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Strengthening the role of the Regional Office's geographically dispersed offices (GDOs): a renewed GDO strategy for Europe

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Strengthening the role of the Regional Office's geographically dispersed offices (GDOs): a renewed GDO strategy for Europe

In 2000, the WHO Regional Office for Europe commissioned a review by Professor Vittorio Silano of its technical centres outside Copenhagen, which have since been referred to as "geographically dispersed offices" (GDOs). In 2004 the *Strategy of the WHO Regional Office for Europe with regard to geographically dispersed offices* was adopted by the Regional Committee at its fifty-fourth session (resolution EUR/RC54/R6).

In 2010, in line with the above resolution and as one element of efforts to adapt the Regional Office to the rapidly changing European environment (resolution EUR/RC60/R2), the Regional Director initiated a review of the GDOs and the European Observatory on Health Systems and Policies, given their potentially crucial role in contributing to the work of the Regional Office and making it a centre of public health excellence. The review was carried out by an external review group led by Professor Vittorio Silano, together with Professor Wilfried Kreisel and Professor Maksut Kulzhanov. They presented the GDO part of their report and findings to the Regional Office and to the Standing Committee of the Regional Committee (SCRC) after in-depth discussions with the heads of the GDOs (the Observatory part of their report was the subject of a separate paper – see document EUR/RC61/20). The executive summary of that review was contained in background document EUR/RC61/BD/2.

This document sets out the Regional Director's proposals for a renewed GDO strategy for Europe, the aim of which is to define, clarify and strengthen the role of the Regional Office vis à vis the GDOs. The proposals are for the GDOs to be an integral part of the Regional Office for Europe, as providers of evidence and important players in the development and implementation of regional policies and actions, and as important resources for supporting Member States through technical assistance and capacity-building. The strategy makes specific recommendations for strengthening the management and governance of the GDOs and ensuring a proper balance between the work done in the Head Office at Copenhagen and in the GDOs, as well as their interactions (focusing on policies in the Head Office and on evidence and tools in the GDOs).The overall intention is to ensure that the best use is made of the GDOs (which are assets in Europe), that the functions of the different players are clear and that possible duplications are avoided.

A draft resolution is attached for the Committee's consideration. It requests that the Regional Director always consult with the Regional Committee on the choice of priority strategic areas in which new GDOs would be set up, and that the Regional Director ensure the strategy's full implementation. The Regional Committee may also wish to consider delegating operational tasks related to the future opening and closure of GDOs to the SCRC, which would thus act on the Regional Committee's behalf between Regional Committee sessions. The Regional Committee would be kept fully informed through the annual reports of the Regional Director and the SCRC, as well as through a specific report submitted to it every five years by the Regional Director.

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Executive summary

The first specialized project offices or technical centres of the WHO Regional Office for Europe located outside Copenhagen were set up in 1991 in the area of environment and health. Since then other such centres covering other technical areas have also been established. In the early 2000s, following an external review, concern was raised about the multitude of such centres, their role and relationship in respect of the regional Head Office in Copenhagen and their management. This led to the call for a clear GDO strategy. That strategy was developed by a working group of Member States' representatives in 2004 and approved by the Regional Committee at its fifty-fourth session (resolution EUR/RC54/R9).

In 2010, as one element of the Regional Director's strategy to adapt the Regional Office to the rapidly changing European environment, the Regional Office initiated an external review of the GDOs and the Observatory, given their crucial role in contributing to the work of the Regional Office and making it a centre of public health excellence. The overall conclusions of the 2010 review were that the GDOs had contributed significantly to strengthening the Regional Office's and Member States' capacity to deal with the environmental, social and economic determinants of health and had played and continue to play a crucial role in intersectoral action for health. However, the 2010 review also revealed a number of issues that needed to be addressed, some of which are also being considered in the context of WHO reform.

This renewed GDO strategy[1] therefore starts by making proposals to overcome the weaknesses identified: firstly, by defining what a GDO is and specifying the main reasons for setting one up, and then describing the requirements and conditions that should be in place before a GDO can be established. For the purposes of this strategy, a geographically dispersed office is any technical centre that is fully integrated with the regional Head Office in Copenhagen, supports its work by providing evidence, and contributes to the implementation of the work programme of the Region in key strategic priority areas. The main reason for establishing any technical centre outside Copenhagen should be to enhance the Regional Office's capacity to tackle those of its priorities that are not sufficiently well covered in Copenhagen by attracting additional resources and expertise. There may also be an added value in the sense of ownership that develops in the Member States that host and/or support those centres, which carry out activities in strategic priority areas for the whole Region.

There should be a strong core team and programme at the Head Office in Copenhagen so that the GDO functions of providing evidence and knowledge for policy development and tools, as well as capacity-building and technical assistance for implementation, are enhanced and supported. There should be a minimum size of a GDO of at least 10 staff (as per the 2004 GDO Strategy approved by the Regional Committee), which equates roughly to an annual host country contribution of around US$ 2 million (depending on the grading of staff, cost of living and running costs) for a minimum period of 10 years. In addition the host country could fund (or, through a secondment, provide) a high-level technical post at the Head Office in Copenhagen to strengthen liaison and links with the GDO, so that the strategic priority area continues to command strong leadership in Europe. The funding needs of a new GDO, as well the funding of a technical post in Copenhagen, should be negotiated between the host country and WHO as part of the preparation of the "business case". Geographical balance across the whole of the European Region should be preferred and encouraged when setting up new GDOs,

[1] Although the weaknesses identified in 2010 have been corrected, they are nevertheless mentioned here to enable the Regional Committee to approve this new GDO Strategy in the context of the findings of the external review.

which should always meet at least the minimum requirements. No GDO should be set up for a technical strategic priority area that does not have a core presence in Copenhagen (e.g. a responsible programme manager or division director). A GDO should only be set up for the main strategic priority areas that need substantial additional human resources and funding, and Regional Committee consultation. The Regional Committee may wish to consider delegating the operational tasks involved in setting up or closing down a GDO to the Standing Committee to allow for in-depth discussion and frequent review during the course of the year: sometimes rapid action is required when the need arises to close, substantially change or move a GDO to another host country, and the five annual meetings of the SCRC would facilitate that.

The renewed GDO strategy describes the main managerial actions and procedures required to ensure its effective implementation after it has received the Regional Committee's approval. Most importantly, it goes on to propose an ongoing role for WHO's regional governing bodies, particularly with respect to identifying strategic priority areas for new GDOs and ensuring good governance through regular review and accountability. Finally, the strategy proposes conditions and criteria that may arise in the future under which a GDO should be considered for closure and the role of the governing bodies in this respect.

The strategy and its accompanying resolution propose that, following the strategy's adoption by the Regional Committee, it should be implemented by the WHO Regional Director for Europe. At the same time, new strategic areas will be agreed with the Regional Committee, for which GDOs might need to be established in future. The implications of this will be considered by the Regional Director, who will consult with the SCRC and keep its members informed about all developments that take place over the course of the year. In the event that the Regional Committee agrees to delegate the operational aspects to the SCRC, it will remain informed about the situation by the regular annual reports of the Regional Director and the SCRC on the setting up of new GDOs and the closure of existing ones. The Regional Director will also, in any case, submit a GDO status report to the Regional Committee every five years.

Introduction

1. The first specialized project offices or technical centres of the WHO Regional Office for Europe located outside Copenhagen were set up in Rome and Bilthoven in 1991. These were in the area of environment and health and were set up by Italy and the Netherlands in response to the request of the 1989 Frankfurt Ministerial Conference to create an environment and health centre in Europe. Since then, such centres have grown in number (some have closed and others opened), covering other strategic priority areas and supported by a number of countries. This follows a long standing tradition in WHO as a whole and such centres have existed and exist in other WHO regions and even through WHO headquarters.

2. In the WHO European Region, these centres, known since 2000 as "geographically dispersed offices" (GDOs), have generally been established through ad hoc agreements between the Regional Office and host national and/or local competent authorities. The GDOs mainly specialize in a specific technical area and were set up to be an integral part of the Regional Office (both technically and administratively). They serve all Member States in the WHO European Region in their specific technical areas of competence, corresponding to their missions and objectives. The host countries provide the bulk of the financial and in-kind resources for the operation of the GDOs, with contributions by the Regional Office, for the entire duration of the respective agreement. These resources are supplemented by other donors in relation to specific programmes and projects. The staff of the GDOs are WHO employees and therefore part of the Secretariat.

3. Currently, there are three such GDOs (located in Bonn for environment and health; Barcelona for health systems strengthening with a special focus on health financing; and Venice for investment for health and development). The WHO Regional Committee for Europe and its Standing Committee (SCRC) have been consulted a number of times on the establishment of a further GDO in Athens for the prevention and control of noncommunicable diseases (NCD), most recently at the fifty-eighth session of the Regional Committee in Tbilisi in 2008. Since 2010, considerable progress has been made, the Greek Government completed the required formalities in 2011 and the Office was inaugurated in September 2011.[2] The Athens Office, once operational (see also paragraph 49), will be the fourth GDO in the WHO European Region.

4. In contrast with the GDOs, the European Observatory on Health Care Systems was set up at the WHO regional Head Office in Copenhagen in 1998 as a joint project with partners. In 2003 it moved to Brussels, where it is hosted by the WHO European Centre on Health Policy.[3] The Observatory has, at various points in time, had hubs in Greece, Spain, Germany, the United Kingdom and Atlanta (United States). Currently the Observatory has evolved into an "internal" partnership of the Regional Office 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 London Schools of Economics and Political Science and of Hygiene and Tropical Medicine. There are now four hubs, in London (14 WHO staff), Berlin (now no WHO staff), Moscow (1 WHO staff) and Atlanta (no WHO staff).

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[2] The precise dates for the Athens Centre to become operational and staff recruited are being negotiated to match the schedule of payments and their receipt by WHO; the intention is to use the Centre to implement the NCD action plan that was presented to the Regional Committee at its sixty-first session (see document EUR/RC61/12 and resolution EUR/RC61/R3).

[3] The WHO European Centre on Health Policy is a GDO that was set up in 1999. In 2003, on the retirement of its appointed head, it became the host for the European Observatory on Health Systems and Policies.

5. These GDOs and offices located outside the regional Head Office in Copenhagen have, over the years by working in their respective areas of competence and under the direction of the relevant policy division in Copenhagen, proved to be very effective institutions and have provided high-quality products. However, in the early 2000s, following an external review carried out by Professor Vittorio Silano in 2000, concern was raised (including by individual Member States and the Organization's regional governing bodies) about the multitude of such centres and their role and relationship vis-à-vis the regional Head Office in Copenhagen and their management. This led to the call for a clear GDO strategy. After extensive debate in the SCRC and at the 53rd session of the Regional Committee, that strategy[4] was developed by a working group of Member States' representatives in 2004 and approved by the Regional Committee at its 54th session (resolution EUR/RC54/R9).

The 2010 external review of the GDOs

6. In 2010, as one element of the Regional Director's strategy to adapt the Regional Office to the rapidly changing European environment (cf. resolution EUR/RC60/R2), the Regional Office initiated a review of the WHO GDOs and the Observatory, given their potentially crucial role in contributing to the work of the Regional Office and making it a centre of public health excellence. The review was carried out by an external review group[5] who conducted a systematic survey (based on a common questionnaire), complemented by visits to all the GDOs; they also examined the experience of GDOs in other WHO regions and at WHO headquarters. The group presented the GDO part[6] of its report and findings to the Regional Office and to the SCRC, after in-depth discussions with the heads of the GDOs. The executive summary of the external review group's report is contained in background document EUR/RC61/BD/2.

7. The overall conclusions of the 2010 review are that, based on the past 20 years' history and the work of the existing and phased out GDOs in the European Region, there is strong evidence that they have contributed significantly to strengthening the Regional Office's and Member States' capacity to deal with the environmental, social and economic determinants of health and have played and continue to play a crucial role in intersectoral action for health. Specifically, there have been, and still are, significantly enlarged budgets and consequential technical expertise for the Regional Office's programmes in strategic priority areas, many products in the form of guidelines, recommendations and training courses, and a number of additional benefits in terms of establishing deeper roots for the Regional Office in the European Region and enabling it to expand, to attract additional resources and to involve Member States more effectively (see Annex). The review concluded that the existing GDOs are fundamentally positive structures for helping to further develop public health in the WHO European Region

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[4] *Strategy of the WHO Regional Office for Europe with regard to geographically dispersed offices.* Copenhagen WHO Regional Office for Europe, 2004 (document EUR/RC54/9).

[5] The external review group was led by Professor Vittorio Silano (Italy) together with Professor Wilfried Kreisel (Germany) and Professor Maksut Kulzhanov (Kazakhstan). Professor Silano provided the experience and continuity from the 2000 review and the Regional Committee's discussion in 2004; Professor Kreisel brought his experience and intimate knowledge of GDOs both globally and in three other WHO regions; while Professor Kulzhanov contributed his critical insight into eastern Europe's experience with GDOs and its needs and perspectives.

[6] After the external review was completed it became clear that although there were many aspects common to the GDOs and the Observatory (including the fact that the Observatory is currently located in a former GDO and has assumed part of its title) there were also important differences. The results and recommendations of the review that pertain to the Observatory have therefore been addressed separately and are not included in this report.

and, in particular, for implementing the new vision for the Regional Office. The maintenance of existing GDOs and the development of new ones should therefore be encouraged.

8. These overall conclusions are fully endorsed and supported by the Regional Director for consideration by the Regional Committee. The above conclusions are also in line with those of the previous 2000 review and the 2004 GDO strategy (developed by a working group of Member States' representatives), as well as the related discussions at the 54th session of the Regional Committee.

9. However, the 2010 review also revealed a number of critical issues that needed strengthening, some common to all GDOs and others specific to individual GDOs.[7] Some of these issues had been previously covered in the 2000 external review and in the discussions prior to approval of the GDO strategy by the Regional Committee in 2004. While building on the 2004 strategy, one of the prime aims of this renewed GDO strategy is therefore to put clear policies, procedures and management practices in place, which ensure clarity and transparency.

10. Strengthening the managerial and procedural aspects will ensure that the considerable and positive contribution of GDOs to the work of WHO in the European Region will continue and be maintained over time. The active support of, endorsement by and accountability to the Regional Committee and the SCRC, together with transparency, will yield added confidence in the usefulness and value of GDOs in helping to tackle the key strategic priorities of the European Region. It is hoped that this will lead to some more new GDOs being proposed for some of the key strategic priority areas for the European Region in the coming years, and that such proposals will be made not only with the active support and involvement of the host country of the proposed GDO but also in coalition with (and with contributions from) other partner Member States and institutions.

The renewed GDO strategy

11. The 2004 strategy outlined some strategic positions and guidelines for establishment and management of GDOs. The recent 2010 review confirmed that many of these were still valid, but also recommended that they be updated and strengthened and new ones developed.

12. The 2010 review also points out that the decision to establish a GDO is driven by a multitude of factors: governing bodies' decisions on priorities (including resolutions of the World Health Assembly and the Regional Committee), considerations of such priorities in countries, initiatives by senior WHO staff, and events and developments of global and regional importance, or a combination of these factors.[8] However, the environment, especially politically, must be conducive for the foreseeable future, in order to ensure the sustainable support required to make effective use of a GDO for the Regional Office's policies and programmes in the specified strategic priority area.

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[7] Those specific to each GDO have been or are being implemented bilaterally, and the rest multilaterally. They are nevertheless mentioned in this paper, so that the Regional Committee approves this new GDO strategy in the context of the findings of the External Review.

[8] For example, the establishment of the European Centre for Environment and Health (Rome and Bilthoven GDOs) has its origins in the European Charter adopted at the Frankfurt Conference in 1989. In addition, the Bonn ECEH was driven by the fact that the German Government wished to develop Bonn into a United Nations "hub" after the government's move to Berlin. The 2010 review gives other examples, however, which show that even when there was a political desire at provincial level to establish a GDO, consultation and support of the central government should not be forgotten as this is essential.

13. This renewed GDO strategy therefore starts by proposing how to overcome the weaknesses identified: firstly, by defining what a GDO is and specifying the main reasons for setting one up, before going on to describe the requirements and conditions that should be in place before a GDO can be established. The strategy then describes the main managerial actions and procedures to ensure implementation of the renewed GDO strategy as approved by the Regional Committee. Second, and most importantly, the strategy proposes an ongoing role for WHO regional governing bodies, to ensure good governance through regular review and accountability. Finally, the strategy proposes the conditions and criteria that may arise in the future under which a GDO should be considered for closure, including the modus operandi and the required consultation with WHO's governing bodies, both when there is sufficient time for such consultation and also in an emergency situation.

What is a GDO?

14. For the purposes of this strategy, a WHO Regional Office for Europe geographically dispersed office is any Regional Office technical centre that is fully integrated with the regional Head Office in Copenhagen, supports its work by providing evidence and advice for policy, research, tools and capacity-building and actively contributes to the implementation of the work programme of the Region in key strategic priority areas. Thus, indirectly, GDOs are part of the policy process; as policies and strategies are adopted by the Regional Committee at the proposal of the Regional Director, the work of GDOs should be an integrated part of this process, just as in Member States, where ministries of health (and other ministries) have institutions supporting their work and reporting to them. WHO has such centres in all of its regions.

15. A GDO is thus a WHO Regional Office for Europe centre that is:

- located outside Copenhagen but which reports to a divisional director located in the Copenhagen Head Office, from where it is directed and driven;
- responsible for a specific and explicit element of a European Regional technical strategic priority as approved by WHO's governing bodies, and covers the whole Region and all the Member States;
- a key player responsible for specific technical deliverables that are clearly incorporated into the regional perspective of the Organization's programme budget and approved by the Regional Committee. The deliverables for WHO European Regional policies could include provision of evidence and/or research, as well as tools, capacity-building and technical assistance in the implementation of the policies;
- funded from the budget of the Regional Office (which receives the agreed funding for the GDO from the host country and partners); and
- staffed by WHO technical and administrative personnel who are governed by WHO rules, report directly and solely to the regional Head Office and are entitled to the privileges and immunities granted to international United Nations staff.

16. Therefore, WHO collaborating centres, country offices and multicountry collaborative efforts/centres/projects, which are also all run or supported by the Regional Office, are not GDOs for the purpose of this strategy.

Why and when to set up a GDO?

17. The 2004 strategy, as formulated by the working group of Member States' representatives, proposed that "the prime reason for establishing any technical centre outside Copenhagen should be to better enable the Regional Office 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". These reasons remain as valid today as they were in 2004, and they were also endorsed by the 2010 review, especially the important role that a GDO can also play in further strengthening bilateral relations with the host country.

18. However, the first option that should be explored is to see whether the additional resources needed for the strategic priority area cannot be raised in such a way that the area is covered in its totality from the Head Office in Copenhagen. Furthermore, no GDO should be set up for a technical strategic priority area that is not covered by the programme budget and does not have a core presence in Copenhagen (e.g. a responsible programme manager and division director), since all policy work and technical programmes must be located in and driven from the Head Office. A delicate and fine balance needs to be maintained between the GDOs and the Copenhagen Head Office; this is best achieved when the strategic and operational interests of the Regional Committee, WHO and the host country (and any other partner Member States and institutions) are in line with each other, leading to strong and sustained support for the technical strategic priority area covered by the GDO, to the benefit of the whole of Europe. All these characteristics should be included in the "business case" (see paragraph 40) and, in the event that the Regional Committee decides to delegate this task to the SCRC, it will be presented to the SCRC as part of the proposal for consideration of any new GDO.

19. GDOs should only be set up for the main strategic priority areas that need substantial additional funding. They should be a manageable number and should provide balanced coverage of all strategic priority areas and the Region as a whole. They should not be set up for any or all technical areas and simply to attract funding, or for political, visibility or advocacy reasons alone, although these can play an important and legitimate part in the proposals being considered and evaluated and should be included in the business case. Indeed, GDOs are there to support the Regional Office by doing the research or providing the evidence to help develop policies for the mandated strategic priority areas and support their implementation.

20. Conversely, the reasons for closing a GDO are more than merely the obverse of the reasons for setting one up. There could be many reasons to close a GDO, including the decision that the technical area concerned is no longer a regional strategic priority. However, the closure of a GDO should also take into account the continued interest (or lack thereof) of the hosting and/or supporting Member States and their changing priorities. The penultimate section of this paper considers the question of when and how a GDO might be closed.

Prerequisites for setting up a GDO

21. The experience with GDOs over the past decade (and since the 2004 strategy was approved) has provided valuable lessons on the conditions under which GDOs should be set up, some of which are documented in the 2010 review. This section summarizes some of the essential requirements that must be met before a GDO is set up.

22. In line with paragraphs 14 and 18 above, no GDO should be considered for any technical strategic priority area that does not have a clear and explicit core presence in the Head Office in Copenhagen. A minimum requirement should be a full-time programme manager and a sufficiently funded regional programme that will be crucially complemented by setting up the GDO. This is to ensure that (as is the case for all the Regional Office's technical programmes) all the core functions of drafting policy, maintaining the necessary evidence base and engaging in strategic collaboration with Member States and partners continue to be performed by the Head Office in Copenhagen. The GDO's role and functions are to generate knowledge, collect and compile evidence and advice for policy and conduct the research for the Regional Office's policy and programmes and to support their implementation and capacity-building (see also

paragraph 19); there must therefore be sufficient capacity at the Head Office in Copenhagen to guide and lead the GDO work programme. To further ensure this, the parties in the GDO agreement could consider specifying earmarked funds for recruiting at least one high-level technical staff member (or providing a secondment) to be based at the Head Office in Copenhagen in the relevant technical strategic priority area for coordination purposes (see also paragraph 25). This is an issue for discussion and agreement between the parties, as different modalities may exist to serve the purpose. In addition to the above, such secondments would be advantageous for both the host country and WHO, since they would help to further technically strengthen the regional programme as a European leader in the key strategic priority area, as well as help the programme manager and/or director to coordinate and liaise with the GDO.

23. Sustainability of support for GDOs is crucial for a number of reasons. Firstly, because carrying out substantial research or delivering technical products requires both expertise and time. Second, because setting up a GDO and building it up to a well-functioning level at which it can deliver quality outcomes requires considerable commitment from the host Member State and from the Regional Office; and the GDO must be given adequate support. The agreement with the host country must stipulate that the additional resources and expertise will be committed for a minimum period of 10 years, to enable a sufficiently robust programme, led by the Head Office in Copenhagen, to be developed and implemented.

24. There should be a very clear minimum size of a GDO, so that there is a critical mass to enable a strong and sustained programme (of research and evidence to support policies) to be developed. The 2004 strategy set the minimum size of a GDO as 10 staff members, and this is still a good working guideline: including the cost of running the GDO and programme costs, this equates roughly to a basic annual contribution of around US$ 2 million per year from the country hosting the GDO (depending on the grading of staff, cost of living and running costs). However, consideration should be given to defining more precisely the breakdown of the guideline of 10 staff members into professional and general service staff (in line with the ratios at the Head Office in Copenhagen) and to evaluating the level at which it is no longer cost-effective to maintain a GDO. When finalizing the host agreement with the host country, these figures should be negotiated and set, together with the duration of the agreement.

25. The Regional Office's contribution to the budget of each GDO currently varies: the level is mainly historical and based on precedent, rather than on any consistent documented agreement. In general, however, the historical practice in each GDO has been for WHO to fund the post of Head of the GDO and a senior administrative officer. In line with the advice of the SCRC that GDOs should not be a drain on the Head Office's resources and budget, the new policy proposed in this respect is that, when negotiating new GDOs or the extension of host agreements, the Regional Office should ensure that the host country funding for the GDO covers all staff costs, including those of the head of the GDO and senior administrative officer, and also to explore and negotiate the possibility for the host country to second or fund a senior technical post at the Head Office in Copenhagen, to ensure full support, coordination and integration with the technical programme in Copenhagen (see also paragraph 22). This will then be reflected in the business case.

26. Taking the example of the GDOs at the time, the 2004 strategy suggested that partnerships with other institutions and Member States and the creation of several hubs of a GDO in different locations might help with the creation of new GDOs (when deemed appropriate). The strategy also suggested that "hubs" could help those Member States who could not afford a complete GDO to host at least part of one, thereby achieving a better spread of GDOs and improving geographical balance. These principles also have disadvantages however, and therefore the creation of hubs for GDOs is not supported in this strategy (see also paragraph 28 below).

27. The principle of extending the partnership for a GDO beyond the host country, either through the support of other Member States or through partner institutions and agencies, is to be very much encouraged and supported. Similarly partnerships among local regions within the host country are also encouraged. However, this should not lead to classification of the GDO as a "formal partnership" as specified in World Health Assembly resolution WHA63.10 and in the discussions on WHO reform.

28. Improving the geographical balance of GDOs across the WHO European Region is also to be encouraged and supported; this would counter the current bias towards one part of the Region. Furthermore, in principle, if there is already a GDO in a country, then in the first instance, before setting up a second GDO (even for a different strategic priority area) in the same country, there should be negotiations with the proposing country and other countries to try to achieve a better geographical balance across the European Region. Similar principles apply to having more than one GDO dealing with the same element of the strategic priority area (even in different countries). This should also be avoided, given the extra managerial tasks that are inherent in managing entities "at a distance", as well as the need for additional coordination from the Head Office.

29. The GDO should have a clear main technical focus on a specific priority area that should be easily and succinctly reflected in its technical title.

30. The GDO should be an integral part of the Regional Office, it should be part of a division and the Head of the GDO should be a member of the extended Executive Management team at the Regional Office (see also paragraph 34).

31. Extending the role of a GDO to cover representational functions in the host country was a recommendation made in the 2010 external review. To a small extent, this function is already being carried out by the GDOs on behalf of the Regional Office (e.g. for World Health Day, World No Tobacco Day and European Immunization Week) and a more formal allocation of this responsibility could be considered, along with the GDO playing a liaison role with the specific country, with its agreement, provided the host country has no existing WHO country office.

Implementing the strategy

32. Previous experience with implementing the strategy approved by the Regional Committee in 2004 shows that simply stating the above prerequisites will not ensure coherent and consistent implementation of this renewed GDO strategy (once it, too, is approved by the Regional Committee). It is therefore proposed that a clear checklist should be drawn up of the minimum requirements for a country to host a GDO (based on the discussions at the sixty-second session of the Regional Committee). This will then provide a solid and authoritative basis for discussion with any country that may be considering hosting a GDO. These requirements should be carefully discussed with the potential host country and the agreements reached should be recorded and actioned prior to the business case for the GDO being submitted to the SCRC for approval (paragraph 40). The actions required of the host country (such as the conclusion of a host agreement and ratification where needed) must be in place before the GDO is officially opened, and the funding must be received before it becomes operational.

Actions required of the WHO Regional Office

33. The main managerial actions and procedures required for the implementation of the strategy will be defined, based on the discussion and approval of this renewed GDO strategy by

the Regional Committee at its sixty-second session. In the last two years all steps have been taken to ensure the implementation of this strategy for existing GDOs so that their considerable technical and financial assets are used to the maximum, and these are summarized below. Together, all these actions have now resulted in the GDOs being an integral part and an extended arm of the Head Office in Copenhagen, which continue to provide high-quality services to the European Region and its individual Member States (see Annex).

34. Action to strengthen the Head Office's technical leadership of the priority strategic programme of each GDO is the single most effective way of maximizing the unique contributions that GDOs can make to the Regional Office's work programme. The technical integration and coordination of each existing GDO within the relevant regional programme led by the Head Office was therefore a priority. In this respect, steps were already taken early in 2010 to ensure that each GDO was clearly placed within the appropriate Head Office-based programme, reporting directly to the relevant technical director, with whom regular interactions take place. Furthermore, since then, the heads of the GDOs have attended the regular monthly meetings of the Regional Office's extended Executive Management Committee. Senior staff from the Head Office have also ensured representation at key events organized by GDOs and at press conferences on launches of major Regional Office publications that have involved GDOs (which now give due recognition to the GDO concerned). All these initiatives have resulted in joint planning and implementation and regular review of a "one Regional Office programme" for each GDO. At the same time, technical, managerial and administrative support and visits to GDOs have been stepped up, with more regular administrative interactions and use of modern technology (teleconference, videoconference and Skype). The technical strategic priority areas of those GDOs that did not have a programme manager based at the Head Office in Copenhagen are part of the list of "mission-critical" posts specified for priority recruitment.

35. The external review suggested a profile for the Head of a GDO, owing to the crucial importance of this post, which calls for a combination of leadership qualities, managerial skills and professional competence. Furthermore, the external review group proposed the additional responsibility of representation (e.g. celebration of events such as World Health Day) vis-à-vis the host country (provided there is no existing WHO country office), with a view to further increasing the visibility of the GDO there. Moreover, the external review suggested that recruitment should continue in accordance with WHO's policies for the recruitment of international staff. The Regional Director agrees with these views.

36. Contact with the host countries (of all existing GDOs) has been strengthened by the Regional Director at both operational and official levels, in order to review outstanding managerial and legal issues as well as to elicit the host country's views on any changes in their priorities and views on existing GDO profiles. Outstanding host agreement and ratification issues are also being systematically tackled (the Annex also specifies the renewal dates for the GDO agreements). Progress with the new Athens GDO on NCDs has been a priority, to ensure that it can open in time to support the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases, adopted by the Regional Committee at its sixty-first session (EUR/RC61/12 and EUR/RC61/R3). Significant progress has been made: the host agreement was ratified by the Greek Parliament in early 2011, and the Centre opened in September 2011. It will become operational and staff recruited as soon as the schedule of payments is implemented through a step-by-step process.[9] Good progress has also been made on negotiating an agreement for the Barcelona GDO with the Spanish Government, and it is expected that the agreement will be concluded later this year. Negotiations on the Rome Environment and Health GDO, following 20 years of generous support and funding, revealed

[9] The first instalment was received May 2012 and future schedule of payments need to be agreed with the new in-coming Government.

changed priorities on the part of the Italian Government; with no more funding available for the Rome GDO, which therefore closed at the end of 2011. The German Government was approached to explore if it was interested in expanding the remit of the Bonn GDO, and it responded very positively. This allowed the Regional Office to undertake a fundamental review of its Environment and health programme, integrating and renewing the areas covered by the Bonn and Rome GDOs and the functions carried out by the Head Office in Copenhagen. The final allocation of areas and functions to an expanded GDO in Bonn and to Copenhagen are in line with the principles outlined in this GDO strategy. The current agreement on the Venice Office comes to an end in May 2013 and negotiations about its renewal are taking place with the Italian Government. The Italian Government has expressed its wish and commitment to continue with this agreement beyond 2013 for the next 10 years.

37. Most of the GDO agreements require the establishment of an external scientific advisory board, which have not been established in the past and currently do not exist for any GDO except Venice (last operational in 2008). The roles of the SCRC, the European Advisory Committee on Health Research (EACHR) and the Chief Scientist (appointed in 2010) in reviewing all WHO technical programmes in terms of the evidence base for their policies and strategies, as well as in carrying out quality assurance of the technical and scientific outputs of WHO in the European Region (including its GDOs), makes such external scientific advisory boards superfluous in existing and future GDO agreements.

38. The external review group recommended that the name "GDO" should be changed to "Specialized centre of the WHO Regional Office for Europe". There is consensus agreement that the name should be changed, and an in-house consultation on possible new names will be undertaken. This change refers, however, only to the generic description of GDOs, and not to the specific name of any centre.

Role of WHO's regional governing bodies

39. The discussions, at the fifty-fourth session of the Regional Committee, on the 2004 GDO strategy clearly reflected the Committee's firm desire to be involved in decisions regarding the opening of new GDOs and the closure of existing GDOs, "given their significant share of the overall budget".

40. The Regional Committee's role of being consulted on the opening and closing of new and existing GDOs should be strengthened in two ways. All proposals for any new strategic priority area in which a new GDO is sought will be presented to and approved by the Regional Committee. However, the Regional Committee can decide to delegate the task of considering specific practical proposals for opening a particular GDO, with its operational details, to the SCRC. This would allow sufficient time for in-depth discussion and would also allow the Secretariat to consult the SCRC throughout the year and. in the event that an urgent decision is required, it would also allow for rapid action. This will be accompanied with a well developed business case that clearly justifies why the area for which the GDO is being proposed is a strategic priority for the Region requiring enhanced resources but which also sets out the conditions for establishing a new GDO.[10] Second, the Regional Committee should be informed of all developments with regard to GDOs, including major changes in the profiles of existing GDOs.

[10] The business case should justify why the specific strategic priority area is in need of additional resources, why these cannot be accessed in any other way and why the GDO is the best solution. The business case should also cover and specify all the issues raised in paragraphs 18, 19 and 21–31.

Phasing out a GDO

41. The host agreement for each GDO specifies the length of the agreement and the required notice for termination by either party to enable the orderly closure of activities, the termination/withdrawal of personnel and the settlement of accounts and contractual liabilities. Under normal circumstances, when no extension is being sought by either of the parties, termination coincides with the expiry of the agreement. However, closure could also take place in an "emergency situation" with little notice or chance to discuss and inform the Regional Committee (paragraph 40). Nonetheless, Rule 14.2.10 of the Rules of Procedure of the Regional Committee empowers the SCRC "to act for and represent the Regional Committee" and "to counsel the Regional Director as and when appropriate between sessions of the Regional Committee".

42. The examples considered by the external review group related mainly to experiences from other WHO regions, but all demonstrated the need for the Regional Office and the Regional Committee to keep the development of GDOs under constant review. The Review Group recommended periodic discussions with the host country as essential for discussing the "health" of a GDO, including from managerial, legal and administrative perspectives.

43. From a management point of view, once the number of professional staff is less than the critical mass required to discharge the GDO's mandate and carry-over funds are depleted, the right time will have been reached for a decision about an orderly, mutually agreed termination or transformation. The way in which the phasing out of a GDO is managed depends to a great extent on the reasons for termination. In any case, the key consideration should be to take care of the staff, give sufficient advance notice on contracts, and not extend contracts beyond the time covered by the agreement and without funding. As part of the phasing out process, consideration should also be given to a human resources exit strategy which, in line with WHO regulations, supports the relocation and reassignment of staff whose positions may be abolished following the closure of the GDO.

44. Member States need to be kept informed about any major changes in the relationship with any GDO through the SCRC and the Regional Committee. However, in an emergency situation, the SCRC could be the first point of contact; based on its advice, information about a closure could be communicated to all the Member States in a written consultation or through the May SCRC "open" meeting to which all European Region Member States are invited.

45. When the time comes to phase out a particular GDO, it is important to prepare a report specifying the main results and overall impact of the activity it carries out; this would help to put in context the Organization's acknowledgments and appreciation of the efforts of the host country and the results achieved. Recommendations for the future should be added, as well as the main reasons for the closure of the GDO. Such reports should also be presented to the Regional Committee. For the closure of the Rome Centre, the initial decision was made by the SCRC, since the decision was required urgently and it was not possible to wait until the sixty-first session of the Regional Committee. However, the Regional Committee received an information document (EUR/RC61/Inf.Doc./11) that included the above mentioned report (see also paragraph 40 above).

New GDOs

46. The 2010 external review group concluded that the experience of GDOs and their contribution to the work programme of the European Region and WHO's Member States had been a very positive one. The members of the Group therefore recommended that the WHO

European Region would benefit from the establishment of new GDOs. Having looked at the work programme and priorities of the European Region and the Regional Office (as endorsed by the Member States and the Regional Committee), the Review Group recommended that GDOs should be actively sought in five strategic priority programme areas.

47. In line with the SCRC's advice, the first priority was to strengthen the integration of existing GDOs and finalize the main managerial actions and procedures that should be in place to ensure implementation of this renewed GDO strategy (in line with paragraph 32 to 38). This has already been successfully accomplished, and therefore during the second session of the nineteenth SCRC in Stockholm in November 2011 it was agreed that, as recommended by the external review team in 2010, a preliminary proposal on the need for new GDOs could also be made in the period leading up to the sixty-second session of the Regional Committee, fully respecting the agreement reached at the sixty-first session that no negotiations with Member States on new GDOs will be undertaken unless and until the new strategy has been approved.

48. The proposal should follow the basic principle of having one GDO in each strategic priority area, respecting that the decision about what constitutes a strategic priority area will be made by the Regional Committee. This preliminary proposal for a limited number of new GDOs, which should always total a manageable number, will be followed by a full business case. The preliminary analysis is in the paragraphs below.

49. There are currently four existing GDOs: on health system strengthening, with a special focus on health financing (Barcelona); noncommunicable diseases (Athens), where further discussions with the host country are needed to ascertain whether the establishment will go ahead(if not, a new host country will be sought); an expanded centre for environment and health (Bonn); and investment for health and development and social determinants (Venice). There is also a dormant centre in Brussels (see footnote 3) which was originally "the European Centre on Health Policy", which could be revitalized to help support Member States in the implementation of the new European policy framework for health and well-being, Health 2020.

50. The external review group's proposals of mental health and ageing could be covered by the NCD centre in Athens (or another host country, should this be so decided) and migration could be included as part of the Venice profile that has vulnerable groups as a special focus.

51. There is however a case for setting up a new GDO in the high-need area of humanitarian assistance and emergencies, in view of the fact that this area of work has been decentralized from WHO headquarters to the regions and country offices and therefore further capacity is required. In addition, two new centres, one on health systems with a special focus on primary health care (PHC), and organization of health service delivery, and the other on information systems would also be needed for the Region, in view of the high priority of both health system strengthening and information and monitoring systems. The latter will become especially crucial in the implementation of Health 2020 with regard to monitoring progress and updates and helping to develop one information system for Europe that avoids duplication of reporting by Member States to different international organizations. This centre would work very closely with the European Commission. The possibility of combining these two centres into one, covering PHC and the health service delivery component, as well as the health information system, could also be considered.

Conclusions

52. The prime reason for establishing any technical centre (GDO) outside the Head Office in Copenhagen remains to make the Regional Office better able to attract additional resources and

expertise to tackle those of its strategic priorities that are not sufficiently well covered and funded.

53. This paper presents a renewed "GDO strategy for Europe", which aims to clarify and strengthen the role of the GDOs as an integral part of the regional Head Office in Copenhagen; as providers of evidence and research for the development of regional policies in key strategic priority areas; and as important resources for the Regional Office in supporting Member States with tools for implementation. In order to protect, nurture and strengthen this resource, a number of changes need to be made, including RC-endorsed agreements on what a GDO is and setting out clear terms of reference, managerial and administrative guidelines and procedures.

54. Specifically, the Regional Committee is being requested to endorse the view that a GDO's main function shall be to provide evidence, knowledge and tools for policy development and implementation, which are enhanced and supported through a strengthened core team and programme at the Head Office in Copenhagen. There should be a minimum size of a GDO of at least 10 staff, equivalent to an annual host country contribution of around US$ 2 million (depending upon the grading of staff, cost of living and running costs) for a minimum period of 10 years. In addition, the host country could consider funding (or through a secondment providing) a high-level technical post at the Head Office in Copenhagen, to strengthen liaison and links with the GDO so that the strategic priority area continues to command strong leadership in Europe. Geographical balance across the whole of the European Region should be preferred and encouraged when setting up new GDOs, which should always meet at least the minimum requirements. Clear guidelines for the establishment, management and phasing out of GDOs should be developed and adhered to.

55. The overall intention is to ensure that the best use is made of the work of the GDOs and to avoid possible duplications. The renewed strategy has been considerably informed by the findings and recommendations of the external 2010 review of GDOs, the SCRC's discussion of that review and the feedback from Member States as part of the web-based consultation, and it is being presented to the Regional Committee for approval together with a draft resolution for adoption.

Annex: Main descriptive characteristics of existing GDOs 2010–2011

Office	Main technical domains	No. of staff	Funding US$					Services in kind	Agreement start date	Agreement end date	Selected prominent products
			Assessed contributions (WHO/EURO AC funds)	GDO agreement	Amount donated by other sources	No. of other sources	Total cash				
Bonn	• Air quality • Environment and health information system • Housing • Noise • Occupational health	13	54 067	2 612 726 (Amount as per agreement = €1 023 000 per annum)	1 168 853	7	3 835 646	202 770[1]	2001	2014	1. Indoor air quality guidelines 2. Health and environment in Europe: progress assessment (background document for Parma Conference, 2010) 3. Burden of disease from environmental noise. Quantification of healthy years lost in Europe (2011) 4. Environmental burden of disease associated with inadequate housing (2011)
Rome	• Children's health and environment • Food safety • Global climate change and health • Health impact assessment methods and strategies • Information outreach • Mediterranean	29	1 564 111[2]	4 849 639[3] (Amount as per agreement = €1 680 400 per annum)	7 177 052[4]	22	8 741 163	N/A	1991	2016[5]	1. European regional framework for action Protecting health in an environment challenged by climate change adopted at Parma Conference (2010) 2. Guidance on water supply and sanitation in extreme weather events 3. Tackling antibiotic resistance from a food safety perspective in Europe (2011) 4. European report on preventing violence and knife crime among young people (2010) 5. European report on preventing elderly maltreatment (2011)

[1] In-kind contribution for rental of Bonn office premises.

[2] Includes funds to cover expenditures in relation to the Rome office closure and staff termination emoluments.

[3] This amount was pledged by the Italian Government but was never received. The figure above is converted at the exchange rate on 1 January 2010 of $1 = €0.693.

[4] Includes funds borrowed from the Italian agreement for the Migration and Health Project.

[5] Agreement was initially signed for a duration up to 2016. However, due to a change of priorities of the Italian Government, the Rome office was closed on 31 December 2011.

Office	Main technical domains	No. of staff	Funding US$					Services in kind	Agreement start date	Agreement end date	Selected prominent products
			Assessed contributions (WHO/EURO AC funds)	GDO agreement	Amount donated by other sources	No. of other sources	Total cash				
	Action Plan • Resource and sustainable development • Transport and health • Violence and injury prevention • Water and sanitation										
Venice	• Macroeconomics and health • Millennium Development Goals • Investment for health • Social and economic determinants of health • Governance for health promotion (population health)	11 (plus 3 WHO consultants at various periods and 2 interns)	239 750[6]	1 909 265[7]	726 980	3+ Regions for Health Network fees[8]	2 875 995	589 000[9] (estimated)	01.06.2003	31.05.2013[10]	1. National SDH inequity analysis reports for Slovenia and Poland 2. Cross-country analysis of Health in All Policies in SEE countries – Progress and opportunities 3. Report on evaluating the impact of universal policies on SDH and equity. 4. Technical input to priority on health equity under Spain's presidency of the Council of the European Union (expert conference, ministerial panel, informal ministerial meeting and background report "Moving forward equity in health: monitoring social determinants of health and the reduction of health inequalities" with the

[6] Note that, in addition to the above amount, US$ 107 473 of funds from assessed contributions (AC), was implemented by the Venice office in workplans under biennial collaborative agreements (BCAs) with countries.

[7] Includes contribution from Ministry of Health/Italy and Veneto Region.

[8] Includes voluntary flexible funds received from WHO headquarters, as well as a specified voluntary contribution for Strategic Objective 7.

[9] In-kind contribution provided by the Veneto Region for the office premises (including all utilities and cleaning).

[10] Negotiations are under way for renewal.

Office	Main technical domains	No. of staff	Funding US$					Services in kind	Agreement start date	Agreement end date	Selected prominent products
			Assessed contributions (WHO/EURO AC funds)	GDO agreement	Amount donated by other sources	No. of other sources	Total cash				
	• Health behaviour in school-aged children • Poverty and health • Health inequalities (including vulnerable groups) • Commission on Social Determinants of Health										outcome of successful adoption of Council conclusions. 5. Putting our own house in order: examples of health-system action on socially determined health inequalities (http://www.euro.who.int/__data/assets/pdf_file/0004/127318/e94476.pdf. 6. Web-based resource with 16 examples of health systems action on health inequalities (http://data.euro.who.int/equity/hidb/Resources/List.aspx) 7. How health systems can accelerate progress towards Millennium Development Goals 4 and 5 on child and maternal health by promoting gender equity 8. How health systems can address health inequities linked to migration and ethnicity 9. How health systems can address health inequities through improved use of structural funds 10. How health systems can address inequities in priority public health conditions: the example of tuberculosis 11. Poverty, social exclusion and health systems in the WHO European Region 12. Rural poverty and health systems in the WHO European Region 13. Ill health prevention and treatment task group report for WHO European Review of Social Determinants and the Health Divide

Office	Main technical domains	No. of staff	Funding US$					Services in kind	Agreement start date	Agreement end date	Selected prominent products
			Assessed contributions (WHO/EURO AC funds)	GDO agreement	Amount donated by other sources	No. of other sources	Total cash				
Barcelona	• Health financing and health systems strengthening • Capacity-building for health policy analysis	12	694 000	4 201 000 (excl. PSC = 546 000)	1 704 000	11	6 599 000	325 000 (estimate)	1999	Yearly extension, new host agreement proposal for 10 years	1.Book (2010): Implementing health financing reform: lessons from countries in transition 2.Barcelona Course in Health Financing (2–6 May 2011) 3.Barcelona Office staff contribution to the World health report 2010. Health systems financing: the path to universal coverage