World Health Organization

REGIONAL OFFICE FOR Europe

Regional Committee for Europe
Sixty-third session

EUR/RC63/Inf.Doc./7

Çeşme Izmir, Turkey, 16–19 September 2013

27 August 2013

Provisional agenda item 5(j)

ORIGINAL: ENGLISH

Progress report on the WHO European Office for Investment for Health and Development, Venice, Italy (WHO/PCR-SDH)

This information document contains a progress report on the work of the WHO European Office for Investment for Health and Development, Venice, Italy, a WHO Regional Office for Europe geographically dispersed office.

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Introduction

1. The geographically dispersed office (GDO) in Venice was established by a Memorandum of Agreement as an integral part of the WHO Regional Office for Europe (article 1, paragraph 1). The Memorandum covers the mission, function, organizational structure, activities and premises of the office and contributions from the host country and from the WHO Regional Office for Europe. The Memorandum also covers privileges and immunities, telecommunications and other aspects of running the Venice GDO.

2. The Memorandum of Agreement entered into force on 1 June 2003 following an exchange of *nota verbale* between the Embassy of Italy in Denmark and the WHO Regional Office for Europe. The Venice GDO was formally opened in December 2003 for a renewable duration of 10 years. The renewal of the Venice GDO for the period 2013–2017 is now in its final phase, pending Parliamentary ratification.

3. The Memorandum states that the Venice GDO will have the equivalent of six professional positions and five general service positions at full regimen. The Head of the Venice GDO reports directly to the Director, Division of Policy and Governance for Health and Well-being.

Technical area and structure

4. In light of its mandate to address the social determinants of health, the Venice GDO fulfils two major, interrelated functions, which are also stated in the Memorandum (articles 2a and 2b):

- The monitoring, review and systematization of the increasing new research findings on the determinants (social and economic) of population health.
- The provision of services, technical assistance to, and cooperation with, Member States to enhance their capacity (at national and sub-national levels) to act upon the evidence of the social and economic determinants of health.

5. In filling its mandate, the Venice GDO has addressed two priorities:

- filling gaps in information and evidence on a number of issues relating to the social determinants of health, which has resulted in over 60 scientific products; and
- the design, implementation and development of analytical tools for technical assistance, to increase the capacity of countries to act across the whole of government on the social determinants of health and to reduce health inequities.

6. The GDO has a multidisciplinary team of professional and administrative support staff. The actual number of technical staff varies over time, but the core staff consists of the Head of the GDO, one programme manager, one policy development officer and two technical officers. Since April 2013, the Venice GDO has hosted a migration and public health project, which is staffed by one coordinator and technical consultants. Additional recruitment for this project is foreseen.

7. Administrative coordination and support are provided by an administrative officer (P2 level) and four support staff; the latter include an information technology coordinator. The team also deals with all building security and maintenance issues.

8. The Venice GDO is fully integrated with the Division of Policy and Governance for Health and Well-being in Copenhagen, to which the Head of the GDO reports. It is through such integration, both technical and administrative, that the Venice GDO operates. The Venice GDO also hosts interns, secondments and volunteers selected on the basis of their profiles and their ability to make concrete, well-defined contributions in the area of social determinants of health and equity.

Relationship to the WHO Regional Office for Europe and its work programme

9. The mission and structure of the Venice GDO are integral parts of the WHO Regional Office for Europe, as established in the Memorandum of Agreement. The GDO is an integral part of the Division of Policy and Governance for Health and Well-being (see above). Administratively, the Venice GDO accounts are included in the overall administration, planning and reporting of the Regional Office. During the period of the Eleventh Global Programme of Work (2006–2015), the Venice GDO concentrated mainly on strategic objective 7.[1]

10. The Venice GDO has also contributed to various aspects of WHO's work. Examples in the two past bienniums are the findings of the Commission on Social Determinants of Health for several technical units and the report entitled *Millennium Development Goals in the WHO European Region: A situational analysis at the eve of the 5-year countdown*. The Venice GDO was centrally involved in the process that led to endorsement of Health 2020 and in a number of scientific studies and reviews that provided the evidence for Health 2020.

11. Since April 2013, the Venice GDO has hosted a project on migration and public health, as mentioned above.

Achievements

Scientific products and analyses

12. Achievements made by the Venice GDO in the area of scientific products are widely recognized by the international scientific and public health community. Annex 2 lists selected scientific products that reflect the work of the Venice GDO since 2009. In addition to the scientific achievements summarized in Annex 2, major contributions of the Venice GDO in the period before 2009 include:

- the two volumes of *Concept and principles for tackling social inequities in health: Levelling up, Part 1*; and *European strategies for tackling social inequities in health: Levelling up, Part 2* (2007);
- the publication resulting from support given to the countries in the Stability Pact, entitled *Health and economic development in south-eastern Europe*, which was named by the

[1] Strategic objective 7 covers the entire mission of the Venice GDO, as it addresses "the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches". In view of the cross-cutting nature of the work, the Venice GDO also contributed to implementation of strategic objectives 4, 6 and 10.

British Medical Association as the most outstanding publication in public health in 2007; and

- extensive contributions to evidence and research in the area of health and development.[2]

Provision of technical assistance to Member States

13. Practical technical assistance requested by Member States has increased over the years. In the bienniums 2008–2009 and 2010–2011, technical assistance was provided by means of bilateral and other cooperation arrangements to 29 Member States.

14. Support was also provided to the European Union Presidencies of the United Kingdom (2005), Slovenia (2010) and Spain (2010) for their priorities related to social determinants of health and health inequities. For example, the Venice GDO provided the bulk of technical assistance and coordinated WHO support to the health equity priority of the Spanish European Union Presidency in 2010 (see Annex 2 for full reference to this work).

15. In the current biennium, 2012–2013, the Venice GDO gave technical assistance and support to 22 Members States through either country or multicountry activities. The support given ranges from training of human resources in ministries to conduct complex country-wide assessments and capacity-building to strengthen governance for addressing social determinants of health and related health inequities. One example of technical assistance provided through multi- and intercountry activities is the work of the Venice GDO with the Southern Eastern European Health Network, which comprises 10 Member States, that led to the Banja Luka Pledge, *Health in all policies in South-eastern Europe: a shared goal and responsibility*, in October 2011. Another example is the strategic platform to assist countries with small populations (less than 1 million) to develop and exchange know-how and effective practices, funded by San Marino. The aim of this project is to assist such countries (given their special needs) to implement Health 2020 and its strategic objective of promoting health and reducing health inequities.

16. The Venice GDO has developed a number of tools to support Member States and provide high quality technical assistance. A particularly innovative tool used in country work is *The investment for health and development appraisal*, which is a service developed and tested in countries requesting support to strengthen institutional capacity and increase policy focus on social determinates of health. Countries that have requested this service include Slovenia (2009–2010), Serbia (2012) and Montenegro (2012–2013). The service involves four stages of analysis, and the results include greater awareness of health equity within a country and an agreed, feasible plan to improve institutional capacity and policy performance to achieve health equity goals in the short and medium term. The Venice GDO has provided technical assistance to strengthen policies and governance for health determinants in countries by bridging across sectors and supporting partnerships across society, in line with the implementation approaches of Health 2020. Between 2009 and 2013, technical assistance was given to countries including the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Moldova, Poland, Portugal, Slovakia and Slovenia.[3]

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[2] For example: *Adult health in the Russian Federation: more than just a health problem* (2007) and *Poverty, social exclusion and health systems in the WHO European Region* (2010). (See also Annex 2).

[3] Some of this work is reported in the forthcoming publication *Governance for social determinants and health equity for the 53 countries of the WHO European Region. Governance and delivery mechanisms* (see Annex 2); others are available at http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/social-determinants/publications.

Follow-up of Regional Committee and World Health Assembly resolutions

17. The Venice GDO has followed up Regional Committee resolution EUR/RC52/R7 on poverty and health, resolution WHA62.14 of the World Health Assembly in 2009 on reducing health inequities and the Political Declaration on the Social Determinants of Health.[4]

Financing, budgets and expenditures

18. For the period 2010–2011, the total revenue mobilized was US$ 2 636 245, and in-kind services totalled US$ 589 000 (estimated), giving a total of US$ 3 225 245. The expenditures of the Venice GDO totalled US$ 3 995 609,[5] which cover running costs, salaries and both inter-country and country activities. About 4% of the expenditures was for running the Venice GDO, about 72% for staff salaries and about 24% for intercountry and country activities.

Cost-sharing arrangements with the Italian Government and other parties

19. For the existing agreement (2003–2013), the Veneto Region provided €671 000 per annum as a cash contribution and provided the office premises (including all utilities, telephone, security and cleaning) as an in-kind contribution. (The contribution for 2013 has not yet been transferred, as payments are transferred in the latter part of the calendar year.) The Ministry of Health of Italy provides €309 880 per annum for a 10-year period. The first graph in Annex 1 shows the funding patterns since the centre was opened and indicates a peak in 2006–2007, when funds for a large multibiennial project were received.

20. For the 2013–2017 renewal, the Italian Government will provide €600 000 annually from the Ministry of Health and €300 000 as a cash contribution. The Veneto Region gives an in-kind contribution of the office premises. In addition, the Tuscany Region will provide €250 000 per annum. As mentioned above, the Government of San Marino will contribute €200 000 in cash and €50 000 in-kind per annum. In addition, funds for the migration and public health project will be provided by the Italian Ministry of Health in 2012–2014 (€500 000 per annum), as reflected in the graph in Annex 1.

Outstanding issues

21. The renewed agreement (2013–2017) was signed by the Regional Director, the Minister of Health and the President of the Veneto Region in November 2012. Since then no real progress has been made as it has not yet been submitted to the Parliament for ratification. As the funding related to the renewal of the Venice GDO will only be released once the renewed agreement is ratified, there is cause for concern as funds for maintaining the Office will soon be

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[4] Major products include the 2003 report *Health systems confront poverty* and the 2010 report *Poverty and social exclusion in the European Region: Health systems respond*.

[5] The Venice office expended more than its total income for 2010–2011 because several projects cover several bienniums (e.g. Department of Health of England, Tuscany Region) and funds were therefore carried forward from 2008–2009.

depleted. Discussions are ongoing with the Italian Government to resolve this issue. A further verbal report will be provided during the sixty-third Regional Committee meeting.

Conclusions

22. The technical area covered by the mission of the Venice GDO is a priority for implementation of Health 2020, which is increasingly prominent on the agendas of the Regional Office and its Member States.

23. Over the years, the Venice GDO has had a good "track record" in its area of expertise and has forged solid working relationships with Member States, WHO country offices, national and subnational institutions and European organizations. It is uniquely placed to play a major role in the Regional Office's support to Member States in implementing Health 2020 and in shaping action on the social determinants of health in Europe and globally.

Annex 1. Financing overview (figures for 2012–2013 are projections)

Fig. 1

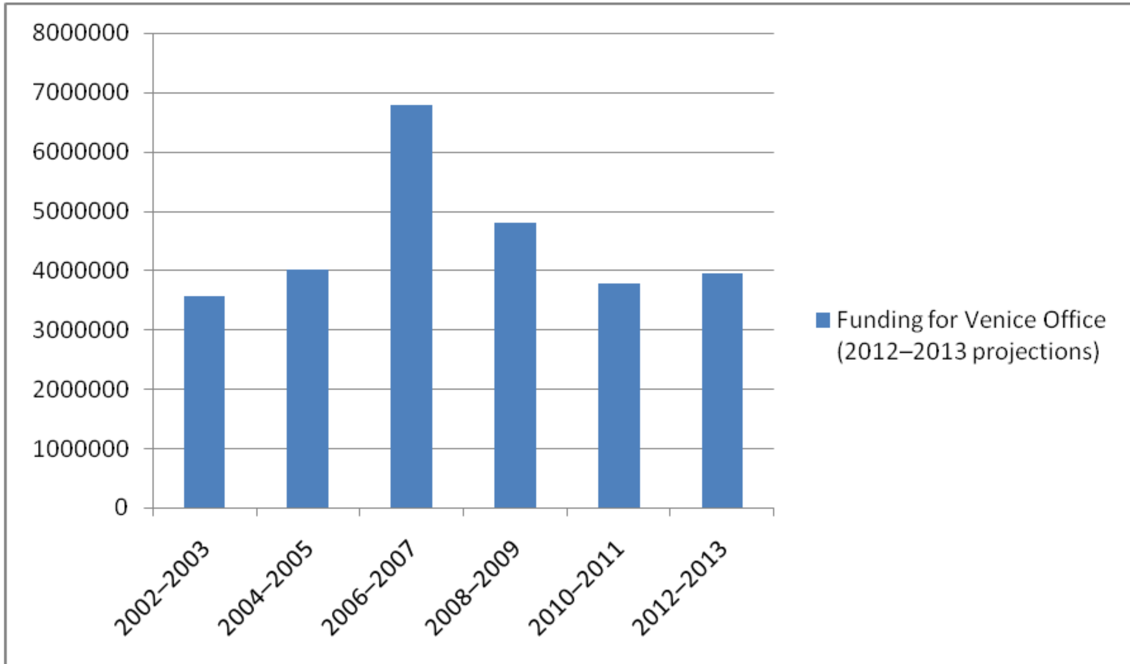
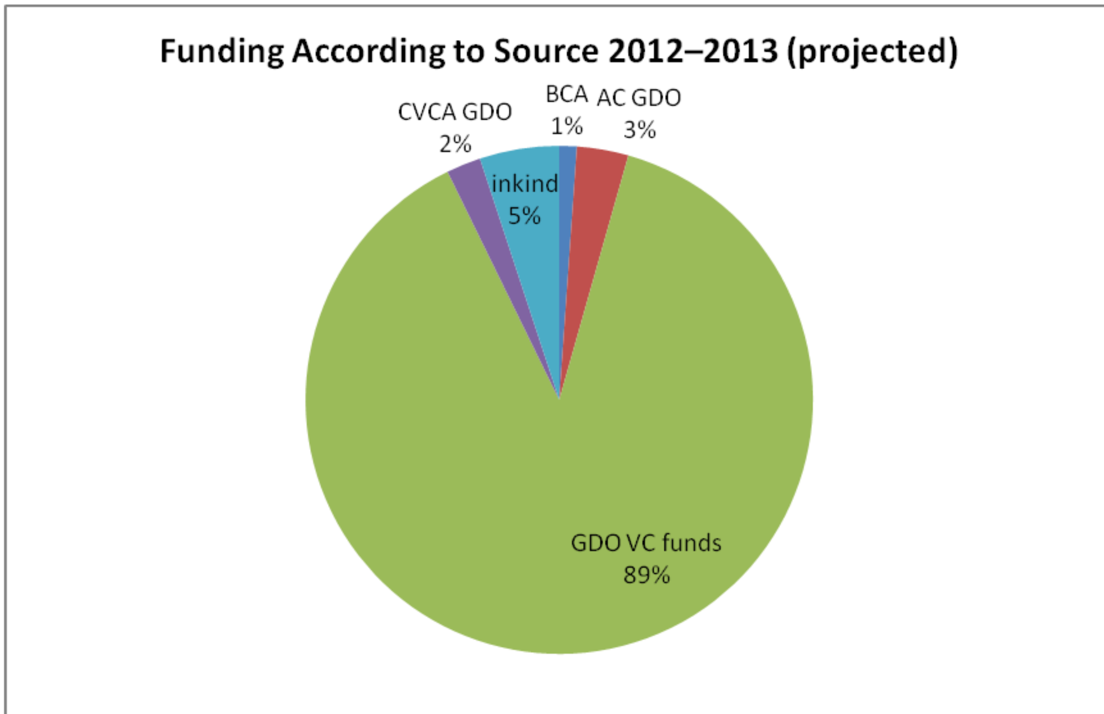


Fig. 2



Annex 2. Selected publications since 2009[6]

Setting the political agenda to tackle health inequity in Norway, 2009. This report presents the Norwegian experience in implementing strategies to address the social determinants of health and related health inequities and highlights the lessons learnt. http://www.euro.who.int/document/E93431.pdf.

Monitoring the social determinants of health and the reduction of health inequalities: advancing the EU agenda: an independent expert report commissioned through the Spanish EU Presidency, 2010. The scientific input provided by the Venice GDO is: Chapter III. "Overview: monitoring of social determinants of health and the reduction of health inequalities in the EU"; and Chapter VII. "Global health inequalities and social determinants of health: opportunities for the EU to contribute to monitoring and action." http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/PresidenciaUE_2010/conferenciaExpertos/docs/haciaLaEquidadEnSalud_en.pdf.

Poverty and social exclusion in the European Region: health systems respond, 2010. This report follows up resolution EUR/RC52/R7 on poverty and health by presenting a collection of case studies on the practical role of the health system in addressing issues of poverty and health. http://www.euro.who.int/__data/assets/pdf_file/0006/115485/E94018.pdf.

How health systems can address health inequities through improved use of structural funds, 2010. This briefing note explores how structural funds can contribute to reducing health inequities in the European Union and the potential role of health systems and public health infrastructure. http://www.euro.who.int/__data/assets/pdf_file/0007/129868/e94606.pdf.

Rural poverty and health systems in the WHO European Region, 2010. This publication addresses health inequities in the context of rural development. Rural populations can be at higher risk for poverty and adverse living and working conditions. http://www.euro.who.int/__data/assets/pdf_file/0019/130726/e94659.pdf.

Poverty, social exclusion and health systems in the WHO European Region, 2010. This report explores: the relations among poverty, social exclusion and health inequities and possible responses of health systems to these relations. http://www.euro.who.int/__data/assets/pdf_file/0004/127525/e94499.pdf.

How health systems can accelerate progress towards MDGs 4 and 5 on child and maternal health by promoting gender equity, 2010. The impact of gender inequity on health is particularly visible and deleterious to achieving progress towards MDGs 4 and 5. This brief note outlines how gender inequity underlies this lack of progress, with a focus on inequitable health outcomes, and why promoting gender equality and empowerment of women (MDG 3) is crucial to achieving MDGs 4 and 5. http://www.euro.who.int/__data/assets/pdf_file/0006/127527/e94498.pdf.

How health systems can address health inequities linked to migration and ethnicity, 2010. This brief note explores how health systems can address health inequity linked to migration and ethnicity in the WHO European Region. It is based on two main sources: the work of the Commission on Social Determinants of Health, including its Social Exclusion Knowledge Network and World Health Assembly resolution WHA62.14; and the Tallinn Charter: health

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[6] All links accessed 9 August 2013.

systems for health and wealth for strengthening health systems, endorsed by all European Member States in 2008.
http://www.euro.who.int/__data/assets/pdf_file/0005/127526/e94497.pdf.

Progress towards Millennium Development Goals 4, 5 and 6 in the WHO European Region: 2011 Update, 2012. As called for by Regional Committee for Europe resolution EUR/RC57/R2, this report constitutes the biennial update on progress made.
http://www.euro.who.int/__data/assets/pdf_file/0008/163088/03_MDG-report_17Apr2012.pdf.

Adult health and health equity in times of fast economic growth in Albania (2002–2005), 2012. Albania experienced remarkable economic growth in the years before the current economic crisis. This document addresses the question of what benefits that growth brought to health and whether the gaps in health between the rich and poor increased.
http://www.euro.who.int/__data/assets/pdf_file/0007/157489/e96175.pdf.

The impact of health and health behaviours on educational outcomes in high-income countries: a review of the evidence, 2012. Education is known to affect health. This publication reviews current knowledge on the extent to which good health and healthy behaviour contribute to educational attainment, especially in high-income countries, and provides evidence of a causal link. http://www.euro.who.int/__data/assets/pdf_file/0004/134671/e94805.pdf.

Health inequalities in Slovenia, 2012. This report, the result of collaboration with Slovenia, provides insight into health inequalities in Slovenia on the basis of current data.
http://www.euro.who.int/__data/assets/pdf_file/0008/131759/Health_inequalities_in_Slovenia.pdf .

Governance for social determinants and health equity for the 53 countries of the WHO European Region. Governance and delivery mechanisms. 2013 (forthcoming). This Group Report, is part of the WHO European Review of the Social Determinants and the Health Divide.

Additional publications can be found at http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/social-determinants/publications.