB or the 6 technical professional posts. No recruitment can take place until this process is completed, despite the fact that funding has been available since April 1999 and that these posts are essential to the efficient functioning of the Centre. The recruitment of professionals is also hindered by the lack of the host agreement providing the staff with privileges and immunities (see below). The current situation with staff recruitment is very unsatisfactory. So far, no member of the staff working at the Centre has a “final” contract with WHO, yet. Moreover, apart from the Head of Office, no technical professional staff member has been recruited during the 18 months since the start up of the Centre.

An agreement between the Kingdom of Spain and WHO EURO has been in process for a long time to ensure immunities and privileges to the staff of the Barcelona Office. During the Regional Committee in Copenhagen, this issue was discussed by WHO EURO officials with the Spanish delegation. It is clear that the technical agreement was signed with the Catalan Government on the verbal approval of the Ministry of Health but without its involvement in the discussions, and that the Ministry of Health does not consider the procedure appropriate. During a visit by DOS to Madrid on 2 November 2000 (on behalf of RD), Spain explained that a framework would be developed for collaboration with WHO, after which the host agreement would be reviewed.

If the Centre is to work properly and to make use of the financial resources made available by the Government of Catalonia for personnel, it is of paramount importance that this very unsatisfactory situation is overcome as soon as possible. (Please note: the contribution towards staff salaries has been reduced for 2001 since there were still funds available from the contribution for the year 2000).

The fact that the Advisory Board has never been convened so far is another sign of the existing problems, although it is understandable that the lack of most professional staff has shed doubts on the usefulness of convening the AB. In any case, the current AB arrangement for this Office (as well as for the other existing GDOs) cannot be considered fully satisfactory (see Section 3.1.2).

Although not representing an urgent problem for the Barcelona Office, still going through its initial phase, it should be noted that the measures adopted for evaluating the work of the Centre are not entirely satisfactory. The AB is not a specialized Body to carry out this task since the cost-effectiveness analysis, in particular, requires specific expertise; moreover, the AB is probably biased having had some responsibility in advising management.

3.2.4 Investments for Health and Development

The planning of the Venice Office is accurate and satisfactory both in terms of funding and other voluntary donations, as well as the measures to make sure that fruitful activities are carried out not only at international but also at local level. (Appendix 8).

3.2.5 HPO Helsinki

The Helsinki Office has a very sensitive mission including the co-ordination of WHO global preparedness and response to the public health aspects of nuclear accidents.

Although some of the results achieved so far are worthwhile, there is a clear problem of staff and resources shortage for the office (Appendix 3). In fact, the small Finnish contribution is linked to premises and to specific activities; contribution by the Regional Office is mainly to cover the costs of two staff members and the limited German voluntary donation is currently used mainly to cover operational costs. No specific provision exists for programme funds

in addition to the very limited overall funding. The staff available is insufficient to make up the “critical minimum” and several programmes have been cancelled because the HPO Helsinki could not ensure any (even minimal) financial contribution.

Moreover, the mission and priorities of HPO need to be clarified and further strengthened in the light of WHO’s role in environmental radiation and nuclear emergency preparedness. Major problems in many levels within the WHO in Radiation programme management and responsibilities between IAEA and WHO and between WHO HQ and WHO EURO have invalided the work and the management of HPO and at the same time prevented the fulfilment of the task agreed for the HPO. If WHO has taken the responsibility of preparing to the possible health consequences of nuclear disasters, it should take that responsibility seriously. Any major disaster anyway in the globe will have huge political consequences and the role of responsible health administrators will be in focus in world scale. If the preparedness is not prepared in advance, the reaction and blame will fall on WHO.

3.3 Conclusions

The general conclusions of this Review are summarised below in forms of questions and replies.

3.3.1 Do we need GDOs?

There is no doubt that the future of international public health in Europe is closely connected with wisely developing MS-based WHO EURO offices, which ought to closely work in collaboration with Copenhagen. These integral parts of WHO EURO, geographically dispersed in other Countries, allow the Regional Office to expand, to attract additional resource, and to involve Member States (MS) more effectively in WHO. They bring additional expertise and should add cohesion to WHO. The results achieved during the last ten years in establishing GODs are very satisfactory and the perspectives for the future even more promising.

3.3.2 How should WHO decide which subjects to be covered?

It is essential that each GDO is established within the clear policy framework of WHO EURO and is part of WHO's priorities. The heart of the debate is: "What does WHO EURO need and what are its priorities?" Only then can a decision be made as to the nature of the GDO needed. The decision on where to establish a GDO should not be based solely on availability of resources, but also on availability of expertise and of other requirements.

3.3.3 Should there be further GDOs?

The answer is certainly yes; they should be defined as set out in paragraph 3.3.2 above. It is essential that the new GDO's meet the policy priorities of WHO EURO, and that they are set up properly from the start.

3.3.4 Where should GDOs be located?

When a topic has been defined, one method of deciding the office location would be to discuss the priorities with one or more Member States. It would thus be seen to be prestigious and sought after. It is at this stage that the start up procedures can be defined, funding streams established and relationships determined.

3.3.5 How should such GDOs be managed?

There needs to be a management structure which effectively links the Office to WHO EURO, the host Country and other Member States who have an interest in the Office. At one level, there will need to be a management structure to deal with day to day issues of the Office and chaired by the Head of the Office. In addition, there is a need to bring together all of the partners, internal and external. This could be chaired by the senior WHO staff member from the Regional Office and need not meet more than once a year. Finally,

there is the role of the Scientific Advisory Board. This could be seen as a senior scientific grouping whose function would be to comment on the science, and not the management of the Office. It is important to separate each of these functions.

3.3.6 Head of Office (HO) – Regional Office relations

This is a key part of the success of the Office. The HO should be seen to be part of the RD's Staff and should link to a senior member at the Regional Office. Where there are a number of similar Offices then they can be co-ordinated and developed in partnership. The Environment and Health Offices might be a good model for this.

3.3.7 How should each GDO be staffed and resourced?

This will be dependent on the topic and the tasks, but it is clear that where this has not been sufficient then the potential to achieve has not been fully realised.

3.3.8 How do GDOs relate to Collaborating Centres?

The Collaborating Centres add to the Office function. The Collaborating Centres are specialist Units related to WHO EURO or HQ, but not part of the structure of the Organization itself. They are more independent and generally have little WHO funding. However, they are a very considerable resource and might be very effectively linked to Offices which have similar remits. Most GDOs have developed highly positive relationships with the relevant Collaborating Centres establishing wider networks.

4 RECOMMENDATIONS

4.1 General recommendations

The main recommendation of this Review is that WHO EURO and its Member States should consolidate the existing GDOs and consider further expansion of their establishment to other core health domains. To this end, overall policy for WHO EURO should be further defined and adopted which is capable of maximising the benefits and minimising possible drawbacks associated with the GDOs.

The main component of such a policy are outlined in the Sections below.

4.1.1 Mission, functions and priorities

The mission, functions and priorities of every GDO should be concerned with a "core" sector of WHO EURO activities and be clearly defined for the whole duration of the agreement establishing the GDO. In principle, in its domain of competence, the GDO should carry out the following functions:

- contribution to policy development for the Regional Office;
- technical activities, including training; and
- country and inter-country support activities.

Policy making decisions and overall policy development should remain an exclusive competence of the Regional Director and the Regional Committee.

There should be no overlap or duplications between GDO activities and those carried out by the Regional Office. Similarly, a sharing out of activities concerning the core function of a GDO with the Regional Office should be preferably avoided. Every GDO should be (and seen to be) as a truly integral part of WHO EURO.

Delegation of authority should take place where appropriate. Every GDO should be able to carry out high quality technical and scientific work in the area of competence.

4.1.2 Resources and duration of the agreement

Resources are, obviously, the key to success. A careful assessment of the financial resources required to carry out the key tasks assigned to every GDO, should be defined before the negotiations between the Regional Office and the contributing partners are completed. The *core* resources necessary for the correct functioning of the GDO should, in principle, come from both the contributing partners and the Regional Office. The experience so far indicates clearly that this has to be solved early in the planning phase and especially important are the permanent resources from WHO because they indicate the willingness of the WHO to contribute to the work of the Centre on long-term bases. The willingness of the Host Country and other partner countries for finding extra-budgetary resources are connected to sufficient and long-term agreements.

No GDO should be established if the contributing partners are not able to ensure "the minimal critical conditions" necessary to carry out the key tasks provided for by the agreement.

The minimum set of conditions depends obviously on the tasks assigned and other factors, but they should normally include about 10 staff members and the appropriate premises, equipment, workstations as well as operational funds to enable the staff to work properly for several years ahead. Should situations be envisaged where the minimum requirements are lower than those indicated, a case analysis study should be carried out and proper justifications provided.

As the expenditures of a GDO established far from WHO EURO are quite different and likely higher than those of a similar office in Copenhagen, an *ad hoc* budget should be available to ensure the necessary strengthening of the coordination with the Regional Office, including a centralised file system, periodical mutual visits and *ad hoc* training both in Copenhagen and at the GDO location.

As far as the duration of the agreement is concerned, 10 years or 5 years renewable is recommended as GDO minimum acceptable lifetime. Shorter

periods cannot be recommended in view of the considerable time lag which may be needed to establish a new GDO and the considerable amount of work associated with the renewal procedure.

The renewal process is a very critical period in the GDO lifetime. In fact, in spite of the efforts put in the renewal before the expiring date, it is likely that the GDO may find itself for some months with no voluntary contributions available from the contributing partners. It is recommended, therefore, that the GDO gets prepared for such a possibility through the establishment of a “buffer budget” to be used in case of need.

4.1.3 Fund raising

Fund raising is integral to the success of the centre. The Host Country and other Member States will need to be clear as to their responsibilities and to be sure that they are getting value for money if they subscribe. Fund raising from other sources is adversely affected by the precariousness of a GDO position and its low productivity caused by a resource shortage. In this case, activities to raise additional funds may become extremely difficult and the overall initiative may collapse.

A multi-funding arrangement for a GDO is essential to make it viable on a long-term basis. Countries should be encouraged to commit themselves for a specific period of time or for certain projects. Such multi-funding arrangements, however, also need investments of time and efforts as well as strong and visible support from specialized staff. In fact, fund raising is a professional activity that cannot be successfully carried out without a specific background and training. In view of staff shortage, likely to characterise most GDOs, and of the other consideration made above, fund raising should not only be a responsibility of every GDO, but also the senior management in the Regional Office.

In conclusion, the Regional Office should endeavour to ensure supplementary funding for the work of GDOs from sources other than the initial contributing partners, in order to substantially increase already by the

third year of operation of a new GDO, the total budget for operational programme costs and operational activities. If the fund raising activity is successful, the benefits for the Office are likely to be much larger than what one would estimate from their financial inputs. It would be very important that also less affluent countries are encouraged to contribute to the establishment of GDOs according to their possibilities.

4.1.4 Recruitment of personnel: privileges and immunities

In order to ensure that the GDOs are (and are seen to be) an integral part of WHO EURO, it is important that the recruitment of the core staff is carried out internationally and with full recognition of WHO privileges and immunities. As privileges and immunities can, in general, only be granted by an agreement with the national government of the host Country (that often requires a Parliamentary ratification), the Regional Office should be careful enough in Countries where health systems are de-centralised (e.g. Germany, Italy and Spain) to carry out negotiations to establish a GDO through the National Ministry of Health, even if the contributing partner is a regional or local body. Therefore, the national Ministry of Health should be the signatory of the agreement even if not contributing with any resources. Failure in doing so, may leave behind residual problems which may affect the start-up of the GDO.

Although the recruitment of some staff members at local level is acceptable as long as it applies to *non-core* staff and it may also strengthen the collaboration with the host government by providing an additional incentive, in some cases it could be better to defer the start-up of a GDO rather than starting it up without any recognition of immunities and privileges for the personnel.

The other possible way forward would be to sign with the host Country an “umbrella” agreement to cover in principle the establishment of GDOs in a

given country rather than of any specific GDO. In practice, this approach could lead to the faster set-up of new GDOS.

4.1.5 Relations with the Host and other supporting countries

Even though the main motivation for any such partnerships is essentially international solidarity, it is of central importance that the GDO is ready to help the host Country and other supporting countries in implementing WHO policies and in dealing with health issues which require or can benefit from international cooperation. In addition, any GDO should seek, to the fullest extent, to work closely to local health institutions and NGOs. The relationships between the GDO and the competent Authorities in the host Country and in other supporting countries are of paramount importance. This calls for a delicate balance and may vary from country to country. It requires good leadership both at the GDO and at the Regional Office.

In particular, quite effective would be in this respect, the provision in the agreement of clauses specifying that:

- Within the operation of the GDO, WHO EURO shall give full and thorough consideration to proposals by the partners for technical assistance and cooperation activities to be implemented in the Country or Region of interest, falling within the mandate of the GDO.
- In the framework of the bilateral cooperation between [...] and WHO EURO, the national or regional Ministry of Health shall explore the most effective opportunities to involve the GDO in activities promoted at national and international level by [...] in conformity with the mandate of the GDO and shall explore any other possible collaboration between the latter and local technical and scientific institutions and other relevant institutions in their areas of competence.

In doing so, the WHO EURO GDO should maintain its visibility and not get confused or in contrast with any national institutions with somewhat similar functions.

In any case, the work with supporting/host Countries should not dominate and activities carried out should be turned into the benefit of most Member States.

4.1.6 Scientific Advisory Board (SAB) and Coordinating Board

The administrative/managerial and the scientific support structures should be clearly separated and be created individually and innovatively for each of the GDOs.

The Advisory Board has a very important role to play, with respect to one (or more) GDOs working in related areas, in providing scientific and technical advice. The AB should not be confused with the “management board”. It should not be used for negotiations between WHO EURO and contributing partners. The remit of the SAB is to review the scientific outcomes of the office and to advise on any other scientific and technical issues. The guiding criterion for selecting members of the SAB should be technical and scientific excellence; the SAB members should be highly qualified and independent experts. The Chairman of the SAB should be elected from and among the members and should not be a WHO EURO official or a “representative” of the contributing partner(s), although contributing partners should be offered the possibility of designating one Member of the SAB with the relevant requisites. If necessary, membership of the SAB could also change according to the issues discussed by the SAB.

The Coordinating Board should be the Body which effectively links the Office to Host Country and other Member States who have an interest in the office. It should be chaired by a Senior WHO staff member from the Regional Office and consists of representatives of all the partners, internal and external.

4.1.7 Evaluation procedure

It is self-evident that a periodic evaluation procedure, including considerations of cost-effectiveness, is needed in order to be reassured that

the available resources are being well used and to identify any possible drawbacks that need to be eliminated in a timely way. However, the evaluation procedure for GDOs should not be different from the one used for the Offices established in Copenhagen. Therefore, the evaluation of GDOs should be carried out, as for the Offices in Copenhagen, by the Regional Committee every two years on the occasion of the budgetary session. Moreover, in view of the time-lag which may be involved in establishing a GDO, it could be appropriate to have the first formal evaluation about three years after its inception. While an *ad hoc* report prepared by the SAB could be of some help in carrying out the evaluation, the evaluation as such should not be a task of the SAB. In conclusion, the evaluation procedure, while necessary, should not be too time consuming and inhibit the work of the GDO. General guidelines should be developed.

4.1.8 Profile of the Head of Office

Besides being a high quality international officer very familiar with WHO EURO policies and working procedures, the Head of Office (HO) should be able to act as an every-day valid interface for national and local authorities representing the contributing partners. Moreover, the HO should be able to play the role of a sort of WHO EURO "guardian" in the interested country and to react promptly to events which may be of health significance and interest for WHO EURO. This role should be linked with WR or LO, if existing in the country. He/she should also be able to seize all the opportunities of additional interactions with local partners. Moreover, he/she should have a forward looking and innovative attitude so that the GDOs are seen as ground-breakers and at the forefront of European developments and be a good team-builder. Even when the best relationships with the Regional Office (and HQ) are developed, the GDOs are still rather small units where a good team spirit is essential to their effective operation.

Although, in principle, all the above-mentioned functions could also be carried out by a team rather than one person, it would be highly beneficial if

the HO would meet all the above-mentioned requirements. The ideal candidate to act as HO has worked successfully several (preferably about 5 years) for WHO EURO, preferably in the sector covered by the GDO or in a related one. The experience and nationality of the HO should be carefully evaluated in order to ensure that he/she can act as a valid interface for national and local authorities.

The availability of an adequate HO is a *must* for establishing a new successful GDO and should be planned in good time.

4.1.9 Start up procedure

Since the start-up phase is very critical for the establishment of a new GDO, a standard procedure should be available to properly manage this phase. It should be particularly concerned with:

- the establishment of the administrative focal point in Copenhagen;
- the support activities to the GDO to be carried out by the administration in Copenhagen;
- the definition of the professional profiles and job training activities for the new personnel both at the GDO seat and in Copenhagen (if needed); and
- the provision of incentives for the administrative and support staff in Copenhagen to move for short period of time to the GDO.

It is very important that the staff members working in Copenhagen do not perceive the establishment of a new GDO as a "somebody's else project"; they should be fully involved and committed to the success of the initiative.

4.1.10 Programme support costs and other financial issues

The drawing of 13% of the contribution as programme support cost by the Regional Office is difficult to understand if one considers that, through the establishment of a GDO, the Regional Office is, in fact, increasing its ability to cope with its core functions. This form of financial withdrawal, that was

decided a long time ago and clearly for other kinds of donations, is particularly disliked by donors as they have the feeling of being charged twice and do not understand why in order to support WHO EURO in a given sector they also have to provide an additional contribution with an unknown destination. The Regional Office should consider practicable ways to address this issue and to prevent any unnecessary drawing on voluntary contributions aiming at establishing a new GDO or at least to make sure that these resources are re-invested in the GDO for activities taken care of in Copenhagen or elsewhere.

Another financial aspect that could deserve consideration is the possible financial loss that takes place when the financial contributions are dispatched from a national or regional partner to WHO EURO and, then, back to the GDO in the originating Country.

4.1.11 Relations with the contributing partners

WHO EURO should feel committed to keep the competent Authorities representing the contributing partners informed about the achievements of a GDO. There should be *ad hoc* official occasions to meet at a high level and analyse jointly the development and results of every GDO. These contacts should not be left to the Head of Office only, but should involve high level managers in Copenhagen and, possibly, also the RD.

A similar approach should be taken to carry out the negotiations needed for establishing a new GDO or to modify an agreement upon renewal.
The feasibility of attributing an overall coordination role to a high officer in the Regional Office to harmonise the relations between WHO EURO and all the contributing partners should be carefully considered.

4.1.12 Other aspects

- The Collaborating Centres specialised in the area of competence of a GDO should be considered the natural partners of that GDO.

Establishing a network and promoting interactive co-operation is a must.

- In establishing a GDO in any given country, care should be taken in ensuring that its location and communication channels are clearly visible and that the GDO does not get confused with any other local institutions. This risk may be more likely if the GDO does not have an independent location, but is hosted within a national Institution.
- In no case should a GDO accept to interact with health Authorities in the host Country or Region systematically through a national technical or scientific third party, as such a situation could undermine its position.
- An imprest account is already working in ECEH Rome and IHB Barcelona but at present every committal document - such as purchase orders (POs), Agreements for Performance of Work (APWs) and Travel Authorisations (TAs) have to be approved for financial purposes by Budget in Copenhagen and APWs are also cleared through the office of the Director of Administration. With the delegation of authority to the Head of the Centre, a local bank account and using the imprest as the monitoring system, some of these documents could be processed by the GDOs. That could save quite a lot of administration work in Copenhagen and would facilitate and speed up transaction. A revision of the present policy could, therefore, be cost-effective.
- All GDOs should share experiences and discuss common challenges and solutions between themselves and with the involvement of the Copenhagen-based Directors and other key EURO staff. Moreover, all the GDOs' staff members should participate in major events in Copenhagen making use of available videoconference and similar facilities. This would lead to build up a continuously learning environment which would be very important particularly for the new GDOs likely to be opened in the future.

4.2 Specific recommendations

4.2.1 ECEH Rome

The main focus in the future should be on the forthcoming renewal of the present agreement expiring in 2001. The main objective should be to extend the duration of the agreement from 5 to 10 years and to establish an "Advisory Board" to further sustain the scientific excellence of the ECEH (including Rome, Bonn, and Athens GDOs). Moreover, it would be very helpful to overcome the present lack of a formal and adequate evaluation procedure, including also a cost-effectiveness component. The evaluation of the activity for all the ECEH branches could be carried out every two years by the Regional Committee based on a report to be prepared by the Scientific Advisory Board. A similar evaluation mechanism would be beneficial also for the other WHO EURO GDOs.

4.2.2 ECEH Bonn

A potential overlap and some duplication of activities with respect to ECEH Rome might have existed on "water and sanitation"; however, recent information indicates that this aspect has now been resolved and that the Bonn Office is expected to focus its activities on the "urban environment" that includes air quality, housing, noise and health indicators.

While this Review was being finalised, several important steps for the development of the ECEH Bonn took place:

- a newly revised "strategy and workplan overview" has been prepared in collaboration with HQ, presented to EURO staff on the 8 February 2001;
- agreements between WHO and Germany have been signed on 8 March 2001 at the German Embassy in Copenhagen by RD and the German Ambassador;

- a meeting held in Bonn at the Bundeshaus has provided the opportunity to arrange for a small event, where the Ministry of Environment and the RD joined the University of Bonn and the Bonn City, have announced the formal opening of the Office in the "Langer Eugen" (former German Parliament offices).

It is recommended that the future developments of the ECEH Bonn are considered in the light of the recommendations of this Review.

4.2.3 HPO Helsinki

A strong initiative is needed to solve the many problems of this Office, both in terms of human and financial resources as well as of mission and priorities.

The HPO has, both in terms of preparedness and response and in the wider aspects of the Radiation Programme, benefited and continues to benefit, from the considerable expertise retained by the Finnish Radiation and Nuclear Safety Authority (STUK). STUK is an impressive organization with about 300 staff members, out of which about 65% with a University Degree. STUK is active in the areas of research, nuclear safety, environmental radiation monitoring, preparedness and information. In the event of a nuclear accident STUK can mobilise 40 expert staff members at short notice and on a rotating shift basis for as long as the emergency situation persists. Without such support, WHO would be unable to make an independent evaluation of the circumstances of an accident situation in order to provide advice.

As it became evident during the meeting at the Finnish Ministry of Social Affairs and Health on 20 December 2000, although the present contribution is clearly inadequate, the Finnish Government has a positive attitude to the HPO and is prepared to negotiate an extension of HPO, but only in case that the problems expressed are solved. Also STUK is willing to support the Office with its in-house expertise. Partnership with the WHO Collaborating Centre at STUK offers WHO a unique opportunity to expand and significantly

improve the cost-effectiveness of its radiation programme; WHO should capitalise on the willingness of the Finnish Ministry of Social Affairs and Health and of STUK to host this activity. The main step forward would be the signature of a new agreement through which the Finnish Government would ensure a more adequate budget to the HPO Helsinki.

Moreover, the text below aims at pointing out some of the essential issues that should be considered in order to clarify the role of the HPO.

- *Relationship of WHO EURO with IAEA in the "Radiation and Health" field*

In the agreement between the IAEA and WHO, the IAEA is recognized as having the "primary responsibility" to promote "the practical application of atomic energy for peaceful uses", but this is without prejudice to the right of the WHO to promote international health work. In practise, included in the IAEA's mandate is the responsibility to set standards to protect, among other things, health. Thus, among the international organizations, IAEA takes the lead in, for instance, producing the Basic Safety Standards which are co-sponsored by organizations such as ILO and WHO.

Therefore, close cooperation between the WHO and the IAEA is necessary; these two Organizations need to agree, at the highest level, how in practice their mandates will be exercised, taking advantage of the possible synergies. A particularly valuable aspect in order to promote this close cooperation and liaison is whether it would not be possible to establish a WHO Project Office at the IAEA seat in Vienna. Such a solution would reproduce to some extent the situation of the Athens MED Unit with the respect to UNEP; the experience of this Office has clearly shown that the location of the MED Unit at UNEP has made it possible to overcome a number of problems and also to have good results with a rather small budget.

- *WHO's Global Strategy in the "radiation and health" field*

Since 1996 attempts have been made to integrate the activities on ionising radiation and public health across WHO (EURO, HQ, PAHO and IARC). This is desirable, for the following reasons, among others:

- It will assist in creating a “critical mass” effect with the limited expertise available within the Organization, thus increasing disproportionately the output of the programme.
- It will assist those Regions not having access to such expertise.
- It will enable WHO to fulfil its obligations under the assistance convention.

More recently the decision has been taken by HQ to develop a Global Strategy incorporating the environmental, medical and occupational aspects of radiation protection and the environmental section has been prepared and given provisional agreement (December 1999); other sections are awaited.

HQ has proposed to WHO EURO that the Global Programme is consolidated under the administration of HQ (i.e., EURO’s Programme is transferred to Geneva). No action has been taken by WHO EURO so far.

A decision on this aspect is quite important; in this frame a decision to link the HPO Helsinki to Geneva could very productive.

4.2.4 MED Unit Athens

A moderate strengthening of the staff would produce a great benefit to this Office that is already doing well.

An overall evaluation of the MED POL Phase I and II was carried out in 1993 (UNEP/IOCA/MED.IG.3/Int.6).

The MED POL programme has achieved much in terms of equipping and training scientists in the Region, particularly those from the southern and eastern parts. In general, the MED POL programme can be considered to be successful despite the problems encountered during Phases I and II. The most serious bottlenecks were considered to be the uneven geographic distribution of the monitoring results and the slow and incomplete transmission of monitoring results by the national coordinators to the MED Unit.

It is remarkable that also in 1998 and 1999, while most of the countries have adequate infrastructure and skilled human resources, the flow of data for the period was rather slow due to:

- lack of data;
- data inadequate management;
- continuous requests for data from different bodies;
- limited sources for funding; and
- inappropriate data.

Since the supply of data and information are essential to carry out the tasks underlined by the Contracting Parties, then measures must be applied and reinforced to maintain the flow of national information.

One major problem lies with the countries. To a considerable extent, national focal points (at both MED POL and overall Action Plan levels) are, in practice, representatives of their own ministries or institutions, rather than of their countries as a whole. This has resulted both in the lack of complete country information available and in the virtual non-participation of "key" ministries in various aspects of the programme. Attempts to remedy this situation have not met with any significant success, mainly because of the delicate nature of the matter.

These issues should be addressed jointly with UNEP in order to find ways, in cooperation with Member Countries, to upgrade roles, responsibilities and means of the national focal points.

4.2.5 ECHP Brussels

The Brussels Centre on Health Policies has a unique geographical position which facilitates networking with the EU, with European national and regional policy makers from 30 countries and a number of interest groups based in Brussels. This potential should be exploited.

Health Impact Assessment is a main component of the Brussels Centre on Health Policy. The fact that the Rome Office is working on environmental HIA

should be carefully considered. Although it is obvious that the two GDOs work on different aspects, it is doubtful that such a situation can be permanently managed in a cost-effective manner and be easily understood by Member States. Another relevant aspect is the Unit in Copenhagen who is in charge of country work for health policy, whereas the other activities on Health Policy are carried out by the ECHP; the question is whether such arrangement is an optimal one. The reasons for the present allocation of duties among Brussels, Rome and Copenhagen on closely related issues is not clear and should be re-evaluated. Although the regional advisor for HIA in Copenhagen has a mandate to coordinate all HIA related activities in the Regional Office, it is not clear whether this co-ordination is at present properly working. A streamlining of this important component is recommended in view of the overall resource shortage and of the need to prevent unwanted overlaps from occurring.

An additional aspect that would deserve careful consideration is that WHO HQ has an Office in Brussels particularly to develop the political and strategic liaisons with the EU; the question is whether premises and services could be shared by this office and by the ECHP. Some benefits (both in terms of image and of resources) could be expected from such a development.

As the available staff of the ECHP is not sufficient to make up the “critical minimum”, the vulnerability of the office should be carefully considered. If resources do not develop favourably, ECHP will have a very difficult future.

At present time the fund raising situation is far from being satisfactory. A multi-funding arrangement for the Centre is essential to make the Centre viable on a long-term basis. Countries should be encouraged to commit themselves for a specific period of time, or for certain projects. Such multi-funding arrangements, however, also need investments of time and efforts, and strong and visible support from the Regional Office. In view of the present staff shortage, fund raising should not only be a responsibility of the Centre, but also (and mainly) of the Regional Office. A possibly-perceived uncertain position of the ECHP may be non-conducive to fund-raising.

To maintain high quality of work, ECHP should not start new themes or activities as long as additional resources are not available.

4.2.6 IHB Barcelona

The main problem for the Barcelona Office is the lack of professional staff in spite of the availability of the necessary resources. The lack of a host agreement prevents the possibility of attributing immunities and privileges to the staff of the Centre and, as a consequence, the recruitment of the professional staff members on an international basis. It is obvious that mistakes have been made as the Central Government of Spain has not been involved in the negotiations since the beginning. While a lesson needs to be learnt for the future, it is now necessary to overcome this obstacle. A visit of the RD to the Spanish Minister of Health may offer the way forward.

4.2.7 IHD Venice

The essential recommendation for the Venice Office is to pay close attention to the Parliamentary Ratification process of the recently signed agreement.