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Review of the European Observatory on Health Systems and Policies in Brussels

REVIEW OF THE EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES IN BRUSSELS

By Wilfried KREISEL, Maksut KULZHANOV and Vittorio SILANO¹

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- **Wilfried Kreisel**, Former Executive Director, Health and Environment, WHO/HQ, Geneva, Switzerland and Executive Director, WHO Office at the European Union, Brussels;
- **Maksut Kulzhanov**, Rector of the Kazakhstan School of Public Health;
- **Vittorio Silano**, Head of the Department of Innovation at the Ministry of Health of Italy until 2008 and, currently, contract University Professor at the Faculty of Medicine, II University of Rome.

FOREWORD

Wilfried KREISEL, Maksut KULZHANOV and Vittorio SILANO, would like to express their gratitude to the WHO/EURO Regional Director, Dr Zsuzsanna JAKAB, for her confidence in assigning to them the task of reviewing the European Observatory on Health Systems and Policies in Brussels.

TABLE OF CONTENTS

VOLUME 1

1. EXECUTIVE SUMMARY.....	5
2. INTRODUCTION.....	7
3. OBJECTIVES, RESULTS AND PROBLEMATIC ISSUES	9
3.1 Policy and Programmatic Aspects	10
3.2 Legal Basis.....	10
3.3 Budgetary Issues	12
3.4 Management and administrative issues.....	12
3.5 Interactions with host country, COs and CCs	13
3.6 External and Scientific Advisory Board	13
3.7 Results and their external evaluation	14
3.8 Identity and visibility	14
3.9 General observations.....	15
4. CONCLUSIONS	17
5. RECOMMENDATIONS.....	21
6. ACKNOWLEDGEMENTS.....	23
7. LIST OF ACRONYMS	25
8. FIGURE 1. WHO organigram as of 1 July 2010	26
9. Table 1. The European Observatory on Health Systems and Policies of the WHO Regional Office for Europe (Brussels): staffing and funding (US\$) for the biennia from 2002 to 2009	27
Appendix 1 - Replies to the questionnaire from the Observatory on Health Systems and Policies	28
ANNEXES	
<i>Annex 1 Working Group to Review the Geographically Dispersed Offices of the WHO Regional Office for Europe. Terms of Reference.</i>	<i>44</i>
<i>Annex 2 Review of the geographically dispersed offices (GDOs) of the WHO Regional Office for Europe: Questionnaire for data and information gathering on GDOs.</i>	<i>47</i>

1. EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The European Observatory on Health Systems and Policies is a “formal partnership”² hosted by the WHO Regional Office for Europe with a number of different partners including the Governments of selected European countries, the European Commission, the European Investment Bank and the World Bank as well as the Veneto Region, French health insurance umbrella UNCAM, London Schools of Economics and Political Science and Hygiene and Tropical Medicines, with four main functions, namely a) country monitoring; b) analysis; c) performance assessment; and d) dissemination. The Observatory is located in different sites and countries, and, in particular, in the WHO/EURO Office for Health Policy, Brussels, Belgium. WHO/EURO acts as a “Managing agent” for administrative, personnel and related organizational matters³.

The main benefit for WHO/EURO and Member States associated with the establishment of the Observatory relate largely to increased budget for many specific priority areas alongside the high quality and quantity of the outputs ensured over long periods of time. The budget of the Observatory has been increasing constantly since the biennium 2002-2003 when it amounted to US\$ 2 790 million up to the biennium 2008-2009 when the total budget became US\$ 10 700 million. These results provide a clear indication of the higher sense of ownership provided by this approach and by the considerable fund raising abilities of the Observatory Secretariat.

The less visible, but not less important, benefits associated with the decentralization of some core programmes of WHO/EURO in Member States include, for instance, the fact that the Observatory facilitates WHO/EURO reorganization processes to respond to specific challenges and priority issues, by making use of the additional resources made available without necessarily affecting the overall organization. Moreover, through such a process, a number of collaborations and synergies are established by WHO/EURO with local institutions greatly increasing the quantity and quality of outcomes.

However, a more effective mechanism should be implemented for facilitating positive interactions and collaboration of OBS with other WHO/EURO structures including GDOs.

OBS was established as a joint-project and has evolved into a “formal” partnership (as defined by WHA Resolution 63.10 of 2010) with a governance structure that takes decisions on direction, work plans and budgets. This definition requires that the legal, structural and operational rules and procedures of the Observatory need to be aligned fully with those of WHO. Despite the very successful resource mobilization (Table 1) and the undoubtedly positive contribution by OBS to SO10 and the work of the Regional Office in general (including the Tallinn Conference), the current OBS structure and operation are not fully in line with the above legal requirement.

The policy on WHO engagement with global health partnership and hosting arrangements adopted in May this year with the WHA 63.10 Resolution should be used as a reference to remedy the situation to the benefit of all.

² Definition as per WHA Resolution 63.10

³ Quote from initial draft guidelines on Steering Committee working methods, January 2009 (Note: This term is not usually employed for WHO and not consistent with the Agreement)

2. INTRODUCTION

INTRODUCTION

The European Observatory on Health Systems and Policies has evolved into a “formal partnership” hosted by WHO/EURO and has a number of different partners including the Governments of selected European countries, the European Commission, the European Investment Bank and the World Bank as well as the Veneto Region, French health insurance umbrella UNCAM, the London Schools of Economics and Political Science and Hygiene and Tropical Medicines. It has four main functions, namely a) country monitoring; b) analysis; c) performance assessment; and d) dissemination (Table 1). WHO rules and policies on partnership have evolved over the last dozen years and OBS now clearly falls into the category “formal partnership” (as defined by WHA Resolution 63.10). The Observatory is located in different sites and countries, and, in particular, in the WHO/EURO Office for Health Policy, Brussels, Belgium. WHO/EURO hosts the partnership and acts as a “Managing Agent” for administrative, personnel and related organizational matters⁴.

In the spring 2010, following the appointment of the new Regional Director in Copenhagen, it was considered timely, in compliance with Resolution EUR/RC54/R6, to initiate a new review, given the GDO’s potentially crucial role in making the Regional Office for Europe a Centre for Public Health Excellence. It was also considered appropriate to include the Observatory in this review following the same methodological approach. The report on the current Review of the Observatory is separate from the report on the GDOs (for the Terms of Reference see Annex 1). This review is seen as a part of the on-going efforts to adapt the WHO Regional Office for Europe to a rapidly changing European environment. The outcome of the Review is expected to be a consensus Report of the Working Group to the Regional Director of WHO/EURO which will address lights and shadows of the Observatory’s activities throughout its existence and make recommendations on how best to strengthen the Observatory further and whether this can best be done through changes in roles, functions and responsibilities, recruitment policies, financing, working methodology and/or other tools. The report will also make recommendations on how the Observatory could work better with the Regional Office in Copenhagen, GDOs and the WHO Collaborating Centres.

An *ad hoc* questionnaire (Annex 2) was developed to harmonise and facilitate data and information gathering and sent to the Observatory in Brussels.

Moreover, in order to gather additional information and to discuss specific aspects, a visit was paid to the Observatory in Brussels on 6 July 2010.

Based on the replies to the above-mentioned questionnaire as well as on further information exchanged during the visits or otherwise gathered, a standard commented analysis of the situations in the Observatory has been prepared that allows a ready understanding of the positive and problematic issues.

⁴ See 3

3. OBJECTIVES, RESULTS AND PROBLEMATIC ISSUES

OBJECTIVES, RESULTS AND PROBLEMATIC ISSUES

3.1 Policy and Programmatic Aspects

The European Observatory on Health Systems and Policies in Brussels is a formal partnership of WHO/EURO and a number of other partners including governments, international organizations, regional economic integrative organizations, and academic institutions. It is governed by an Agreement⁵ signed by its partners in 1998 (see Legal Basis). WHO/EURO acts as a “Managing Agent”⁶ for administrative, personnel and related organizational matters. WHO had agreed to host the OBS project which implied that its operational platform covering political, legal, financial, communication and administrative activities is congruent with WHO’s accountability framework⁷. OBS supports and promotes evidence-based health policy making through comprehensive and rigorous analysis of the dynamics of health systems in Europe and by engaging directly with policy-makers. It is committed to health systems and policies that promote health gain and strive to achieve solidarity, equity, efficiency, quality, responsiveness, transparency and integrity⁸. The OBS has four core functions that reflect the need of decision makers, namely country monitoring, analysis, performance assessment and dissemination (engaging with policy-makers). A brief overview on the functions carried out is provided in Appendix 1.

3.2 Legal Basis

The legal basis of the Observatory is provided for by an Agreement on a Project called “The European Observatory on Health Care Systems” which was first set out in 1998 and was renewed every five years since. It has also been amended with each new partner joining. Initially and as in Article VII “Premises” the core technical activities of the OBS were to be based at the EURO in Copenhagen.

At about the same time, the Government of Belgium agreed in December 1998 to host the WHO European Centre on Health Policy (ECHP) which worked on intersectoral issues specifically on health impact assessment. Both the work on health care systems and on health impact assessment were previously located and managed in Copenhagen. After the retirement of the head of the ECHP in 1999 “it was agreed both with the Government of Belgium and with the OBS partners that the OBS would move to Brussels and occupy the space of the ECHP, taking on its policy remit and follow up work on HIA and intersectoral policy”⁹. In December 2003, the Partners of the OBS agreed to an extension of the 1998 Agreement and confirmed the move of the secretariat and its core activities to Brussels and renaming the Observatory project to its current name. In essence, ECHP was not merged with OBS rather it currently acts as the Centre hosting the Observatory. Several discussions were held between WHO and the Belgian authorities to the effect that the Government of Belgium agrees to apply the provisions of the Convention on Privileges and Immunities to the Observatory's premises and staff located in Belgium. However, as of today, such agreement has apparently never been formalized.

Article VII of the 1998 Agreement also foresees staff to be based in other locations than Copenhagen, in particular in the United Kingdom, "subject to any necessary agreements with the Government". At present, these locations are, besides Brussels: LSE Health, London (seven WHO

⁵ Agreement on a Project called “The European Observatory on Health Care systems”, 22 May 1998

⁶ See 3

⁷ WHO Constitution, Article 37

⁸ See 7

⁹ OBS questionnaire reply, page 4 (Appendix 1)

staff); LHSTM, London (six WHO staff); WHO Office, Russian Federation (one NPA); Technische Universität Berlin (TUB), Berlin (no WHO staff), and Emory University, Atlanta, Georgia (no WHO staff). As no agreement has been concluded with the UK Government, there are some uncertainties about the extent of privileges and immunities granted to WHO and its staff in the UK. For instance, the UK Revenue and Customs Department has recently asked the Observatory's staff residing in the UK to pay social security contributions. This would set a precedent that is problematic for WHO as a whole. It is, therefore, urgently required that the situation be regularized by formalizing the Observatory's presence in the UK at the Governmental level and clarifying the scope of privileges and immunities granted to WHO and its staff in order to avoid possible problems on social contributions, tax issues, residence permits, etc. More generally, it is common practice that no WHO staff should be stationed in a country without a prior formal agreement concluded with the relevant government.

The Steering Committee (Article III) plays a key role in determining the policy of the OBS. Partners automatically belong to the Steering Committee which is the representative body of the partnership. WHO/EURO is a Partner of the Observatory just as all the Partners. Partners agree explicitly that the “organizational structure and activities of the Observatory shall form an integral part of WHO/Europe”. They have, however, also chosen in their current draft guidelines on ways of working to describe EURO” as a Managing Agent¹⁰. This term is not considered by the Review Team to be in accordance with the Agreement which speaks of EURO as the Secretariat of the OBS. WHO can not act on behalf of the partners as if it were the recipient of some kind of delegation of authority to allow the OBS to work internationally. While being an integral part of EURO which means that in line with Article II (2) of the Agreement, all Observatory activities “shall be in accordance with the Constitution, rules, regulations and policies of WHO¹¹, EURO “shall interpret and apply the above mentioned Constitution, rules, regulations and policies in a way that reflects the nature of the partnership, the role of the Partners and the agreed policy of the Steering Committee¹². This raises some fundamental legal problems for WHO as it requires WHO to apply its own regulations and rules in a way that appears to subordinate them to the policies of the Steering Committee. It also implies that the Partners, acting through the Steering Committee, can take binding decisions on WHO as the “Managing Agent”. Although, OBS partners have never sought to mandate WHO and subordinate it or act against the WHO Constitution, the Review Team considers as very important a change in terminology to remove potential ambiguity.

The Secretariat of a hosted partnership by WHO goes beyond the simple provision of administrative services. It is part of WHO’s Secretariat and, as such, shares the legal identity and statues of the Organization. It therefore has also to follow WHO guidelines and administrative procedures for internal and external communications, including media products, publications, technical reports and advocacy material. In fact, the Observatory and its partners have a great visibility through their publications. The logo of the Observatory is on the cover page of all publications, in some cases with that of the grant funders supporting the project (e.g. the European Commission logo in the publication entitled “The effectiveness of health impact assessment¹³) and not of WHO/EURO. Moreover, on an inside page of the Observatory publications, all the logos of the organizations contributing to the Observatory are reported together with an inscription qualifying the Observatory as “a partnership among listed partners”.

¹⁰ See 3

¹¹ See 7

¹² See 3

¹³ The effectiveness of Health Impact Assessment, Observatory Studies Series No. 9, WHO 2007

Potential problems also arise with some of the specific disclaimers in the Observatory publications. For instance, one disclaimer states that “The views expressed by authors or editors do not necessarily represent the decisions of the stated policies of the Observatory on Health Systems and Policies or any of its partners”¹⁴. The reference to “stated policies of the Observatory” contradicts the fact that the Observatory is, as expressed elsewhere, an evidence provider and not a policy actor; it does not implement but rather carries out research for public benefits. Another example of a contradictory disclaimer is the one stating that “The Observatory does not warrant that the information contained in this publication of 2007 is complete and correct and shall not be liable for any damage incurred as a result of its use”¹⁵. Such a disclaimer may be seen in contrast with the results of the quality assurance procedures which have been declared to be regularly in use for all the publications of the Observatory. This also suggests that the OBS is not part of WHO but a separate organization. The review group acknowledges that the OBS Agreement provides for a disclaimer that the “views and opinions expressed ... do not necessarily represent the official policy of the Participating Organizations”. It recognizes too that the changes in wording and the denial of liability for error are in line with WHO standard policy being drawn directly from the standard WHO disclaimer template in place which decline any expressed or implied warranty.

Overall, in light of the clarification of and changes in WHO publishing policy now being discussed by the Publications Policy Group in HQ the OBS custom and practice should be reviewed and brought into line with what is now current policy.

As regards to the composition of the Steering Committee it does not include representatives from Eastern Europe, Central Asia, and the Caucasus. Its ability to represent the whole WHO/EURO is, therefore, quite doubtful. An inclusion of representatives of these areas might ensure an OBS work plan and publishing programme with more emphasis on these specific regions. The review group acknowledges that OBS is committed to working for all Member States. It recognizes that there is currently no mechanism to co-opt new Partners to achieve Regional balance (OBS Agreement Article II.3) and acknowledges that while potential partners can apply for membership, no applications or enquiries have been received from countries of Central Asia or the Caucasus.

A general remark refers to the fact that the Guidelines are called “Initial draft guidelines on Steering Committee working methods at January 2009“. Clarification is needed on whether, how and when these draft guidelines will be finalized so that WHO as the host can ensure that they are consistent with its Constitution, rules, regulations and policies applying standard procedures. The question has been raised by the Partners as to whether the OBS should become an independent entity¹⁶. However, the view prevailed “that this would not be in the interests of the OBS which benefits from the support, credibility, access to governments and focus on public health and policy relevance that the ownership of EURO brings”¹⁷. One could argue that the OBS seeks to benefit from the best of worlds, the credibility and authority of a specialized international agency and the political and administrative flexibility of an international NGO.

3.3 Budgetary Issues

The four sources of financial support are the WHO RB contribution, Partner voluntary contributions, project income, and in-kind contributions. The WHO RB and Partner voluntary contributions are regarded as core income. The total income has steadily grown since the biennium

¹⁴ See 13

¹⁵ See 13

¹⁶ See 7

¹⁷ See 7

2002-2003 and amounted to US\$ 10.7 million in 2008-2009 (Table I.1-I.4 and Table II.3). For 2009, the staff costs were US\$ 2.6 million and expenditures for activities US\$ 2.85 million. WHO's contribution comes from AS funds and is mainly used to cover staff salaries of four senior staff. Importantly, the OBS does not proactively seek to raise funds or mobilize resources as an end itself and considers the expansion of the partnership not an appropriate approach to resource mobilization. It has, however, a resource mobilization strategy similar to the one of WHO. Interestingly, some partners of the Observatory are only donors whereas other participants are providers of services by making use of resources made available by the OBS, but by not providing own resources.

3.4 Management and administrative issues

The Director of the OBS has in recent years been accorded the same authority as all Divisional Directors reporting to the RD as First Level Supervisor (FLS). The new Organigram (Figure 1) operational from November 2010 reflects a likely change in the above reporting. In addition during a meeting (26 May 2010) between selected partners and the WHO/EURO RD, it was agreed that the OBS would report to WHO/EURO as the first level supervisor and to the Steering Committee as Second Level Supervisor (SLS). However, the Guidelines state that the Steering Committee delegates formally to the head of the OBS and to the Brussels team appropriate day-to-day responsibilities and in line with the relevant policies of the Executive Management of EURO. This, however, sounds that the Steering Committee assumes FLS functions.

The recruitment of international staff in out posted offices uses a "less heavy procedure in terms of numbers involved in selection panels" but is considered appropriate as the Post Descriptions are "non-standard for P staff" and typically, at P1/P2 grades "consistent with the career structures for research"¹⁸. This sounds quite exceptional and not in line with normal recruitment procedures.

The technical and managerial interactions of the OBS with the Regional Office in the planning, programming and budgeting of the operation of OBS have historically been through the participation of Directors in Steering Committee and through AMS (now GSM) planning. Since OBS is now outside budget ceilings it has not been included in all recent SO discussions.

Links with WHO/EURO GDOs are only occasional, with the exception of the Barcelona Office that has interacted with OBS in a complementary and effective manner, and not based on an agreed policy. Practical and effective mechanisms to ensure coherence and avoidance of duplications of work and to ensure that all GDOs take responsibility for their technical areas in the OBS activities should be adopted and implemented. However, recent initial steps based on the direction of the new RD have been already taken to achieve this objective with the Health Systems and Public Health Division in WHO/EURO including joint regular staff meetings with the OBS and the Barcelona Office and the (continuing) participation of the Divisional Director in OBS Steering Committee meetings. These and links with the new Information, Evidence, Research and Innovation Division point into the right direction. In essence, planning, programming and budgeting processes of the OBS and WHO/EURO, including inputs to the development of the OBS work plan need to be aligned through regular active engagement of all staff concerned while respecting the partnership's role as in WHA 63.10.

¹⁸ See 7

3.5 Interactions with host country, COs and CCs

The Observatory has no specific interactions with Belgium resulting from the ECHP project agreement although it is actively engaged when appropriate, for example around the EU Presidency. Its links and relationships with country offices are, however, broad and crucial in terms of the performance of work of the OBS in both ways for programme delivery and providing health policy intelligence. Given the increased focus on coordination and collaboration, the OBS technical and managerial links WHO/EURO and with the Barcelona Office on direct country support assumes ever greater importance. Besides the key collaboration with the LSE, LSH and TUB, there are no systematic links with other WHO CCs.

3.6 External and Scientific Advisory Board

The Technical Advisory Panel provided for in the Agreement does not exist as the Steering Committee agreed to oversee technical issues itself. However, at present there are specific technical advisory boards for two EU funded projects and one HiT editorial board. This situation is also indicative of a case by case approach that could be improved by establishing clearer and consistent rules for external scientific advice.

3.7 Results and their external evaluation

Evidently, the work of the OBS, its publications, policy dialogues, and evidence generated to support policy makers and in contribution to SO10 make the OBS a successful partnership. The WG on the review of GDOs would not do justice to attempt to provide a succinct account of the achievements and results of the OBS's decade of work. This is also not in their purview. The Preliminary Evaluation of the Dissemination Activities of the OBS carried out by the Imperial College in London provides some details on certain aspects of the OBS's work¹⁹. In fact, the Steering Committee is responsible for reviewing and evaluating the activities and outputs of the OBS as specified in Article III of the Agreement. WHO/EURO, in line with Articles III and V, is supposed to monitor the routine progress of the OBS towards the objectives as set out in the agreed work plan. It does this through its oversight of spending and through its established internal evaluation mechanism.

3.8 Identity and visibility

The Observatory has assumed great visibility internally and externally. This is a result of its rather clear identity in terms of the mandate and scope of work and, more importantly its performance and products. The documents and publications also have a wide audience reaching the highest policy-makers. Its Dissemination Strategy²⁰ calls for “marketing itself (the OBS) so that policy-makers are aware of its existence and the products it generates, and communicating information and analysis clearly in response to the needs of policy-makers. The Observatory's dissemination strategy is at the “heart of its ability to impact on decision-making” and this could usefully be extended to include the wider public and press as key audiences.

¹⁹ Preliminary Evaluation of the dissemination activities of the OBS carried out by the Imperial College in London, 2004

²⁰ OBS Dissemination Strategy (last updated December 2009)

It should also be noted that a strong visibility is not only assured to the Observatory, but also to specific partners in relation to their initiatives. Obviously, such a high visibility is likely to play as an important motivation for some partners.

3.9 General observations

The OBS is a regional health partnership with regional and global partners. Examples of different partnerships include legally incorporated entities external to WHO (e.g. the GAVI Alliance) and unincorporated partnerships within WHO with their own governance (e.g. Stop TB Partnership, Roll-Back Malaria Partnership)²¹. OBS was established in partnership as a joint project. Currently, OBS falls into the category of a “formal” partnership²² with a governance structure that takes decisions on direction, work plans and budgets (WHA 63.10). In 1998 WHO had agreed to host the OBS project which implied that its hosting and provision of its secretariat is congruent with WHO’s accountability framework²³. The current situation as discussed above therefore, leads to problems, despite the undoubtedly positive contribution by OBS to SO10. The policy on WHO engagement with global health partnerships and hosting arrangements adopted by the WHA 63.10 Resolution in May this year²⁴ should be used as a reference to remedy the situation to the benefit of all concerned.

²¹ WHA 63.10, 21 May 2010 with Annex on WHO Engagement with the Global Health Partnerships and Hosting Arrangements

²² See 21

²³ See 7

²⁴ See 21

4. CONCLUSIONS

CONCLUSIONS

As shown in Table 1, the main benefit for WHO/EURO and Member States associated with the establishment of the Observatory relate largely to increased budget for many specific priority areas alongside the high quality and quantity of the outputs ensured over long periods of time. The budget of the Observatory has been increasing constantly since the biennium 2002-2003 when it amounted to US\$ 2.790 million up to the biennium 2008-2009 when the total budget became US\$ 10.700 million. These results provide a clear indication of the higher sense of ownership provided by this approach and by a higher relative easiness in contributing in cash, in kind, and/or through local or national secondments as well as the considerable fundraising capabilities and success of the OBS secretariat.

The less visible, but not less important, benefits associated with the decentralization of some core programmes of WHO/EURO in Member States need also to be pointed out. In fact, for instance, the operation of the Observatory facilitates WHO/EURO reorganization processes to respond to specific challenges and priority issues, by making use of the additional resources made available without necessarily affecting the overall organization. Moreover, through such a process, a number of collaborations and synergies are established by WHO/EURO with local institutions greatly increasing the quantity and quality of outcomes. Additional benefits of the "partnership" arrangement include the more flexible and efficient management of voluntary donations which do not constrain fund raising due to "SO ceilings".

Clear benefits identified for partners participating in the activities of the Observatory include the:

- opportunity of playing an important role in the process of priority setting at an international level and facilitation of international recognition of sub-national regions in member countries; this is particularly important in countries where regional governments are already or likely to be entitled as fully responsible for health and healthcare provision;
- opportunity for national and local institutions and their experts to closely interact with experts from other countries and WHO staff, thus contributing to a better understanding of international health and to exchange knowledge on relevant solutions to specific health-related issues.

While initially called a "joint project" OBS has evolved into a "formal" partnership that should be consistent with WHA 63.10 Resolution with a governance structure that takes decisions on direction, work plans and budgets. This definition requires that the legal, structural and operational rules and procedures of the Observatory are aligned fully with those of WHO. OBS has been very successful in resource mobilization (Table 1) and made an undoubtedly positive contribution to SO10 and the work of the Regional Office in general (including the Tallinn Conference). However, the current OBS structure and operation have developed over the years and include working arrangements, custom and practice which are not always in line with the legal requirements of WHA 63.10 adopted in 2010. Therefore, the variations against norms agreed over the years should now be reviewed in light of the new context and proper documentation put in place for any variations that are to be taken forward.

It should be pointed out, also, that exploiting the potentials deriving from the establishment of the Observatory and the GDOs calls for a special managerial approach to be developed by WHO/EURO. Such an approach needs especially trained and highly motivated officials in Copenhagen ready to accept the additional demands and complexity deriving from such detached structures. The WHO/EURO Office has not always been fully aware of such implications.

It is unclear which rules and mechanisms have been applied to facilitate collaboration between the Observatory with GDOs and to prevent unexpected overlaps and duplications of work. However, the initial changes, made already in 2010, bode well for the future.

5. RECOMMENDATIONS

RECOMMENDATIONS

The technical interactions of the OBS and the Regional Office in the planning and implementation of work plans and projects have certainly improved since February 2010. However, a practical mechanism to ensure coherence and avoidance of duplications of work is, in some cases, absent. Recent initial steps taken to achieve this objective with the Divisions of Health Systems and Public Health and Information, Evidence, Research and Innovation in WHO/EURO including joint regular staff meetings with the OBS and the Barcelona Office and the continued participation of Divisional Directors in OBS Steering Committee meetings point into the right direction. In essence, in view of the many benefits and high quality products of OBS, planning, programming and budgeting processes of the OBS and WHO/EURO, including inputs to the development of the OBS work plan need to be aligned through regular active engagement of all staff concerned.

There is an urgent need to clarify with the UK Government the extent of privileges and immunities granted to WHO and its staff based in London, in particular to avoid possible problems for WHO staff stationed there on social contributions, tax issues, residence permits etc. More generally, it is common practice that no staff should be stationed in a country without a prior formal agreement concluded with the relevant government.

It is regretted that the composition of the Steering Committee does not include representatives from Eastern Europe, Central Asia, and the Caucasus. This might ensure an OBS publishing policy with more emphasis on these specific regions. It would also be in line with the OBS own statement that “The Observatory is about Europe and attaches equal importance to all 53 Member States of the WHO European Region”. Action should be taken in this respect.

The initial draft guidelines on working methods of the Steering Committee need to be amended and to be agreed upon by all concerned to make them consistent with the Agreement.

In particular, the following changes are recommended:

- WHO/EURO should not be identified as a Managing Agent for the OBS as this term is not in accordance with the Agreement which speaks of EURO as the Secretariat of the OBS. This recommendation underlines the principle that WHO is not acting on behalf of the partners as if it were the recipient of some kind of delegation of authority to allow the OBS to work internationally. WHO can not apply its own regulations and rules in a way that appears to subordinate them to the policies of the Steering Committee.
- WHO’s guidelines and administrative procedures for internal and external communications including the use of its logo, media products, publications, technical reports and advocacy material need to be complied with taking into account the discussions of the Publications Policy Group in WHO/HQ on this subject. All the variations agreed upon over the last dozen years should be reviewed and, where appropriate, documented explicitly and in full.

Moreover, a more effective mechanism should be implemented for facilitating positive interactions and collaboration of OBS with other WHO/EURO structures including GDOs.

Despite the undoubtedly positive contribution by OBS to SO10, the current situation creates legal problems for WHO/EURO. The policy on WHO engagement with global health partnership and hosting arrangements adopted by the WHA 63.10 Resolution in May this year should be used as a reference to remedy the situation to the benefit of all.

6. ACKNOWLEDGEMENTS

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Wilfried Kreisel, Maksut Kulzhanov and Vittorio Silano, would like to express their gratitude for the effective and friendly collaborations provided by Drs Josep Figueras and Suszy Lessof and the administrative team of the Observatory. Not only they provided detailed and relevant information and data at very short notice, but have also been very kind in hosting the Review Group in their Office and in openly discussing a number of different issues.

Wilfried Kreisel, Maksut Kulzhanov and Vittorio Silano are also deeply grateful to Dr Arun Nanda for his precious and highly professional suggestions and comments that greatly contributed to improve the quality of this Review.

The very efficient and committed assistance of Mrs Manuela Zingales throughout the whole programme and the report preparation as well as that of Mrs Tanya Michaelsen and Mrs Natalia Sterlikova-Lohr in relation to a number of organizational issues, is also acknowledged.

7. LIST OF ACRONYMS

AO	Administrative Officer
APWs	Agreements for Performance of Work
BCAs	Biennial Collaborating Agreements
BIREME	Latin American and Caribbean Centre on Health Sciences Information
CAREC	Caribbean Epidemiology Centre
CE	Council of Europe
CEHA	WHO Centre for Environmental Health Activities
CSDH	Commission on Social Determinants of Health
EC	European Commission
ECDC	European Centre for Disease Control
ECEH	European Centre of Environment and Health
ECHP	European Centre for Health Policies
ECO	Human Ecology Centre
EEA	European Environment Agency
EECCA	Eastern Europe, Caucasus and Central Asia
EEHC	European Environment and Health Committee
EEHP	European Environment and Health Process
EFSA	European Food Safety Authority
ENHIS	Environment and Health Information Systems
FLS	First level supervisor
GDOs	Geographically Dispersed Offices
HA	Host Agreement
HoO	Head of Office
HSS	Health System Strengthening
IARC	International Agency for Research on Cancer
IHD	Investments for Health and Development
INCAP	Institute of Nutrition of Centre America and Panama
IPCC	Intergovernmental Panel on Climate Change
MAP	Mediterranean Action Plan
MoH	Ministry of Health
NCDs	Non-communicable Diseases
NIS	Newly Independent States
OBS	Observatory
OCH	Occupational Health
OECD	Organization for Economic Co-operation and Development
PAHO	Pan American Health Organization
PHC	Primary Health Care
POs	Purchase Orders
PSC	Programme Support Costs
RC	Regional Committee
SEE	South-East Europe
SLS	Second level supervisor
TAs	Travel Authorizations
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNEP	United Nations Environment Programme
UNFCCC	United Nations Framework Convention on Climate Change
USCDC	United States Centre for Disease Control and Prevention
WHA	World Health Assembly
WKC	WHO Centre for Health Development
WMC	WHO Mediterranean Centre for Vulnerability Reduction

8. FIGURE 1 – The new WHO organigram as of 1 July 2010

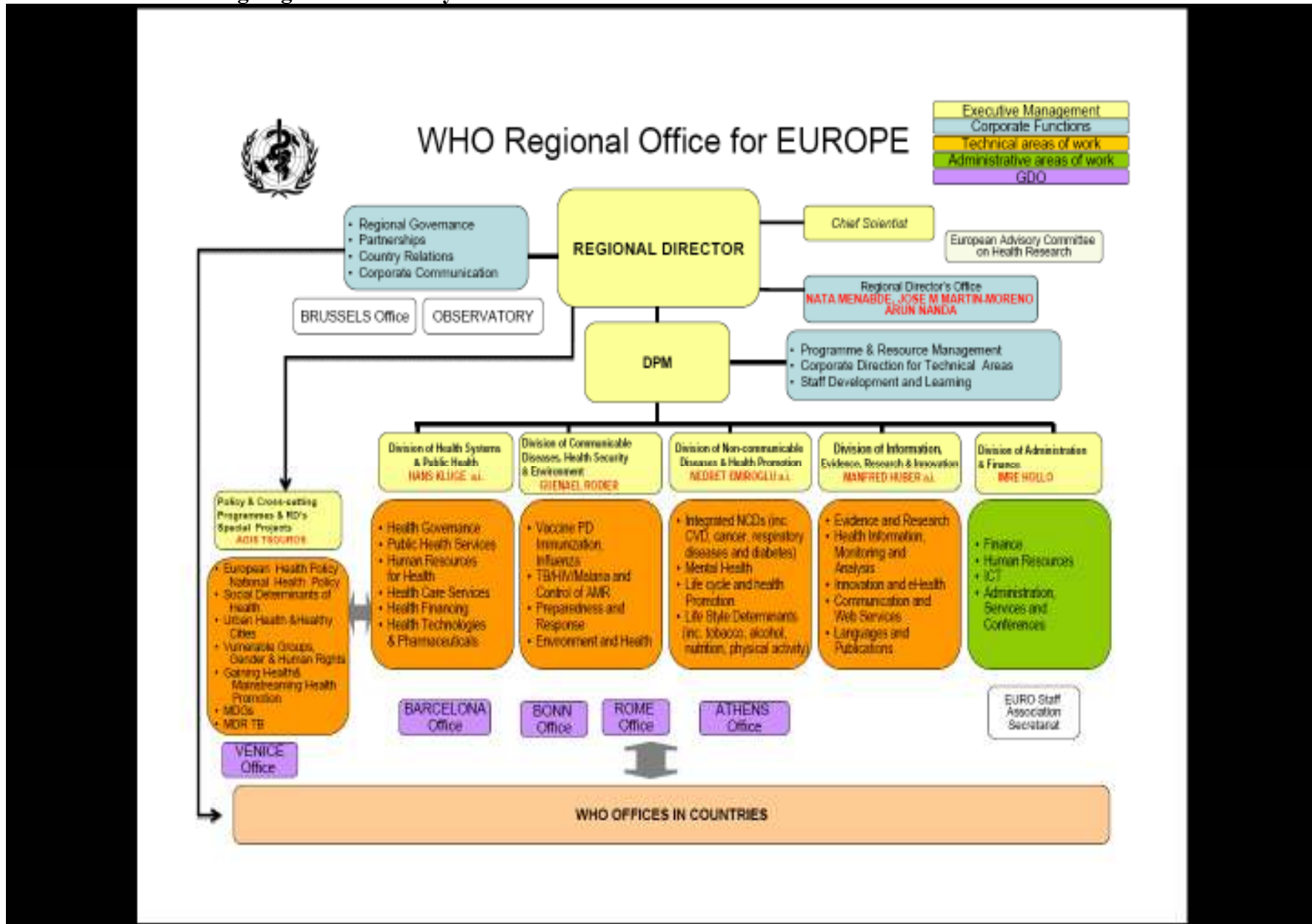


Table 1 – The European Observatory on Health Systems and Policies of the WHO Regional Office for Europe (Brussels): staffing and funding (US\$) for the biennia from 2002 to 2009

BIENNIUM	NO. OF STAFF	FUNDING \$ 000				SERVICES IN KIND	AGREEMENT START DATE	AGREEMENT END DATE	
		REGULAR BUDGET (WHO/EURO)		AMOUNT DONATED BY OTHER SOURCES	NO. OF OTHER SOURCES				TOTAL CASH
2002-2003	21	500		2 290	14 ^c	2 790	500	1998	2003
2004-2005	22	1 050		5 100	21 ^c	6 150	1 000	1998	2008
2006-2007	27	1 450		5 850	19	7 300	1 300	1998	2008
2008-2009	26	1 600		9 100	19 ^g	10 700	2 100	1998	2013

Appendix 1

REVIEW OF THE EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES IN THE CONTEXT OF THE REVIEW OF GEOGRAPHICALLY DISPERSED OFFICES OF THE WHO REGIONAL OFFICE FOR EUROPE

1. POLICY AND PROGRAMMATIC ASPECTS

(i) Mission, core functions and priorities¹;

The Observatory's role: The European Observatory on Health Systems and Policies supports and promotes evidence-based health policy-making through comprehensive and rigorous analysis of the dynamics of health systems in Europe and by engaging directly with policy-makers.

Aims and objectives: The Observatory partnership is committed to health systems and policies that promote health gain and strive to achieve solidarity, equity, efficiency, quality, responsiveness, transparency and integrity. The Observatory seeks to support policy makers in achieving these goals and aims to:

- Work in partnership with a range of academics, policy-makers and practitioners to comprehensively describe and analyse health systems, the changes they undergo and trends in health policies and reforms;
- Utilise experience from across Europe and from selected developed countries outside Europe to illuminate policy issues and support the countries of Europe in taking evidence based decisions;
- Communicate effectively with policy-makers through a range of dissemination strategies;
- Encourage debate about issues raised by research developments;
- Draw on the strengths of our partner organizations and networks to provide evidence-based advice to national policy-makers.

The partnership dimension: The Observatory brings together governments in the European Region, international organizations and others to generate evidence for decision-makers as a public good. The Partners identify the priorities that are most relevant to policy-making in Europe. The Observatory's core staff and its networks provide country and topic specific research and analysis to meet those priorities. They equip Europe's policy-makers and their advisors with the frameworks, information and comparative evidence they need to take the best choices possible.

Regional and extra-regional balance: The Observatory is about Europe and attaches equal importance to all 53 Member States of the WHO European Region. There are nonetheless health system and reform models/examples beyond Europe of real and pressing relevance to European policy makers and the Observatory addresses these when they are of benefit to European policy makers. It also works with other regions to promote consistent and comparable approaches to health system monitoring and analysis and to share experiences of engaging with policy-makers.

Observatory functions: The Observatory has four core functions and a commitment to high quality management. The functions reflect the needs of decision makers and are

- Country monitoring

¹ The text on mission, functions and priorities is from the Observatory's work and development plan 2009-13 Annex 1

- Analysis
- Performance assessment
- Dissemination (engaging with policy makers)
- Management and partnership

Country monitoring: The country monitoring function seeks through the Health Systems in Transition profiles (HiTs) to accurately describe health systems. The profiles use standard terminology and definitions to explain how each system is organized and what it does; assess costs, benefits, efficiency and quality; capture trends and monitor reforms. The function aims to facilitate internal review of a country's health system so that different ministries and agencies can share a common understanding; support comparisons and learning across countries; and allow progress to be mapped over time. HiTs have become increasingly critical over the last ten years and provide the bedrock for an evaluation of health systems. They do not however, have any underlying policy agenda. The HiT programme covers the whole of the European Region and those countries beyond Europe which offer models or experiences which are significant for Europe. HiTs are updated on a rolling basis.

Analysis: The analysis function aims to address core health system and policy issues and to provide in depth and dispassionate evidence on individual topics and cross-cutting comparative themes. The Observatory does this through a series of pieces of analytical work that are the result of a priority setting exercise by Partners and particular methodologies (revolving around secondary research, meta-analysis, networks of external experts, and integrative workshops and reviews) which taken together foster real policy relevance. The Observatory's outputs are a mix of studies, co-publications, case studies, policy briefs and summaries and articles. They are intended to support decision makers and those who advise them in a timely way and by establishing clear and authoritative conceptual frameworks; marshalling the existing evidence of what is known about a particular issue; and highlighting the importance of context and the impact it is likely to have on a given policy position. The Observatory also provides a platform for credible and policy relevant research led by counterparts, widening the pool of evidence it can offer.

Performance assessment: This new function responds to the increased pressure on policy makers to measure and analyze performance; to the 2008 Tallinn Charter commitments to do so; and to the difficulties of measurement despite recent technical advances. The goal of the function (that is integrated fashion within WHO and with the Commission) to help governments, regulators, citizens and commentators gain a better understanding of the comparative performance of their health system ('what works'). It encompasses a data stream (identifying indicators on use and providing commentary on their strengths, weaknesses and the data gap); a methodology stream (tackling complex measurement and comparison issues); and an evidence stream that addresses the policy relevance on measurement and the policy implications of performance by health system domain (health outcomes, meeting patient and citizen expectations, equity, financial protection and efficiency). It is expected to help countries improve measurement and analysis; and ultimately, strengthen their health systems through better designed and better evaluated policy and practice.

Dissemination: This function recognizes that much of the evidence on health systems and policies academia generates stays within academic circles. It does not inform decision making because it is not communicated. The Observatory engages with policy-makers to communicate the right information at the right time and combines (i) an extensive in-print publications programme with (ii) face to face and (iii) electronic dissemination to get across the evidence of what works better or worse in different contexts. Partners, not least WHO, afford it invaluable access to senior decision makers. The target groups are defined as national and regional policy-makers (both politicians and senior civil servants in relevant ministries); international policy-makers (politicians,

senior figures and advisors and consultants from international agencies/NGOs) and academia (health system/policy analysis). The Observatory dissemination strategy² seeks to make the evidence generated available to each of these groups (and indeed to senior managers) in the most appropriate format or medium and to make translations available to Russian speakers.

Management and partnership: The Observatory sits within WHO which acts as Managing Agent. It works under WHO budget and reporting cycles, human resource policies and legal frameworks all of which guarantee appropriate and well-scrutinized standards of operation. The staff team are divided between a number of offices and countries with the Observatory core management reporting both to EURO and to the Steering Committee. The Observatory has Global Partnership status which allows it to operate outside budget ceilings and without impinging on the scope of colleagues in health systems and public health or in information, evidence, research and innovation to programme work. The objectives of the management function are to ensure delivery of all the aims and outputs detailed above in a cost effective and timely manner and to support the development of the Observatory so as to secure its long-term position as Europe's key evidence provider on health systems and policies. Considerable management effort is invested in maintaining the partnership and, increasingly, on ensuring effective coordination with EURO as a whole.

(ii) Mandate of the head of the Observatory;

Josep Figueras is the Director of the European Observatory on Health Systems and Policies and the Head of the European Centre of Health Policy (see below for explanation of ECHP).

The same delegation of authority is applied to the head of the Observatory as to all Divisional Directors. Therefore and in line with the EURO Table of Authority and handbook of policies the Director clearing contracts and purchases (APW and GES) up to 70,000 USD, payment requests, travel plans and travels of Observatory staff, dealing with HR matters including recruitment and appraisal, and signing off HiTs, studies and so on for ISBN numbers and publication.

The Partners designated Dr Figueras Director of the Observatory and defined his mandate as to take the leadership role; to ensure coherence and quality in Observatory activities; and as to be accountable for effective external links and appropriate and efficient use of resources. The Regional Office also expects Dr Figueras to develop and deliver a programme of work consistent with Member State needs, Regional Office and Partner priorities; within the rules of WHO rules and with full effectiveness, efficiency and accountability of to the Cabinet of the Regional Director.

2. LEGAL BASIS

(iii) Memorandum of understanding

The Observatory is governed by a legal Agreement first set out in 1998³ that has to be renewed every five years (by an amendment confirming formally that each Partner confirms the Agreement is 'not terminated'). It has also been amended with each new Partner joining. The Agreement is far from perfect but has been extended twice almost unchanged. The rationale for extending an imperfect set of arrangements is that

- Renegotiating an Agreement with up to 15 sets of legal departments in a range of languages was seen a recipe for the break down of the whole Observatory. The Steering Committee therefore agreed to continue with things unchanged.

² OBS Dissemination strategy is normally annexed to the work and development plan and is included here as Annex 2

³ Observatory Agreement and amendments at Annex 3

- Although the agreement has anomalies it does no damage to the Regional Office since WHO is amply protected by the Agreement articles on WHO rules (as at Box 1).

Box 1: Extracts from the OBS Agreement

Article II

2. The organizational structure and activities of the Observatory shall form an integral part of WHO/Europe, which shall be responsible for its overall direction and coordination, and as such all activities carried out under the Observatory shall be in accordance with the Constitution, rules, regulations and policies of WHO.

Article III

Steering Committee

3. The Steering Committee shall operate on the basis of consensus. Decisions shall be compatible with the statutes, rules and policies of WHO.

6. The Steering Committee can establish its own working methods.

The arrangement with the Government of Belgium is also pertinent. The Government of Belgium agreed in December 1998 to host the European Centre on Health Policy⁴. The ECHP focussed not just on health policy but specifically on health impact assessment (HIA) and work across sectors. Relatively shortly after it was established the head of centre, Anna Ritzatakis, who had been instrumental in setting it up, and in shaping EURO's focus on wider determinants and inter-sector perspectives, retired. It was agreed both with the Government of Belgium and with the Observatory Partners that the Observatory would move to Brussels and occupy the space of the ECHP, taking on its policy remit and follow up work on HIA. The Observatory changed its name as well as its location becoming the European Observatory on Health Systems and Policies in place of the European Observatory on Health Care Systems. Other Partners joining at the same time were the Governments of Finland and Sweden, key members of the ECHP. The Observatory is regarded as the "tenant" of the ECHP and its presence in Brussels does not preclude other projects being offered space within the ECHP. The Government of Belgium is not a separate signatory of the Observatory Agreement but acts, in accord with all parties, as a full Partner, taking an equal part in Steering Committee and being acknowledged in all formal documents as a member of the Observatory.

Finally, the Observatory is also "governed" by an informal set of guidelines on ways of working⁵ which are as much a record of the concerns Partners have shared over the years as it is a document on governance. The guidelines are regarded as somewhat problematic by LEG but since they are clearly subordinate to the Agreement and cannot override the commitments to work within the rules, regulations and priorities of WHO they have not proved problematic.

(iv) Partners/co-founders;

The Observatory partnership has been relatively stable. Its membership is as follows:

Current Partners (year of joining)

- WHO Regional Office for Europe (1998)
- Government of Belgium (2004)
- Government of Ireland (2010)
- Government of Finland (2004)

⁴ ECHP Agreement and amendments at Annex 4

⁵ Guidelines on ways of working at Annex 5

- Government of the Netherlands (2010)
- Government of Norway (1998)
- Government of Slovenia (2000)
- Government of Spain (1998)
- Government of Sweden (2004)
- Government of the Veneto Region, Italy (2004)
- European Commission (2009)
- European Investment Bank (1998)
- World Bank (1998)
- Union Nationale des Caisses d'Assurance Maladie –France (2009)
- London School of Economics and Political Science (1998)
- London School of Hygiene and Tropical Medicine (1998)

This includes the founder Partners (WHO, the Governments of Norway and Spain, the European Investment Bank and the World Bank, and the two Schools which joined from 1998) and the batch of Partners joining on the merger with the ECHP (the Governments of Belgium, Finland and Sweden which joined in 2004). Other countries and organizations have joined piecemeal although Partners do actively seek to manage membership and apply strict criteria that are intended to foster a mix of members reflecting the range of policy making actors (see Guidelines at Annex 4).

Former Partners (years of membership)

In addition three Partners have joined and left, Greece and CRP Santé because of changing political demands and priorities and OSI because it planned a time limited engagement and subsequently withdrew from health and from Europe.

- Government of Greece (2001-2006)
- CRP Santé Luxembourg (2005-2006)
- Open Society Institute (2000-2008)

(v) Location;

The Observatory is a multi-site team located in a series of hubs. Its current locations are

1. **Brussels**
WHO European Centre for Health Policy, Brussels, Belgium

The Ministry of Health (Federal Service of Public Health, Food Chain Security and the Environment - SPF) provide the accommodation and cover the bulk of running costs. The Observatory has no particular commitments to the Belgian government above and beyond its commitment to all members and WHO Member States.

The Brussels based team include the senior management, partnership and secretariat functions, including all administration; the direction of dissemination and the policy agenda.

2. **London School of Economics and Political Science (LSE)**
LSE Health, London, UK

The LSE was a founding Partner, joining the Observatory in 1998 and the team is part of the London hub. It is headed by Prof Elias Mossialos the head of LSE Health and member of the Steering Committee and involves eight researchers. They focus on western Europe, EU

Member States, a range of financing issues, pharmaceuticals, equity and access. LSE provides free accommodation and waive overheads and the Observatory contributes only to direct running costs.

3. **London School of Hygiene and Tropical Medicine (LSHTM)**
ECOHOST, London, UK

The LSH was also a founding Partner and is part of the London hub. It is headed by Prof Martin McKee head of ECOHOST and Steering Committee member and involves three paid researchers. They focus on Newly Independent States, central Asia, chronic and communicable diseases, public health, migrant health and health status measures. LSH also hosts the publications team with its three staff allowing them access to the highly cost-effective editing and printing facilities available in London. LSH provides free accommodation, covers senior staff inputs and waive overheads and the Observatory contributes only to direct running costs.

4. **Moscow**
WHO Office, Russian Federation

The WHO Office in Moscow accommodates and provides active support for the Russian Publications Officer, helping identify priorities and facilitating work on translation, publication and distribution.

5. **Technische Universitaet Berlin (TUB)** no WHO staff members involved in this hub
Department of Health Care Management, Berlin, Germany

The TUB team has played a long standing role working jointly with the Observatory since 2002 and on a series of APW and was recognized as a WHO Collaborating Centre from 2005. TUB has hosted WHO staff but currently is contracted through a Technical Services Agreement (TSA) that allows Prof Busse, the head of department and member of the Steering Committee to provide a flexible mix of researcher inputs.

6. **Emory University** no WHO staff members involved
Rollins School of Public Health, Department of Health Policy and Management
Atlanta, Georgia, USA

The link with Emory is by virtue of our work with Prof Richard Saltman who has been heavily involved in the Observatory since before its formal inception and who is a member of the Steering Committee. There is currently a rolling series of APW covering some of Prof Saltman's time.

The Observatory also had hubs in Athens and in Madrid at different points but these have been closed down in agreement with the hosts as they did not achieve the critical mass that research staff need to function most effectively.

(vi) Start up and expected duration;

The Observatory was established in 1998 with a five year rolling agreement as above. The Agreement (and authority for the partnership) has been renewed twice and the Observatory has successfully managed the incorporation of new Partners and the departure of others. There is every expectation that it will continue in the long term and with the Commission on Board there certainly is scope for a sustainable evidence provision function.

The Partners consider periodically the status of the Observatory and the Regional Office also exercises its duty to assess its investment in the programme and the related opportunity costs. The question as to whether there should be a point at which the Observatory is floated as an independent entity has been raised and reviewed periodically, sometimes in the context of discussion of hosting or management costs. It is clear however, particularly to the secretariat but also to the Partners, that this would not be in the interests of the Observatory which benefits from the credibility, access to governments and focus on public health and policy relevance that the ownership of EURO brings. WHO is also a largely supportive legal and administrative base for the operation. It is hoped that the Regional Office also feels that “floating off” the Observatory would not be a good thing and that the publications, policy dialogues, and evidence generated to support policy makers and in contribution to SO 10 make the Observatory a worthwhile and integral part of EURO.

(vii) Privileges and immunities/ host agreement;

Each location or hub has slightly different arrangements in place although all staff members are covered by core privileges and immunities since all host countries are signatories of the relevant agreements on the UN system.

1. **Brussels:** The ECHP opened after the host agreement with the WEU Office was in place. The Observatory is nonetheless covered de facto by the agreement and the Ministry of Foreign Affairs issues ID cards to all staff as functionaries of WHO, exempts them from tax and allows VAT exemption provided the relevant transactions are registered with the Rue Montoyer address. There have been no difficulties with protocol except that it has proved difficult to get formal recognition of the Observatory as a programme distinct from the main Brussels Office.
2. **London – LSE and LSHTM:** The Observatory has been explicitly advised by the UK government that there is no need for a host agreement and that all staff are adequately protected by the convention on immunities and privileges. There is however an ongoing issue concerning National Insurance Contributions (NIC). The lead agency of the UN in London is the International Maritime Agency (IMO), which agreed with the UK authorities that staff would be liable for NIC in line with the national ruling that this does not constitute a tax. The IMO pays 50% of these costs. The Observatory is awaiting guidance on whether to follow suit.
3. **Moscow:** The Russian Publications Officer sits in the main WHO Office and is covered by the host agreement and supervised by the Head of Office.
4. **Berlin - TUB:** There are no staff members at present and so the arrangement is not immediately relevant. However there have been WHO Observatory employees working in Berlin in the past and further appointments are likely. The Observatory has been advised that any staff will be automatically covered by the seat agreement for Bonn and that no action is therefore needed.
5. **Atlanta – Emory:** There are no plans for staff appointments in the US.

(viii) External advisory Bodies

The Observatory combines

- Steering Committee which is core to its make up and governance
- An editorial board for the HiT series, and

- Occasional advisory groups or boards that are constituted on a temporary basis to advise on and guide particular projects, often as part of the external funding or grant arrangements.

The Steering Committee is made up of representatives of each Partner and senior research personnel and is covered at 4 (ix) below. The Steering Committee has decided not to institute the Technical Advisory Panel provided for in the Observatory Agreement but to oversee technical issues itself.

The HiT editorial board includes experts in health systems analysis from across the Region and acts as an underwriter of quality and focus.

The technical advisory boards currently in place relate to two EU funded projects BRIDGE and PROMeTHEUS. In each case the Board has not financial or financial oversight responsibilities and no engagement in the wider agenda of the Observatory. They seek rather to

- Review and refine the aims and objectives of the project
- Review methodologies and technical progress, suggesting adjustments
- Monitor and strengthen policy relevance
- Ensure communication, exchange and liaison with all relevant stakeholders, networks, academic centres and international agencies engaged in the project area.

These build on successful experiences with Advisory Boards for HIA and health services work and will feed into the creation of a new board to support the performance assessment programme.

The Partners have however, decided in principle that they rather than specifically constituted, ad hoc external bodies will oversee the core technical outputs of the Observatory ensuring coherence across the work and development plan.

3. BUDGETARY ISSUES

(ix) Budget and sources of funds throughout the life of the Observatory

The Observatory has always combined four sources of support

- WHO Regular Budget contribution, initially confined to covering one Regional Adviser and a Programme Assistant with a minimal, annual operating budget (inter-country programme funds) and now covering 4 members of staff
- Partner income (or voluntary donations), regarded as core income which is pooled and which Partners agree should be used without seeking to make explicit the link between the contribution of any given Partner and any given expenditure
- Project income that is provided by a donor or grant awarding body for specific activities and with specific expectations as regards outputs and reporting requirements
- In-kind contributions, which range from the time Partners put into reviewing Observatory products to the very significant costs of hosting the hubs in Brussels and London.

The WHO contribution is treated by the Partners as on a par with all other Partner contributions and is regarded as core income. The cost of the salaries provided has always been offset, to some extent, by the Programme Support Costs (PSC) with the Regional Office contribution growing in tandem with increased voluntary donations by Partners and increased PSC.

The tables below uses rounded figures to give

- An overview of income and expenditure over the last decade
- The balance between core and project income over the last five years
- The relative share of expenditures on staff and activities over the same period

A more detailed view of the breakdown of expenditures showing project specific costs for the last three years and as planned for 2010 is under 4 (xii) below and Annexes 5 and 6.

Table 1. Observatory income, expenditure and balances (10 years from 2000)

	income	expenditure	BALANCE
2000	1,300,000	1,250,000	50,000
2001	1,800,000	1,600,000	200,000
2002	1,520,000	1,500,000	20,000
2003	1,270,000	1,350,000	-80,000
2004	2,900,000	2,800,000	100,000
2005	3,250,000	2,290,000	960,000
2006	4,200,000	3,000,000	1,200,000
2007	3,100,000	3,765,000	-665,000
2008	5,000,000	4,950,000	50,000
2009	5,700,000	5,800,000	-100,000
2010	6,730,000	6,400,000	330,000
TOTAL	36,770,000	34,705,000	2,065,000

Table 2. Observatory income core and project (5 years from 2006)

	core	project	Total	% core income	% project income
2006	3,700,000	600,000	4,300,000	86%	14%
2007	2,750,000	270,000	3,020,000	91%	9%
2008	3,350,000	1,700,000	5,050,000	66%	34%
2009	2,900,000	2,400,000	5,300,000	55%	45%
2010	5,700,000	1,700,000	7,400,000	77%	23%
TOTAL	18,400,000	6,670,000	25,070,000	73%	27%

Table 3. Observatory expenditures staff and activity (5 years from 2006)

	staff	activity	Total	% staff	% activity
2006	1,900,000	900,000	2,800,000	68%	32%
2007	2,100,000	1,500,000	3,600,000	58%	42%
2008	2,000,000	2,250,000	4,250,000	47%	53%
2009	2,600,000	2,850,000	5,450,000	48%	52%
2010	3,600,000	2,800,000	6,400,000	56%	44%
TOTAL	12,200,000	10,300,000	22,500,000	54%	46%

Tables for the development of Partners' in-kind contributions are below but are only indicative as there is no agreed system for establishing the value of the contributions and including them in WHA accounts. Notwithstanding the contribution made is very significant in three cases and strategically important in a fourth.

- The Government of Belgium provides accommodation, computers, and infrastructure for a team of 13 (in central Brussels) as well as paying for almost all fixed line telephone costs, photocopying and so on. This is in addition to its annual partnership contribution
- LSE provides accommodation, computing facilities and other infrastructure for eight staff with 24 hour access (in Central London) and foregoes overhead charges which were normally set at a minimum of 100% of total staff costs for any given project. The Observatory pays only for some core administrative support and some specific direct costs (phone calls, printing etc.).
- LSHTM makes the same type of contribution but for six staff (the research and publications teams) and covers the time of both Prof Martin McKee (member of the Observatory senior management team) and Prof Charles Normand (Chair of the Observatory).

- The Region of Veneto hosts the annual Summer School making a valuable contribution in-kind through support to the organization and by covering the social programme and by facilitating an event which has high visibility and contributes markedly to the Observatory's reputation for dissemination.

Table 4. In kind contributions by key Partners by year (3 years from 2008)

	2008	2009	2010	Total by Partner
Belgium	248,724	420,000	420,000	1,088,724
LSE	301,476	334,973	334,973	971,422
LSHTM	313,308	348,120	348,120	1,009,548
Veneto Region	55,000	70,000	95,000	220,000
Total in-kind by year	918,508	1,173,093	1,198,093	3,289,694

Table 5. In kind contributions against total cash income (3 years from 2008)

	In-kind contributions	Cash (total core + project)	% in kind contributions	% cash income
2008	918,508	5,050,000	15%	85%
2009	1,173,093	5,300,000	18%	82%
2010	1,198,093	7,400,000	14%	86%
TOTAL	3,289,694	17,750,000	16%	84%

(x) Fund raising and resource mobilization;

The key source of outside funds is Partner contributions but it is clear (and explicitly state by Partners) that expanding the partnership is not an appropriate approach to resource mobilization. Partners wish to ensure that the partnership remains manageable and cohesive while reflecting the mix of stakeholders involved in policy making. The Steering Committee is therefore increasingly selective about which countries or organizations can join the Observatory.

Resources are also mobilized through project proposals that secure grant funding, however in these cases the Observatory is motivated very much by the technical agenda (the content of the project, and its policy relevance) and not by the fund raising opportunity. In many cases grant funding does not cover all the costs of the work but subsidizes a priority established by Partners. It should be noted here that project funding does come "at a price" since the reporting requirements and the reconciliation of WHO and external donor expectations can entail significant management time.

The Observatory does not pro-actively seek to raise funds or mobilize resources as an end in itself but does hope to subsidize work on Regional priorities and to ensure stability for the staff team. It has a resource mobilization strategy (see Annex X) based very much on that of WHO and will need to become more proactive in this area if performance assessment is to develop as an areas of work.

4. MANAGEMENT

(xi) Structure, organisation, recruitment policy and staff nationalities;

Structure: The Observatory is a dispersed and decentralized entity that places research activities in research centres in order to support critical thinking. It is nonetheless centred on the Brussels hub which is based within Belgian Ministry premises and which houses the secretariat, leadership and administrative functions and the policy team. The Observatory has hubs in London (two offices at LSE and LSHTM) that focus on research in specific areas and that house some of the dissemination functions (web management at LSE and publications at LSHTM – both coordinated by the

Dissemination Officer in Brussels) and in Berlin. It also has a member of staff integrated into the Moscow Office and a senior researcher in the USA.

The Observatory also makes extensive and effective use of academic and other networks.

- All country monitoring depends on country based authors, reviewers and experts.
- Each analytical project involves a team of chapter authors who have already established their expertise through primary research in the field concerned.
- Dissemination, most particularly policy dialogues, draws on a range of highly experienced individuals who combine theoretical knowledge and practical experience.

All told the Observatory makes active use of a group of some 200-400 experts in any given year, using their skills and knowledge to support Member States often at no or minimal cost. This is quite apart from the extensive use of contracting out by the publications programme which routinely appoints copy editors, typesetters and printers to deliver its work.

Organization: The Observatory is governed by WHO routines and by its own management cycle which is yearly rather than biennial. It has

- A five year work and development plan, established with Steering Committee and reviewed annually
- A biennial work plan within the WHO planning cycle which is consistent with the SO structure but outside the budget ceilings and is updated and now reviewed every six months
- An annual work plan agreed in December for the coming year and reviewed at mid-term and year end. This fits within the five year overarching plan and the biennial WHO cycle and sets specific targets, assigns budgets and allows detailed exploration of objectives and outputs and how far these meet Regional needs and link with other initiatives
- Regular (bi-monthly) updates to Partners including a wide range of Regional Office counterparts that set out specific progress and any variations in plans.

The Observatory projects are decentralized to hubs but its management is very focussed and consists of

- An increasingly clearly articulated link to colleagues in Copenhagen and now to the Regional Director's Cabinet through Partnership
- Senior staff in Brussels managing directly the overall work of the Observatory and its dissemination programmes
- Senior non-staff, counterparts in each hub with responsibilities for supporting staff (although not for their formal line management)
- A board overseeing the HiT series quality
- A series of study leaders responsible for the direction of individual pieces of analytic work
- An administrative team based in Brussels ensuring all contracting, procurement, reporting and so on are fully within the rules of WHO.

Staffing issues: The Observatory is unusual in that it draws on many non-staff inputs but for all employees the approach is standard. WHO recruits both G and P staff using the appropriate procedures as developed for out posted Offices. This allows for local recruitment of G staff and international recruitment of P staff using a slightly less "heavy" procedure in terms of numbers involved in selection panels. All research staff are on professional grades and internationally appointed except the Russian Publications Officer who is a National Professional Officer.

Post descriptions are non-standard for P staff as they refer to specific research roles unique to the Observatory. The level of appointments with a predominance of P1 (see below) is untypical of WHO but is consistent with the career structures for research.

Summary of staff by grade

G Grades	Number	P Grades	Number
G3	3	P1	11
G4	3	P2	3
G5	1	P3	1
		P4	2
Non-staff	8	P5	1
		P6	1
Total (P and G staff and non-staff)			

Summary of staff by nationality

Nationality	Number	Non-staff	Number
Australia	1	Germany	1
Belgium	2	Greece	2
Canada	1	Netherlands	1
France	1	Sri Lanka	1
Germany	2	UK	1
Greece	1	USA	2
Hungary	1	Total	
Ireland	1		
Italy	2		
Japan	1		
Lithuania	1		
Nigeria	1		
Poland	1		
Portugal	1		
Spain	2		
Russian Federation	1		
UK	6		
Total			

Please note that the above includes four staff members who have dual nationality (with second passports for Denmark, Kenya, Switzerland and the UK). Full details are at Annex 6.

(xii) Management of funds and use for outputs (e.g. personnel, meetings, travel, IT services and running expenditures);

The Observatory works on an annual budget cycle January to December. It presents a detailed budget to Partners in advance for each year and reports against plans at the mid-term and end of year⁶. The information presented is largely for management purposes and to allow Partners to renew their rolling commitment to the Observatory but the Budget and Finance team are asked to check and sign of the final report (usually produced for the mid-term Steering Committee).

The Observatory budget covers all the below plus overheads or PSC

- All staff employment (G and P) including the cost of the four staff covered by Regular Budget funds from the Regional Office – the figures balancing as income and expenditure although no actual budget transfers are made within WHO
- The costs of buying in additional research inputs and of sub-contracting (all APW and TSA)
- Individual and nominal honoraria for authors
- The costs of preparing publications (editing, typesetting, distribution, and so on)
- Translations into Russian (although the Moscow Office supports particular publications)
- The costs of policy dialogues and workshops
- Travel
- Running costs for the various teams, including IT maintenance

Annexes 5 and 6 collect together a detailed breakdown of income and expenditure and give more information on what is included in the budget. There are differences with the summary figures given above and this is because the figures included here are rounded up.

It is also important to note that the Observatory holds a reserve of over 2.5 million. This is a policy of the Steering Committee and ensures, that six months running costs are at hand, protecting the team and project work against unexpected fluctuations in income or cash flow issues.

(xiii) Relationship/interactions between the Observatory and the Regional Office (e.g. administrative and technical links and decision-making);

Administrative links: The table of authority delegates key roles to the Observatory with some 700 committal documents originating in Brussels a year. However, the support of Copenhagen based colleagues is invaluable. There is constant dialogue with budget, finance and human resources.

Technical links: The Observatory has traditionally been relatively self-contained since it provides evidence for policy-making rather than generating policy advice or supporting countries in policy implementation. It has also been overly isolated, missing some opportunities to communicate and integrate with colleagues in the Regional Office.

Since February 2010, significant progress has been made with formal consultation and routine exchanges with colleagues in health systems and public health, information, evidence, research and innovation being fully established. There are now really effective shared planning and review mechanisms which are strengthening the working relationships on both sides.

⁶ Annex 7 and 8 present income and expenditure from 2006 providing detailed information on spend by heading.

The Observatory intranet is being expanded to give all staff in EURO full access to Observatory plans, monitoring documents and drafts.

Decision making: Decisions are led by Steering Committee but are always within the rules of WHO. From February 2010 WHO Regional Office has committed to take a more active part in the technical and strategic aspects of decision making at Steering Committee.

(xiv) Relationships/interactions between the Observatory and the host country (e.g. permanent interaction Bodies, regular meetings, joint evaluations and specific requests of activities);

The Government of Belgium is a Partner of the Observatory and hosts the Brussels based team. It does not however, have any special call on Observatory time or support. It is treated as all other Member States and there are no special interactions as regards request for activities or evaluations, although the Observatory does of course engage with Belgian evidence needs. The renewal of the ECHP agreement is a formality and all other review is in the context of the Steering Committee.

(xv) Relationships/interactions between Observatory and WHO country offices;

The links and relationships in place are extremely constructive and are crucial in terms of entry points for policy dialogues briefs etc. The country offices are also very supportive when there are shared events in overseeing logistics or again in distributing publications.

Given the increased focus on coordination and collaboration the Observatory will investigate ways of communicating more extensively and in concert with the Copenhagen counterparts to make stronger links around shaping priorities.

(xvi) Relationships/interactions between the Observatory and WHO collaborating centres;

The Observatory has core relationship with three collaborating centres LSE, LSH and TUB. There are work plans in place that address the work commitments. In addition the Observatory routinely uses experts some of whom are collaborating centre based but these links are not systematic.

5- RESULTS AND EVALUATION

(xvii) Main results and achievements(*);

Given the Observatory's decade of work it is not possible to give a succinct overview of the achievements in place although a summary of highlights is attached⁷, key items would include

- Country monitoring: establishing HiTs as a gold standard, developing and updating the methodology⁸ and covering the whole European Region and important comparators beyond.
- Analysis: here what is notable is the depth and breadth of coverage with some 30 volumes published; the interdisciplinary approaches; the use of extensive expert networks including country decision makers; and the focus on policy relevance
- Performance assessment: this is a new area and the outline of work is an achievement⁹

⁷ Annex 10 OBS overview

⁸ Annex 11 HiT template

⁹ Annex 12 Performance proposal and book outline

- Dissemination (engaging with policy makers): is one of the areas that the Observatory has innovated in extensively. Highlights include the balance of media and messages; the focus on timeliness and responsiveness; the constant development; the quality and sheer volume of publications; the creation of the policy dialogue model; Summer School; and the web despite its current problems.
- Management and partnership: the ongoing commitment of Partners is an achievement as are the resources mobilized. Bringing the Commission on Board and the renewal of the Agreement by the Steering Committee count as highlights as does the increased coordination with WHO.

(xviii) Main problems and difficulties experienced;

Problems tend to revolve around the volume of demand. There have also been tensions around the introduction of GSM and the management burden this creates.

(xix) Evaluation of results in terms of innovation;

The Observatory has been evaluated twice¹⁰ and its innovative approaches to country monitoring and dissemination were highlighted.

Current innovations include the establishment of a National Lead Institutions network for HiTs and the BRIDGE knowledge transfer study.

(xx) Evaluation of results in terms of support to specific countries;

The Observatory seeks to support the whole Region and does so. In addition it has been particularly active with the Baltic policy dialogue series, Russian translations and in work on EU Presidencies including for Czech Republic, Finland and Spain.

(xxi) Evaluation of results in terms of benefits for the host country;

We do not seek to be of particular added value to the Government of Belgium although clearly they access intelligence, networks and small number of administrative staff are employed locally (although only 2 staff have Belgian passports).

6. FUTURE DEVELOPMENTS IN THE FRAMEWORK OF THE RENEWED ORGANISATION OF WHO/EURO

(xxii) Opportunities for future developments and expansions of current activities of the GDO.

The Observatory's work and development plan is in place and is very full. It is hoped the Commission joining will allow for development and with the new RD there is increasing focus on public health, determinants and a wider vision for health.

(xxiii) Proposals for new GDOs on specific health-related programmes and their

¹⁰ Annexes 13 and 14 Observatory evaluations.

missions;

This section is not applicable to the Observatory but it may be worth noting here that the Observatory has agreed with Partners to take on performance assessment as a new area of work.

(xxiv) Other considerations and/or suggestions.

We look forward to presenting our work in more detail.

ANNEXES

Annex 1	Work and development plan
Annex 2	Dissemination strategy
Annex 3	Legal agreement Observatory
Annex 4	Legal agreement ECHP
Annex 5	Observatory Guidelines
Annex 6	Observatory staff list
Annex 7	Observatory income details
Annex 8	Observatory expenditure details
Annex 9	OBS overview
Annex 10	HiT template
Annex 11	Performance programme outline
Annex 12	Evaluation
Annex 13	Evaluation

Annex 1

Working Group to Review the Geographically Dispersed Offices of the WHO Regional Office for Europe

Terms of Reference

Background

Geographically Dispersed Offices (GDOs), now in existence since 20 years, have developed specialized functions and generated broad knowledge and evidence for policy making. GDOs have been an integral part of the Organization, and contributed to the implementation of WHO/EURO policies and strategic plans, in line with the Organization's Medium Term Strategic Plan and Programme Budget. The role of the GDOs as providers of evidence for Regional Office policies, and as important resources for supporting Member States needs to be further clarified and strengthened, in the current changing European context, in order to make best use of their work and to prevent unnecessary duplications within the Organization. It is suggested to review their activities, in line with EUR/RC54/R6, which requests the Regional Director to report regularly on the work of the geographically dispersed offices as part of her report to the Regional Committee. The last such review was conducted in 2001 and discussed by the Regional Committee in 2003. It is timely to initiate a new review now given the GDO's potentially crucial and important role in making the Regional Office a Centre for Public Health Excellence. Such a review is seen as a part of the on-going efforts to adapt the WHO Regional Office for Europe to a rapidly changing European environment.

Responsible persons for the project

A Working Group will be set up to report regularly to the Regional Director through its Chairperson Vittorio Silano, former Head of Department of Innovation, Ministry of Health, Italy, and Author of the previous Report on GDOs in 2001, presented in Wien, at the 53rd Session of the WHO Regional Committee for Europe, 8-11 September 2003.

The full composition of the Working Group is set out below:

Chair:	Vittorio Silano
Members:	Wilfried Kreisel and Maksut Kulzhanov
RDO Representative:	Arun Nanda
Secretary:	To be indicated from the Rome Office

Main Objectives and Products to be delivered

The current review would be a follow-up to the review done by Vittorio Silano in 2001 in order to provide a Report that takes into account all the available experiences in this domain throughout a time period of about 20 years to provide conclusions and recommendations on future developments and initiatives.

Two different products will be delivered:

(a) within 4 months from the assignation of the mandate, a Review of the existing situation with respect to the four GDOs in Rome and Bonn (covering Environment and Health), Venice (Social Determinants) and Barcelona (Health Financing/Systems). The Observatory in Brussels is slightly

different. However, in order to identify better synergies and cooperation between individual GDOs, with the Observatory in Brussels, it will nevertheless be taken into account. For each existing GDO, the main subjects to be addressed in the Review are as follows: (1) Policy and programmatic aspects; (2) Legal basis; (3) Budgetary issues; (4) Management; (5) Results and evaluation; and (6) Future developments in the framework of the renewed organization of the WHO/EURO. An *ad hoc* questionnaire will be developed to harmonise and facilitate data and information gathering.

(b) within 8 months from the assignment of the mandate, a Report containing, in addition to the above-mentioned Review, conclusions and recommendations on how the GDOs could be further strengthened individually and better connected together in order to more effectively contribute, as integral parts of the Organization, to the development of the Regional Office for Europe as a Centre for Public Health Excellence. The Report will also address how GDOs can further improve their performance in generating scientific and technical innovation and evidence for policy-making for the all European Region and as important resources in supporting the European Member States, while avoiding unnecessary duplications. Moreover, consideration will be paid to the identification of new technical areas which could benefit from the establishment of new GDOs to support the development and implementation by the Regional Office of highly innovative policies and priority strategic plans.

Methods of Working and Timescales

The working methodology would be a combination of desk research (to include existing ToR and functions of the GDOs, past annual reports, technical products, host agreements, papers and final reports from the 2000 Review, comments received to RD's Vision statement, especially in respect of her proposals for GDOs), development of structured questionnaires and visits to each GDO to conduct face to face interviews with Heads of GDOs and general staff meetings.

The work is to be conducted in several stages:

- **Stage 1: On 14 April 2010**, Vittorio Silano has visited the Regional Office in Copenhagen to discuss the present mandate and agree on relevant procedures to carry out the work, including modalities to inform GDOs of the new undertaking and ensure their collaboration; **On 21 May 2010**, the first meeting of the WG members (Wilfried Kreisel, Maksut Kulzhanov, Arun Nanda and Vittorio Silano) took place in Geneva, in the margin of the WHA, to discuss and finalize ToR, timescales and methods of working (including the questionnaire);
- **Stage 2: (24 May 2010- 3 June 2010)**: Information on the start of the Review and its terms of reference circulated among all the involved GDOs and competent officers in WHO/EURO. A draft version of the questionnaire also circulated for comments;
- **Stage 3: (7-25 June 2010)**: Information gathering phase, including desk research and replies to the questionnaire provided by GDOs within 3 weeks;
- **Stage 4: (26 June-3 July 2010)**: Consideration by the Working Group members of the data and information provided by the GDOs in order to identify main issues for the interviews to be carried out during field visits to GDOs;
- **Stage 5: (4 July- 30 July 2010)**: Field visits carried out to all GDOs by all the components of the Working Group (Wilfried Kreisel, Maksut Kulzhanov, Arun Nanda and Vittorio Silano);
- **Stage 6: (31 July 2010)**: Meeting of the Working Group to review the status of the on going work and agree on work sharing among Wilfried Kreisel, Maksut Kulzhanov and Vittorio Silano for writing separately all the sections of the first draft of the Report, as identified in a preliminary table of contents to be produced;
- **Stage 7: (1 August-20 August 2010)**: Contributions as agreed during Stage 6 made available by the above-mentioned members of the Working Group;

- **Stage 8: (21 August to 1 September 2010):**The Review of existing situations in GDOs completed together with a first draft of the Report with conclusions and recommendations submitted by Vittorio Silano to all the working group members;
- **Stage 9: (1 and 2 September 2010):** A short feedback on the progress of the Review, to be possibly included in RD's Report to Regional Committee in Moscow, starting on 14 September 2010, to be produced by the Working Group;
- **Stage 10: (16--30 September 2010):** Comments, amendments, integrations and other contributions from all the members of the Working Group on the first draft of the Report received before 1 September 2010 to be sent to Vittorio Silano;
- **Stage 11: (1-15 October 2010):** Revised version of the Report finalized and made available to all the members of the Working Group by Vittorio Silano;
- **Stage:12: (16-30 October 2010):**A few Meetings will take place in Copenhagen with experts identified by WHO/EURO to gather reactions to the revised Report by qualified interlocutors;
- **Stage 13: (Preferably 25 and 26 November 2010):** Two-days Meeting of the Working Group at the Regional Office in Copenhagen.
- **Stage 14: (27 November-15 December 2010):** Final Version of the Report prepared by the Working Group and sent to the WHO/EURO Regional Director.

An effective exchange of information is to be ensured between the present review and the simultaneous one on-going on WHO Country Offices, including face to face exchanges of information (as it has happened on 21 May 2010 in Geneva in the margin of the WHA) and teleconferences.

Although the Review will be formally due for discussion only in the Regional Committee of 2011, if possible, a draft written or verbal report will be included for information as part of the RD's Report to the Regional Committee in Moscow in 2010.

Outputs

The outcome of the Review will be a consensus Report of the Working Group to the RD of WHO/EURO which will address lights and shadows of GDOs activities in about 20 years of existence and make recommendations on how best to strengthen the individual GDOs further and whether this can be best done through changes in roles, functions and responsibilities, recruitment policies, financing, working methodology and/or other tools. The report will also make recommendations on how the GDOs could work better with the Regional Office in Copenhagen and in coordination with each other, the Observatory and the WHO collaborating centres. Finally, priorities for establishing new GDOs in the changing European context will also be addressed.

Annex 2

REVIEW OF THE GEOGRAPHICALLY DISPERSED OFFICES (GDOs) OF THE WHO REGIONAL OFFICE FOR EUROPE: QUESTIONNAIRE FOR DATA AND INFORMATION GATHERING ON GDOs

This questionnaire is intended as a help to identify main areas on which data and information concerning GDOs are requested. Only main headings are provided to facilitate structuring replies according to viewpoints of the competent responsible officers and their co-worker.

The following parts of the questionnaire should be filled up by each GDO:

1. POLICY AND PROGRAMMATIC ASPECTS

- (i)** Mission, core functions and priorities;
- (ii)** Mandate of the head of the GDO;

2. LEGAL BASIS

- (iii)** Memorandum of understanding
- (iv)** Partners/co-founders;
- (v)** Location;
- (vi)** Start up and expected duration;
- (vii)** Privileges and immunities/ host agreement;
- (viii)** External advisory Bodies

3. BUDGETARY ISSUES

- (ix)** Budget and sources of funds throughout the life of the GDO;
- (x)** Fund raising and resource mobilization;

4. MANAGEMENT

- (xi)** Structure, organisation, recruitment policy and staff nationalities;
- (xii)** Management of funds and use for outputs (e.g. personnel, meetings, travel, IT services and running expenditures);
- (xiii)** Relationship/interactions between the GDO and the Regional Office (e.g. administrative and technical links and decision-making);
- (xiv)** Relationships/interactions between the GDO and the host country (e.g. permanent interaction Bodies, regular meetings, joint evaluations and specific requests of activities);
- (xv)** Relationships/interactions between the GDO and WHO country offices;
- (xvi)** Relationships/interactions between the GDO and WHO collaborating centres;

5- RESULTS AND EVALUATION

- (xvii) Main results and achievements(*);
- (xviii) Main problems and difficulties experienced;
- (xix) Evaluation of results in terms of innovation;
- (xx) Evaluation of results in terms of support to specific countries;
- (xxi) Evaluation of results in terms of benefits for the host country.

6. FUTURE DEVELOPMENTS IN THE FRAMEWORK OF THE RENEWED ORGANISATION OF WHO/EURO

- (xxii) Opportunities for future developments and expansions of current activities of the GDO.
- (xxiii) Proposals for new GDOs on specific health-related programmes and their missions;
- (xxiv) Other considerations and/or suggestions.

(*) This item is not intended to ask for a complete set of data and documents, but rather for a selective description of the key activities of the GDO and of the usefulness of the results achieved. In particular, information on two recent retrievable flagship reports would be appreciated.