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Report on the review of geographically dispersed offices

This document contains an executive summary of the external review carried out of the offices of the WHO Regional Office for Europe located in Barcelona, Bonn, Rome and Venice.

The review was carried out together with the European Observatory on Health Systems and Policies (the Observatory), and includes relevant, important and appropriate references. A detailed report by the review team on the Observatory is contained in EUR/RC61/BD/3

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REVIEW OF THE WHO/EURO OFFICES LOCATED IN BARCELONA, BONN, ROME AND VENICE[1]

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EXTENDED EXECUTIVE SUMMARY

3 November 2010

[1] **These Offices have been also referred to as Geographically-Dispersed Offices (GDOs) due to their locations away from Copenhagen. According to the present Review, such an informal denomination should be phased down and substituted for by the following one "WHO/EURO Specialized Centres".**

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1. INTRODUCTION

The WHO/EURO Offices located in Barcelona, Bonn, Rome and Venice (so called Geographically-Dispersed Offices or GDOs) are specialized Offices established through *ad hoc* agreements between WHO/EURO and host national and/or local competent Authorities. The Offices are an integral part of WHO/EURO and their staff members are WHO employees and therefore part of the Secretariat. Currently there are four such Offices (see Tables I.1-I.4 and II.1 for Rome; see I.1-I.4 and II.2 for Bonn; see I.1-I.4 and II.3 for Barcelona; see I.1-I.4 and II.4 for Venice), located in Germany, Italy and Spain. They serve all Member States of the WHO European Region in their specific technical areas of competence corresponding to their missions and objectives (see the above-mentioned Tables). They make use of financial resources and in kind contributions by the host countries and WHO/EURO for the entire duration of the respective agreement. These resources are supplemented by other donors in relation to specific programmes and projects.

In 2010, the new WHO/EURO Regional Director, in compliance with Resolution EUR/RC54/R6, decided to initiate a review of GDOs, given the potentially crucial and important role in contributing to the work of the Regional Office and making it a Centre for Public Health Excellence. It was also decided to carry out such a review jointly with that of the European Observatory on Health Systems and Policies (the Observatory). However, given the differences in the legal status of the Observatory, it will be covered in a separate report from this one on the GDOs. This review is a part of the on-going efforts to adapt the WHO Regional Office for Europe to the rapidly changing European environment.

An *ad hoc* questionnaire was developed by the Review Group to facilitate data and information gathering and sent to the Offices in Barcelona, Bonn, Rome and Venice. Moreover, in order to gather additional information and to discuss specific aspects highlighted in the replies to the questionnaire, visits were paid by the Review Group to all the above-mentioned Offices during the month of July 2010. This Review is being carried out by keeping in mind a historical perspective covering the whole period 1990-2010, the worldwide experience of WHO with similar organizational approaches and the previous Review carried out on GDOs by Vittorio Silano in 2001.

1.1. Appraisal of objectives, results and problematic issues of each GDO

For the analysis of each one of the four entities covered by this Review, a harmonized approach has been adopted consisting of a description/discussion of: (i) Policy and programmatic aspects; (ii) Legal basis; (iii) Budgetary issues; (iv) Management and administrative issues; (v) Interactions with host country, WHO country offices and collaborating centres; (vi) External Scientific Advisory Board; (vii) Results and their external evaluation; (viii) Identity and visibility; and (ix) General considerations. Such an appraisal, focusing in particular on the period 2002-2009, is very helpful to understand the highly complex reality of each Office and main lights and shadows of the current individual situations discussed in details in the present report.

Synthesising all the information and data gathered, it can be said that all the reviewed Offices have been working and continue to work very hard with high quality results, significantly contributing to the implementation of WHO policies, commitments and resolutions to improve public health in Europe.

However, critical issues common to all GDOs and specific critical issues for each GDO have been identified which, if not adequately addressed, are likely to have negative impacts in the short and medium term periods. They can be grouped around four key issues: (a) host country support and interest; (b) WHO engagement with the Member States; (c) managerial and (d) unresolved legal issues.

One important, and often underestimated, issue is that managing structures located away from Copenhagen is obviously more demanding and complex than managing those in Copenhagen. Additional workloads are, therefore, unavoidable for managers in Copenhagen, especially if all the potentials and possible benefits offered by detached structures have to be exploited. On the other hand, people working away from Copenhagen tend to feel somewhat isolated and need to be more integrated into the Regional Office. This is why the improvement of management of distance structures should be seen as a main objective by WHO/EURO managers and receive a higher priority.

1.2. Main general conclusions

1.2.1. Increased technical resources, and additional benefits

The experience in the European Region during the last 20 years has been extremely positive in terms of increased technical resources and budgets for WHO/EURO programmes due to GDOs. As shown in the Tables I.1-I.4 and Tables II.1-II.4, increased budgets have become available for many specific priority areas alongside the high quality and quantity of the outputs. The main role of GDOs has been the development of technical programmes intended to facilitate the implementation by WHO/EURO Member States of resolutions and other policy documents of WHO/EURO Governing Bodies. In fact, a number of high quality scientific products of inter-country and global interest have

been made available, which are of use both in Europe and in other WHO regions. A considerable proportion of the efforts has been dedicated to support countries more in need and their institutions. Table I.1 shows that, in the biennium 2002-2003, the total cash income from all funding sources of the WHO/EURO entities under review, was close to US$ 20.1 million, corresponding to about 12% of EURO's total funds in the same period. Of this total budget, about 50% derived directly from country agreements, and the remaining 50% from a variety of other sources. The remaining part (about 1.6.million US$) derived mainly from services in kind from the host countries. In the biennium 2008-2009, the overall cash income (Table I.4) increased to more than US$ 31.8 million, mainly because of the increased funds received by the Rome Office, whereas the in-kind donations were reduced to about US$ 1 million. These results provide a clear indication of the higher sense of ownership provided by these approaches and by a higher relative easiness in contributing services in-kind and/or local secondments to WHO/EURO Offices located outside Copenhagen rather than directly to the Regional Office in Copenhagen.

Moreover, the Offices in Rome, Bonn, Barcelona and Venice have offered to WHO/EURO many less visible, but equally important, benefits including: (i) the opportunity to work more effectively with international and intergovernmental organizations established in the host country, e.g. FAO in Rome and various UN Bodies, the European Food Safety Authority (EFSA) in Parma and the Secretariat of the UNFCCC in Bonn; (ii) the development of many effective technical cooperation activities with the host country; and (iii) an opportunity for a better and deeper understanding of the health situation in the host country. Additional benefits of the GDOs include the greater flexible and more efficient raising of voluntary donations. It should also be considered that the experience acquired by GDOs through their activities has been distilled and provided as policy advice to WHO/EURO Governing Bodies for their consideration and possible use.

Not only have these special arrangements enabled WHO/EURO to expand, to attract additional resources and to involve Member States and other partners more effectively, but clear benefits have also been identified for Member States participating as host countries for specific offices or otherwise contributing to the activities under review.

1.2.2. New GDOs

In view of the outstanding results obtained so far and the status of the negotiations to establish the office on non-communicable diseases in Athens, the Working Group (WG) reached consensus that the further development of the WHO European Region would benefit from the establishment of new GDOs. Taking into account public health, political, economic and social conditions in the WHO European Region, the priority areas for such new GDOs include, in addition to "non-communicable diseases":

(i) Health Information;
(ii) Mental Health including neurodegenerative diseases;
(iii) Primary Health Care:
(iv) Aging population;

(v) Migrations and disadvantaged migrant population groups.

Given the cultural, economic and social diversity of the European Region it would make sense to look at these programme areas as of different priority for different countries or sub-regions of the European Region. “Health Information”, “Mental Health”, “Aging Population” and “Migrations and Disadvantaged, Migrant Population Groups” enjoy almost ubiquitous priority across the whole Region. Although Primary Health Care (PHC) could be looked at as a priority particularly of NIS countries, in reality, especially given the financial crisis, PHC as a cost-efficient and functional approach is relevant for the whole Region as well. This is also reflected by the importance re-accorded to PHC globally by the 61st WHA. Therefore, it is conceivable that a new GDO on PHC could be established in the European Region with an interregional or a global mandate.

1.2.3. Identity and visibility of the GDOs

The trend imposed by WHO/EURO, mainly during the two last biennia, was to diminish the identity and visibility of the Offices in Barcelona, Bonn, Rome and Venice. This is, probably, due to inadequate instruments used to implement a policy decision aimed at ensuring that these Offices were fully integrated units of the Regional Office. For example, the decision was taken by WHO/EURO to eliminate any reference to the place of implementation of programmes and any mention of the role of the Offices in its products (e.g. publications and documents and in some cases clear and visible web pages), thus preventing “branding” of the work carried out by the Offices in Barcelona, Bonn, Rome and Venice, with possible confusion for the external world about their responsibilities and areas of expertise. Moreover, in spite of the considerable extent of contributions received by WHO/EURO through the GDOs and at difference with other WHO initiatives (e.g, the European Observatory on Health Systems and Policies), no recognition or participating role has been provided to those who have made possible the activities of GDOs.

Therefore, specific mechanisms need to be developed to increase the visibility of the GDOs and provide some recognition to host countries and other contributors, while concurrently letting there be no doubt that these Offices and their staff are fully integrated into EURO. It is important for the GDOs to serve the international community but at the same time to give special attention to the host country (which is the funding country). This falls also in the visibility area, as each Centre could act as a WHO window for the public and media community in the hosting country and be immediately recognized as reference on all WHO issues (as it was in the past). As such, the Centre would be able to promote WHO relevant themes (also in collaboration with national counterparts) and be the spokesperson for WHO in the hosting country.

1.2.4. Accss to the European Commission’s resources

The way through which the four above-mentioned Offices can access the EC Public Health Programme has changed recently following the decision according to which only WHO/EURO, OECD, the European Observatory on Health Systems and Policies, CE and IARC are eligible for receiving funds corresponding in total to about 2 million euro per year. While such a development will ensure that WHO/EURO priorities will be taken properly into account through an internal competitive process, it has become impossible for the Offices in Barcelona, Bonn, Rome and Venice to directly access DG SANCO resources by participating to *ad hoc* calls as they have largely and effectively done so far. Moreover, additional difficulties may also be emerging for fund raising from DG RESEARCH's calls for proposals due to the strategic shift of the activities of GDOs in Europe over the last two biennia towards country work, in particular, in SEE and NIS countries (see also Section 1.3.5.).

1.2.5. Balance between inter-country and direct country support

A main issue for further consideration is related to the balance of work of GDOs between inter-country and assistance to countries activities and the way such a balance may affect innovation, although it is recognized that the feedback received from the interactions with local and national counterparts can be also very useful for the improvement of technical products. The production of innovative outputs can of course greatly contribute to visibility of GDOs. Considering the relatively small size of most GDOs, the value of their work in terms of policy development and evidence and knowledge generation, and the large request of technical assistance from a constantly growing number of countries, it is currently quite evident that it is difficult for the staff of the GDOs, as for the staff in Copenhagen, to satisfactorily respond to all countries' requests without compromising the ability to fully implement their inter-country work. Re-thinking the balance of activities in each GDO will be important to ensure that each is able to fulfil its main mission through an appropriate mix of country and inter-country work that generates innovations and lessons learned for the European Region and beyond.

Therefore, it is considered necessary that the organization of country work is deeply re-considered in WHO/EURO in order to find more satisfactory solutions without compromising an adequate balance of different activities in GDOs and promoting more innovative solutions also in country assistance activities.

1.2.6. Other critical factors

Looking at the common management practice used by WHO/EURO, there seems to have been a large lack of attention to the strategy recommended by the RC in 2003 for the operation of the GDOs. This had led to the need for:

- **strengthening technical and managerial home base in WHO/EURO.** If current approaches are due to continue and further expand, a much stronger organisation and role of the WHO/EURO Office is needed. Managerially and administratively EURO ought to be responsible for the overall direction and guidance and management of the work of the GDOs. Particularly, the last implication requires a

strong home base, a centre of gravity that acts with authority and competence internally and externally. For example in the case of the ECEH, EURO did not play this role recently. Previously, the Environment and Health Programme had a strong base at the Regional Office with a Divisional Director and Regional Advisors. Given its broad mandate as documented in various RC resolutions and increasingly important programme components such as climate change and health it would make much sense to re-establish in Copenhagen a Division on Environment and Health which would act with authority and competence internally and externally. Similarly, in the case of Barcelona, resource shortages have resulted in lack of adequate coverage of certain health system areas (e.g. hospitals, primary care, stewardship) in the Division of Health Systems and Public Health in Copenhagen, and Barcelona Office staff have had to provide coverage for these technical areas beyond the extent initially envisaged. In the case of the Rome and Bonn GDOs it should be mentioned that the engagement of these Centres in supporting International Environmental Agreements , such as the Protocol on Water and Health, the Convention for the Protection of The Mediterranean Sea Against Pollution (Barcelona Convention), etc, raises also the issue of governance and accountability to the Governing Bodies of these International Environmental Agreements and the need to reconcile management decisions by countries in appropriate forums such as the Meeting of the Parties, with those of WHO/Europe and of partner Organizations (e.g. UNEP and UNECE).

- **strengthening the current managerial system:**
  a. to cope with all the complex bilateral and multilateral relations necessary to establish and to maintain a GDO, at both high political level, to be taken care of by RD or a close high official in Copenhagen, and top administrative and scientific level in the host country, to be taken care of preferably by the Head of the GDO;
  b. to ensure the full integration of the personnel working in detached Offices within WHO/EURO in terms of rights, job classification, staff training and development, communications and recruitment speed as well as personnel mobility and rotation;
  c. to ensure a more adequate job description for the Administrative Officer (AO) whose role is absolutely crucial and who needs to be very familiar with procedures in use in WHO/EURO.

- **taking care of other critical factors, including:**
  a. promoting in all GDOs the implementation of an independent external evaluation, complementing programme- and activity-specific mechanisms in place: however, it is acknowledged that the work is currently evaluated according to the official process within WHO;
  b. trying to achieve that at least part of Programme Support Costs for funds raised by the GDOs remains in their disposal to partially cater for additional administrative costs to be borne by these offices

c. minimizing loose definitions of missions and areas of competences of the different Offices and avoiding lack of close coordination;
d. ensuring compliance with legal obligations of Agreements such as those concerning the establishment of a Scientific Advisory Board in some GDOs;
e. developing an adequate strategy to deal with growing requests, mainly from NIS countries, for technical cooperation and country support without loading an excessive burden on some GDOs.

1.2.7. Possible signs of loss of interest of Member States to act as host countries of GDOs

If the current low motivation by WHO/EURO vis-à-vis the host countries of GDOs continues, the possible interest of potential GDO host countries may be jeopardized. In fact, it is now more than 7 years that no new Offices have been established, while previously they had been established more frequently - in 1991 (Rome and Bilthoven), 1998 (Barcelona), 2001 (Bonn) and 2003 (Venice). The on-going negotiations with the Government of Greece to establish a detached Office on non-communicable diseases in Athens need to be mentioned here, but there is still a high degree of uncertainty of its realization.

Other signs of some loss of interest for such an experience/endeavour, even for some Governments who had been pioneers in the past, can be easily detected. This is the case, for instance, of Italy who in 3.5 years has not been able to ratify the renewal for 10 years of the agreement of the Rome Office stipulated in March 2007.

A similar situation can also be noted regarding the Spanish Government. Since 2004 it has been unable to stipulate a new Agreement with WHO/EURO to correct the initial mistake of the Agreement signed in 1998 by WHO/EURO only with the Government of the Autonomous Community of Catalonia (Generalitat of Catalonia) and not also with the Spanish Government. This situation has forced the Barcelona Office, at the expiration of the 5-year period, to work under six annual extensions of the initial agreement not providing, among others, for privileges and immunities of the staff. The legal situation of the office is impacting very negatively on the legal status in Spain of WHO staff members working at the Barcelona Office, on their families, and on the Office management and administration. This also limits the presence and visibility of the office in Spain. Additionally, WHO staff members from Spain working for the office can not benefit from some entitlements available for Spanish nationals working for other WHO offices or international organizations with a Host Agreement. Despite possible complications deriving from the recent worldwide financial crisis, the initial timing of the above-described events does not indicate a major role of the financial crisis in the emergence of these critical issues.

Obviously, some of the events described above could also result from the insufficient expression of appreciation of the host country and other contributors support to GDOs by high-level WHO/EURO management.

The possibility of having a "host relay" could be possible if, after a 10-year period, WHO/EURO could request expressions of interest from all Member States to host the Centre for the next "leg" of the relay.

1.3. Main recommendations

WHO/EURO and its Member States should strengthen the existing GDOs and consider the establishment of new GDOs in other core health domains, e.g. non-communicable diseases and primary health care. To this end, based on the recommendations of this Review, and taking into account the strategy adopted by the RC in 2004, an overall policy should be developed and adopted to maximise the benefits and minimise the inconveniences associated with the current setting. The main components of such a policy, including a set of strongly needed urgent interventions, are outlined below.

1.3.1. Urgent corrective and preventive actions

It is critical for WHO/EURO to avoid possible serious adverse effects to the current system of GDOs in the European Region which might arise from the loss of interest of Member States to act as host countries, eventually reinforced by the worldwide financial crisis. WHO/EURO, in close collaboration with Member States has, therefore, to take urgent and determined action for:

a) Strengthening coordination with WHO/EURO of the Offices in Barcelona, Bonn, Rome and Venice. Important elements for strengthening WHO/EURO as regards its responsibility vis-à-vis GDOs refer to strong technical and managerial links with the responsible Divisions and to an improved institutionalized cross-fertilization between all Divisions and the GDOs. Such a fundamental objective could be better achieved by providing mechanisms and resources that create a strong home base in EURO which coordinates internally and externally the relations with GDOs, by ensuring strategic guidance, reviewing workplans and budgets and speaking with authority and competence. To this end, as the Executive Management of the WHO European Regional Office is composed of representatives (at the Director/Coordinator level) from all EURO Divisions, it should be sufficient to strengthen its specific terms of reference in this area and t ensure the regular participation (e.g. once a month) of the heads of GDOs in the Executive Management Meetings.

Moreover, given the broad mandate of the environment and health programme area as documented in various RC resolutions and increasingly important programme components such as climate change and health, it is strongly recommended to re-establish in Copenhagen a Division of Environment and Health which would act with authority internally and externally. Such a decision would also increase the visibility of the ECEH and their role in the EEHP and would eliminate managerial shortcomings vis-à-vis the ECEH.

In addition, also the technical and managerial links of WHO/EURO with the Barcelona Office need to be made more effective preferably by strengthening the Division of

Health Systems and Public Health in WHO/EURO to restore a better balance in the overall organization (see also Section 1.4.2.).

b) Re-establishing fully the identity/visibility of the Offices in Barcelona, Bonn, Rome and Venice which have been currently curtailed. Visibility is a function of the quality of the work, but also of good communication and media relations. The Regional Office needs to establish and implement a policy to strengthen identity and visibility of GDOs along the lines indicated previously. This should be based not only on providing full recognition of the work carried out, but also on the regional communication and media relation policy and strategy currently being developed, trying to keep a comprehensive approach. Focused presentations or public events (such as celebrations or launches of publications) where the roles of the GDOs come through more visibly could be very helpful. The issue is not the quantity or the quality but how this can be best done within the current institutional arrangements of WHO. A related issue is the opportunity of attributing to GDOs as broad as possible WHO representation roles in the countries they are located.

c) Re-establishing a reasonable recognition of partners (i.e. host countries and other contributors) participating in the GDOs. It is recommended to establish a "Consultative Body", chaired by a senior Regional Office staff member, that effectively links the four Offices to WHO/EURO, the Host Countries and other Member States and partners who have an interest in the Offices. This Body could be supported by the team of responsible staff members and should address all the issues common to the four GDOs and provide opportunities for identifying possible synergies and co-operation among the four GDOs and other WHO/EURO sectors. The objective here is to promote good communication and coordination to exploit for the best the many potentialities of the system in place by means of a "light" administrative tool.

d) Promoting the access to different funding sources for all GDOs and organizing fund raising in a more effective manner in Copenhagen and GDOs. In pursuing this task it is also essential to optimize approaches to access European Commission's resources other than DG SANCO and DG RESEARCH including the DGs DEVELOPMENT, ENVIRONMENT, RELEX and EMPLOYMENT, and also to try to exploit other opportunities offered by various international organizations, particularly for country support. This may also include the private sector and foundations. The establishment of autonomous financing systems for intergovernmental agreement, such as in the Convention for the Protection of The Mediterranean Sea Against Pollution (Barcelona Convention), could also be a potential source of stable, predictable and adequate funding for programmes in partnership.

e) Development of a general policy including standard criteria and procedures to establish a mutually reinforcing balance of work within each GDO between inter-country activities and direct assistance to countries. Overall, the GDOs, originally conceived as centres with specialized functions for generating knowledge and evidence for policy-making, have contributed significantly to the implementation of the Regional Office's policies and strategic plans. Their recent increasing shift to direct country

support is a phenomenon borne out of a policy decision of the previous EURO administration (the "Country Strategy") to shift the balance of effort towards greater emphasis on country work. This decision affected all EURO programmes, including those based in the GDOs, and in turn more and more Member States, particularly SEE and NIS countries, have come to rely on technical cooperation with the GDOs. However, such a shift may not be easily acceptable to host countries who have established specific GDOs as they may prefer to carry out country assistance work through a bilateral approach. There is a concern that important inter-country activities may have been sacrificed as a result, and therefore, the Regional Office needs to establish a clear regional policy and guidance to ensure that country and inter-country activities are mutually supportive. In addition, and in particular in consultation with the CO of the recipient countries, the Office should seek more efficient methods of providing assistance that both limit the demands on staff time while ensuring that the countries get the support they need. Possibilities to be considered may include developing and using rosters of well-trained experts in specific programme areas, *ad hoc* consortia and WHO Collaborating Centres. Such mechanisms are already used to varying extents but need to be further explored as part of the wider effort to enable a more effective balance of EURO staff time.

f) Ensuring the establishment for each GDO of an External Scientific Advisory Board. Such a Board should advise the Head of the Office on a number of critical and general issues linked to the strategic directions of the work of the GDO and, when needed, should also report to the Regional Director on specific issues of high relevance. Main tasks for such a Board in each GDO should include: (i) a regularly updated appraisal of the main developments in the area of competence of the GDO; (ii) development of proposals concerning the main scientific activities to be considered by the GDO; and (iii) regular evaluation of the results of the GDOs in terms of innovation and problem solving (as a supplement to the standard workplan evaluation mechanisms that exist within WHO). Therefore, this Advisory Board is very much seen as the science interface in the areas of competence of the GDO. It would also be very important to effectively link the GDOs Scientific Boards, once established, with the European Advisory Committee on Health Research (EACHR) whose main task is to generate knowledge to advice on health-conducive policies. Such an objective could be best pursued, under the coordination of the Chief Scientist in WHO/EURO, by promoting EACHR's consideration of main results of the External Scientific Advisory Boards.

g) An alternative denomination for the GDOs. The terminology "Geographically Dispersed Offices" should be phased down. A possible alternative formulation could be "Specialized WHO/EURO Centres". Not only would such an alternative denomination would be more easily understandable than the current one, but it would also recall the original spirit of GDOs, initially intended as new structures from which to take action to develop knowledge in specific sectors.

h) Intensifying the action for establishing new GDOs. This recommendation applies particularly to: (i) the GDO in Athens on non-communicable diseases on which some progress has already been made; and (ii) the GDO on "primary health care", preferably in

one of the NIS countries following the conclusion of the WHA in 2008 to re-accord priority to this subject. Other priority areas for the establishment of new GDOs are: (a) Health Information; (b) Mental Health including neurodegenerative diseases; (c) Aging population and (d) Migrations and disadvantaged migrant population groups.

i) ensuring compliance with the strategy as contained in Resolution EUR/RC54/R6 and reinforced and expanded in the "Guidelines on the establishment, management and phasing out of GDOs" (see Appendix 1). A number of additional issues have been identified in the present Review which, if properly dealt with, could considerably improve the situation (Section 4) and facilitate the establishment of new GDOs. Therefore, it is recommended that both for the establishment of new GDOs and for the improvement of the functioning of the existing ones, constant reference is made by WHO/EURO and GDOs to the following guidelines presented in Appendix 1.

1.3.2. Additional recommendations

A number of additional issues have been identified in the present Review which, if properly dealt with, could considerably improve the situation (see Section 1.3.) and facilitate the establishment of new GDOs. Therefore, it is recommended that both for the establishment of new GDOs and for the improvement of the functioning of the existing ones, compliance is ensured with the Strategy as contained in Resolution EUR/RC54/R6 and reinforced and greatly expanded in the "Guidelines on the establishment, management and phasing out of GDOs" provided in the Section 5.3 of this Review.

Moreover, main recommendations only applicable to specific Offices are highlighted as follows:

The highest priority of the Rome Office is the urgency of ratifying the renewal Agreement for 10 years signed in March 2007 and kept on standby now for more than 3.5 years. This calls for a direct intervention by the Regional Office at the highest possible level. It would also be important to consider how to highlight the focus of the Rome Office activities in order to increase its identity and visibility. and to address the question on how to make sure that its activities are more clearly positioned within the framework of its core mission.

Importantly, there should be a clear specification of the roles and responsibilities of Bonn and Rome in the aftermath of the adoption of the Parma Declaration and the new infrastructure of the EEHP.

An excessive spreading of competencies and an unbalanced over-allocation of human and financial resources to direct country support may reduce available staff time which is essential for innovation in the work at Regional level as well as the innovation ability and capacity.

An overall title of the ECEH Bonn such as "living and working environment" catches most of the work done and may be the best given the circumstances. However, there is a

need to define clearly the "core business" of the Office and the critical mass to carry this out.

The highest priority intervention of the Barcelona Office is the urgency of stipulating the basic Agreement between WHO/EURO and the Spanish Government. This calls for a direct intervention by the Regional Office at the highest possible level. Another immediate priority is to strengthen the technical and resource base of the Division of Health Systems and Public Health in Copenhagen, to which the Barcelona Office is attached in the EURO organigram. On many occasions, Barcelona Office staff members have to compensate for staff shortages in the Division with regard to country work in key technical areas, and this has implications for the capacity of the staff in Barcelona to focus on their core mission. A secure resource base for the Division that ensures coverage of all key health systems content areas would have important beneficial spillover effects for the work of the Barcelona Office.

The Venice Office's work on social determinants of health needs to be coordinated and enhanced by cooperating with other UN Agencies (e.g. ILO, FAO and UNECE). At present, there is no mechanism that would enable the Office to engage in such cooperation in Europe.

All the outcomes of the Ministerial Conference on environment and health in Parma, including the declaration should be looked at jointly by all GDOs with a view to identify areas of cooperation.

Table I.1 - WHO Regional Office for Europe's geographically dispersed offices[a]: main technical domain, staffing and funding (US$) for the biennium 2002-03

OFFICE	MAIN TECHNICAL DOMAIN	NO. OF STAFF	FUNDING $ 000					SERVICES IN KIND	AGREEMENT START DATE	AGREEMENT END DATE
			REGULAR BUDGET (WHO/EURO)	GDO AGREEMENT	AMOUNT DONATED BY OTHER SOURCES	NO. OF OTHER SOURCES	TOTAL CASH			
Barcelona	Primary care Hospitals Emergency care Integrated care Telemedicine HFA update	11	694	3 227	205	n/a	4 126	435	1999	2010[b]
Bonn	Air quality Environment & Health Information system (EHI) Housing Noise Nuclear emergencies	25 (incl. short term)	441 (incl. AS)	2 377 (allotted)	2 149 (allotted)	10 (approx)	4 967	646	2001	2010
Rome[c]	Children's health and environment (CHE) ECR Management and Coordination Food safety (FOS) Global change and health (GCH) Health impact assessment methods and strategies (HMS) Information Outreach (INO) Mediterranean action plan (MED) Transport and Health (TRT) Water and sanitation (WSN)	32[d]	1 312	2 422[f] Amount as per agreement = EUR 1 342 788 p.a.	4 299	15	8 033	0	1991	2006[f]
Venice	Macroeconmics and health Investment for health Social and economic determinants for health Health Promotion (population health) Health behaviour in school-aged children Poverty and health European Committee for health promotion and development (ECHPD)	7	588 (PSC not included)	2 187 (PSC not included)	217 (PSC not included)	3	2 992 (PSC not included)	573	2003	2013
Total		**75**	**3 035**	**10 213**	**6 870**		**20 118**	**1 654**		

[a] Located in Barcelona (Spain), Bonn (Germany), Rome (Italy) and Venice (Italy)

[b] Agreement to be reviewed on a yearly basis

[c] Figures have been updated in order to reflect those consolidated at the end of the biennium

[d] Includes Athens staff

[e] Due to fluctuations in the exchange rate, contributions which were originally paid in currencies different from US$ may be affected significantly by the exchange rate prevailing at the time the donation was received. In addition, carry forward amounts may also affect these figures.

[f] Agreement renewed in 2007 but still waiting for Parliamentary ratification

Table I.2 - WHO Regional Office for Europe's geographically dispersed offices[a]: main technical domain, staffing and funding (US$) for the biennium 2004-05

OFFICE	MAIN TECHNICAL DOMAIN	NO. OF STAFF	FUNDING $ 000					SERVICES IN KIND	AGREEMENT START DATE	AGREEMENT END DATE
			REGULAR BUDGET (WHO/EURO)	GDO AGREEMENT	AMOUNT DONATED BY OTHER SOURCES	NO. OF OTHER SOURCES	TOTAL CASH			
Barcelona	Primary care Hospitals (Health promoting hospitals and PATH) Emergency care Integrated care Telemedicine HFA update Medical education	13	218	2 225	2 596	n/a	5 039	450	1999	2010[b]
Bonn	Air quality Environment & Health Information system (EHI) Housing Noise	20 (incl. short term)	514 (including AS)	2 741 (allotted)	2 671 (allotted)	7	5 926	812	2001	2010
Rome[c]	Children's health and environment (CHE) ECR Management and Coordination Food safety (FOS) Global change and health (GCH) Health impact assessment methods and strategies (HMS) Information Outreach (INO) Mediterranean action plan (MED) Resource and Sustainable Development (RSD) Transport and Health (TRT) Violence and injury prevention (VIP) Water and sanitation (WSN)	34[d]	1 806 (incl. AS funds)	4 177[e] Amount as per agreement = EUR 1 342 788 p.a.	4 864 (incl. XM funds)[f]	16	10 847	0	1991	2006[g]
Venice	Macroeconmics and health Investment for health Social and economic determinants for health Health Promotion (population health) Health behaviour in school-aged children Poverty and health European Committee for health promotion and development (ECHPD)	12.5	706 (PSC not included)	2 055 (PSC not included)	674 (PSC not included)	6+CVC	3 435	574	2003	2013
Total		**79.5**	**3 244**	**11 198**	**10 805**		**25 247**	**1 836**		

[a] Located in Barcelona (Spain), Bonn (Germany), Rome (Italy) and Venice (Italy)
[b] Agreement to be reviewed on a yearly basis
[c] Figures have been updated in order to reflect those consolidated at the end of the biennium
[d] Includes Athens staff
[e] Due to fluctuations in the exchange rate, contributions which were originally paid in currencies different from USD may be affected significantly by the exchange rate prevailing at the time the donation was received. In addition, carry forward amounts may also affect these figures
[f] includes flexible funds distributed by WHO/HQ to the Regional Office are included (see paragraph 3.1.3 of the report)
[g] Agreement renewed in 2007 but still waiting for Parliamentary ratification

Table I.3 - WHO Regional Office for Europe's geographically dispersed offices[a]: main technical domain, staffing and funding (US$) for the biennium 2006-07

OFFICE	MAIN TECHNICAL DOMAIN	NO. OF STAFF	FUNDING $ 000					SERVICES IN KIND	AGREEMENT START DATE	AGREEMENT END DATE
			REGULAR BUDGET (WHO/EURO)	GDO AGREEMENT	AMOUNT DONATED BY OTHER SOURCES	NO. OF OTHER SOURCES	TOTAL CASH			
Barcelona	Primary care Hospitals (Hosp. performance and Hosp. reform and Health Promoting Hospitals) Emergency care Medical Education Quality e-Health Health care delivery Health financing policy Capacity for health policy analysis	9-11	394	1 994	1 952	n/a	4 340	505	1999	2010[b]
Bonn[c]	Air quality Chemical safety (from 10/06) Envir. & Health Information system (EHI) Housing Noise Occupational health Communication (05/06-02/07)	21 (incl. short term)	380 (allotted)	2 944 (allotted)	2 836 (allotted)	10 (5 EC projects counted as 1 source)	6 160 (incl. PSC)	712	2001	2014
Rome	Children's health and environment (CHE) ECR Management and Coordination Food safety (FOS) Global change and health (GCH) Health impact assessment methods and strategies (HMS) Information Outreach (INO) Mediterranean action plan (MED) Resource and Sust. Development (RSD) Transport and Health (TRT) Violence and injury prevention (VIP) Water and sanitation (WSN)	34[d]	1 807	3 297[e] Amount as per agreement = EUR 1 342 788 p.a. Amount as per agreement for 2007 = EUR 1 680 400 p.a.	9 718 (incl. XM)[f]	20	14 822	0	1991	2016[g]
Venice	Macroeconmics and health MDGs Investment for health Social and economic determinants of health Health promotion gov. (population health) Health behaviour in school-aged children Poverty and health Health inequalities (incl. vulnerable groups) Comm. on Social Determinants of Health	12.5	593 (PSC not included)	2 366 (PSC not included)	3 060 (PSC not included)	8+CVC	6 019	756	2003	2013
Total		**78.5**	**3 174**	**10 601**	**17 566**		**31 341**	**1 973**		

[a] Located in Barcelona (Spain), Bonn (Germany), Rome (Italy) and Venice (Italy)
[b] Agreement to be reviewed on a yearly basis
[c] Based on AMS as of 13/08/2010, figures slightly different from the GDO report page 10
[d] Includes Athens staff
[e] Due to fluctuations in the exchange rate, contributions which were originally paid in currencies different from US$ may be affected significantly by the exchange rate prevailing at the time the donation was received. In addition, carry forward amounts may also affect these figures
[f] includes flexible funds distributed by WHO/HQ to the Regional Office are included (see paragraph 3.1.3 of the report)
[g] Agreement renewed in 2007 but still waiting for Parliamentary ratification

Table I.4 - WHO Regional Office for Europe's geographically dispersed offices[a]: main technical domain, staffing and funding (US$) for the biennium 2008-09

OFFICE	MAIN TECHNICAL DOMAIN	NO. OF STAFF	FUNDING $ 000					SERVICES IN KIND	AGREEMENT START DATE	AGREEMENT END DATE
			REGULAR BUDGET (WHO/EURO)	GDO AGREEMENT	AMOUNT DONATED BY OTHER SOURCES	NO. OF OTHER SOURCES	TOTAL CASH			
Barcelona	Hospitals Emergency care e-Health Health financing policy Capacity for health policy analysis	12	625	3 629 (excl. PSC 472)	2 607	5	6 861	n/a	1999	2010[b]
Bonn	Air quality (2009 – Living Environment and Health) Chemical safety (2008 only) Environment and health information system (EHI) Housing (2009 – LEH) Noise (2009 – LEH) Occupational Health	12 (2008-14 2009-11)	321	2 850	1 942	10	5 113 (including PSC)	302 (including fictive rent and subsidy for building operations)	2001	2014
Rome	Children's health and environment (CHE) ECR Management and Coordination Food safety (FOS) Global climate change and health (GCH) Health impact assessment methods and stragegies (HMS) Information Outreach (INO) Mediterranean action plan (MED) Resource and Sustainable Development (RSD) Transport and Health (TRT) Violence and injury prevention (VIP) Water and sanitation (WSN)	34[c]	1 475	4 445[d] Amount as per Agreement = EUR 1 680 400 p.a.	10 394[e]	15	16 341	0	1991	2016[f]
Venice	Macroeconmics and health MDGs Investment for health Social and economic determinants of health Health promotion governance (population health) Health behaviour in school-aged children Poverty and health Health inequalities (including vulnerable groups) Commission on Social Determinants of Health	12 +1 HQ secondment	420 (PSC not included)	1 600[g] (PSC not included)	1 403 (PSC not included)	5+CVC	3 423	600	2003	2013
Total		**71**	**2 841**	**12 524**	**16 346**		**31 738**	**902**		

[a] Located in Barcelona (Spain), Bonn (Germany), Rome (Italy) and Venice (Italy)
[b] Agreement to be reviewed on a yearly basis
[c] Includes Athens staff
[d] Amount not yet received due to the fact that the agreement was renewed in 2007 but is still waiting for parliamentary ratification. Due to fluctuations in the exchange rate, contributions which were originally paid in currencies different from USD may be affected significantly by the exchange rate prevailing at the time the donation was received. In addition, carry forward amounts may also affect these figures.
[e] includes flexible voluntary donations distributed by WHO HQ to WHO/EURO
[f] Agreement renewed on 2007 but still waiting for Parliamentary ratification
[g] Contribution of Veneto Region plus Italian Ministry of Health

Table II.1 – Rome Office of the WHO Regional Office for Europe: staffing and funding (US$) for the biennia from 2002 to 2009

BIENNIUM	NO. OF STAFF	FUNDING $ 000					SERVICES IN KIND	AGREEMENT START DATE	AGREEMENT END DATE
		REGULAR BUDGET (WHO/EURO)	GDO AGREEMENT	AMOUNT DONATED BY OTHER SOURCES	NO. OF OTHER SOURCES	TOTAL CASH			
2002-2003	32[e]	1 312[b]	2 422	4 299	15	8 033	0	1991	2006
2004-2005	34[e]	1 806[b]	4 177	4 864[a]	16	10 847	0	1991	2006
2006-2007	34[e]	1 807[b]	3 297	9 718[a]	20	14 822	0	1991	2016[c]
2008-2009	34[e]	375	4 445[d]	11 494[a]	15	16 314	0	1991	2016[c]

[a] includes flexible funds distributed by WHO/HQ to the Regional Office (see paragraph 3.1.1 of the report)
[b] includes AS funds
[c] agreement renewed in 2007 but still waiting for Parliamentary ratification
[d] amount not yet received due to the fact that the agreement was renewed in 2007 but is still waiting for parliamentary ratification
[e] includes Athens staff

Please note: due to fluctuations in the exchange rate, contributions which were originally paid in currencies different from US$ may be affected significantly by the exchange rate prevailing at the time the donation was received. In addition, carry forward amounts may also affect these figures.

Table II.2 – Bonn Office of the WHO Regional Office for Europe: staffing and funding (US$) for the biennia from 2002 to 2009

BIENNIUM	NO. OF STAFF	FUNDING $ 000					SERVICES IN KIND	AGREEMENT START DATE	AGREEMENT END DATE
		REGULAR BUDGET (WHO/EURO)	GDO AGREEMENT	AMOUNT DONATED BY OTHER SOURCES	NO. OF OTHER SOURCES	TOTAL CASH			
2002-2003	25	441 (incl. AS)	2 377 (allotted)	2 149 (allotted)	10 (approx)	4 967	646	2001	2010
2004-2005	20	514 (including AS)	2 741 (allotted)	2 671 (allotted)	7	5 926	812	2001	2010
2006-2007	21	380 (allotted)	2 944 (allotted)	2 836 (allotted)	10 (5 EC projects counted as 1 source)	6 160 (incl. PSC)	712	2001	2014
2008-2009	12	321	2 850	1 942	10	5 113 (including PSC)	302	2001	2014

Table II.3 – Barcelona Office of the WHO Regional Office for Europe: staffing and funding (US$) for the biennia from 2002 to 2009

BIENNIUM	NO. OF STAFF	FUNDING $ 000					SERVICES IN KIND	AGREEMENT START DATE	AGREEMENT END DATE
		REGULAR BUDGET (WHO/EURO)	GDO AGREEMENT	AMOUNT DONATED BY OTHER SOURCES	NO. OF OTHER SOURCES	TOTAL CASH			
2002-2003	11	694	3 227	205	n/a	4 126	435	1999	2010[c]
2004-2005	13	218	2 225	2 596	n/a	5 039	450	1999	2010[c]
2006-2007	9-11	394	1 994	1 952	n/a	4 340	505	1999	2010[c]
2008-2009	12	625	3 629 (excl. PSC 472)	2 607	5	6 861	n/a	1999	2010[c]

Table II.4 – Venice Office of the WHO Regional Office for Europe: staffing and funding (US$) for the biennia from 2002 to 2009

BIENNIUM	NO. OF STAFF	FUNDING $ 000					SERVICES IN KIND	AGREEMENT START DATE	AGREEMENT END DATE
		REGULAR BUDGET (WHO/EURO)	GDO AGREEMENT	AMOUNT DONATED BY OTHER SOURCES	NO. OF OTHER SOURCES	TOTAL CASH			
2002-2003	7	588 (PSC not included)	2 187 (PSC not included)	217 (PSC not included)	3	2 992 (PSC not included)	573	2003	2013
2004-2005	12.5	706 (PSC not included)	2 055 (PSC not included)	674 (PSC not included)	6+CVC	3 434	574	2003	2013
2006-2007	12.5	593 (PSC not included)	2 366 (PSC not included)	3 060 (PSC not included)	8+CVC	6 019	756	2003	2013
2008-2009	12 +1 HQ secondment	420 (PSC not included)	1 600[f] (PSC not included)	1 403 (PSC not included)	5+CVC	4 203	600	2003	2013