



World Health
Organization

REGIONAL OFFICE FOR
Europe

REGIONAL COMMITTEE FOR EUROPE
SIXTY-THIRD SESSION

Çeşme Izmir, Turkey, 16–19 September 2013



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Business case for the
proposed geographically dispersed
office on primary health care



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REGIONAL OFFICE FOR **Europe**

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Business case for the proposed geographically dispersed office on primary health care

This document contains the business case for the proposed geographically dispersed office (GDO) on primary health care and details of the hosting offer received from the Republic of Kazakhstan.

The revision provides additional information received from the Republic of Kazakhstan.

A draft resolution is presented, for consideration by the Regional Committee.

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Introduction and background

1. In its decision EUR/RC62(2), adopted at its sixty-second session, the WHO Regional Committee for Europe requested that the Secretariat “develop business models for potential new geographically dispersed offices (GDOs) in the areas of primary health care and humanitarian crisis” (Annex 1), based on the renewed GDO strategy for Europe (EUR/RC62/11). The Regional Committee further stipulated that the business models should be developed in cooperation with candidate countries and with the full involvement of the Standing Committee of the Regional Committee (SCRC).

2. At its third session in November 2012, the Twentieth SCRC was presented with a proposed generic outline of the business cases on which members were asked to comment. Guidance was sought on how to consult with all Member States about the development of the business cases and how best to sound out Member States’ interest in hosting the new GDOs. The SCRC advised that technical profiles for each GDO, clearly describing the justification behind their establishment in each technical area, should be developed and approved by the SCRC. All Member States should then be afforded the opportunity to express their interest in hosting one or more of the new GDOs.

3. The SCRC approved the technical profiles for the new GDOs through an extensive series of consultations by email and teleconference during January and February 2013. The approved technical profiles were then circulated among all Member States on 27 February 2013, and a web-based consultation began, with a deadline of 2 April 2013, to provide an opportunity for Member States to express their interest in hosting the GDOs. By 2 April 2013 one reply had been received, from Kazakhstan, offering to host the GDO on Primary Health Care (PHC).

4. This document presents the business case for the GDO on PHC to the Regional Committee for its approval. It begins by summarizing the need for additional resources for PHC in Europe, and explaining how this need could be met by the establishment of a new GDO and how the work of that GDO would link to the Regional Office’s existing work programme for health services delivery (HSD) and health systems strengthening within the Division of Health Systems and Public Health. The document then summarizes and assesses the key elements of the offer from Kazakhstan and concludes with the Regional Director’s recommendations to RC63. A draft decision for adoption by the Regional Committee is presented in document EUR/RC63/Conf.Doc./11; the technical profile approved by the SCRC is contained in document EUR/RC63/Inf.Doc./8 and summarized here as Annex 2 for convenience. The offer to host the GDO received from Kazakhstan is attached as Annex 3 to the present document.

Situation analysis and reasons for establishing the GDO

5. The Declaration of Alma-Ata in 1978¹ and *The world health report 2008 – Primary Health Care (Now More Than Ever)*,² laid out the vision, values and expectations for the effective transition to health systems based on PHC. The importance of PHC continues to be recognized in the context of WHO reform, with one of the four priorities for health systems

¹ Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978 (http://www.who.int/publications/almaata_declaration_en.pdf, accessed 14 May 2013).

² *The world health report 2008 – Primary Health Care (Now More Than Ever)*, Geneva, World Health Organization, 2008 (<http://www.who.int/whr/2008/en/index.html>, accessed 10 May 2013).

strengthening (Category 4) being integrated health service delivery with PHC at its centre. PHC is also central to the implementation of the European policy framework for health and well-being – Health 2020, the WHO European Action Plan to Strengthen Public Health Capacities and Services (EUR/RC62/12.Rev1), the Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 (EUR/RC61/12), the Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015 (EUR/RC61/15) and the European action plan for HIV/AIDS 2012–2015 (EUR/RC61/Inf.Doc./8).

6. A framework for action on coordinated and integrated people-centred health services delivery (CIHSD) to guide efforts and streamline products towards a common goal is now being developed by the Health Services Delivery (HSD) Programme of the Division of Health Systems and Public Health (DSP) at the WHO Regional Office for Europe. The proposed framework draws on the Regional Director for Europe’s vision, enshrined in Health 2020, for strengthening health system performance through innovative approaches that modernize and transform the delivery of services in order to better respond to the health challenges of the 21st century. This framework responds to Member States’ call for evidence-based policy options and tools to strengthen consistency between products and manage change for people-centred health systems.

7. While the current HSD Programme already counts on a small, highly qualified and specialized team of professionals based in Copenhagen,³ there is an increasing demand for technical leadership and country technical support for the implementation of PHC reforms within the context of ongoing transformation and innovation of health services. In particular, the HSD Programme faces important challenges that call for the mobilization of additional resources to, among others, address conceptual pitfalls and the lack of evidence about effective and ineffective methods of scaling up primary health care interventions and to ensure country contextualization and tailoring to health needs (noncommunicable diseases (NCDs), tuberculosis, HIV), meet demographic challenges, ensure change management to overcome fragmentation and meet the increasing demand from Member States to develop critical mass and expertise at country level. Furthermore, countries in financial crisis are recognising that a rejuvenated and effective PHC-based system can be an efficient way to contain costs in the long term while improving quality.

8. For the above-mentioned reasons, the establishment of a GDO on PHC would provide the investment required for the WHO Regional Office for Europe to meet these increased demands in line with the Declaration of Alma-Ata, the World Health Report 2008 and Health 2020, and help countries respond to contemporary realities by strengthening and innovating their health systems to take account of the needs of an ageing population, elevated public expectations, population migration, patient mobility, the need for new health workforce expertise and skills, the development of sophisticated technologies, and the challenges posed by unregulated pharmaceuticals markets and financial constraints.

9. The GDO on PHC will draw on Health 2020’s vision for strengthening health systems’ performance through innovative approaches to modernizing health services delivery frameworks and implementing people-centred solutions. A group of highly specialized, dedicated experts will update and tailor those frameworks on the basis of practical experience acquired at country level, thus allowing for continuous fine-tuning as lessons are learned. More information can be found in Annex 2 and document EUR/RC63/Inf.Doc./8.

³ HSD staff for 2014–2015 include one health services organization and management professional (team leader), and a development expert. Two consultants will support development of the framework for action on integrated health services delivery and the management of health care providers. HSD will be supported by one member of administrative staff.

The GDO in the context of the Regional Office

The GDO as an operational “satellite” unit of HSD

10. The GDO on PHC will be an operational unit of HSD and will operate under the policy, technical guidance and direct supervision of the HSD Programme Manager, overseen by the Director of DSP at the Regional head office in Copenhagen.

11. It will, at the same time, serve as a knowledge and learning hub attracting and disseminating good practice, best buys and actionable policy options for countries to inform their frontline managers about renewed and innovative PHC at the core of modern health services.

12. The core function of formulating policy, setting norms and standards and developing guidelines will remain with the Regional head office in Copenhagen.

Added value

13. The proposed GDO on PHC will significantly increase DSP’s resources, enabling the increasing requests from Member States to be met in a timely and adequate manner. The GDO will contribute, in particular, to developing a critical mass of professionals with qualified skills and capacities in the WHO European Region. It will equip the Regional Office with innovative tools for strengthening health systems and aligning them with the values and objectives of Health 2020.

Details of the offer received from Kazakhstan

14. The Ministry of Health of Kazakhstan replied to the web-based call for expressions of interest in hosting a GDO on 1 April 2013 (see Annex 3). In its letter, the Ministry of Health expresses its agreement to host the proposed PHC GDO in Kazakhstan. The letter also confirms the Government’s agreement with the technical direction and four main areas of work of the GDO, as set out in the technical profile.

15. Kazakhstan, represented by the Ministry of Health, has expressed its interest in becoming the host country for the GDO on PHC, and has indicated in writing, its commitment to provide:

- the basic amount of US\$ 2 million annually for a period of 10 years, to cover the costs of GDO employees and programme expenses (activity costs);
- a seconded staff member for liaison, based in the Regional head office in Copenhagen; and
- coverage of additional costs and expenses incurred in running the GDO in Kazakhstan (rent and running costs).

16. In the context of its proposal to host the GDO on PHC, the Government of Kazakhstan expressed its commitment to finalize the budget to complete a business case for presentation to the Regional Committee at its sixty-third session.

17. The Government of Kazakhstan also agreed to proceed with negotiations on the preparation of the GDO host agreement, to be concluded between the Government of the Republic of Kazakhstan and WHO.

Assessment of the offer

18. Kazakhstan's willingness and agreement to host the GDO on PHC is an important step towards boosting recognition of the importance of PHC at the centre of modern health services and its crucial role in people-centred health systems. Locating the GDO on PHC in Kazakhstan is of historical significance, since it recalls the International Conference on Primary Health Care in 1978, which culminated in the adoption of the Declaration of Alma-Ata.

19. Although the offer made on 1 April by the Government of Kazakhstan to host the GDO on PHC met the key basic conditions and principles set out in the document on strengthening the role of the Regional Office's geographically dispersed offices, discussed at RC62 (EURO/RC62/11), it did not, at that stage, specify the following:

- confirmation of the international status of the GDO's internationally recruited staff, although internationally recruited staff of the WHO Country Office in Kazakhstan have international status (see document EUR/RC63/Inf.Doc./8 Annex 1, general principle 5);
- the location of the GDO; or
- the proposal for a secondment of a Ministry of Health employee to the Regional Office in Copenhagen in order to strengthen the interaction between the GDO in Kazakhstan and the Regional Office (see document EUR/RC63/Inf.Doc./8 Annex 1, prerequisite 3).

20. The Regional Director wrote to the Minister of Health of Kazakhstan to express WHO's gratitude for Kazakhstan's offer to host the PHC GDO, and its commitment to contribute US\$ 2 million annually over a period of 10 years and to assume the GDO's operational costs. The Regional Director also welcomed Kazakhstan's readiness to proceed with joint negotiations of the final budget and finalization of the business plan, to be presented to the Regional Committee at its sixty-third session. In this regard, clarification of the above-mentioned three requirements was requested in order that the GDO business case can be finalized and presented to RC63. The letter also confirmed that the host agreement between the Government of Kazakhstan and WHO can be finalized and signed after the Regional Committee has approved the business case.

21. The SCRC was updated on the three outstanding issues at its fourth session, which was an open meeting, enabling all Member States to comment. Member of the SCRC and representatives of other Member States present as observers welcomed the progress made and asked that written clarification of the three outstanding issues be obtained from Kazakhstan.

22. Written clarification on the above-mentioned issues was received on 26 July 2013. The Ministry of Health of Kazakhstan's note indicates that the GDO on PHC will be located in Almaty. It also clarifies the progress made with regard to acquiring formal approval of the secondment budget from the relevant State authorities in Kazakhstan in line with national legislation.

23. Furthermore, the Ministry of Health of Kazakhstan also clarified that the Ministry of Foreign Affairs had confirmed that all privileges and immunities should be stipulated in the host agreement, and that by ratification of that agreement through Parliament, those privileges and immunities would be granted to GDO staff based in Almaty.

Conclusion

24. Kazakhstan's offer to host the GDO on PHC meets all the essential requirements set out in the Regional Office's renewed GDO strategy for Europe, and the three outstanding conditions that remained to be met following receipt of Kazakhstan's initial offer have also been fulfilled.

25. Given that all of the key conditions have been met, the Regional Director strongly recommends the Regional Committee to approve the proposal to establish the GDO on PHC in Kazakhstan. The proposed location for the GDO in Almaty links back to the roots of the 1978 Declaration of Alma-Ata. The Regional Committee's decision will be taken in the same year as the thirty-fifth anniversary of the adoption of the Declaration of Alma-Ata. If the Regional Committee approves the proposal to establish the GDO on PHC in Kazakhstan, bilateral negotiations on the host agreement will begin between the host country and the Secretariat, and a symbolic opening of the GDO can be held on the anniversary of the adoption of the Declaration of Alma-Ata on 6 and 7 November 2013 in the presence of the President of Kazakhstan and in front of a European and global audience.

26. Once the establishment of this GDO has been approved by the Regional Committee, bilateral negotiations on the host agreement will begin between the host country and the Secretariat. This agreement should contain, as a minimum, provisions on the following elements: the privileges and immunities of the Office and its staff; the host country's financial commitment for 10 years; the technical focus of the GDO; and the evaluation and termination of the GDO.

Annex 1. Decision EUR/RC62(2)

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

The Regional Committee decides:

1. that the Secretariat has the mandate to establish a GDO in the area of noncommunicable diseases (NCD) in a candidate country should the Greek government decide to withdraw as a host country, taking into account the expression of interest made by the Russian Federation;
2. to request the Secretariat, in cooperation with candidate countries, to develop business models for potential new GDOs in the areas of primary health care and humanitarian crisis with the full involvement of the SCRC, taking into account the expression of interest made by Kazakhstan for hosting such an office for primary health care, to be proposed for adoption at the sixty-third session of the Regional Committee;
3. in presenting options on the selection of new strategic areas and the establishment of potential GDOs, that the Secretariat shall make use of the content in document EUR/RC62/11.

Annex 2. Summary of the PHC GDO technical profile

Background

1. Since the adoption of the Declaration of Alma-Ata in 1978¹ and *The world health report 2008 – Primary Health Care (Now More Than Ever)*,² expectations and broad support for the vision set forth in these values have not always easily led to the effective transformation of health systems. Individual country studies have been carried out to map the PHC situation and subsequently make recommendations on how to improve it. However, more emphasis on innovative PHC is needed based on research to deliver evidence based products that are tangible and implementable that forms input for improving the health care situation in the whole WHO European Region.

2. The recently approved European policy framework for health and well-being, Health 2020, highlights new challenges and in so-doing reinforces the need for Member States to strengthen health systems by basing them on people-centred PHC, while maintaining the values and principles of HFA and the Tallinn Charter: Health Systems for Health and Wealth, adopted in 2008. Importantly, Health 2020 calls for a broad social movement to put the commitments to PHC, enshrined in the Declaration of Alma-Ata, into practice.

Rationale of establishing the GDO on PHC

3. The GDO on PHC will be an operational unit of HSD and will operate under the policy, technical guidance and direct supervision of the HSD Programme Manager and oversight of the Director of DSP at the Regional head office in Copenhagen. It will, at the same time, serve as a knowledge and learning hub attracting and disseminating good practice, best buys and actionable policy options for countries to inform their frontline managers about renewed and innovative PHC.

4. It is expected that the proposed GDO on PHC will significantly increase DSP's resources, enabling the increasing requests from Member States to be met in a timely and adequate manner. The GDO on PHC will contribute, in particular, to developing a critical mass of qualified and skilled professionals in the WHO European Region, and it will equip the Regional Office with innovative tools for transforming health systems and aligning them with the values and objectives of Health 2020.

¹ Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6–12 September 1978 (http://www.who.int/publications/almaata_declaration_en.pdf, accessed 14 May 2013).

² *The world health report 2008 – Primary Health Care (Now More Than Ever)*, Geneva, World Health Organization, 2008 (<http://www.who.int/whr/2008/en/index.html>, accessed 10 May 2013).

Profile of the GDO on PHC

Objectives

5. The GDO on PHC is expected to:
 - contribute to and support the Regional Office's efforts to transform health systems towards people-centred, PHC-based health service delivery, in order to respond appropriately, effectively and innovatively to the burden of NCDs, communicable diseases, ageing and co-morbidities;
 - actively support European Member States in their efforts to implement commitments undertaken at Regional and global levels, in the field of PHC-based health service delivery, in an equitable, responsive, effective and efficient manner;
 - provide high quality operational and innovative knowledge and evidence on people-centred health care services, the coordination, integration and continuity of care, the revised role of hospitals, the coordination, organization and management of health care providers, patient and disease management throughout the life-course, taking account of chronicity and including palliative care, and other relevant challenges to Member States' efforts to scale up universal health coverage; and
 - ensure alignment between health systems and global health initiatives and consolidate and build partnerships with WHO collaborating centres and other relevant actors and stakeholders.
6. The diagram below summarizes these four key proficiencies.



Endowment

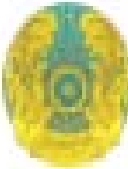

7. Expertise will include, inter alia, PHC and health services delivery policy, organization and management, quality and performance of service providers, patient and disease management, continuity, integration and coordination of care, management of health care providers and human resources for health.. The professional staff will provide qualified expertise to support Member States in their efforts to design and implement PHC-based health service delivery, deliver capacity-building and training, and monitor and assess PHC performance, among others. The GDO on PHC will support the Regional head office in Copenhagen in responding to Member States' requests with regard to strengthening PHC, implementing hospital reforms and adapting to emerging epidemiological profiles

(communicable diseases with chronic disease management, co-morbidities, etc.) in high-, medium- and low-income countries in the WHO European Region.

Strengthening partnerships, alliances and networking

8. The GDO on PHC will benefit from establishing, strengthening and consolidating partnerships, alliances and networks with relevant actors and stakeholders, in line with the WHO's global policy on partnerships. It will also work closely with national and subnational health authorities, thus promoting a multidisciplinary and inclusive approach.

Annex 3. Offer/expression of interest by Kazakhstan to host a GDO on primary health care

<p>ҚАЗАҚСТАН РЕСПУБЛИКАСЫ ДЕНСАУЛЫҚ САҚТАУ МИНИСТЕРЛІГІ</p>		<p>МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ КАЗАХСТАН</p>
<p>100000, Астана қаласы, Қазақстан Республикасының Президентінің Әкімшілігі Мемлекеттік басқару аппаратының Сәуір-10/10/10, 100000, Астана қаласы Телефон: 7777777777777777</p>		<p>100000, Астана қаласы, Қазақстан Республикасының Президентінің Әкімшілігі Мемлекеттік басқару аппаратының Сәуір-10/10/10, 100000, Астана қаласы Телефон: 7777777777777777</p>
<hr/>		
<p><u>01.04.2003</u> ж. <u>08-4-1931/18</u></p>		
<p>Региональному директору Европейского бюро ВОЗ госпоже Ж. Жакаб</p>		
<p>Уважаемая госпожа Жукашва Жакаб,</p>		
<p>Настоящим письмом Казахстан в лице Министерства здравоохранения Республики Казахстан выражает заинтересованность, согласие и поддержку принимающей страны в открытии ГУО ВОЗ по ПМСП согласно представленных документов с определением его общих принципов и четырьмя основными направлениями работы.</p>		
<p>В случае получения положительного ответа на наше предложение об открытии ГУО в Казахстане, мы готовы:</p>		
<ol style="list-style-type: none">1) вносить ежегодный базовый взнос в течение 10 лет в объеме 2 миллионов долларов США на содержание 10 сотрудников данного офиса и программные расходы;2) взять на себя доказательные затраты на операционные расходы офиса (аренда, содержание и т.д.);3) приступить к совместным переговорам по завершению бюджета для бизнес-обоснования по созданию ГУО по ПМСП и дальнейшей подготовке и подписанию Соглашения о приеме ГУО по ПМСП между Правительством Республики Казахстан и ЕРБ ВОЗ.		
<p>Надеемся на наше дальнейшее плодотворное сотрудничество в области здравоохранения.</p>		
<p>С уважением, Министр</p>		<p>С. Каирбекова</p>

Translation

01/04/2013 Ref No. 08-4-1931/I

To the Regional Director of WHO Regional Office for Europe
Ms Z. Jakab

Dear Ms Zsuzsanna Jakab,

With this letter the Ministry of Health of Kazakhstan expresses its interest, agreement and support as a host country, for opening a WHO GDO on PHC, in concordance with the documents with the presented documents, its definition, its general principles and 4 main areas of work.

In case of a positive decision regarding our proposal of opening a GDO in Kazakhstan we are ready to:

- 1) Contribute with an annual basic amount for the following 10 years, in the amount of 2 million USD for covering the costs of 10 staff in the GDO and programme costs (activities).
- 2) Assume the additional costs for operational costs of the office (rent, running costs etc.).
- 3) Proceed to joint negotiations for finalizing the budget for a business plan for setting up the GDO on PHC, and further preparations for signing the Agreement between the Government of Kazakhstan and WHO on GDO on PHC.

We are looking forward to our fruitful joint collaboration for public health.

Yours sincerely,

S. Kairbekova
Minister

Annex 4. Secondment by Kazakhstan to support the GDO on primary health care

ҚАЗАҚСТАН
РЕСПУБЛИКАСЫ
ДЕНСАУЛЫҚ САҚТАУ
МИНИСТРЛІГІ



МИНИСТЕРСТВО
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23.07.2013 № 08-4-4160/И

Региональному директору Европейского бюро
Всемирной организации здравоохранения
госпоже Жужанне Якаб

На письмо 181-13 от 27 июля 2013 года

Уважаемая госпожа Якаб!

Министерство здравоохранения Республики Казахстан (далее – Министерство) выражает свое уважение и благодарность Европейскому бюро Всемирной организации здравоохранения и Вам лично за активное участие в решении актуальных вопросов здравоохранения.

В свою очередь на Ваш запрос касательно командирования сотрудника МЗ РК для работы в программе Регионального бюро ВОЗ в Копенгагене в рамках открытия в Казахстане географического удаленного офиса (ГУО) ВОЗ по первичной медико-санитарной помощи (ПМСП) сообщаем, что Министерством ведется работа по реализации данного проекта.

В настоящее время МЗ РК отработывает механизмы финансирования командирования сотрудника МЗ РК в штаб-квартиру ВОЗ в Копенгаген на основе принципа «секондмент» для обеспечения поддержки и координации деятельности ГУО с заинтересованными государственными органами РК в соответствии с национальным законодательством.

Информация о предложенных кандидатурах будет направлена дополнительно.

Учитывая, что г. Алматы является исторической родиной Алма-Атинской Декларации ВОЗ/ЮНИСЕФ по ПМСП, а также создание в Алматы международного центра ООН, местом расположения географического удаленного офиса ВОЗ по ПМСП определен г. Алматы.

Надеемся на дальнейшее конструктивное и плодотворное сотрудничество.

С уважением,
Министр

С. Каирбекова

0091928

Translation

For the attention of:
WHO Regional Director for Europe

Ministry of Health, Republic of Kazakhstan

23.07.2013

Dear Ms Jakab,

The Ministry of Health of the Republic of Kazakhstan (hereinafter “the Ministry”), has the honour to express its gratitude to the Who Regional Office for Europe, and to you personally, for the Office’s active engagement in contemporary public health issues.

The Ministry is currently taking the necessary steps to secure the secondment of a member of staff from the Ministry to the Regional Office in Copenhagen, in the context of the opening of the new Regional Office for Europe geographically dispersed office (GDO) on primary health care (PHC) in Kazakhstan.

The Ministry is currently developing the necessary financing mechanisms to ensure this secondment of a staff member to the Regional Office to provide support and coordination between the GDO’s activities and the relevant national authorities in Kazakhstan, in line with national law.

Information on the candidatures for secondment will be submitted in due course.

Since Almaty is the historical site of the signature of the WHO/United Nations Children’s Fund Declaration of Alma-Ata, and will be the home of the United Nations International Centre, the GDO will be located in Almaty.

We look forward to our further collaboration with you on this matter.

Yours faithfully,

S. Kairbekova
Minister of Health