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Coherence of the Regional Office's structures and functions

Ensuring coherence between the functions and structures of the WHO Regional Office for Europe will contribute greatly to making it more effective. This document endeavours to specify and align the numerous work streams currently in operation at the Regional Office. It accordingly presents an in-depth analysis of the Regional Office's core functions and of its organizational and functional structures. The document concludes with a matrix that "maps" the various functions against those structures.

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Introduction

1. The World Health Organization's Regional Office for Europe – following a request by the WHO Regional Committee for Europe at its sixtieth session – has taken important decisions in the past year and made efforts to lay the foundation for its future policies. The development of Health 2020, a renewed priority and commitment to public health, new approaches to working with countries and partners, more effective communication and the revision of responsibilities at different levels of the Office can be counted among its recent steps. As the Regional Office is spread out in many different locations throughout Europe, it is important to clarify the functions of the different parts of the Organization and the linkages between them, to ensure maximum efficiency.

2. In the context of the Regional Office, “coherence” can be defined as the synchronization and alignment of the Organization's functions and structures to achieve clearly prioritized and defined goals in an efficient, effective and synergistic manner.

3. At a minimum, such coherence requires the following:

- clear conceptualization of the work;
- clearly defined functions;
- clearly defined structures;
- maximum complementarities of functions across structures.

4. It is perhaps worth clarifying some definitions at the outset of this paper. One special feature of WHO is its regional arrangements, described in Chapter XI of the WHO Constitution. Each “regional organization” (which is an integral part of WHO) consists of a regional committee and a regional office. The Regional Committee is composed of representatives of Member States in the region concerned. The Regional Office is “the administrative organ of the Regional Committee” (WHO Constitution, Article 51). The Regional Director is head of the Regional Office. The “WHO Regional Office for Europe” (sometimes referred to – but only in internal documents – as “WHO/EURO”) consists of the Secretariat staff at a number of locations: the regional head office in Copenhagen, “geographically dispersed offices” such as those in Bonn, Rome, Barcelona and Venice, and country offices.

Clear conceptualization of the work of the Regional Office

5. According to the WHO Constitution, the Organization's objective is the “attainment by all peoples of the highest possible level of health”.

6. Each and every action taken by the WHO Regional Office for Europe is aimed at improving the health of populations in European Member States and ensuring a fair distribution of health; each policy must therefore target the European Region's constituent countries. The work of the Secretariat at the Regional Office can be grouped under three main headings:

- **FOR** all countries: All activities and projects conducted under this heading are categorized as “intercountry work”. The domain of such work is not a single country but the Region as a whole or, in some cases, groups of countries within the Region. The development of norms, standards and guidelines, as well as general strategies and policies, all fall under this category, as do initiatives to support countries with similar

backgrounds or challenges as a group, through providing evidence or facilitating the exchange of experiences.

- **IN** countries: This heading encapsulates all the activities targeted to support a specific Member State. Giving advice through technical programmes, providing the support of WHO representatives in policy development, or applying a WHO tool to the context of a Member State are examples of work that would be carried out under this heading.
- **WITH** countries: Work done in interaction with multiple Member States and their institutions is categorized under this heading. The WHO European Healthy Cities Network, the Countrywide Integrated Noncommunicable Disease Intervention (CINDI) Programme and the South-Eastern Europe Health Network are examples of such programmes.

Clearly defined functions

7. Building on WHO's mandate and its comparative advantage, six core functions have been defined for the Organization:¹

- providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- setting norms and standards, and promoting and monitoring their implementation;
- articulating ethical and evidence-based policy options;
- providing technical support, catalysing change, and building sustainable institutional capacity;
- monitoring the health situation and assessing health trends.

8. An analytical ranking of these functions yields the headings presented below. To these are added "Disaster preparedness" and "Humanitarian assistance".

Leadership

9. The WHO Regional Office for Europe will be proactive in influencing the European Region's health agenda. This goal will require the Regional Office to possess credibility, prestige and capacity. This is the medium-term vision for the Regional Office. WHO's moral authority is imperative to the establishment of its leadership role. The Regional Office will further strengthen such a leadership mandate and re-emphasize its values.

10. WHO's leadership should carry "health" onto the agenda of other sectors. There is a two-way feedback mechanism between health and other sectors. The improved health status of society contributes to realization of the goals of other sectors, and when other sectors develop their policies accordingly, health status improves. This was introduced into health policy as the concept of "Health in All Policies" or the "whole-of-government approach"

¹ *Engaging for health. Eleventh General Programme of Work, 2006-2015. A global health agenda.* Geneva, World Health Organization, 2006 (http://whqlibdoc.who.int/publications/2006/GPW_eng.pdf, accessed 28 April 2011).

Partnerships

11. This is not the place to make an exhaustive survey of the Regional Office's partnership landscape and goals. However, it is worth emphasizing some areas of partnership on which attention will be focused in the coming years.

12. The first is the Regional Office's partnership with the European Union. During the sixtieth session of the Regional Committee, the Regional Director and the European Commissioner for Health and Consumer Policy made a joint declaration on their shared vision for joint action: "We shall maintain and further foster our policy dialogue, technical cooperation on health-related matters and our joint work at country level. Recognizing that health needs to be addressed in all policies, we shall endeavour to work together across traditional sector boundaries, engaging in partnerships with all sectors and stakeholders." A road map was prepared for realization of this vision in the six priority areas that have been identified. Work is ongoing to scale up the collaboration. Progress will be evaluated in 2013 and 2015. There is also close collaboration with the upcoming presidencies of the Council of the European Union to discuss priorities and joint activities for better synergy, complementarity and – where appropriate – policy coherence. Contacts with the European Parliament are also being strengthened.

13. In the second area, partnerships with the United Nations "family" are being strengthened at all levels. Partnerships with other important players such as the Organisation for Economic Co-operation and Development (OECD) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the third area) are also being reviewed. The fourth area of partnership concerns the private sector. The private sector is a major player in health, and WHO should consider more active engagement with it. The private sector will be approached within a broader vision that will be presented to the Regional Committee in 2012 as part of a partnerships strategy.

Shaping the research agenda

14. Primary research is not the responsibility of the Regional Office. However, WHO's decisions, programmes and projects require evidence based on solid findings, some of which can be obtained through epidemiological, health services and policy research. The Regional Office is contributing to shaping the European research agenda through its European Advisory Committee on Health Research, bilateral relations and its networks.

Knowledge generation

15. The generation of knowledge is not a priority task for the Regional Office. It is not possible for the Regional Office to deal with every health agenda item of every Member State. However, Member States will always seek assistance from WHO in any matter related to health. The Regional Office must therefore know where to locate the relevant knowledge in areas in which it does not have expertise; know how to marshal and structure existing knowledge; and bring it together so that it addresses Member States' questions. In such cases, the Regional Office would act as a knowledge manager and broker, rather than a knowledge holder.

Knowledge translation

16. This is an important function of the Regional Office. Many universities, research centres and private institutions generate knowledge. This knowledge may not be in a form that would readily be of use to Member States and their institutions for policy development. One of the Regional Office's functions is to establish the policy-relevant questions that researchers might usefully pursue; another is to reshape this knowledge into a usable format, filling in the gaps

when necessary; and a third is to create tools, mechanisms and platforms for knowledge translation that can be used by Member States.

Knowledge dissemination

17. It is not enough just to create such tools: the Regional Office must disseminate knowledge to its end-users. The choice of dissemination channels would be driven by the nature of the knowledge being presented and the audience that is being addressed. Recent work by the Regional Office with the European Commission's Directorate-General for Research and Innovation has generated further insights into how to package and communicate evidence to promote its uptake.

Norms and standards

18. Most of the functions related to setting norms and standards functions are led by WHO headquarters with the active support of the regions. The WHO Regional Office for Europe is active in setting norms and standards in those areas that relate solely to the European Region and in adjusting global norms and standards to the European and country context.

19. The adoption by Member States of norms and standards set by the Regional Office will lead to higher quality health services and will allow results to be monitored and compared. Promoting such adoption is therefore a core function of the Regional Office.

20. Unless the implementation of norms and standards is monitored, their development and promotion will be inconsequential. This fact renders monitoring imperative but it also requires commitment on the part of Member States.

Articulating policy options

21. The Regional Office's core function of policy development could be both "for all countries" and "country-specific" by supporting Member States in their policy development. Policies could be developed with regard to a specific technical field, or for more general programmes that are formed through interconnections between various fields. WHO does not dictate policies to Member States; its policy recommendations are willingly adopted by countries. WHO's policies are formulated in line with its principles and values. It is important to distinguish between (i) overarching policy positions that reflect the position (and values) of WHO, are endorsed by Member States, are led only by WHO headquarters and can then be translated into a national policy; (ii) the policy commitments made in Member States that reflect national system-wide thinking and which may be supported by the WHO country representatives (below); and (iii) the development and implementation of specific policies, strategies, programmes and system adjustments that relate to enactment of overarching or national policy commitments and which are supported by technical inputs and by evidence for policy.

Technical support

22. WHO provides technical support to its Member States and their institutions. This support is also shaped by the Organization's mandate, principles and values. It can sometimes be given through external consultants. Yet it is not sufficient for an expert simply to provide support under the umbrella of a WHO identity. Once again, this support must be given in line with the Organization's principles and values, and the decisions of its governing bodies, and situated within the larger WHO policy framework. WHO is a specialized technical agency of the United

Nations, not an “aid” institution. The technical support provided by the Organization to its Member States should be through national institutions and their experts and professionals; WHO should not replace national authorities and take over their responsibilities. This is even more the case in Europe with strong institutional networks and an army of outstanding professionals. The role of WHO is therefore to “network such networks” and, with them and through them, to ensure that the decisions of the global and regional governing bodies are implemented.

Catalysing change

23. Change should be supported only to achieve a better health outcome for society or improved effectiveness and efficiency of health systems. “Change for the sake of change” does not represent a better outcome per se. Change has its own internal dynamics. It is possible to catalyse change through managing change. This, too, needs to rest on principles and values. The changing demographics and the epidemiological, economic and social context of the European Region require adaptation of health and related policies to new conditions. In that way, change is becoming inevitable. The role of WHO is to assist Member States in preparing for change in a planned and controlled way.

Capacity-building

24. Capacity-building is one of WHO’s core functions. A priority will be to build further the in-house capacity. The Regional Office currently recruits various experts at every level and makes widespread use of external consultants. The fact that a professional operates under the umbrella of a WHO identity does not mean that he or she is aware of and has internalized the Organization’s core values, principles and policy recommendations. Such internalization takes time. An educational programme will be tailored to match the trainee’s position, functions and expected tenure. The curriculum could range from the WHO Constitution to the structure of the Regional Office, from Health 2020 to communication skills. Four different target groups can be identified for these trainings: current staff, new staff members, consultants, and other people who are interested in learning about WHO.

25. The Regional Office also contributes to capacity-building in countries – largely through its work in and with countries, including its networks in Member States (as above). It also organizes several courses, summer sessions, training workshops, etc. for participants from its Member States. All these capacity-building opportunities will be set within the framework of Health 2020, in order to foster its implementation in Member States, although the Regional Office will not make the provision of training one of its core functions.

26. The Regional Office will also organize open days twice a year for representatives of Member States to visit the Office and be briefed on the work, discuss issues and further promote collaboration.

27. The Regional Office frequently needs external experts to carry out its work. It is important to ensure that any external expert employed by WHO works with the Organization’s values and policies. A Regional Office “expert roster” will be formed in order to ensure that, in addition to their knowledge and skills within their respective areas, such experts are also fluent in and have internalized the Organization’s values and policies. Such consultants will be termed “accredited WHO consultants”.

Monitoring health

28. The number of health monitoring agencies has increased. Many international and private organizations compete for health information. This should not be viewed as a threat – on the

contrary, it is an opportunity. An integrated Europe-wide health information system can be established through multisectoral cooperation to consolidate regional health information. Within this context, there is a need to make a complete review of all the databases housed at the Regional Office, including the Health for All database, to ensure that they are comparative “evidence bases”, rather than repositories of raw data. Information for the Health for All database is provided at country level, and its quality varies. System-wide checks must be implemented to maintain data integrity. The Regional Office is embarking on new activities that will help countries analyse and interpret information and translate evidence into policy.

Assessing health trends

29. Changing lifestyles, environmental conditions and health systems cause changing trends in health. The burden of noncommunicable diseases and new epidemics of infectious diseases are major challenges. Assessing and interpreting these trends will provide the necessary vision to review policies, programmes and priorities, and to assess the need for new tools, knowledge and information. The work of the Secretariat on assessing health trends will be immediately brought to the agenda of the Organization’s governing bodies and other high-level fora, in order to trigger the necessary decisions and action.

Disaster preparedness

30. The European Region is facing several natural and man-made disasters. Ecological change is paving the way for many natural disasters. Disasters are unpredictable. The Regional Office works with national and international partners on ensuring disaster preparedness, managing the health consequences of disasters and mitigating their long-term effects.

Coordinating humanitarian assistance

31. WHO’s role as the coordinator of humanitarian assistance for health, in collaboration with other relevant United Nations agencies, national and international institutions and NGOs, has been and still is a recognized one, especially during 1990s. The Regional Office’s experience and capacity in this area will be maintained for future crises.

Clearly defined structures

The Regional Office’s organizational structures

Regional head office

32. The regional head office in Copenhagen is the Regional Office’s operational heart and brain, consolidating all its primary functions, including policy, strategy, prioritization and normative work. Units that exist outside the Head Office are in place to facilitate, support and strengthen its activities. Efforts are currently under way at the Regional Office to strengthen it as the “centre of excellence for public health”. Skills and expertise in new priority areas will have to be strengthened in the Head Office. Changes have been made to the structure of the Head Office “to reflect the business we are in”. New divisions have been established by health function. This has enabled the formation of infrastructure for intercountry activities, one of the Regional Office’s three main areas of work. Continued recruitment of professionals is ongoing in mission-critical areas, with the aim of raising the Head Office’s technical capacity.

33. The various types of country offices are described below. The smooth functioning of country offices requires some coordination at the level of the Head Office. The “Strategic

Country Relations” line, which reports directly to the Regional Director, fulfils this function. This line’s responsibilities are to:

- ensure strategic collaboration between the Regional Office and the countries;
- ensure preparation and follow-up of decisions taken by the Organization’s regional governing bodies;
- set priorities for bilateral and multicountry collaboration in line with global, regional and national priorities;
- continuously gather updated information on developments in Member States (drawing together the health monitoring and trend analysis work described above; the health system updates generated by the Regional Office; and the WHO country offices’ insights into the political and topical context) and check the overview for coherence and consistency;
- continuously update “country needs assessments” (drawing on the health monitoring and trend analysis work as above and making use of the Regional Office’s understanding to test and agree needs in the national context);
- inform technical divisions about developments and needs in countries;
- keep track of technical activities in countries.

34. Technical divisions and programme managers contact their counterparts in Member States directly, and vice versa. That said, WHO country offices and the Regional Office’s unit for Country Relations are always kept informed. Country offices report directly to this unit and they work closely together, for the benefit of the Member States and the Regional Office.

Geographically dispersed offices

35. These centres are established with the support of a host country on the basis of a special agreement for a certain period of time. So far, they have been called “geographically dispersed offices” (GDOs) but it is now planned to give them a more appropriate name which classifies them by function rather than by geography. Each of these centres specializes in a technical area. They must bring together experts relating to their areas of focus and cooperate closely with other centres of excellence. There is adequate professional talent in these centres to form a sufficient critical mass. Instead of producing basic scientific knowledge, these centres translate basic knowledge into practical management and public health tools, in order to achieve the targets of Health 2020.

36. These centres must work towards the goals, policies and strategies established by the Head Office, to which they would remain technically and administratively accountable. Certain Member States also wish to support the Regional Office’s country and multicountry work through their institutional and expert networks. WHO welcomes such offers and gives serious consideration to such proposals every time they are made. Currently there are GDOs in Barcelona, Bonn, Rome and Venice, and a new one is being built up in Athens.

37. Another type of centre is the European Observatory on Health Systems and Policies. The Observatory is also an integral part of the Regional Office, established as a partnership governed by its Founding Agreement and the recent World Health Assembly resolution WHA63.10. It supports and promotes evidence for health policy through comprehensive and rigorous analysis of the dynamics of health systems in Europe. In this respect, it contributes to knowledge, its translation, management and generation and to technical support through generating evidence for the development and implementation of concrete policies and system adjustments. As a partnership, the Observatory’s Steering Committee is responsible for the work plan, but the Regional Office and other partners (including the Member States involved) must

take an active part in shaping the plan and in communicating about and coordinating its implementation, to ensure that its priorities are wholly supportive not only of the work of the Regional Office and of Health 2020 as decided by the Regional Committee, but also of the work of other partners as decided by their governing bodies.

Country offices

38. Three types of country presence are envisaged for WHO in the European Region. The appropriateness of the type of country presence for a particular Member State will be decided through consideration of demographic, epidemiological, economic and political criteria and through discussions with the Member State itself.

39. The three types of country presence are:

40. **WHO Representatives (WRs):** In a WR's office, an international senior public health expert is supported by a few national/international professional officers and administrative staff. The WR's responsibilities will cover four main areas: (i) representation, advocacy, partnership, communication; (ii) policy development, technical cooperation, information gathering; (iii) administration and management (management of technical staff); and (iv) contributing to the United Nations Country Team (UNCT) within the United Nations Development Assistance Framework (UNDAF) for reforming the United Nations system.

41. **Liaison Offices (LOs):** In an LO, a senior national professional is supported by administrative staff. The LO's responsibilities will mainly cover (i) representation and communication; (ii) the interface between the Regional Office and the government of the country, and coordination between the Regional Office and national counterparts; and (iii) administration. In some cases, they may also cover other functions listed above under WR's.

42. Focal points at the Regional Office and/or **Cooperation Offices (COs)** for cooperation with countries that do not have country offices: Cooperation Offices do not exist yet but the idea is to have a mechanism with every country of the diverse European Region, also those where country offices do not exist, to engage in a systematic exchange of information and explore ways for further collaboration. This mechanism could take different forms: a focal point could be appointed at the Regional Office, an official could be seconded from a Member State or one could explore – on a voluntary basis – the Member State's interest in having such a Cooperation Office either at the Ministry of Health and/or at a public health institute.

43. In countries interested in such a Cooperation Office, discussions will take place to identify the public health institution/centre in the country that will assume the functions of a national WHO Office. The terms of reference of each office will be unique, taking into consideration the special requirements of each country. The main functions of these offices will be not only to gather data and ensure the flow of information about developments in the respective country but also to explore opportunities for collaboration within the country and beyond.

44. The functions of these offices should not be confused with the official and formal relations with WHO that will continue to follow previous arrangements and where the department for international relations at the ministry of health in each country plays a significant role. Relations with WHO will continue to be carried out within the mechanisms of each country.

Collaborating centres

45. Collaborating centres are national institutions that have a collaboration agreement with WHO. There are approximately 100 European and 200 global collaborating centres in the WHO

European Region. Their capacities vary. Even centres with good capacity are under-utilized as resources for the Regional Office. Centres with strong capacity must be identified and utilized effectively with special mandates, and must act as an operational arm of the Regional Office.

The Regional Office's functional structures

Governing bodies: the Regional Committee and its Standing Committee

46. Many steps have successfully been taken to make the sessions of the Regional Committee relevant to ministers, as fora where high-level European regional policy matters are debated. Steps have also been taken to strengthen the governance and oversight functions of the Regional Committee and its Standing Committee. Resolution EUR/RC60/R3 on "Governance of the WHO Regional Office for Europe", adopted by the Regional Committee at its sixtieth session, lays out clear decisions regarding this issue. These recommendations have led to increased communication between the Secretariat, the Regional Committee and its Standing Committee, have instituted increased transparency and accountability, and have put measures in place for Member States to have a stronger voice in WHO. Work is under way to further strengthen ties between the European Region's regional agenda and those of the World Health Assembly and the Executive Board.

Subregional networks

47. There are networks in the European Region that have already been formed based on mutual interest: the South-Eastern Europe Health Network, the network among Nordic countries and the network among Baltic countries are living examples of such cooperation. In the past, there was also a health network among central Asian republics (CARNET). It is to be expected that such networks are formed naturally, based on mutual interest. Nonetheless, the Regional Office can play a facilitating role in their formation and a supporting role in the implementation of the work. When and if necessary, some of the Country Offices may also play a supporting role for these networks and can even form a network of country offices in that area.

Health policy and setting networks

48. Health is formed in settlements and settings. These are regions, cities, schools, workplaces, hospitals, prisons, houses and other such venues. The Regional Office has accumulated experience regarding the settlements and settings where health is formed. This experience will once again be put to use, and networks such as "Healthy Schools", "Healthy Cities" and "Health-Promoting Hospitals" will be revitalized.

49. Governance of health is becoming a critical tool to ensure a whole-of-government approach and to increase the effectiveness and efficiency of health and social well-being policies and health systems as an objective of government policy. Different levels of health governance in countries can therefore form strong networks to improve their impacts. "Healthy Cities" and "Regions for Health" are good examples of such networks. Local authorities in provinces, districts and villages are candidates to form such networks.

Issue-specific networks

50. Linking similar organizations to each other and assisting them in setting agendas is a unique role for the Regional Office. Networks of patients' organizations and professional organizations will play an important role in facing the challenges of noncommunicable diseases. The CINDI programme is a good example of an issue-specific network.

Network of institutions and national counterparts

51. The Regional Office has a wide range of national counterparts in the various technical areas. It also works closely with some national public health institutions and plans to further strengthen this collaboration.

Complementarity of functions of all structures

52. The matrix in Fig. 1 below demonstrates the relation between the functions and structures listed above. The Regional Committee and its Standing Committee have been included in the matrix not in an effort to capture the exhaustive scope of their functions, but rather as an attempt to highlight their contributions to the functions shown therein. It should therefore be noted that the table does not contain information pertaining to the Regional Committee's and Standing Committee's functions as governing bodies.

53. Cooperation Offices and the Country Cooperation Network listed under "Structures" are bodies that do not currently exist. It is envisaged that these will be established in the future.

54. The matrix's colours do not signify any decisions and have been chosen for purposes of illustration only. The Secretariat will identify the responsibilities of each structural component following a detailed review of these functions.

Conclusions

55. This document has endeavoured to specify and align the numerous work streams currently in operation at the WHO Regional Office for Europe. Ensuring coherence between the Regional Office's functions and structures will contribute greatly to making it more effective.

56. This document will be further developed in the coming years to capture the strategic coherence of concepts and definitions as well.

Fig. 1 Structures and functions matrix

Functions		Leadership	Engaging Partnerships	Shaping Research Agenda	Knowledge			Norms and Standards			Articulating Policy Options	Technical Support	Catalysing Change	Capacity Building	Monitoring Health Situation	Assessing Health Trends	Disaster Preparedness and Humanitarian Ass.	
					Generation	Translation	Dissemination	Setting	Promoting	Monitoring								
Structures																		
Organizational Structures of WHO/EURO	Regional Main Office	Regional Main Office	High Level Responsibility	High Level Responsibility	High Level Responsibility	Fair Responsibility	High Level Responsibility	High Level Responsibility	Medium Level Resposib.	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	
		Geographically Dispersed Offices	Medium Level Resposib.	Medium Level Resposib.	High Level Responsibility	Medium Level Resposib.	High Level Responsibility	High Level Responsibility	High Level Responsibility	Medium Level Resposib.	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility
		European Observatory	Fair Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility
	Country Offices	Liaison Offices	Fair Responsibility	Fair Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility
		WRs	High Level Responsibility	High Level Responsibility	Medium Level Resposib.	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility
		Cooperation Offices	Fair Responsibility	Fair Responsibility	Fair Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility
	Collaborating Centres	Fair Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	
Functional Structures of WHO/EURO	Governing Bodies	Regional Committee	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	
		SCRC	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	
	Networks	Subregional Networks	High Level Responsibility	High Level Responsibility	Fair Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility
		Settlement and Setting Networks	Medium Level Resposib.	High Level Responsibility	Fair Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility
		Issue Specific Networks	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility	High Level Responsibility

Legend			
High Level Responsibility	High Level Responsibility	Conditional Responsib.	Conditional Responsib.
Medium Level Resposib.	Medium Level Resposib.	No Responsibility	No Responsibility
Fair Responsibility	Fair Responsibility	No Responsibility	No Responsibility