

**Executive Summary of the informal consultation on  
STRENGTHENING THE WHO REGIONAL FOR EUROPE:  
THE WAY FORWARD  
13 – 15 January 2010  
Glion/Montreux, Switzerland**

The Glion informal consultation was part of the process of facilitating the transition process for the new Regional Director-Nominee, Mrs. Zsuzsanna Jakab. Participants were invited in their individual capacity to provide different country and institutional perspectives relevant to the European region. This consultation was organized by the Global Health Programme at the Graduate Institute of International and Development Studies with the support of the Swiss Federal Office of Public Health.

At the beginning of the meeting, the consultation was reminded that **the changing European and global environment**, as well as **the changing WHO context** required the adaptation of the European Office of WHO and the development of a new vision. Power constellations in the world are shifting towards a multi-polar world with other nation states and new grouping of states, as well as non-state actors emerging as major players. When analysing the dynamics of decision-making and priority setting within the UN institutions, the role of European countries and groupings within this geo-political context have to be considered. The inter-linkages of health with global issues, such as foreign, security, trade, environmental, social, migration and labour policies, as well as the global health industry, also calls for global responsibilities by actors at global, regional and national levels. This provides new opportunities for the interface of global, regional and national health governance. Indeed, the relevance of WHO EURO, among others, will be defined by its ability to contribute to problem-solving in an interdependent world. The diversity of the WHO European region is an important asset and needs to be harnessed for the development of joint regional approaches.

**Summary Vision  
emerging from the discussions:  
Better Health for Europe & the World**

- **THE** recognised leader and 'preferred' organisation in Europe in health policy and public health
- An interregional bridge uniting the diversity of the region.
- An organisation promoting common European values
- An innovative, evidence-based and quality-assuring organization
- An intellectual hub to broker knowledge
- A networked organisation working in partnership with a wide-range of actors
- An organisation guided by transparency and accountability
- A motivating and empowering organisation for its staff

The discussion then evolved around **the vision of the Regional Director-Nominee** and participants generally agreed that WHO remains **THE** public health authority with the core function to strengthen Ministries of Health and support all its member states strategically. The need for a strong Regional Office was reiterated and the great convening power of WHO EURO was highlighted. A number of other functions were raised, such as being a strong advocate for health equity and a social determinants approach, taking leadership in creating capacity to implement treaties, norms and standards, and re-assessing public health instruments and tools. Participants also underlined that accountability, transparency, increased performance, strategic guidance and quality assurance have to be cornerstones of the work of WHO EURO cross-cutting all areas of work.

The consultation also addressed the importance of the **Regional office as a networked organisation in Europe**. Key issues which impact the region are social inequalities, the economic crisis, climate change, wide-spread non-communicable diseases, and a more competitive environment. One of the changes in Europe in the last decade has been the considerable widening of the EU, its changing role and the role of EU member

countries to coordinate their response to health issues and negotiations. This brings along the need for WHO EURO to clarify its identity among other players: The Regional Office should act as a networked organization which brings together and coordinates actors working on health in the European region, and establishes working relations with other organizations that influence health and health policy without this being their primary concern. This would also mean to build on existing networks in the region, to review current partnerships, including those with the OECD and the Council of Europe, to integrate currently existing WHO Collaborating Centers, to establish new forms of cooperation where appropriate, and to position itself towards the health industry and health consultancies. It was highlighted that WHO EURO has to be relevant for all 53 member states of the region and partnerships should not benefit only a specific group within. Even though it was generally recognised that a strategic approach towards the EU institutions has to be developed, in particular to ensure a communality of purpose, the concerns of all member states of the region have to be listened to when establishing such a strategic agreement.

The importance to build a strong Regional Office in Copenhagen with core functions in policy, strategy development, and evidence-based technical support was stressed throughout the discussions. This involves reviewing and re-aligning the current other elements of the WHO regional architecture, namely Geographically Dispersed Offices (GDOs) and Country Offices, with the strategies and priorities of the WHO EURO. The strategic starting point of any country cooperation, including with the EU, should be the consideration to select the best mechanisms and instruments for cooperation with WHO, rather than the mere existence of country offices across Europe. Any sub-regional arrangement is contextual and has to be decided on a case-by-case basis.

The WHO constitution provides the moral, inspirational and technical fundamentals for leadership in health policy and public health and remains the starting point for **the renewal of the European Health Policy. Such a renewal** can contribute to ensure the Regional Office's relevance and to match current health challenges. It can provide inspirational guidance and a common European vision for member states and other partners, as well as a coherent and comprehensive policy framework. The renewed policy should be people-centred, address the role of member states, and introduce the notion of health as an investment for the future. Furthermore, it was stressed that it should be framed within the principles and values of the region as expressed in previous policy documents and the WHO constitution. The renewed policy should include few but measurable and realistic targets which serve as policy tool. Particular attention should be given to ensure high-level ownership in the preparatory process and to an appropriate follow-up.

**Governance Principles  
emerging from the  
discussions**

UN Context  
One WHO  
Relevance for policy makers  
HiAP – Health in All Policy  
Partnerships  
Transparency  
Accountability

In providing a new vision, the discussion at the meeting also concerned **governance and the strengthening of the governing bodies**. In defining principles which will govern and penetrate all policies, strategies, activities, and technical programmes of the Regional Office, it will allow to strengthen the main governing bodies, the Regional Committee (RC) and the Standing Committee of the Regional Committee (SCRC). The key decision making body at regional level is the Regional Committee which needs to change into a strategic body to ensure high-level participation and interest of all member states. This might result in the introduction of new mechanisms of consultation before and during the RC. It was

also emphasised that the active participation of ministers across sectors should be encouraged to avoid the fragmentation of public health issues. In addition, the involvement of non-state actors would contribute to the transparency and allow putting into practice the vision of a networked organisation. The Standing Committee of the Regional Committee has currently an advisory function to the Regional Director without decision making power. It was

highlighted that role of the SCRC needs strengthening which may result in revisiting its tasks and its oversight function. A small expansion of the membership was favoured which should go hand-in-hand with transparent processes, geographical distribution and an appropriate way to include the European members of the UN SC, in the SCRC. The venue of the meetings of the governing bodies should be organized mainly in Copenhagen (SCRC and RC), but also in Geneva (SCRC) in order to link them with global governance debates and the European Permanent Missions in Geneva.

- Priorities of Work  
according to the proposed  
organigram**
- “Gaining health”, health prevention and promotion
  - Infectious diseases, health security, environment and climate change
  - Health systems, public health
  - Vulnerable groups, health transitions
  - Information/ evidence and communication

The **priorities of work and the organigram** were discussed during the consultation. The proposed five areas of work of the Regional Office found general agreement and special appreciation was expressed regarding the proposed focus on “Gaining” Health through a broad set of strategies to address non-communicable diseases (NCD). The proposed organigram with its flat organisational structure was welcomed and it was highlighted that many functions are matrix functions. It was also mentioned that the organigram has to also reflect the importance of common European values, such as equity, solidarity, human rights, as horizontal issues. Some specific suggestions were made, among others, regarding the need to reflect the changing environment through a

health diplomacy and partnership function, to emphasise the importance of communications, to introduce a legal affairs function, as well as to adequately reflect the focus on health inequalities and the interlinkages with climate change. The challenges of restructuring the organisation were discussed and the importance of an appropriate transition process stressed.

**Training and capacity building** were discussed as critical for the future of the Regional Office. The Regional Office should have a role in advising on the contents of training but should not necessarily conduct training itself. The Regional Office can build on its Collaborating Centres, reach out to the professional associations and work together with other existing networks or established training institutions. Given the new strategic orientation of the Regional Office, the needed skills mix and capacities have to be re-assessed and considered in the training contents. Health diplomacy as part of the training agenda has to be recognised and the interdependency of health issues require providing specific training to other sectors than health.

The informal consultation was concluded by a **general discussion on how to go forward**. The most important milestone in the transition process will be the Regional Committee in Moscow. At that occasion, the Regional Director-Nominee intends to present a number of strategic documents including: A vision document with a five year roadmap, a document on health governance, a strategic agreement with the EU, and the challenges faced by a renewed European Health Policy. The current transition process is supported by the Working Group on Governance of the SCRC. The meeting was closed by the Regional Director-Nominee thanking all participants for their commitment and active participation.