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

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

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

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

A draft resolution is attached for the Committee's consideration.

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Executive summary

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

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

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

The functions of GDOs in providing evidence, knowledge and tools for policy development and implementation should be enhanced and supported through a strengthened core team and programme at the Head Office in Copenhagen. There should be a minimum size of a GDO of at least 10 staff and an annual host country contribution of US$ 2 million (plus running costs) for a minimum period of 10 years. In addition the host country should fund a high-level technical post at the Head Office in Copenhagen (and secondments), to ensure the Head Office's continued strong leadership of the strategic priority area and effective liaison with the GDO. Geographical balance across the whole of the European Region should be preferred and encouraged when setting up new GDOs, who should always meet at least the minimum requirements. No GDO should be set up for a technical strategic priority area that does not have a core presence in Copenhagen (e.g. a responsible programme manager or division director). A GDO should only be set up for the main strategic priority areas that need substantial additional funding and at any point in time should not exceed six in total across the whole region and all priority areas.

The strategy then describes the main managerial actions and procedures to ensure implementation of the renewed GDO strategy as approved by the Regional Committee. Next and most importantly, the strategy proposes an ongoing role for WHO's regional governing

bodies, to ensure good governance through regular review and accountability. Finally, the strategy proposes the conditions and criteria that may arise in the future under which a GDO should be considered for closure.

Introduction

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

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

3. Currently, there are four such GDOs (located in Rome[1] and Bonn for environment and health; Barcelona for health systems strengthening; and Venice for investment for health and development). The Regional Committee and its Standing Committee (SCRC) have been consulted a number of times on the establishment of a further GDO in Athens for the prevention and control of noncommunicable diseases (NCD), most recently at the Regional Committee's fifty-eighth session in Tbilisi in 2008. Since 2010, considerable progress has been made and the Greek government has completed the required formalities to enable the office to be formally opened.[2] Once the Athens Centre is formally opened, there will be four GDOs covering four strategic priority technical areas.

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

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[1] Owing to changed priorities, the Italian Government will cease support for the Rome Office at the end of 2011. Therefore the Regional Office has begun the process of closing the Rome Office and has started negotiations with the German Government to explore possible expansion of the environment and health programmes in the Bonn Office (see also paragraph 35).

[2] The precise dates are being negotiated to match the schedule of payments; the intention is have the centre operational in time to start implementation of the NCD action plan that is being presented to the Regional Committee at its sixty-first session for approval (see document EUR/RC61/12).

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

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

The 2010 external review of the GDOs

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

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

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

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

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

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

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

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

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

The renewed GDO strategy

11. The 2004 strategy outlined some strategic positions and guidelines for establishment and management of GDOs, many of which were confirmed as being valid by the recent 2010 review. However, other guidelines and procedures need to be strengthened and new ones should be developed to cover the evolving epidemiological, technical, political and economic situation in Europe.

12. The 2010 review also points out that the decision to establish a GDO is driven by a multitude of factors: political declarations (including resolutions of the World Health Assembly and the Regional Committee), considerations in countries, initiatives by senior WHO staff, and events and developments of global and regional importance, or a combination of these factors.[8] However, the environment, and especially the political one, has to be conducive, not just temporarily but for the foreseeable future, in order to ensure the sustainable support required to

[7] Those specific to each GDO have been discussed with each institution and either have been or are being implemented bilaterally.

[8] For example, the establishment of the European Centre for Environment and Health (Rome and Bilthoven GDOs) has its origins in the European Charter adopted at the Frankfurt Conference in 1989. In addition, the Bonn ECEH was driven by the fact that the German government wished to develop Bonn into a United Nations "hub" after the government's move to Berlin. The 2010 review gives other examples, however, which show that while there was a political desire at provincial level to establish a GDO, the central government was either reluctant to enter into a host agreement or, in an another case, fully supported it.

make effective use of a GDO for the Regional Office's policies and programmes in the specified strategic priority area.

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

What is a GDO?

14. For the purposes of this strategy, a geographically dispersed office is any technical centre or project office that is fully integrated with the regional Head Office in Copenhagen, supports its work by providing evidence and contributes to implementation of the work programme of the Region in key strategic priority areas. So a GDO is a WHO centre that is:

- located outside Copenhagen but which has a division located in the Copenhagen Head Office from where it is directed and driven and to whom it reports;
- 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 the Member States;
- responsible for specific technical deliverables and/or research (in support of WHO European regional policies) that are clearly incorporated in the regional perspective of the Organization's programme budget;
- funded from the budget of the Regional Office (which receives the agreed funding for the GDO from the host country and partners); and
- staffed by WHO technical and administrative personnel who are governed by WHO rules, report directly and solely to the regional Head Office and are entitled to the privileges and immunities granted to United Nations staff.

15. Therefore, WHO collaborating centres (not with WHO staff), country offices (where the focus is on more than one technical area) and multicountry collaborative efforts/centres/projects (not covering the whole Region) that are also run by or supported from the Regional Office are not GDOs for the purpose of this strategy.

Why and when to set up a GDO?

16. The 2004 strategy, as formulated by the working group of Member States' representatives, proposed that "the prime reason for establishing any technical centre outside Copenhagen should be to better enable the Regional Office to tackle those of its priorities that are not sufficiently well covered, by attracting additional resources and expertise. There may also be an added value in the sense of ownership that develops in Member States hosting such centres that carry out core activities for the whole Region". These reasons remain as valid today as they were in 2004, and they were also endorsed by the 2010 review, especially the important role that a GDO can also play in further strengthening bilateral relations with the host country.

17. However, the first option that should be explored is to see whether the additional resources needed for the strategic priority area cannot be raised in such a way that the area is covered in its totality from the Head Office in Copenhagen. Similarly, partnership arrangements with existing European (or where relevant global) centres that can deliver the same results should also be explored. Furthermore, no GDO should be set up for a technical strategic priority area that does not have a core presence in Copenhagen (e.g. a responsible programme manager and division director), since all technical programmes must be located in and driven from the Head Office. A delicate and fine balance needs to be maintained between the GDOs and the Copenhagen Head Office; this is best achieved when the strategic and operational interests of WHO and the host country (and any other partner Member States and institutions) come together and match, leading to strong and sustained support for the technical strategic priority area covered by the GDO, to the benefit of the whole of Europe. All these characteristics should be included in the "business case" (see paragraph 39) that will be presented to the Regional Committee as part of the proposal for consideration of any new GDO.

18. A GDO should only be set up for the main strategic priority areas that need substantial additional funding, which at any point in time should be a maximum of six, covering all strategic priority areas and across the whole Region. They should not be set up for any or all technical areas and just to attract funding, or just for political, visibility or advocacy reasons, although these can play an important and legitimate part in the proposals being considered and evaluated and should be included in the "business case". Setting up a GDO where the Head Office in Copenhagen is simply a conduit for funding should also be resisted, so as to avoid a situation where the Regional Office becomes an administrator or coordinator of funding and programmes, rather than the central developer, driver and controller of the policies and programmes mandated by the governing bodies. Indeed, the GDOs are there to support the Regional Office by doing the research or providing the evidence to help develop the policies for the strategic priority areas mandated by the Regional Office.

19. Conversely, to close a GDO is perhaps more than merely the obverse of the above reasons for setting one up. As before, the reasons will be multifaceted, including the decision that the technical area is no longer a regional strategic priority or that the research has been done and the evidence provided (i.e. the original mandated task of the GDO has been completed). However, closure of a GDO also needs to take into account the continued interest (or lack thereof) of the hosting and/or supporting Member States and their changing priorities. The penultimate section of this paper considers the question of when and how a GDO might be closed.

Prerequisites for setting up a GDO

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

21. In line with paragraphs 14 and 17 above, no GDO should be considered for any technical strategic priority area that does not have a clear and explicit **core presence in the Head Office in Copenhagen**. A minimum requirement should be a full-time programme manager and a sufficiently funded regional programme that will be crucially complemented by the setting up of the GDO. This is to ensure that (as is the case for all the Regional Office's technical programmes) all the core functions of elaborating policy, collecting the necessary evidence base and engaging in strategic collaboration with Member States and partners continue to be performed by the Head Office in Copenhagen. The GDO's role and functions are to generate knowledge and evidence for the Regional Office's policy and programmes and to support their implementation (see also paragraph 18); there must therefore be sufficient capacity in the Head

Office in Copenhagen to guide and lead the GDO work programme. Sufficient capacity in Copenhagen will also help to ensure that the temptation to use the GDO's resources for tasks that should be done by the Head Office can be resisted. To further safeguard and ensure this, the GDO agreement should specify earmarked funds for recruiting at least one high-level technical staff member to be based at the Head Office in Copenhagen in the relevant technical strategic priority area (see also paragraph 24). In addition, it would be advantageous for both the host country and WHO if staff were also seconded to the Head Office to further technically strengthen the regional programme in the key strategic priority area, as well as to help the programme manager to coordinate and liaise with the GDO.

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

23. There should be a very clear **minimum size of a GDO**, so that there is a critical mass to enable a strong and sustained programme (of research and evidence to support policies) to be developed. The 2004 strategy set the minimum size of a GDO as 10 staff members, and this is still a good working guideline: including the cost of running the GDO and programme costs, this roughly equates to a minimum basic annual contribution of US$ 2 million per year from the country hosting the GDO. However, consideration should be given to defining more precisely the breakdown of the guideline of 10 staff members into professional and general service staff (in line with the ratios at the Head Office in Copenhagen) and to evaluating the level at which it is no longer cost-effective to maintain local budget and information technology (IT) experts (which may also affect the minimum size of a GDO).

24. **The Regional Office's contribution to the budget of a GDO** currently varies by GDO; the level is mainly historical and based on precedent, rather than on any consistent documented agreement. Progress towards developing a consistent policy has been further hampered by the lack of clear criteria or rules (or documentation) regarding the extent of the shared funding or contribution from WHO. In general, however, the historical practice in each GDO has been for WHO to fund the post of Head of the GDO and a senior administrative officer. In line with the advice of the SCRC that GDOs should not be a drain on the Head Office's resources and budget, the new policy being proposed in this respect is that, instead of the Regional Office contributing to the GDO, the GDO should fund at least one senior technical post in the Head Office in Copenhagen, to help direct the technical programme and ensure full coordination and integration (see also paragraph 21). If accepted by the Regional Committee, this policy will need to be shared and discussed with the host countries of existing GDOs before implementation.

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

26. The principle of **extending the partnership for a GDO** beyond the host country, either through the support of other Member States or through partner institutions and agencies, is to be very much encouraged and supported. However, if this leads to classification of the GDO as a "formal partnership", this should be carefully evaluated in the light of the original objectives of setting up the GDO. If after the evaluation, the decision is taken to continue in "partnership mode", the implementation should be done with care and in line with World Health Assembly resolution WHA63.10 on partnerships.

27. **Improving the geographical balance of GDOs across the whole European Region** is also to be encouraged and supported; this would counter the current bias towards one part of the Region. Furthermore, in principle, if there is already a GDO in a country, then having a second GDO (even for a different strategic priority area) in the same country should be avoided in favour of negotiations with the proposing country and other countries to try to achieve a better geographical balance across the European Region. Having more than one GDO dealing with the same strategic priority area (even in different countries) should also be avoided, given the extra managerial tasks that are inherent in managing entities "at a distance", as well as the need for additional coordination from the Head Office. Having suboffices of GDOs or hubs in the same country or in other countries should also be avoided, unless for a very limited period and strongly justified. Setting up such hubs or suboffices should be brought to the Regional Committee in line with the proposals in paragraph 39.

28. The GDO should have a **clear main technical focus** on a specific priority area that should be easily and succinctly captured in its technical title, reflecting the strategic priority area it covers.

29. The GDO should be **an integral part of the Regional Office**, it should be part of a division and the Head of the GDO should be a member of the extended Executive Management team at the Regional Office (see also paragraph 33).

30. **Extending the role of a GDO** to cover representational functions in the host country was a recommendation of the 2010 external review. To a small extent, this function is already being carried out by the GDOs on behalf of the Regional Office (e.g. for World Health Day, World No Tobacco Day and European Immunization Week) and a more formal allocation of this responsibility could be considered, along with mandating the GDO to play a liaison role with the specific country, provided the host country has no existing WHO country office. These issues are considered as part of the overall Country Strategy that is being presented to the Regional Committee at the current session (see document EUR/RC61/17).

Implementing the strategy

31. Based on previous experience with implementing the strategy approved by the Regional Committee in 2004, it may be that just stating the above prerequisites will not of itself ensure coherent and consistent implementation of this renewed GDO strategy (once it, too, is approved by the Regional Committee). It is therefore proposed that a clear list should be drawn up of the **minimum requirements for a country to host a GDO** (based on the discussions at the sixty-first session of the Regional Committee). This will then provide a solid and authoritative basis for discussion with any country that may be considering hosting a GDO. These requirements should be carefully discussed with the potential host country and the agreements reached should be recorded and actioned prior to the "business case" for the GDO being submitted to the Regional Committee for approval (paragraph 39). The actions required of the host country (such as conclusion of a host agreement and ratification where needed) must be in place before the GDO becomes operational.

Actions required of the WHO Regional Office

32. The main managerial actions and procedures required to ensure implementation of the strategy will be elaborated, based on the discussion and approval of this renewed GDO strategy by the Regional Committee at its sixty-first session. However, a number of steps have already been taken to strengthen the role of GDOs, and these are summarized below.

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

34. The external review suggested a **profile for the Head of a GDO** because of the crucial importance of this post, which requires a combination of leadership qualities, managerial skills and professional competence. Furthermore, the External Review Group proposed the additional responsibility of representation (e.g. celebration of events such as World Health Day) vis-à-vis the host country (provided there is no existing WHO Country Office), with a view to further increasing the visibility of the GDO there. Moreover, the external review suggested that recruitment should continue in accordance with WHO's policies for the recruitment of international staff. However, in order not to give the impression, particularly to the host country and its institutions, that the GDO is a national institution, experience has shown that it is preferable for the Head of the GDO's nationality to different from that of the host country.[9]

35. **Contact with the host countries** (of all GDOs) has been strengthened by the Regional Director at both operational and official levels, in order to review outstanding managerial and legal issues as well as to elicit the host country's views on any changes in their priorities and views on the existing profiles of the GDOs. Outstanding host agreement and ratification issues are also being systematically tackled. Progress with the new Athens GDO on NCD has been a priority, to ensure that it can open in time to support the NCD action plan that is being presented to the Regional Committee at its sixty-first session for approval. Significant progress has been made: the host agreement has now been ratified by the Greek Parliament, and the Centre will be inaugurated as soon as the schedule of payments has been agreed through a step-by-step

[9] This is consistent with section II.4.2 in WHO's Human Resources e-manual: "For Professional positions at country level, the Organization does not normally assign staff to the country of which they are nationals. Nor is it usually desirable to assign persons to a position in a country where, though they are not nationals, they have immediately before been employed by the government or under the terms of a bilateral agreement. It is recognized that certain circumstances may call for an exception to this general rule. Such cases should be submitted to Director, HRD or Director, Administration and Finance in respect of Regional Office staff for consideration whether such an exception may be granted."

process.[10] Good progress has also been made on negotiating an agreement for the Barcelona GDO with the Spanish government, and it is expected that the agreement will be concluded later this year. Negotiations on the Rome Environment and Health GDO – following 20 years of generous support and funding – have revealed changed priorities on the part of the Italian government; with no more funding available for the Rome GDO, it will close at the latest by the end of 2011.[11] The German government was approached to explore if it was interested in expanding the remit of the Bonn GDO, and it has responded positively Against this background, the Regional Office has taken the opportunity to undertake a fundamental review of its Environment and health programme, integrating and renewing the areas covered by the Bonn and Rome GDOs and the functions carried out by the Head Office in Copenhagen. The final allocation of areas and functions to an expanded GDO in Bonn and to Copenhagen are in line with the principles outlined in this GDO strategy.[12]

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

37. The External Review Group recommended that **the name "GDO" should be changed** to "Specialized centre of the WHO Regional Office for Europe". There is consensus agreement that the name should be changed, and an in-house consultation on possible new names will be undertaken.

Role of WHO's regional governing bodies

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

39. The Regional Committee's role of being consulted on the opening and closing of new and existing GDOs should be strengthened in two ways. First, all proposals for any new GDO should be presented to the Regional Committee with a well developed "business case" that clearly justifies why the area for which the GDO is being proposed is a strategic priority for the Region requiring enhanced resources.[13] Second, the Regional Committee should be informed of major changes in the profiles of existing GDOs.

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[10] The schedule of payments has now been agreed. See Information document EUR/RC61/Inf.Doc./13, which describes the profile of the Athens GDO on NCD.

[11] See Information document EUR/RC61/Inf.Doc./11.

[12] See Information document EUR/RC61/Inf.Doc./12, which describes the new profile of the Environment and Health programme and specifies the functions and programmes in the Head Office in Copenhagen and those in the Bonn GDO.

[13] The "business case" should justify why the specific strategic priority area is in need of additional resources, why these cannot be accessed in any other way and why the GDO is the best solution. The "business case" should also cover and specify all the issues raised in paragraphs 17, 18 and 20–30.

Phasing out a GDO

40. Each GDO's host agreement specifies the length of the agreement and the required notice for termination by either party to enable the orderly closure of activities, the termination/withdrawal of personnel and the settlement of accounts and contractual liabilities. Under normal circumstances, when no extension is being sought by either of the parties, termination coincides with the expiry of the agreement. However, closure could also take place in an "emergency situation" with little notice and chance to discuss and inform the Regional Committee (paragraph 38). Nonetheless, Rule 14.2.10 of the Rules of Procedure of the Regional Committee empowers the SCRC "to act for and represent the Regional Committee…" and "to counsel the Regional Director as and when appropriate between sessions of the Regional Committee".

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

42. From a management point of view, once the number of professional staff is less than the critical mass required to discharge the GDO's mandate and carry-over funds are depleted, the right time will have been reached for a decision about an orderly mutually agreed termination or transformation. The way in which the phasing out of a GDO is managed depends to a great extent on the reasons for termination. In any case, the key consideration should be to take care of the staff, to give sufficient advance notice on contracts, and not to extend contracts beyond the time covered by the agreement. As part of the phasing out process, consideration should also be given to a human resources exit strategy which, in line with WHO regulations, supports the relocation and reassignment of staff whose positions may be abolished following the closure of the GDO.

43. Member States need to be kept informed about any major changes in the relationship with any GDO through the SCRC and the Regional Committee. However, in an emergency situation, the SCRC could be the first point of contact; based on its advice, information about a closure could be communicated to all the Member States in a written consultation or through the European Region's meetings during the World Health Assembly.

44. When the time comes to phase out a particular GDO, it is important to prepare a report specifying the main results and overall impact of the activity carried out by the GDO; this would help to put in context the Organization's acknowledgments and appreciation of the efforts of the host country and the results achieved. Recommendations for the future should be added, as well as the main reasons for the closure of the GDO. Such reports should also be presented to the Regional Committee.

New GDOs

45. The 2010 External Review Group concluded that the experience of GDOs and their contribution to the work programme of the European Region and WHO's Member States has been a very positive one. The members of the Group therefore recommended that the WHO European Region would benefit from the establishment of new GDOs. Having looked at the work programme and priorities of the European Region and the Regional Office (as endorsed by the Member States and the Regional Committee), the Review Group recommended that GDOs should be actively sought in the following five strategic priority programme areas:

- mental health, including neurodegenerative diseases
- primary health care
- health information
- aging population
- migrations and disadvantaged migrant population groups.

46. In line with the SCRC's advice and taking into account the discussions to be held at the sixty-first session of the Regional Committee, the first priority will be to continue strengthening the integration of existing GDOs and finalizing the main managerial actions and procedures that should be in place to ensure implementation of this renewed GDO strategy (in line with paragraph 33). Once this has been successfully accomplished, proposals for one or two new GDOs (accompanied by a full "business case") will be presented to the SCRC and subsequently to the Regional Committee for their consideration.

Conclusions

47. The prime reason for establishing any technical centre (GDO) outside the Head Office in Copenhagen remains to make the Regional Office better able to tackle those of its strategic priorities that are not sufficiently well covered and funded, by attracting additional resources and expertise.

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

49. Specifically the RC is requested to endorse that the GDO's main function shall be to provide evidence, knowledge and tools for policy development and implementation which are enhanced and supported through a strengthened core team and programme at the Head Office in Copenhagen. There should be a minimum size of a GDO of at least 10 staff and an annual host country contribution of US$ 2 million (plus running costs) for a minimum period of 10 years. In addition the host country should fund a high-level technical post at the Head Office in Copenhagen (and secondments), to ensure the Head Office's continued strong leadership of the strategic priority area and effective liaison with the GDO. Geographical balance across the whole of the European Region should be preferred and encouraged when setting up new GDOs, who should always meet at least the minimum requirements. Clear guidelines for the establishment, management and phasing out of GDOs should be developed and adhered to.

50. The overall intention is to ensure that the best use is made of the work of the GDOs and to eliminate possible duplications. The renewed strategy has been considerably informed by the findings and recommendations of the external 2010 review of GDOs and the SCRC's discussion of that review, and it is hereby presented to the Regional Committee for approval.

Annex: Main descriptive characteristics of existing GDOs, 2008–2009

OFFICE	MAIN TECHNICAL DOMAINS	NO. OF STAFF	FUNDING $ 000					SERVICES IN KIND	AGREEMENT START DATE	AGREEMENT END DATE	SELECTED PROMINENT PRODUCTS
			REGULAR BUDGET (WHO/ EURO)	GDO AGREEMENT	AMOUNT DONATED BY OTHER SOURCES	NO. OF OTHER SOURCES	TOTAL CASH				
Barcelona	Health financing policy Capacity for health policy analysis	12	625	3 629 (excl. programme support costs – PSC – 472)	2 607	5	6 861	n/a	1999	2010[a]	1) Book (2010): *Implementing health financing reform: lessons from countries in transition* 2) Barcelona Course in Health Financing (2–6 May 2011) 3) Barcelona Office staff contribution to the *World health report 2010. Health systems financing: the path to universal coverage*
Bonn	Air quality Chemical safety Environment and health information system Housing Noise Occupational health	12 (2008-14 2009-11)	321	2 850	1 942	10	5 113 (including PSC)	302 (including fictive rent and subsidy for building operations)	2001	2014	1) Indoor air quality guidelines (two volumes: Dampness and mould – 2009; Selected pollutants – 2010) 2) *Health and environment in Europe: progress assessment* (background document for Parma Conference, 2010) 3) *Burden of disease from environmental noise. Quantification of healthy years lost in Europe* (2011)
Rome	Children's health and environment Food safety Global climate change and health Health impact assessment methods and strategies Information outreach Mediterranean action plan Resource and Sustainable Development Transport and Health Violence and injury prevention Water and sanitation	34[b]	1 475	4 445[c] Amount as per agreement: €1 680 400 per annum	10 394[d]	15	16 341	0	1991	2016[e]	1) European regional framework for action *Protecting health in an environment challenged by climate change* adopted at Parma Conference (2010) 2) *Guidance on water supply and sanitation in extreme weather events*, published in the framework of the Protocol on Water and Health and adopted by the Second Meeting of the Parties (2010) 3) Tackling antibiotic resistance from a food safety perspective in Europe (2011) launched on World Health Day 2011 4) *European report on preventing violence and knife crime among young people* (2010), launched by the Regional Director at the World Conference on Injury Prevention and Safety Promotion

OFFICE	MAIN TECHNICAL DOMAINS	NO. OF STAFF	FUNDING $ 000					SERVICES IN KIND	AGREEMENT START DATE	AGREEMENT END DATE	SELECTED PROMINENT PRODUCTS
			REGULAR BUDGET (WHO/ EURO)	GDO AGREEMENT	AMOUNT DONATED BY OTHER SOURCES	NO. OF OTHER SOURCES	TOTAL CASH				
Venice	Macroeconomics and health Millennium Development Goals Investment for health Social and economic determinants of health Governance for health promotion (population health) Health behaviour in school-aged children Poverty and health Health inequalities (including vulnerable groups) Commission on Social Determinants of Health	12 +1 HQ secondment	420 (PSC not included)	1 600[f] (PSC not included)	1 403 (PSC not included)	5+CVC	3 423	600	2003	2013	1) How health systems can take action to address the social determinants of health and reduce health inequalities. Joint action with the European Commission – web-based resource, six policy briefs, publication and training. 2) Technical input to priority on health equity under Spain's presidency of the Council of the European Union (expert conference, ministerial panel, informal ministerial meeting and background report "*Moving forward equity in health: monitoring social determinants of health and the reduction of health inequalities*" 3) Appraisal and development tool for governance to address the social determinants of health and the reduction of socially caused health inequalities (SDH/HI)
Total		**71**	**2 841**	**12 524**	**16 346**		**31 738**	**902**			

[a] Agreement to be reviewed on a yearly basis

[b] Includes Athens staff

[c] Amount not yet received owing to the fact that the agreement was renewed in 2007 but is still awaiting parliamentary ratification. Due to fluctuations in the exchange rate, contributions which were originally paid in currencies other than US dollars may be affected significantly by the exchange rate prevailing at the time the donation was received. In addition, carry-forward amounts may affect these figures.

[d] Includes flexible voluntary donations distributed by WHO headquarters to the Regional Office for Europe.

[e] Agreement renewed in 2007 but still awaiting parliamentary ratification.

[f] Contribution of Veneto Region and Italian Ministry of Health