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Report on the work of the geographically dispersed offices in the WHO European Region

This report provides a high-level overview of the work of the geographically dispersed offices (GDOs) of the WHO Regional Office for Europe, focusing in particular on governance aspects. The report appraises the compliance of the GDOs with the strategy approved by the WHO Regional Committee for Europe at its 54th session (in resolution EUR/RC54/R6) and subsequently further elaborated in document EUR/RC62/11. This report complements document EUR/RC68/8(K), submitted to the Regional Committee in 2018.

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History and background

1. The first specialized project offices, or technical centres, of the WHO Regional Office for Europe to be located outside Copenhagen, Denmark, were set up in the early 1990s as the main outcome of the First Ministerial Conference on Environment and Health, held in Frankfurt, Germany, in 1989. They were an immediate response to the need for the Regional Office to better position itself in the emerging technical area of environmental health, with a clear mandate given by the Member States.[1]

2. Further centres were subsequently established in a somewhat ad hoc and haphazard manner, with a lack of uniformity in hosting agreements and governance and without sustainable financing. This led Member States to question the absence of explicit procedures for establishing or closing offices, and, early in the 21st century, to raise concerns about the offices' role and relationship with the Regional Office.

3. This led to a call by Member States for the development of a clear strategy for centres located outside Copenhagen. Such a strategy was developed by a working group of representatives of Member States in 2004[2] and approved by the WHO Regional Committee for Europe at its 54th session (RC54) the same year (in resolution EUR/RC54/R6). Henceforth, such centres became known as geographically dispersed offices (GDOs).

4. First and foremost, the strategy of 2004 clarified the identity of a GDO. It was made clear that a GDO is any technical centre or project office that is a fully integrated part of the Regional Office but is located outside Copenhagen, supports the work of the Regional Office by providing evidence, and contributes to the implementation of the programme of work of the WHO European Region in key strategic areas.

5. Two other important elements related to governance were stipulated, namely that there must be consultation with the Regional Committee when planning to establish a new GDO or to close an existing GDO, and that the Regional Director for Europe must report regularly to the Regional Committee on the work of the GDOs.

Previous reporting on GDOs

6. In order to ensure that the Regional Office was adapting to the rapidly changing European environment, in 2010 an external review of the GDOs and the European Observatory on Health Care Systems and Policies (the Observatory) was commissioned.[3] The conclusions of that review were presented to RC61 in Azerbaijan in 2011 (in document EUR/RC61/18).

7. In summary, the review concluded that the GDOs had contributed significantly to strengthening the capacity of the Regional Office to deal with the wide spectrum of environmental, social, economic and commercial determinants of health. However, the review also revealed a number of weaknesses, mainly in the areas of governance, management and oversight by governing bodies. This was further discussed at RC62 in 2012 in Malta under the agenda item "Strengthening the role of the Regional Office's geographically dispersed offices: a renewed GDO strategy for Europe" on the basis of document EUR/RC62/11.

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[1] Three environmental health centres were set up in Nancy, France; Rome, Italy; and Bilthoven, Netherlands.
[2] The strategy is described in document EUR/RC54/9.
[3] The so called "2010 Professor Silano report".

8. An important distinction between GDOs and the Observatory was also clarified as a result of this work. The Observatory had evolved into a formal partnership between the Regional Office, selected governments, the European Commission, the European Investment Bank, the World Bank, the London School of Economics and Political Science and the London School of Hygiene & Tropical Medicine, and hence did not fulfil the key criteria for a GDO. The Observatory has its own governance structure and oversight, as well as its own visual identity, and making this distinction clear was important for the consistency of GDO management.

9. Through decision EUR/RC62(2), adopted in 2012, the future mandatory reporting cycle for GDOs was defined, and the Secretariat was given the mandate to establish a GDO in the area of noncommunicable diseases (NCDs) and to explore options for two additional GDOs in the areas of primary health care and humanitarian crisis. In 2013, through decisions EUR/RC63(1) and EUR/RC63(2), respectively, the Secretariat was further mandated to establish the GDO for primary health care in Kazakhstan and the GDO for preparedness for humanitarian and health emergencies in Turkey.

10. The formal reporting cycle consists of two parts: (a) reporting on the work of the GDOs in the Regional Director's annual report; and (b) reporting on the work of the GDOs as a standalone item every five years. In response to the latter requirement, RC68 in 2018 was presented with a comprehensive overview of the technical achievements of the GDOs in document EUR/RC68/8(K).

Governance of GDOs

11. In preparation for RC69, the Twenty-sixth Standing Committee of the Regional Committee for Europe, at its third session in March 2019, discussed the work of the GDOs, including through interaction with the heads of some GDOs. The predominant view was that a paper should be submitted to RC69 that would explore how the work of the current GDOs is aligned with the revised GDOs strategy and describe the added value of their work for the Regional Office.

12. To appraise the compliance of GDOs with the strategy, the following characteristics as stipulated in document EUR/RC61/18 and further elaborated in document EUR/RC62/11 must be evaluated. A GDO is a WHO centre that is:

(a) located outside Copenhagen but which has a division located in the regional Head Office in Copenhagen from where it is directed and driven and to which it reports;

(b) responsible for a specific and explicit European regional technical strategic priority as approved by WHO's governing bodies, and covers the whole Region and all Member States;

(c) responsible for specific technical deliverables and/or research (in support of the policies of the Regional Office) that are clearly incorporated in the regional perspective of the Organization's programme budget;

(d) funded from the budget of the Regional Office, which in turn receives the agreed funding for the GDO from the host country and partners;

(e) 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 United Nations staff.

Current GDOs

13. The GDOs are as follows: the WHO European Centre for Environment and Health, Bonn, Germany; the WHO European Office for Investment for Health and Development, Venice, Italy; the WHO European Centre for Primary Health Care, Almaty, Kazakhstan; the WHO European Office for the Prevention and Control of Noncommunicable Diseases, Moscow, Russian Federation. The WHO Barcelona Office for Health Systems Strengthening, Spain, does not have the same status as the other GDOs given the absence of an agreed legal framework for WHO's presence in Spain. However, there is renewed commitment by Spain and WHO to find a resolution to this longstanding issue and negotiations are currently in process with the involvement of the Director-General's Office.

Compliance of GDOs with the GDO strategy

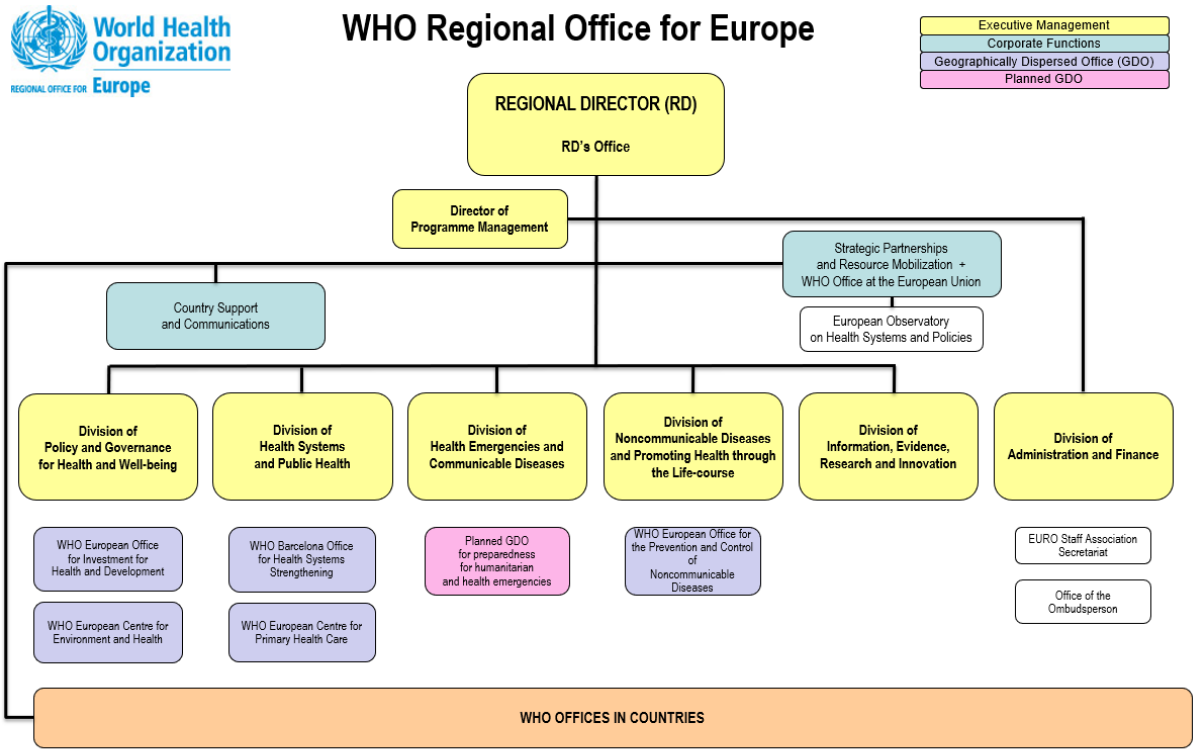
14. As outlined above, the activities of the GDOs must be fully integrated with the work programmes of the divisions of the Regional Office, and with the Regional Office as a whole. Their existence and daily management must be aligned with the five attributes listed above.

15. In addition to those five principal attributes, full integration of GDOs with the operations of the Regional Office also implies alignment of risk mapping, and internal and external audit activities. Regional Office overviews of risks and recent audits have not identified any issues specifically relating to GDOs.

Location outside Copenhagen

16. As evidenced in the organigram of the Regional Office (Fig. 1), the GDOs are a fully integrated part of the regional structural architecture. All five current GDOs operate under the explicit guidance of directors based in the Regional Office. Two directors – the Director of the Division of Health Systems and Public Health (DSP) and the Director of the Division of Policy and Governance for Health and Well-being (PCR) – are responsible for two GDOs each, while the Director of the Division of Noncommunicable Diseases and Promoting Health through the Life-course (DNP) oversees one GDO. The Division of Information, Evidence, Research and Innovation (DIR) has no GDO while the Division of Health Emergencies and Communicable Diseases (DEC) is in the process of establishing a new GDO in Turkey, which is expected to open in 2020.

Fig. 1. Organigram of the Regional Office, showing the relationship of GDOs and the Barcelona office to divisions



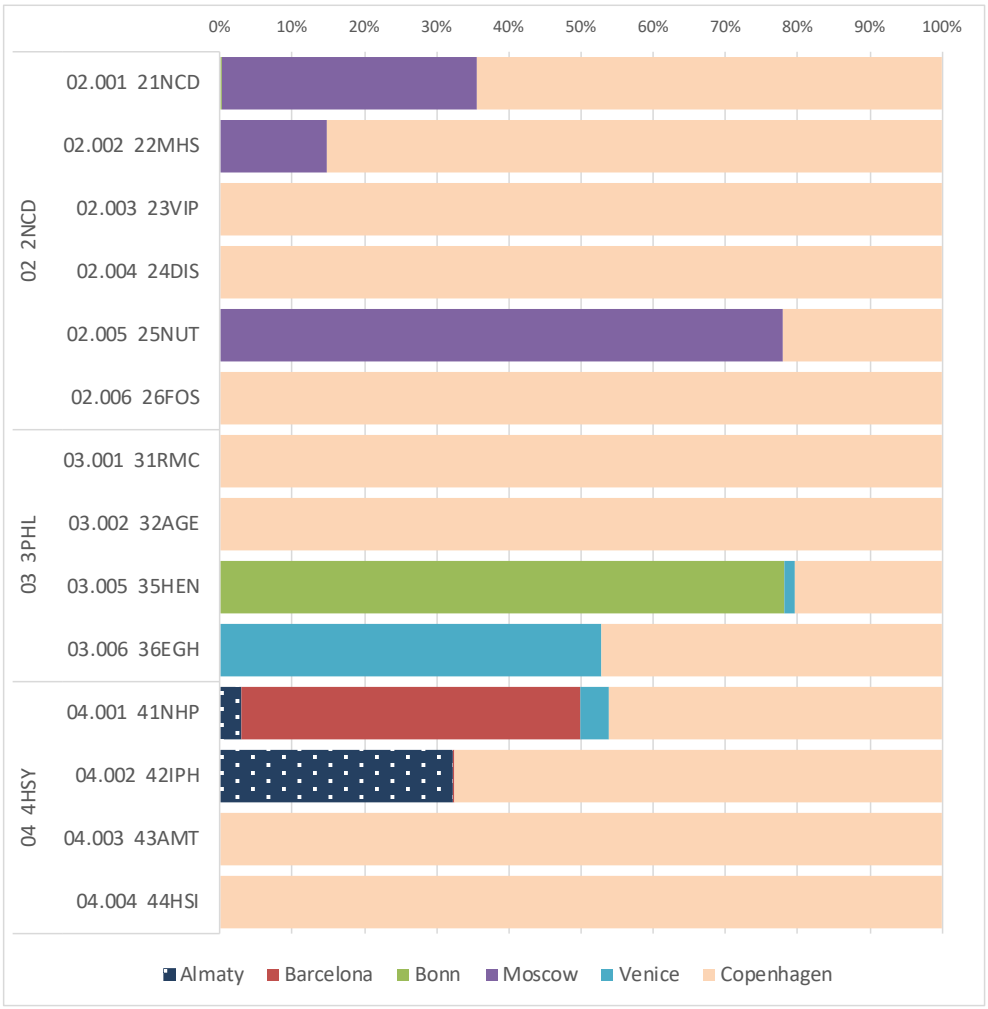
Technical priority areas and deliverables

17. The priority technical areas to which GDOs contribute, and the specific deliverables for the biennium 2018–2019, as well as the linkages of the work of the GDOs to the programme budget for the biennium 2020–2021 and the Thirteenth General Programme of Work, 2019–2023 (GPW 13), are best illustrated in the individual GDO template overviews (see EUR/RC69/Inf.Doc./7 Rev.2). The technical capacity added through the GDOs allows the Regional Office to deliver on a larger range of issues in priority areas than would otherwise be possible.

18. It is important to note that biennial planning, monitoring and evaluation of the work of the GDOs, as well as establishing their contribution to the biennial collaborative agreements with Member States, are conducted in full alignment with, and use the same tools and procedures as are applicable to, the work programme of the Regional Office.

19. Fig. 2 shows the "technical footprint" of the GDOs by illustrating the important contribution that they have made to the Programme budget 2018–2019 in categories 2, 3 and 4. The information presented in Fig. 2 shows the proportion of the work delivered in relation to the overall planned cost, rather than in expenditures, as the biennium is not yet closed.

Fig. 2. Contribution of the GDOs to the Programme budget 2018–2019 in categories 2, 3 and 4

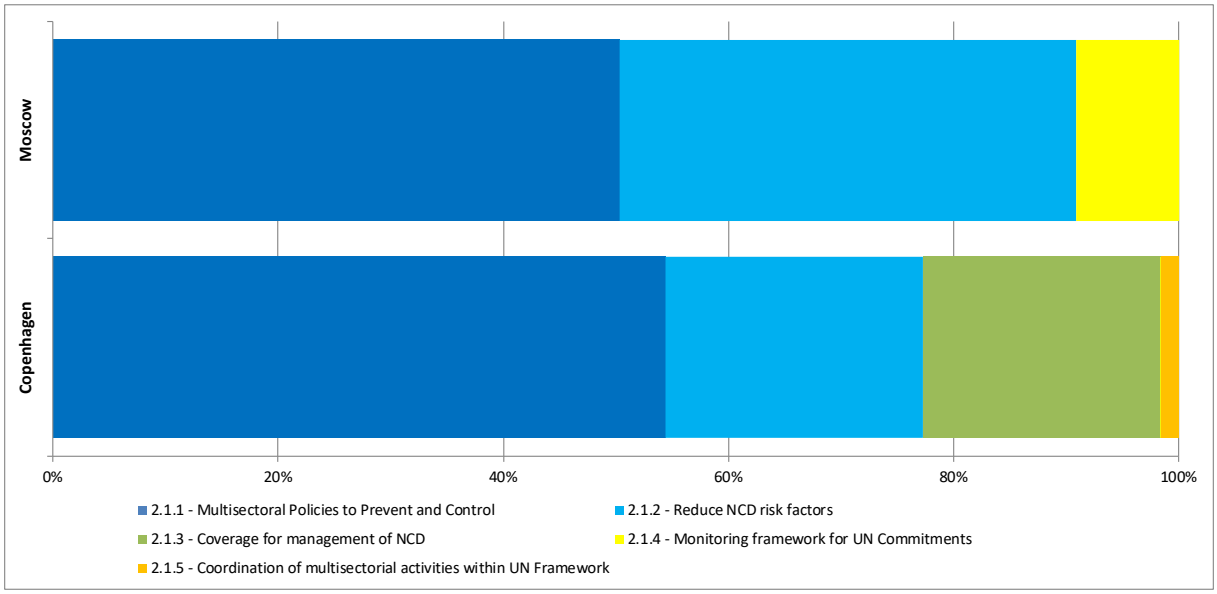


20. One example of this contribution shown in Fig. 2 is that 80% of the total staff and activities for area of work 3.5 (Health and the environment) for the biennium 2018–2019 was delivered by the WHO European Centre for Environment and Health, Bonn, Germany.

21. Fig. 2 also illustrates the complementary action in area of work 4.1 (National health policies, strategies and plans) by the Almaty GDO, the Venice GDO and the Barcelona office.

22. An analysis of the delivery of products and services in a complex area of work, in this case area of work 2.1 (Noncommunicable diseases), reveals that the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow, Russian Federation, and the NCD programmes based in Copenhagen, both deal with prevention and control, demonstrating an integrated approach and an effective division of labour (see Fig. 3).

Fig. 3. Delivery of products and services in area of work 2.1 (Noncommunicable diseases) in Copenhagen and the GDO in Moscow (as at 15 March 2019)

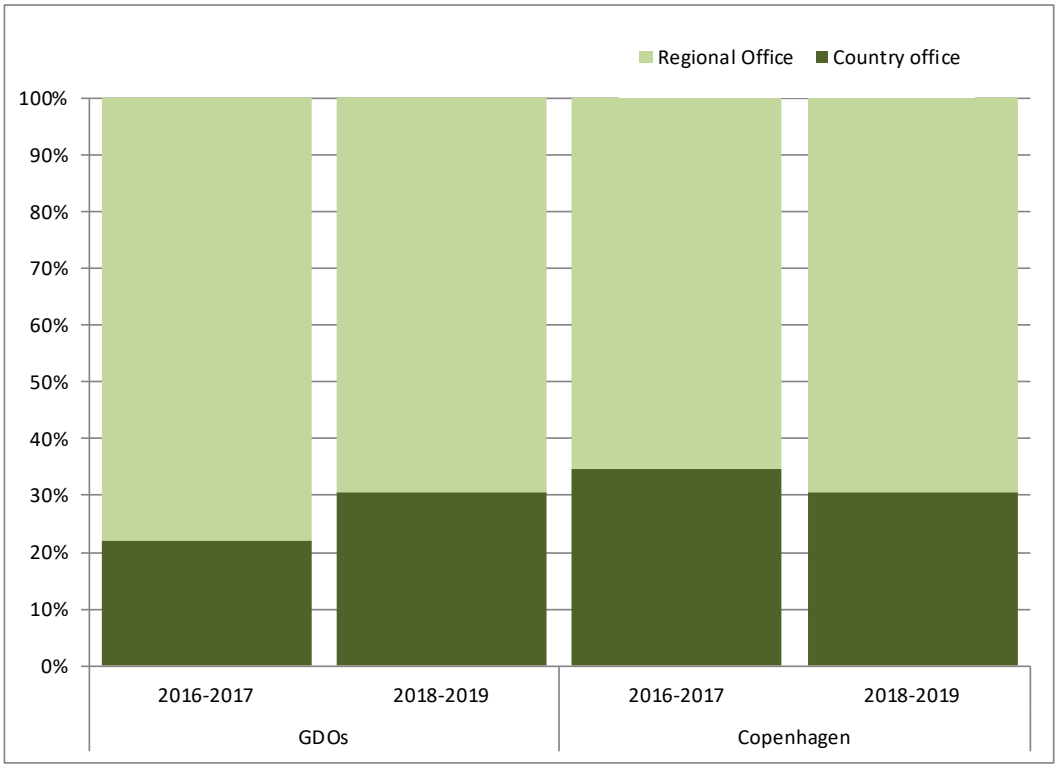


23. With regard to the type of products delivered, the GDOs produce the same kind of evidence-based, high-quality products as technical units physically located in Copenhagen, namely regional assessments, tools, guidelines, databases, training material, and contributions to the scientific, peer-reviewed literature. The scope of products delivered by the GDOs was illustrated in the activity report submitted to RC68 (in document EUR/RC68/8(K)) and these products are fully integrated into the overall technical delivery of the Regional Office.

24. In line with the business model of the Regional Office, the technical staff of GDOs are responsible for delivering both country and intercountry work. The split of regional and country-level activities was reviewed and revealed a very similar pattern for the Regional Office and the GDOs (see Fig. 4).[4]

[4] The comparison was undertaken on the basis of planned costs for the biennium 2018–2019.

Fig. 4. Regional and country-level funding for activities in the GDOs and the Regional Office in Copenhagen, bienniums 2016–2017 and 2018–2019



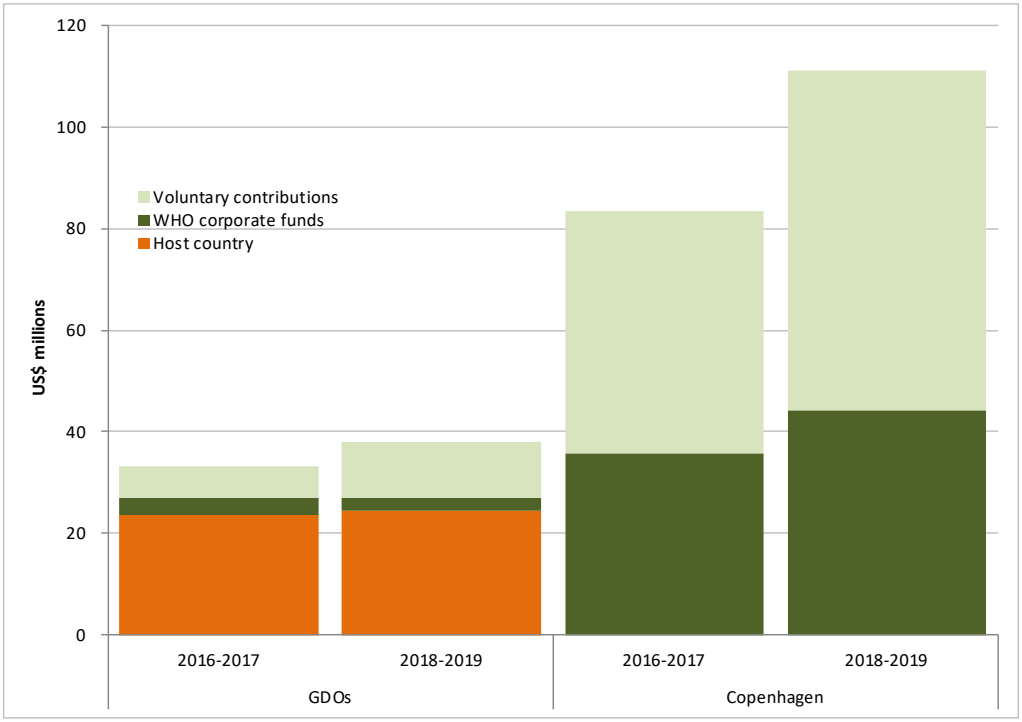
25. Regarding the successful delivery of planned products and services, there is no substantial difference between the technical programmes based in the GDOs and those based in the Regional Office, with more than 90% of all deliverables being on track, as described in the office-wide midterm 2018–2019 monitoring exercise.

GDO budgets

26. The budget for the GDOs is fully integrated into the overall budget envelope for the Regional Office and any budgetary and financial transactions follow the normal financial rules and regulations.

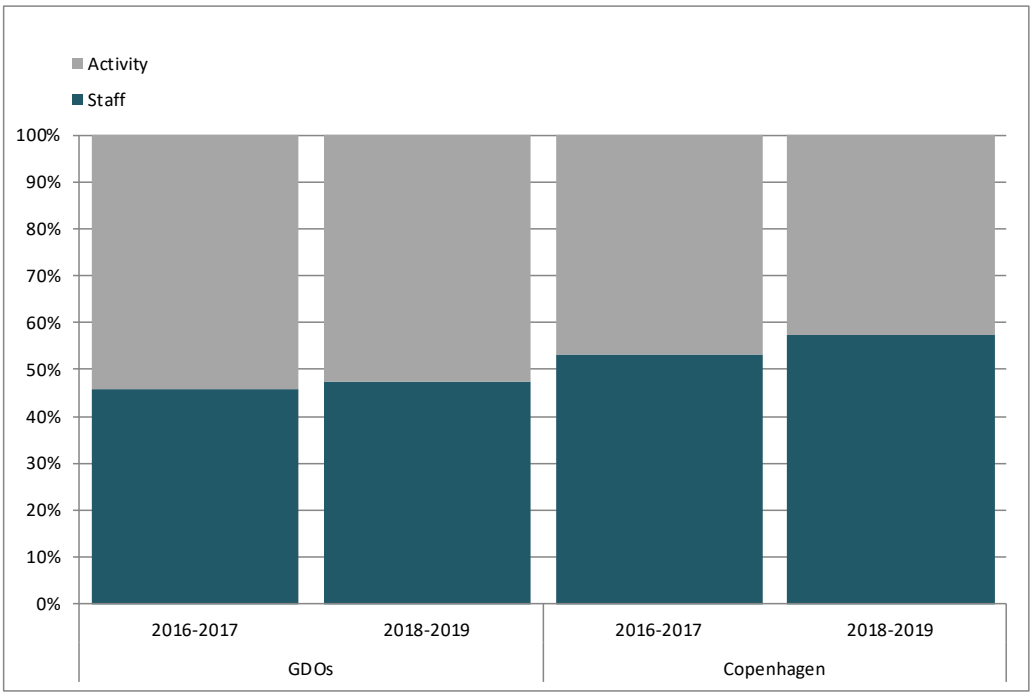
27. The host governments ensure sustainable and predictable core funding for the respective GDOs. This funding covers the salaries of core GDO staff, as well as part of the activities and running costs of each office. In the case of some GDOs, the premises are also provided on an in-kind basis. This development in recent years has changed the long-term perspective and sustainability of the GDOs and positively influenced the impact of their work. Fig. 5 shows the sources of funding for technical programmes based in Copenhagen and in the GDOs over the bienniums 2016–2017 and 2018–2019.

Fig. 5. Funding sources for technical programmes based in Copenhagen and in the GDOs, bienniums 2016–2017 and 2018–2019



28. The relative proportion of funding of staff costs and activities shows a similar pattern for GDOs and programmes based in Copenhagen (see Fig. 6).

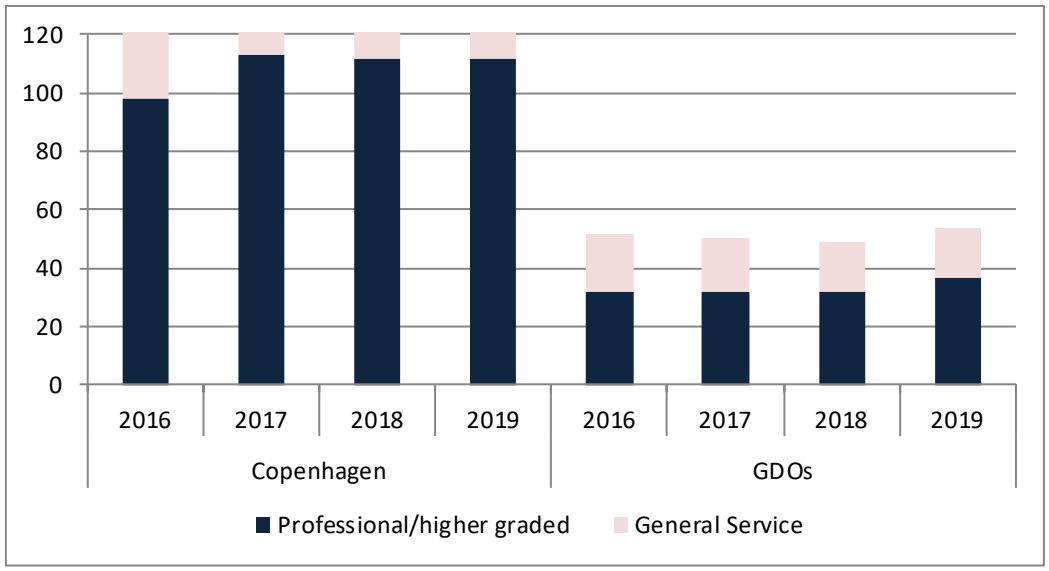
Fig. 6. Funding of activities and staff costs for technical programmes based in Copenhagen and in the GDOs, bienniums 2016–2017 and 2018–2019



GDO staffing

29. Staff in the GDOs are hired, paid and appraised in precisely the same way as staff of the Regional Office, in compliance with human resource policies and WHO staff rules and regulations. The total numbers of professional and general service staff are shown in Fig. 7 below. The numbers given for comparison in Copenhagen are only of those staff working in technical programmes; staff in the office of the Regional Director and the Division of Administration and Finance having been excluded to give a more valid comparison (see Fig. 7).

Fig. 7. Professional and general service staff in the GDOs and Copenhagen, 2016–2019 (as at March 2019)



30. Staff in the GDOs have access to similar training and capacity-building opportunities as those in the Regional Office. This has lately been aided by the fact that much training is being offered electronically. Given the physical locations of the GDOs, some staff facilities are not as readily available for GDO staff as for those in Copenhagen, such as interaction with the Staff Association and the ombuds function (the same is true for country office staff).

31. Representatives of Human Resource Services in Copenhagen regularly visit the GDOs, during which topics affecting staff such as career development, recruitment, retention and respectful workplace issues are addressed. The Ombudsperson can also be called upon to hold face-to-face interactions with GDO staff if required. GDO staff also serve as elected members of the Staff Association's Staff Council and play an important role in liaising between GDOs and the Regional Office on staff matters.

32. Modern means of communication have aided direct interaction between staff in GDOs and the Regional Office but there is, de facto, a difference in access to facilities for staff in Copenhagen and in GDOs, which requires vigilance. Interviews with the President of the Staff Association and the Ombudsperson, as well as data from their respective reports, reveal that there is no clustering of cases under their remits in the GDOs.

The added value of GDOs

33. The main benefit of the GDOs for the Regional Office and the Member States is that they enable WHO to undertake a much larger portfolio of work than would be the case otherwise. The substantial injection of sustainable host funding into priority areas of work enables a more stable delivery and predictable flow of work.

34. Host funding of the GDOs represents a long-term commitment, and the fact that such funds can be used for staffing costs is a great advantage in comparison with voluntary contributions, which are often less predictable and highly specified. This financial commitment and the focus on priority technical issues is inspirational for staff. Moreover, the fact that the establishment of a GDO requires a minimum budgetary commitment and a minimum number of technical staff has served to alleviate the problem of critical mass not being available to advance the work on some priority technical areas (which is unfortunately still the case in other technical fields).

35. The GDOs cover a large number of vital areas of health systems financing and service delivery, environmental health, NCDs, health equity and social determinants of health. The GDOs also cover various core functions of WHO's work. With the adoption of GPW 13, it is clear, as shown in the templates from the individual GDOs (see EUR/RC69/Inf.Doc./7 Rev.2), that important activities in support of the triple billion targets will benefit from the technical work of the GDOs.

36. Some of the GDOs have highly specialized capacity, making the Regional Office capable of delivering products of global scope on behalf of WHO. This work is normally performed in close collaboration between technical counterparts in the Regional Office and WHO headquarters under the leadership of the GDO, with an efficient division of labour. Examples include: normative work by the Bonn GDO, such as the development of WHO guidelines on air quality and environmental noise, and the production of standard operating procedures for biomonitoring of mercury exposure in humans; monitoring of financial protection for universal health coverage, and the organization of training courses on health financing for universal health coverage, by the Barcelona office; the development of an investment methodology for quantifying the impact of the health sector on national economies and social inclusion, and of the health equity policy tool for monitoring and analysing policies on health equity and the social determinants of health by the Venice GDO; and the global training on NCDs offered to WHO staff by the Moscow GDO.

37. The involvement by the GDOs in the delivery of global public goods on behalf of the Region and WHO headquarters is a recognition of their technical excellence and is being executed in line with the overall agreed plan of work for WHO. However, the fact remains that the governance of the GDOs is regional in nature.

38. Proximity and language compatibility can also be important for efficient delivery of services. The GDO in Moscow, with its location in the eastern part of the Region, is at the epicentre of the NCD epidemic in the Region. The GDO has been building the capacity of staff from around the world in collaboration with WHO headquarters and other regions, while leading global initiatives in areas such as digital marketing of unhealthy foods and big data for NCD surveillance. Sustainable funding has contributed to the significant growth of the portfolio of the office, which is now fully staffed with a suitable balance of technical staff from the Russian Federation and international experts.

39. The work of the GDO in Almaty is demonstrating how primary health care can be an accelerator towards universal health coverage. The GDO is collaborating with a wide array of stakeholders on topics such as antimicrobial resistance, after-hours care and men's health. It is supporting more than 20 countries across the Region to assess primary health care, measure performance and develop policies on health services delivery, including through technical surveys and policy advice, in order to make progress towards integrated health services delivery, people-centred health systems and universal health coverage. The GDO brings together country representatives, experts, and members of professional associations and civil society to share their expertise in, and first-hand insights into, transforming health services delivery, through workshops, events and consultations.

40. In countries where there is a WHO country office, the GDOs may boost the technical support provided to the host country and promote demonstration projects that showcase the host country as a champion in certain areas of work. The host countries also benefit from their national experts and institutions engaging with international experts and gaining a better understanding of global health.

41. Given the fact that the GDOs are fully integrated within the Regional Office in accordance with the GDO strategy, but are based outside Copenhagen, the Regional Office has examined innovative management methodologies and tools relevant to the GDOs. These include managing offices as networks, interacting at a distance and creating innovative working modalities. Modern telecommunication and information technology tools have played an important role. The development of statutory office-wide dashboards, published on the Intranet, that enable all staff to follow indicators such as income and expenditure, have been largely inspired by the need for staff in GDOs to have easy access to up-to-date information concerning the Organization.

42. Over time, the GDOs have developed novel management and leadership approaches specific to their unique contexts and challenges. One such example from the GDO in Bonn is the European Environment and Health Task Force, which includes the 53 Member States in the Region, represented by ministries of health and ministries of the environment. The Task Force is a multisectoral platform enabling dialogue across the Region and ensuring both the continued relevance of the work of the office and an opportunity to place the technical outputs of the office at the disposal of all Member States. Other examples are found in EUR/RC69/Inf.Doc./7 Rev.2.

Areas for further strengthening and future prospects

43. One area that could be further strengthened is that of collective responsibility for the GDOs on the part of both the Regional Office and all Member States. While host country funding is vital, the expansion of donors and partners supporting the work of the GDOs should be explored as part of the WHO resource mobilization strategy.

44. Due to the previous closure of some GDOs, there is a belief that staff in the GDOs have a higher level of job insecurity than other Regional Office staff, despite having standard contractual status. This sometimes influences the ability of GDOs to attract and retain staff. In future vacancy notices and in WHO's overall recruitment policy this misconception must be addressed.

45. With the implementation of GPW 13 and its new organizational priorities, and given the burden of disease predicted for the Region, it would be useful to map the technical work in which the necessary capacity will not be available in the Regional Office alone; this would enable the identification of the need for further GDOs that could give these areas of work the emphasis required.

46. GDO operating procedures have been streamlined and are now being implemented successfully, providing a robust model for expanding WHO's work. This model can now be disseminated and promoted among other major offices of WHO. The model has already attracted interest from the Western Pacific Region where a GDO on Environment and Health has been established in the Republic of Korea and where the possibilities for establishing further GDOs are being actively explored.

Conclusions

47. GDOs have existed in the European Region for nearly 30 years. The current GDOs are functioning well and have increased the technical capacity of the Regional Office in producing products and services of excellent quality, and have vastly expanded the delivery of important public health goods and initiatives in priority technical areas. The Regional Office would not be able to deliver on its present portfolio without the important capacity and contribution of the GDOs.

48. Host country funding has been, and continues to be, vital to the long-term functioning of the GDOs. However, the generosity of the host countries is not uniquely characterized by funding but covers a multitude of other types of engagement which enable the GDOs to operate efficiently.

49. GDOs are an integral part of the Regional Office, are managed by the divisional directors and are governed in accordance with the strategy endorsed by the Regional Committee.

50. The added value of the GDOs has been demonstrated and, with the agreement of the Regional Committee, further GDOs could be envisaged to respond to future public health challenges in the Region.

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