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Business case for the  
proposed geographically  
dispersed office for preparedness  
for humanitarian  
and health emergencies





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Organization**

REGIONAL OFFICE FOR **Europe**

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**Business case for the proposed geographically  
dispersed office for preparedness for humanitarian  
and health emergencies**

This document outlines the business case for the proposed geographically dispersed office (GDO) for preparedness for humanitarian and health emergencies and details of the hosting offer received from Turkey.

A draft decision 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 the Secretariat to “develop business models for potential new geographically dispersed offices (GDOs) in the areas of primary health care and humanitarian crisis” (Annex 1), making use of document EUR/RC62/11. The Regional Committee stipulated that the business models be developed in cooperation with candidate countries and with full involvement of the Standing Committee of the Regional Committee (SCRC).

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

3. The SCRC approved the technical profiles for GDOs during an extensive series of consultations by email and teleconferencing during January and February 2013. The scope of the proposed GDO for humanitarian crises (decision EUR/RC62(2)) was drafted in consultation with the SCRC. The name “WHO Regional Office for Europe Centre for Preparedness for Humanitarian and Health Emergencies” has been discussed and agreed by the SCRC and is proposed to the Regional Committee as a more accurate reflection of the Centre’s scope.

4. The reasons for changing the name of the Centre are explained below.

- The introduction of the word “preparedness” resulted from the Twentieth SCRC’s discussion at its second session in November 2012 and subsequent consultations, in which it was decided that the GDO should focus on emergency preparedness. This makes it clear that overall emergency response management will always be run by the Regional head office in Copenhagen, which will coordinate its response with that of WHO headquarters.
- The introduction of “and health” after “humanitarian” indicates the multihazard scope of the GDO. This reflects the strategic approach taken by the Organization generally and is in line with the draft Twelfth General Programme of Work (GPW12).
- Although the terms “crisis” and “emergency” are somewhat synonymous, the term “emergency” is consistent with the wording repeatedly used in World Health Assembly resolution WHA65.20. It is a term often used in medical or health contexts, while “crisis” tends to be used in many other contexts beyond the health sector.

5. The approved technical profiles were circulated among all Member States on 27 February 2013, and a web-based consultation began, with a deadline of 2 April 2013, for Member States to express interest in hosting GDOs. By 2 April 2013, one reply had been received, from Kazakhstan, which offered to host the GDO for primary health care.

6. After agreement by the SCRC, the Regional Director extended the period for the web-based consultation until 3 July 2013. On 1 July 2013, Turkey replied, expressing its intention to host the GDO for preparedness for humanitarian and health emergencies. On 23 August 2013 the Regional Office received a letter from Turkey expressing the conditions of hosting the GDO on preparedness for humanitarian and health emergencies in Turkey.

7. This document presents the business case for the GDO for preparedness for humanitarian and health emergencies to the Regional Committee for its approval. It begins by summarizing the additional resources necessary for preparedness for humanitarian and health emergencies in Europe and explaining how those requirements could be met by a GDO and how the work of the GDO would be linked with the Regional Office's work programme for Country Emergency Preparedness (CEP) in the Division of Communicable Diseases, Health Security and Environment. 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 document then summarizes the main elements of the offer from Turkey and concludes with the Regional Director's recommendations to the Regional Committee. The expression of interest to host the GDO received from Turkey is attached as Annex 3 and the letter stipulating the conditions of the offer is reproduced in Annex 4 to the present document.

8. In 2011, the World Health Assembly adopted resolution WHA64.10, which "urges Member States to strengthen all-hazards health emergency and disaster risk-management programmes (including disaster risk-reduction, emergency preparedness and response) as part of national and subnational health systems, ... to improve health outcomes, reduce mortality and morbidity, protect health infrastructure and strengthen the resilience of the health system and society at large ...." That resolution also calls upon the WHO Secretariat to "provide the necessary technical guidance and support to Member States and partners for developing health emergency and disaster risk-management programmes at national, subnational and local levels." WHO's role with regard to response operations is described in the WHO Emergency Response Framework, approved by Member States by adoption of resolution WHA65.20 (2012). The resolution takes note of the humanitarian response review undertaken in 2005, led by the Emergency Relief Coordinator and based on the principles of the Inter-Agency Standing Committee, which are to improve urgency, timeliness, accountability, leadership and surge capacity, and reaffirms WHO's commitment to supporting the Inter-Agency Standing Committee agenda and contributing to implementation of its priorities, which are intended to strengthen the international humanitarian response for affected populations.

9. Although Member States in the European Region have significantly strengthened their capacity for early detection and effective management of health emergencies over the past decade, lessons continue to be learnt from health crises, further emphasizing the importance of health emergency preparedness and rapid risk management. As seen during the 2009 influenza pandemic and in the aftermath of many acute weather events (floods, storms, heat-waves, wild fires) and as shown by the large number of Member States in the Region (20 of 53) that have requested an extension beyond 2012 for the acquisition of the core capacities for surveillance and response required by the International Health Regulations (2005) (IHR), it is evident that many countries need more support.

## **Situation analysis and reasons for establishing the GDO**

10. The Regional Office's currently limited capacity means that a significant investment will be required to cope with increasing Region-wide demands for health security. The new global WHO Emergency Response Framework sets out the roles and responsibilities (with expanded capacity requirements) of WHO country offices and regional offices for meeting country-level performance standards during emergencies. This extra capacity is essential if the Organization is to fulfil its four critical functions in emergencies: providing leadership, essential information, technical expertise and core services, as well as meeting its broader obligations as the lead agency of the Global Health Cluster and fulfilling its obligations under the IHR; however, only part of the capacity is currently available.

11. The proposed new GDO for preparedness for humanitarian and health emergencies will build on synergy between the capacity to prepare for humanitarian and public health emergencies and the core capacity for surveillance and response required under the IHR. It will be based on an all-hazards, multisectoral approach. Experience from previous crises, ranging from natural disasters to pandemics, shows that generic core capacity is required to prevent, mitigate and manage such humanitarian and health emergencies effectively and that preparedness for all hazards is more efficient than a series of parallel preparedness measures for specific risks. Based on each country's history and vulnerability, preparedness for specific risks can be addressed by adding elements (such as indicators, supplies and procedures) to the generic core functions.

12. This approach is in line with the GPW12, which highlights the close relationship between health security and humanitarian action as “the need to be prepared for the unexpected, no matter whether an event results from new and re-emerging diseases, from conflicts, or from natural disasters”. It states that “a more holistic response to emergency risk management is required that integrates prevention, emergency risk reduction, preparedness, surveillance, response and recovery.”

13. The objective of the proposed Centre for Preparedness for Humanitarian and Health Emergencies is to strengthen the Regional Office's capacity to assist Member States in prevention, preparedness, risk management and capacity-building for humanitarian and health emergencies and to support the Regional Office in mobilizing surge capacity to strengthen Regional Office- or headquarters-coordinated response operations.

14. The Regional Office Emergency Operations Centre in Copenhagen will remain the Regional hub for overall coordination, command and control of operations at the time of response to humanitarian and health emergencies. The GDO will be technically compatible and synchronized with the Emergency Operations Centre and will provide the Regional Office with the means to maintain registers of experts and to train, coordinate and mobilize them to provide the surge capacity necessary to support regional or global response operations to humanitarian and health emergencies. The GDO will include a training venue with an operations support cell to coordinate simulation exercises and drills and mobilize surge capacity.

## **The GDO in the context of the Regional Office**

### ***The GDO as an operational “satellite” unit of the Programme on Country Emergency Preparedness***

15. The Programme on CEP currently supports Member States in strengthening their emergency risk and crisis management capacities to prevent, mitigate, prepare for and manage public health emergencies. It interacts and coordinates daily with the Alert and Response Operations Programme and the IHR team in Copenhagen as well as with WHO country offices, WHO headquarters, the WHO Lyon Office for National Epidemic Preparedness and Response, other WHO regional offices, key Regional institutions and WHO collaborating centres. This close collaboration has resulted in new tools and technical guidance to improve all-hazards emergency preparedness and response capacity.

16. The GDO will serve the entire WHO European Region. It will also support WHO inter-regional and global activities.

17. The proposed GDO will be an integral part of the Regional Office's CEP Programme. It will be under the direct supervision of the Director, Division for Communicable Diseases, Health Security and Environment, in coordination with the CEP Programme Manager.

18. The GDO's work plan will be fully integrated into the Regional Office's work on health security (Category 5 of GPW12). The GDO will directly contribute to implementation of biennial collaborative agreements between WHO and its Member States in the area of emergency preparedness.

### **Added value**

19. The proposed GDO will considerably enhance WHO Regional capacity to support national preparedness for humanitarian and health emergency in Member States in greatest need, particularly in central Asia, the Caucasus, the Balkans and eastern and central Europe. It will provide the Regional Office with a larger number of qualified staff, who will also constitute valuable surge capacity for WHO Regional and global responses to humanitarian and health emergencies.

### **Details of the offer received from Turkey**

20. The Ministry of Health of Turkey replied to the web-based call for expressions of interest, which included the technical profile in hosting a GDO (Annex 2) on 1 July 2013 in a letter expressing its agreement to host the proposed GDO in Turkey (see Annex3). The letter also confirms the Government's agreement with the technical direction and the main areas of work of the GDO, as set out in the technical profile.

21. The Minister of Health of Turkey, in his letter addressed to the Regional Director received on 23 August 2013 (Annex 4), indicated his commitment to host the GDO on preparedness for humanitarian and health emergencies, which will be an integral part of the WHO Regional Office for Europe and will assume the work and functions summarized in the business case and technical profile, and to provide:

- the basic annual amount of US\$ 2 million for a period of 10 years, to cover programme activity costs and the cost of at least 10 staff members, including administrative costs, as the core funding of the new GDO; and
- the premises in Istanbul and the maintenance thereof.

22. The Government of Turkey has also expressed its willingness to support the Regional Office by providing technical expertise through the secondment of staff.

23. Should the Regional Committee, at its sixty-third session, accept Turkey's offer to host the GDO for preparedness for humanitarian and health emergencies, the Government of Turkey has agreed to proceed with negotiations on the preparation of the host agreement, to be concluded between the Government of the Turkey and the WHO Regional Office for Europe.

### **Assessment of the offer**

24. Turkey's willingness and agreement to host the GDO for preparedness for humanitarian and health emergencies is an important step towards recognition of the role of country preparedness in such emergencies. Locating the GDO in Turkey recognizes Turkey's high-quality achievement and significant experience in this area.

25. In hosting the proposed GDO, Turkey's primary objective is to help WHO to support its Member States in improving their effectiveness in preparing for and responding in a timely manner to humanitarian and health emergencies. These activities directly contribute to the proper, full implementation of World Health Assembly resolutions, particularly resolution



WHA65.20 on WHO's response and role as the health cluster lead in meeting the growing demands for health in humanitarian emergencies.

26. The Regional Director has written to the Minister of Health of Turkey to express WHO's gratitude for Turkey's offer to host the GDO and WHO's commitment to maximizing resource mobilization through existing and new partnerships for health security.

27. The draft proposed business case was submitted to the SCRC for consideration and comments on 23 August 2013 and an amended version was resent on 27 August, which incorporated the conditions for hosting the Centre in Turkey, as set out in the letter from the Turkish Minister to the Regional Director on 22 August, before being submitted in its final version to the Regional Committee. Comments from the SCRC were received through a teleconference on 30 August 2013. With the agreement of the SCRC, the business case is hereby submitted to the Regional Committee.

## **Conclusion**

28. The WHO Regional Office for Europe and its Member States will benefit greatly from a GDO that will significantly improve national and regional preparedness for humanitarian and health emergencies. The Regional Office expresses its gratitude to the Ministry of Health of Turkey for its interest in hosting such a centre.

29. The activities of the GDO, as an integral part of the Regional Office, will be fully in line with all international laws and will provide the technical expertise, support and surge capacity necessary to achieve the Regional Office's priorities and respond effectively to countries' requests for technical assistance in preparedness, emergency risk management and capacity-building for humanitarian and health emergencies.

30. As all the key conditions have been met, the Regional Director strongly recommends that the Regional Committee approve the proposal to establish the GDO for preparedness for humanitarian and health emergencies in Turkey in Istanbul.

31. 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 technical profile of the proposed GDO for preparedness for humanitarian and health emergencies**

### **Background**

1. In its decision EUR/RC62(2) on strengthening the role of the Regional Office's geographically dispersed offices (GDOs), the WHO Regional Committee for Europe at its sixty-second session requested the Secretariat to prepare a business model for a GDO for humanitarian crises, with the full involvement of the Standing Committee of the Regional Committee (SCRC). The scope of the proposed GDO, initially referred to as a GDO for humanitarian crises (EUR/RC62(2)), was outlined in consultation with the SCRC. The proposed new name for the GDO is the "WHO Regional Office for Europe Centre for Preparedness for Humanitarian and Health Emergencies".

### **Rationale of establishing a GDO for preparedness for humanitarian and health emergencies**

2. Between 1990 and 2010, Member States in the WHO European Region were affected by almost 2000 natural and man-made (technological) disasters, which caused over 132 000 deaths and affected almost 47 million people. Storms, floods and earthquakes affected the most people and caused the most economic damage.

3. During the past decade, the WHO Regional Office for Europe also recorded and followed up on more than 570 events that fall into the International Health Regulations (2005) (IHR) category of potential public health emergencies of international concern. These included outbreaks of vaccine-preventable diseases, such as measles and poliomyelitis, foodborne outbreaks, outbreaks of mosquito-borne diseases such as dengue and West Nile fever, and outbreaks associated with emerging pathogens such as avian influenza and drug-resistant strains of bacteria.

4. As seen during the 2009 influenza pandemic and in the aftermath of many acute weather events (floods, storms, heat-waves, wild fires) and as shown by the large number of Member States in the Region (20 of 53) that have requested an extension beyond 2012 for the acquisition of the core capacities for surveillance and response required by the IHR, it is evident that many countries need more support in health emergency preparedness, despite significantly strengthened capacity in many Member States over the past decade.

5. The Regional Office's currently limited capacity means that a significant investment will be required to cope with increasing Region-wide demands for health security. The new global Emergency Response Framework sets out the roles and responsibilities (with expanded capacity requirements) of WHO country offices and regional offices for meeting country-level performance standards during emergencies.

## **Profile of the GDO for preparedness for humanitarian and health emergencies**

### ***Objectives***

6. The objective of the proposed GDO for preparedness for humanitarian and health emergencies is to strengthen the Regional Office's capacity to assist Member States in prevention, preparedness, risk management and capacity-building for humanitarian and health emergencies and to support the Regional Office in mobilizing surge capacity to strengthen Regional Office- or headquarters-coordinated response operations.

7. Priority will be given to Members States in greatest need for better preparedness for humanitarian and health emergencies.

### ***Operational aspects***

8. It is proposed that the GDO will be staffed with eight to ten professionals, supported by two to three administrative staff. The professionals will have expertise in emergency management, risk assessment, epidemiology, logistics, disease surveillance, case management, community mobilization and communication.

9. These human resources will provide high-profile technical expertise and support, including logistic capacity for surge and rapid deployment of international teams under the direction and supervision of the Regional Office in Copenhagen and in coordination with WHO headquarters. The Centre will include a training venue with an operations support cell to coordinate simulation exercises and drills and, on request from the Regional Office in Copenhagen, to mobilize surge capacity. It will be technically compatible and synchronized with the Regional Office Emergency Operations Centre in Copenhagen, which will remain the Regional hub for overall coordination, command and control of operations at the time of response to humanitarian and health emergencies.

10. Building on the existing approach and partnerships of the CEP, the GDO for preparedness for humanitarian and health emergencies will coordinate its work closely with that of national health authorities, promoting a multisectoral approach, with the involvement of civil society organizations such as national Red Cross and Red Crescent societies. At Regional level, the Centre will work with international partners, including other United Nations bodies (such as the Office for the Coordination of Humanitarian Affairs, the refugee agency and the Food and Agriculture Organization), international organizations (such as the World Organisation for Animal Health), institutions of the European Union (such as the European Commission, the European Centre for Disease Prevention and Control, and the European Food Safety Authority), WHO collaborating centres in Member States, relevant nongovernmental organizations and WHO specialized offices (such as the Lyon Office for National Epidemic Preparedness and Response, dedicated to providing technical support for IHR core capacity).

11. Close coordination between the three levels of the Organization and the proposed Centre for preparedness for humanitarian and health emergencies will be ensured. Table 1 illustrates their respective roles.

12. The activities of the GDO will include:

- assessment of national health system capacity for crisis management;

- capacity-building, including training in an all-hazards approach (to be integrated with strengthening and consolidation of IHR core capacities);
- assessment of the vulnerability of hospitals and preparation of strategies to improve disaster resilience and emergency preparedness in health facilities;
- providing support to countries that are hosting mass gatherings, such as large sporting, religious or cultural events, to enhance preparedness and prevent or respond to any public health emergency associated with the event;
- providing technical assistance in contingency planning for humanitarian and health emergencies associated with mass population displacement and migration;
- devising and running national and multicountry drills and exercises; and
- on request, supporting the WHO response to emergencies.

**Table 1. Roles of the three levels of WHO and the proposed GDO in the context of preparedness and response to humanitarian and health emergencies**

<b>Role</b>	<b>WHO headquarters</b>	<b>WHO Regional Office for Europe</b>	<b>Proposed GDO</b>	<b>WHO country offices</b>
Preparedness for humanitarian crises	Led by the Emergency Risk Management and Humanitarian Response Department (ERM) using the readiness component of the Global Emergency Response Framework.	Through the CEP in a multihazard approach in coordination with headquarters ERM, Global Capacities, Alert and Response and Pandemic and Epidemic Diseases departments.	Actual scope of proposed GDO. It will reinforce CEP by carrying out all its technical activities, which will include: country capacity assessment; capacity-building (training in e.g. surveillance, emergency management, humanitarian laws and principles); crisis communication; hospital emergency preparedness; mass gathering public health preparedness; IHR requirements; drills and exercises.	Contingency planning jointly with the United Nations country team, implemented in an all-hazards approach with WHO technical support for IHR implementation and influenza pandemic preparedness.
Preparedness for public health emergencies	Led by the Global Capacities, Alert and Response Department, including the Lyon Office (which provides specific technical support for IHR core capacity requirements).			

<b>Role</b>	<b>WHO headquarters</b>	<b>WHO Regional Office for Europe</b>	<b>Proposed GDO</b>	<b>WHO country offices</b>
Response to humanitarian crises	Led by ERM in coordination with the Global Health Cluster of the United Nations IASC for humanitarian assistance, coordinated within WHO under the Emergency Response Framework.	Emergency response managed with Regional public health emergency procedures under the Global Emergency Response Framework. Alert and Response Operation unit in Copenhagen receives technical support from CEP at the time of a humanitarian emergency. The Regional response is closely coordinated with headquarters ERM or Global Capacities, Alert and Response, depending on the nature of the emergency.	WHO GDO staff provide valuable surge capacity for technical expertise if the Regional Office requires additional support in responding to a humanitarian health emergency.	Under the supervision of the head of the country office, implementation of the Emergency Response Framework. 1) At the time of a humanitarian emergency and activation of the United Nations cluster approach, the WHO country office leads coordination of the health cluster. 2) At the time of a public health emergency, the response follows IHR procedures.
Response to public health emergencies	Alert and Response Operation and Global Capacities, Alert and Response IHR Monitoring Procedures and Information. Responsible for management of events that may constitute a public health emergency of international concern. The response is coordinated within WHO under the Emergency Response Framework.			

### Annex 3. Expression of interest by Turkey to host a GDO for preparedness for humanitarian and health emergencies

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Minister of Health

1 July 2013

Dear Ms Zsuzsanna Jakab,

*I would like to refer to your letter of 22 May 2013 on call for interest of opening a new WHO technical centre or geographically dispersed office (GDO) for the priority area of preparedness for humanitarian and health emergencies. First, let me thank you for your effort to give due consideration and to strengthen WHO capacity in the area of humanitarian and health emergencies to give an effect to the commitments in accord with the WHA resolutions as well as Health 2020.*

*I would like to reiterate my Ministry's well-known position on the strengthening of the health systems against emergency situations as well as strengthening of WHO's leading role in global health cluster. Thus, I would like to express, in principal, our interest in exploring the possibility of hosting a new GDO on humanitarian and health emergencies. However, the final decision will be taken by our Government upon the completion of discussions and consultation process.*

*In this regard, we would like to further elaborate on the details of the full business case and the host agreement within the context of our strategic partnership, including particularly the working plan and scope of activities, financing and staffing matters. I have assigned Mr. Ö. Faruk Koçak, Deputy Undersecretary, as the focal point for further negotiations and preparation of the full business case and the host agreement.*

*I am looking forward to our joint collaboration on this issue.*

*Yours sincerely*

  
Dr. Mehmet Müezzinoğlu  
Minister of Health of Turkey

## Annex 4. Offer by Turkey to host a GDO for preparedness for humanitarian and health emergencies

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Minister of Health

RECEIVED  
23 AUG 2013  
BY GDO

21 August 2013

Dear Madam Jakob,

I would like to refer to your letter of 4 July 2013 as per establishment of a geographically dispersed office (GDO) for the priority area of preparedness for humanitarian and health emergencies. I would like to express my appreciation for assignment and dedication of your team to develop the business profile of this new GDO and the progress achieved so far.

I shall take this opportunity to emphasize my country's well-known position and readiness to promote and support capacity building initiatives in the area of humanitarian and health emergencies. As the capacity building is essential for strengthened and resilient health systems and societies in case of public health emergencies and humanitarian crises, I believe that both WHO and its Member States should give due consideration and strong support to the initiatives and activities in this priority area.

In the light of the grievous experiences in the past, I believe that WHO should give utmost importance to support its Member States in their efforts to strengthen and prepare their public health systems and societies for emergencies. Equally important for WHO is to strengthen its role as the health cluster lead and mobilize surge capacity for response activities in the times of humanitarian and health emergencies. This need has also been acknowledged by the World Health Assembly in its recent resolutions, particularly A64.10 and A65.20, and the Organization has been given a clear mandate to initiate comprehensive work in this area.

I believe that the establishment of a GDO in the area of preparedness for humanitarian and health emergencies should be an imperative to implement the decisions of the World Health Assembly. I also believe that the new GDO should constitute a significant capacity not only for our





Minister of Health

*region, but should also be utilized for interregional and global preparedness and response activities. This will strengthen and increase the capacity of the Regional Office to protect and promote the public health in our region as well as to improve its leading role within the Organization and contribution to global health.*

*Adhering to the abovementioned principles and objectives, I would like to express our interest in exploring the possibility of hosting the new GDO in the area of humanitarian and health emergencies, which will be an integral part of the WHO Regional Office for Europe and will assume the work and functions summarized in the business rationale and technical profile.*

*Being subject to the actual calculations and final structure of the GDO, an estimated annual amount of 2 million USD will be provided by our Government to cover the programme activity costs and costs of at least 10 staff including the administrative costs (depending upon the grades and ratio of professionals and administrative support staff) as the core funding of the new GDO to be open in Istanbul, Turkey. This amount would be provided for 10 years depending on the periodical review of the GDO's work and mutual agreement of parties to keep it open and functioning. I believe that the core funding provided by our Government will also give fresh impetus to the Organization's endeavour to mobilize resources and secure funds from other donors in this area.*

*Alongside the provision and maintenance of the premises for the new GDO in Istanbul, I would like also to express our willingness and readiness to support the Regional Office through this new GDO with adequate staff and technical expertise in this priority area.*

*If Turkey's offer to host the GDO on Preparedness for Humanitarian and Health Emergencies is accepted at the 63rd session of the Regional*



Minister of Health

*Committee for Europe in Izmir, I would like to express our readiness to bilaterally negotiate a host agreement in accord with our national laws and regulations.*

*Turkey would only be delighted to help and support WHO and its member states to improve their capacities in terms of preparedness and response to humanitarian and health emergencies if this proposal is accepted by the Regional Committee in Çeşme, Izmir.*

*Let me express, Madam Regional Director, my deep appreciation for our joint efforts to promote the global health, and hope for our future cooperation.*

*Yours sincerely,*

*Mehmet Müezzinoğlu, MD  
Minister of Health of Turkey*