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**Strategy of the WHO Regional Office for Europe with regard
to geographically dispersed offices**

Following the discussions on geographically dispersed offices (GDOs) at the fifty-third session of the WHO Regional Committee for Europe (RC53), Vienna, 8–11 September 2003, the Regional Director established a working group composed of Dr J. Eskola (Finland), Dr S. Furgal (Russian Federation), Mr A. Kingham (United Kingdom), Dr B. Voljc (Slovenia), Dr G. Thiers (Belgium), Professor V. Silano (Italy), Mr H. Voigtländer (Germany) and staff from the Regional Office. The working group had two meetings, in January and in March.

Dr Daniel Lopez, Director, Programme Management, WHO Regional Office for the Americas, was invited to attend the first meeting of the working group to share the experience of the Pan-American Health Organization on this issue.

The attached document contains the proposed strategy as drafted by the working group and reviewed by the SCRC at its session in April 2004. A draft resolution is also attached for consideration by the Regional Committee.

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Aim of this document

1. This document suggests the policy direction for the future organization and operation of geographically dispersed offices (GDOs). It has been prepared in response to the continuing debate on the establishment of GDOs. More specifically, it answers questions raised in Professor Silano's report (document EUR/RC52/Inf.Doc./4), reflects ongoing discussions with the SCRC and addresses the issues raised at the fifty-third session of the WHO Regional Committee for Europe.

Definition of geographically dispersed offices (GDOs)

2. GDOs are defined as entities that constitute a fully integrated part of the WHO Regional Office for Europe (EURO) and its programmes but which are physically located outside Copenhagen. GDO staff are WHO employees. The GDOs, like all the entities in Copenhagen, have a well defined mission and serve all the countries of the Region in that specific technical area. Their content area is decided by the prevailing regional and global priorities and is aligned with the direction on technical matters provided to the Secretariat by the EURO governing bodies through the normal channels.

3. As such, they are different in mandate and function from EURO's country offices, which are currently located in 28 Member States in the European Region. Country offices have the role of coordinating all WHO activities in a specific country. GDOs are also clearly different from WHO collaborating centres, which are not part of the Secretariat but independent institutions carrying out specific activities with WHO in overall support of WHO's programmes.

Terminology

4. The term "GDO" was first introduced in the report by Professor V. Silano to denote any technical office or centre outside Copenhagen, regardless of size. Currently there is no systematic terminology used for the GDOs. They are referred to by such varied terms as centres, offices, outposted offices and project offices.

5. Terminology issues for GDOs have been discussed at length and it is recommended that in the future, GDOs should be referred to as "WHO/EURO Office for ...". However, the term GDO has been applied consistently throughout this paper.

History of the GDOs

6. GDOs in the European Region began to be established in the early 1990s. The first were set up following the first European Conference on Environment and Health held in Frankfurt in 1989, at which a clear need to strengthen EURO's action in this domain had emerged and the Regional Office was invited to "examine the desirability and feasibility of establishing a European Centre for the Environment and Health" (ECEH). In the following year, the governments of Italy and the Netherlands made available the necessary resources for starting this process. In 1991, the Rome and Bilthoven GDOs were opened with an initial five-year commitment from the two host countries. In 1993, the ECEH was expanded with a GDO in Nancy, France, specifically to address environmental health engineering issues. All three GDOs related to the ECEH had well delineated complementary technical mandates limited to the field of environment and health. In 1999, the Nancy GDO was closed on the completion of the first agreement period and in 2000 the Bilthoven GDO was also closed at the end of its second five-year agreement. In both cases, closure was due to the host withdrawing support for the further continuation of operations. In 2001, a new GDO under the ECEH was opened in Bonn, Germany. The Bonn GDO partly covered the technical areas previously addressed by the Bilthoven GDO. At the moment, the ECEH is therefore made

up of the Rome GDO, for which the agreement with Italy has recently been renewed for the third time, and the Bonn GDO.

7. Mention should be made of the Mediterranean Action Plan unit located in Athens, Greece, but administratively and technically linked to the water and sanitation programme based in Rome; as such, it should be considered as a specific technical programme located in Athens rather than a separate GDO. In addition, a small GDO, established in 1997, for “Nuclear Emergency Response and Public Health” was located in Helsinki, Finland, on the premises of the national institute, STUK. It was closed in 2001, owing to the lack of sustainable resources for its continued operation.

8. Three additional GDOs were opened in fields other than environment and health: one in Belgium (Brussels), established in 1999, originally only in the area of health policy but now also focusing on health impact assessment and observation of health systems (as part of the European Observatory on Health Care Systems); another in Spain (Barcelona), also established in 1999, originally in the area of integrated health care services; and one in Italy (Venice), established in 2001, in the area of health determinants.

9. The establishment of most of the GDOs took place without any explicit and systematic plan for development or any long-term vision. When the GDOs were set up, their respective roles vis-à-vis the host countries and associated partners were not fully clarified. Although the agreements with host countries vary with regard to size, structure, financial commitment, privileges and administrative support, all host agreements were made in strict accordance with the legal procedures under which WHO operates. EURO’s governing bodies were only marginally involved in the process and the financial and administrative implications were not presented to them.

10. This process explains the concern expressed by the Standing Committee of the Regional Committee (SCRC) at its session in April 2003 that “they [the centres] had grown up organically, with little discussion of a deliberate structure and few provisions for formal annual reporting”.

11. The historical experience of GDOs in other WHO regions has been explored. The Regional Office for the Americas (AMRO/PAHO) has very long experience (since 1949) and is currently operating eight Pan-American centres and technical institutes in six countries, some of which are developing countries. The AMRO/PAHO centres are highly varied in origin, history and functions and in their relations with a single host country, with several countries of a subregion and with the Region overall. Since 1976, five centres have been closed, the latest in 1997. The debate on the existence of centres in AMRO/PAHO dates back to 1969 and guidelines for the establishment of centres were developed in 1970. The experience of the Region is in several ways similar to that of EURO. Interestingly, the debate is still ongoing and many critical issues concerning governance, financing, technical mandate and support to countries are still considered unsolved. An evaluation of the AMRO/PAHO centres in terms of relevance, effectiveness, efficiency and sustainability is planned to be completed by 2007.

Contribution of GDOs to EURO and support of EURO to GDOs

12. In his report distributed at the fifty-second session of the Regional Committee (EUR/RC52/Inf.Doc./4), Professor Silano found that the GDOs were carrying out indispensable work and stated that, without GDOs, many useful activities and high quality products would not exist. However, discussions in the Regional Committee have shown the need for a better understanding of the exact contribution of the GDOs to the work of EURO. Requests have also been made for clarification of administrative aspects and financial implications of the GDOs.

Technical domains of GDOs

13. A large part of environment and health issues is currently covered from Bonn and Rome, each office having a clear technical mandate. A coordinating function remains in Copenhagen, currently also covering the logistics of the Fourth Ministerial Conference on Environment and Health (Budapest, 23–25 June 2004). Rome focuses on food safety, water and sanitation, accidents, transport, children's health and environment, and global climate change and health, while Bonn deals with air quality, noise and housing.

14. The Venice GDO is devoted to socioeconomic determinants and takes up issues such as poverty in the framework of the Millennium Development Goals, macroeconomics and health, and health promotion.

15. The Brussels GDO works on the observation and analysis of health systems and on health impact assessment. The Brussels GDO includes the Observatory on Health Care Systems and its affiliated "hubs" in Germany, Greece, Spain and the United Kingdom.

16. The Barcelona GDO is now in the process of reviewing its terms of reference to include hospitals, emergency care, telemedicine and health at subnational level.

Financing of GDOs

17. As shown in Annex 1, the financing of GDOs includes regular budget EURO funds, income from the GDO agreement with the host and funds from other sources raised from a number of donors.

18. Regular Budget: for 2002–2003, the regular budget covering both salaries and activities for GDOs amounted to US\$ 4.4 million. This does not include administrative services provided to the GDOs from Copenhagen.

19. GDO Agreements with the hosts: for 2002–2003, the income in cash from all GDO agreements amounted to US\$ 11.2 million, including programme support costs of just over US\$ 1 million. Services in kind from the host countries were estimated to equate to another US\$ 1.7 million.

20. Other sources: in addition to the funds from the regular budget and the GDO agreements with the hosts, funds from a variety of other sources are also received by WHO/EURO through separate donor agreements. In 2002–2003 income from such other sources totalled US\$ 9.9 million.

21. Therefore the total cash income for the GDOs in 2002–2003 from all funding sources was US\$ 25.5 million. This represents approximately 15% of EURO's total funds in the same period.

22. From the above figures it can be seen that the GDOs are heavily dependent on extrabudgetary income, with only about 17% of resources coming from the regular budget. For EURO as a whole, dependence on extrabudgetary resources is also increasing and now regular budget funds account for only about 30% of total expenditures. The dependence on extrabudgetary resources is therefore not unique to the GDOs. Some Copenhagen-based programmes (such as those on immunization, AIDS and tuberculosis) have a similar funding profile.

Human resources

23. As of 31 December 2003, the five existing GDOs employed 97 people (11 in Barcelona, 16 in Bonn, 32 in Rome, 9 in Venice and 11 in Brussels, as well as 18 in the other hubs of the Observatory). Sixty percent of the staff in GDOs are in the professional category and 40% in that of general service. In total, the staff in GDOs account for 16% of EURO's total personnel (Annex 1).

24. In the recruitment of GDO staff, procedures are the same as in that of all other staff, and a number of different nationalities are currently represented among both professional and general service staff in the GDOs. While some rules and procedures are the same, it must be recognized, however, that staff serving in GDOs do not always have the same possibilities for staff development and training arrangements and do not enjoy the same level of social interaction with colleagues as staff stationed in Copenhagen.

25. GDOs operate under the same set of regulations and procedures and use the same administrative tools and systems as the rest of EURO. However, there is no doubt that the decentralized structure of GDOs gives rise to added administrative costs, of which the most easily quantifiable is that for travel.

26. In the 2002–2003 biennium, 528 trips by EURO staff were undertaken between the GDOs and the Regional Office. At a conservative estimate, this represents just over US\$ 1 million.

Strategic position

27. The prime reason for establishing any technical centre outside Copenhagen should be to better enable EURO to tackle those of its priorities that are not sufficiently well covered by attracting additional resources and expertise. There may also be an added value in the sense of ownership that develops in Member States hosting such centres that carry out core activities for the whole Region.

28. However a balance has to be struck in order that Copenhagen should not become a small core office whose major task would be to coordinate external entities, including GDOs. The majority of technical and administrative functions should remain based in Copenhagen. In this connection, it should be noted that the geographically dispersed structure can hamper the seamless transfer of functions between technical programmes and similarly can render transfer of staff more complex in the upgrading or downscaling individual technical areas.

29. Should a situation or opportunity arise that would make it advisable to establish a GDO, this would be presented to the Standing Committee of the Regional Committee (SCRC). In addition, the process of establishing a GDO would be taken forward in consultation with the SCRC in accordance with its normal role in appraising the technical and strategic direction of work in the Regional Office in response to the needs of the Member States. The Regional Director will also inform the Regional Committee before opening any new GDO. A similar consultative process is envisaged in the event of closure of one or more GDOs.

30. Furthermore, the Regional Director should play a proactive role in looking for alternative solutions to strengthen technical areas where EURO currently lacks human and financial resources. If establishment of a GDO is considered the appropriate solution, an in-depth analysis of the situation will be undertaken to assess potential partnerships and avoid duplication. Complementarity and collaboration with the European Commission and its new centres for disease prevention and control, food safety and chemical safety are of particular importance. Other opportunities for partnerships should also be considered both outside and within WHO.

31. Some of the present GDOs have been established in partnership with several Member States and other organizations. It is also possible to have a GDO with several hubs in different locations (e.g. the Observatory for Health Systems). Innovative ways could therefore be found if the creation of a new GDO is deemed to be appropriate. This could help Member States who cannot afford a complete GDO to host at least part of one. This approach will also enhance the possibility of achieving a better geographical balance between the GDOs that at the moment are located only in a restricted part of the Region.

Guidelines for the establishment and management of a GDO

32. If the need for a GDO matches the interest of one or several host countries, it should be clearly ascertained, before a final decision is made, that the programme area is a priority in the Regional Office programme and that there is a potential for achieving technical excellence and establishing a wide partnership.

33. A GDO is a fully integrated unit of EURO. All the rules and procedures applying to a Copenhagen-based entity apply also to the GDO. As already mentioned, there are some specific issues that need to be considered concerning the distance from Copenhagen, the relation with the host country and the support given to the GDO by the host country. The recent review of GDOs has highlighted some administrative aspects that need to be clarified and operationalized before any new GDO is opened.

The agreement

34. The most important condition to be fulfilled is that the establishment of any new centre takes place through a clear and comprehensive agreement between the competent authority of the host country and EURO. Such negotiations can only take place between representatives at a very high level on both sides. If the authority in the host country is not the national government (as might be the case for a regional or local government), it is essential that the national government be involved from the start of the negotiations and be a signatory to the agreement. Should the agreement require parliamentary ratification in the host country (as is often the case to grant immunities and privileges to the staff), this should be clearly acknowledged and properly addressed. The modalities for termination of a GDO must also be clarified.

The resources

35. Since a GDO is an integral part of the WHO Regional Office for Europe, the core resources required come in principle from both the GDO agreement and the Regional Office. The level of investment by each source of funds should be properly defined before negotiations on the establishment of the GDO are completed. Sustainability of funding for a GDO is the cornerstone but that funding could come from a number of governments, as well as from foundations or other types of donors.

36. Core resources should create a minimum critical mass for the technical legitimacy of the GDO, as well as some medium-term sustainability over time. In current practical terms, this would mean covering the cost of at least 10 staff members, the appropriate premises, equipment, connectivity and workstations, as well as operational funds to enable the staff to work uninterruptedly for not less than five years.

The staff

37. Recruitment of core staff should be carried out internationally and with full recognition of WHO privileges and immunities. The rules governing geographical and gender balance in the GDOs should be those applying in EURO in general. Local or seconded staff can, of course, be added to the core staff.

Scientific board

38. As for Copenhagen-based technical entities, an advisory board can be appointed to review the scientific outcomes of the GDO and to advise on any scientific and technical issues. The members of this board will be highly qualified and independent experts who will elect their own chairperson. A scientific board is not obligatory.

Monitoring and evaluation

39. As for any EURO entities, internal and external financial audits and regular performance monitoring, as well specific topic-related evaluations of the activities of GDOs, will be carried out in line with the normal evaluation framework. In addition specific issues linked to the distance from Copenhagen may warrant specific reviews. In order to increase Member States' awareness and knowledge of the work of the GDOs, the Regional Director will regularly include this subject in his reports to the Regional Committee.

Relations with the host and other countries

40. Special attention should be paid to keeping the competent authorities of the host country well informed about the achievements of the GDO. This information should also be provided to other Member States. In particular, with regard to the host country, there should be official occasions to meet and jointly analyse the results achieved. These contacts should not be left to the head of the GDO but should involve high-level managers from Copenhagen and, possibly, also the Regional Director.

Conclusion

41. There is no doubt that the GDOs have played an essential role in EURO's delivery of services to Member States. The strategy suggested in this document is a response to the many questions raised by the governing bodies with regard to their future development. In summary, a GDO can be a solution to fill a gap in EURO's technical capacity, provided that the conditions in relation to public health priority setting, sustainability and resource availability as set out in this paper are fulfilled for its creation and management. Finally it should be emphasized that partnership and transparency vis-à-vis WHO's governing bodies are an essential element of this strategy.

Annex 1

**WHO Regional Office for Europe's geographically dispersed offices
Staffing and funding as of 31 December 2003**

Office	Main Technical Domain	No of Staff	Funding \$000				Services in Kind Estimate
			Regular Budget	GDO Agreement	Other Sources	Total Cash	
Barcelona		11	694	3 227	205	4 126	435
	Primary Care Hospitals Emergency Care Integrated Care Telemedicine HFA Update						
Bonn		16	441	2 199	2 328	4 968	
	Noise Housing Air Quality						
Brussels		11 (18)*	1 164	371	3 672	5 207	706
	Health Systems Analysis Health Policy Analysis Monitoring Country Health Care Systems (HiTs)						
Rome		32**	1 441	3 055	3 395	7 891	
	Food Safety Water and Sanitation Children's Health and Environment Global climate change and health Health Impact Assessment Accidents Transport Mediterranean Action Plan						
Venice		9	643	2 336	333	3 312	573
	Macroeconomics and Health MDGs Poverty Health Promotion Health Behaviour in School-aged Children						
Total		97	4 383	11 188	9 933	25 504	1 714

* Observatory hubs in Germany, Greece, Spain, United Kingdom

** + Athens