



WORLD HEALTH ORGANIZATION  
REGIONAL OFFICE FOR EUROPE  
COPENHAGEN

REGIONAL COMMITTEE FOR EUROPE  
*Fiftieth session, Copenhagen, 11 – 14 September 2000*

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## REPORT OF THE STANDING COMMITTEE OF THE REGIONAL COMMITTEE

This document contains a report on the work done by the Standing Committee of the Regional Committee (SCRC) since the forty-ninth session of the Regional Committee. It covers sessions held in September and December 1999, a “retreat” in March 2000, and sessions in April and May 2000. The report of the September 2000 session will be contained in a separate addendum to this document.

Two draft resolutions are attached, for the Committee’s consideration: one to endorse this report, and the other to adopt changes to the Rules of Procedure of the Regional Committee and the SCRC.

The Regional Committee’s attention is drawn to the paragraphs in bold text at the end of a number of sections, which describe the follow-up action to be taken.



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## INTRODUCTION

1. The seventh Standing Committee of the Regional Committee (SCRC) met for the first time on 17 September 1999, under the chairmanship of Dr Jeremy Metters (United Kingdom). Professor Ayşe Akin (Turkey) was elected Vice-Chairperson at the second session, held in La Coruña (Spain) on 2 and 3 December 1999. Following a “retreat” with the newly appointed Regional Director in Reykjavik (Iceland) on 2 and 3 March 2000, the third and fourth sessions were held at the WHO Regional Office for Europe (EURO) in Copenhagen from 26 to 28 April 2000, and at the Palais des Nations in Geneva on 14 May 2000, on the eve of the Fifty-third World Health Assembly.
2. A fifth and final session will be held at EURO on 10 September 2000, just before the start of the fiftieth session of the Regional Committee (RC50); the report of that session will be contained in an addendum to this document. The members of the seventh SCRC are listed in Annex 1.

## THE CURRENT BIENNIUM (2000–2001)

### External evaluation of the EUROHEALTH programme

3. At its third session, Dr Danguole Jankauskienė and Professor Jussi Huttunen, the two external evaluators, reported orally to the SCRC on the initial findings of their evaluation. In addition to reviewing extensive background material on all the 26 countries covered by the programme and holding discussions with a wide range of staff, they had (as agreed) visited seven countries to make an in-depth analysis. Their overall assessment was that the EUROHEALTH programme had been successful or very successful. This took account of the circumstances of very limited resources and an exceptionally difficult political situation in the newly independent states (NIS) and countries of central and eastern Europe (CCEE).
4. The evaluators had assessed the current situation and identified the problems being faced in the six priority areas of the programme: health policy development, health care reform, women’s and children’s health, infectious diseases, noncommunicable diseases, and environment and health. They had also evaluated progress in four other areas critical for the success of the programme (drug policy, nursing, human resources development, and information systems) and reviewed the functioning of WHO liaison offices. Lastly, they had looked at collaboration with other organizations and coordination of WHO activities. Their initial recommendations for the future included concentrating on two or three priority areas, launching a pilot project on the establishment of subregional offices, and ensuring closer coordination with donors (especially the European Union and the World Bank) and between the intercountry and country elements of WHO’s activities.
5. The SCRC commended the evaluators on the prodigious amount of work they had done and welcomed the evidence of the success of the EUROHEALTH programme. Some SCRC members considered that the evaluation should have focused more on the operational effectiveness of the programme. The SCRC also expressed doubts about the countries’ feasibility of moving rapidly to a health system based on the family physician or general practitioner, as recommended by the evaluators, in view of the lack of qualified staff.
6. It was suggested that, in the final written report, consideration should be given to making a new core programme for the whole European Region, rather than for only half of the Member States as at present. The Regional Director confirmed that the final report would be available to the SCRC at its September session, and that the new strategy for country work would be drawn up in the light of the findings. Those two aspects would be considered together by RC50.

**Action by the Regional Committee**

**Review the paper on evaluation of the EUROHEALTH programme** (document EUR/RC50/4)

## **Emergency response and disaster preparedness**

7. In pursuance of resolution EUR/RC49/R6, the Regional Adviser, Partnerships in Health and Emergency Assistance briefed the SCRC at its second session on the work done by EURO in this area and suggested certain practical steps that could be taken to give effect to the Regional Committee resolution. EURO's own capacity could be strengthened. Member States could be sounded out about their interest in being recipients of assistance or of becoming collaborating partners. Further partnerships could be built up. In particular, however, it would be desirable to define the core elements of WHO's emergency response. In that connection, it was worth noting that, following the earthquake in Turkey, it had proved extremely difficult to coordinate assistance, especially in the initial phase, and the question had to be asked whether attempts to do so in future might not merely lead to further delay.

8. The SCRC felt that EURO should urge each country which had not done so to draw up a national disaster preparedness plan, and should elaborate the general principles for such a plan. WHO might also help countries to analyse their own capacities and show them how to make best use of their own resources.

9. It was also suggested that WHO might focus its attention on countries where disasters were most likely to occur, and where the institutional memory and internal immediate response capacity were in short supply. In addition, it might draw up an inventory of what Member States could provide in the way of emergency assistance, and encourage the establishment of collaborative networks of Member States.

10. The comparative advantage of WHO was felt to lie in the fact that it was a global, expert body in public health, able to carry out rapid surveillance of public health after a disaster and to provide information, analysis and advice that would lead to the formulation of appropriate public health programmes. WHO might be able to coordinate the response of nongovernmental organizations if it was present on the scene early enough and disseminated good public health information.

11. Building on that discussion, the Secretariat presented to the SCRC at its third session a paper for RC50 which described the Organization's capabilities in the field of emergency and disaster preparedness, the lessons learned from past experience, and WHO's comparative advantage. The paper went on to outline the steps being taken to give effect to resolution EUR/RC49/R6, grouped under five headings: information gathering and strategic direction, networking, working with international partners, national capacity-building, and in-house capacity. An annex to the paper contained a workplan for 2000–2001.

12. The SCRC agreed that the paper was a proper response to the Regional Committee resolution and welcomed the explicit statement of WHO's comparative advantage. On the question of funding for the programme, the SCRC was informed that the Regional Director would make proposals to the Regional Committee concerning flexibility in resource allocation.

13. The SCRC confirmed that the topic should be taken up at a briefing session in conjunction with RC50, where case studies from Iceland, Turkey and others would be followed by a presentation and discussion of WHO's work plan, with the aim of building support for its activities.

## **The impact of food and nutrition on public health**

14. The Regional Adviser, Nutrition informed the SCRC at its "retreat" in Iceland that a proposal for an action plan on food and nutrition policy was being revised in the light of comments made at a consultation with representatives of European Member States in Malta in November 1999. The SCRC's views would also be taken into account, and the final draft would be presented to the Regional Committee in September 2000.

15. The SCRC considered that WHO, by acting as an advocate for public health, was well placed to complement the EU: WHO could provide independent scientific advice and perform a "normative" function, while taking advantage of the legislative instruments available to the EU. It was recalled,

however, that the European Region of WHO comprised 51 Member States, half of whom were neither members of nor in the process of acceding to the EU, and that they should all be able to benefit from the European action plan.

16. At its third session, the SCRC discussed a first draft of the action plan. It welcomed the analytical part of the paper, but considered that prominence should also be given to adult malnutrition and to nutrition in adolescence. Furthermore, WHO should not only perform a normative function with regard to food intake but also be an advocate of broader public health considerations to food producers and processors.

17. In the SCRC's view, it was essential that the paper for RC50 should stimulate interest and gain the support of ministers of health, in particular for the specific activities that could be carried out by WHO. One member suggested that a WHO expert committee might be set up to develop unified safety indicators for toxic substances (pesticides, mycotoxins, etc.) in food products for child and dietetic nutrition, while the Regional Office could prepare a report on the methodology for estimating diet-dependent pathology in cardiovascular diseases, cancer, obesity, etc.

18. In conclusion, the SCRC agreed that a further reworked draft of the action plan should therefore be presented to RC50, possibly entitled: "The impact of food and nutrition on public health: the case for a WHO policy".

19. At its fourth session, the SCRC had before it a further revised draft of the paper. It wished to see still more prominence given to the most important points, such as the burden of nutrition-related diseases and disorders, and the resulting rationale for a policy and action plan in that area. In addition, it considered that reference should be made to the effects of poverty and homelessness on nutritional status. Lastly, the SCRC repeated its request that the paper should also refer to the need for a policy on education of health personnel in aspects of food and nutrition, and outline the content of such training.

#### **Action by the Regional Committee**

**Review the paper on the impact of food and nutrition on public health** (document EUR/RC50/8)

**Consider the corresponding draft resolution**  
(EUR/RC50/Conf.Doc./7)

#### **Eradication of poliomyelitis**

20. At its second session, the SCRC recommended that discussion of communicable disease at RC50 should focus on poliomyelitis eradication. At its third session, the Regional Adviser for Poliomyelitis accordingly described the action taken in 1998/1999 towards the certification of eradication of the disease in the European Region. The draft paper for RC50 also outlined the challenges to be taken up and contained a plan of action for 2000–2003. The aim was for the European Region to be certified as free of poliomyelitis by the year 2003 or earlier.

21. The SCRC commended the Secretariat on the progress made and endorsed the draft paper for submission to RC50. It agreed that the Regional Committee should call on all Member States to maintain high levels of routine immunization coverage and good quality surveillance, and to take the necessary containment measures. Recently endemic countries should continue with mass vaccination campaigns, while polio-free countries should continue to maintain high quality surveillance. EURO should continue to cooperate with the Eastern Mediterranean Regional Office (EMRO) and to coordinate the work of the various partners involved, whose contributions were gratefully acknowledged. Lastly, the SCRC was pleased to learn that there were good prospects of meeting the projected shortfall in funding through the efforts of the Interagency Immunization Coordinating Committee (IICC) and the United Nations Foundation.

**Action by the Regional Committee**

**Review the paper on eradication of poliomyelitis**  
(document EUR/RC50/9)

**Consider the corresponding draft resolution**  
(EUR/RC50/Conf.Doc./8)

**Indicators for monitoring progress towards health for all**

22. In response to a request made at RC49, the Regional Adviser, Epidemiology, Statistics and Health Information briefed the SCRC at its third session on the outcome of an expert group meeting held in the Netherlands the previous month. The aim of that meeting, which was fully attained, had been to operationalize the “generic” indicators approved by the Regional Committee in resolution EUR/RC49/R10 and to further harmonize work with other organizations.

23. The SCRC agreed that the expert meeting had done useful groundwork in developing and adapting the HFA indicators to the European Region’s new HEALTH21 policy framework. It welcomed the Secretariat’s assurance that the monitoring exercise would be a “light” one, mainly using data that were already collected on a routine basis; and that use of the indicators as discussed at the meeting in the Netherlands was compatible with the resolution adopted by RC49.

**THE NEXT BIENNIUM (2002–2003) AND BEYOND**

**The Regional Office’s future country strategy**

24. The acting Coordinator, Division of Partnerships and Country Health Development noted that the draft of the future country strategy responded to a commitment made to present to the Regional Committee a document setting out EURO’s new approach to country work, in the light of the findings from evaluation of the EUROHEALTH programme (see above, paragraphs 3–6).

25. The SCRC welcomed the emphasis placed on working with all Member States in the European Region and considered that all the requisite elements were contained in the draft paper. It felt, however, that the structure of the paper should be organized differently: it should begin by stating the rationale, before going on to define what type of change was needed.

26. More specifically, the SCRC was concerned that the paper should include the lessons learned from the EUROHEALTH programme in the previous ten years. The proposed strategy was not new in all its aspects: relevance to countries’ needs, emphasis on the development of comprehensive health policy, etc. had also been features of the EUROHEALTH programme.

27. In the section on international developments, reference should be made to WHO’s leading role in tackling health issues, but the SCRC questioned the advisability of organizing a seminar on the health implications of the process of accession to membership of the EU, especially since there was a risk of duplication with the EU’s High-level Committee on Health. On the other hand, the SCRC fully agreed with the proposal to introduce new country cooperation strategies as from 2002 and drew attention to the need for them to spell out the responsibilities not only of WHO but also of the country concerned.

28. In conclusion, the Regional Director noted that the external evaluators of the EUROHEALTH programme had found its activities *inter alia* to be isolated and fragmentary. The vision underlying the new approach was intended to foster synergy in the Regional Office’s activities over the long term, with the aim of ensuring that all people had fair access to better health care. To do that, the Organization needed to respond to countries’ needs in ways which made a strong impact.



**Action by the Regional Committee**

**Review the paper on EURO's future country strategy**  
(document EUR/RC50/10)

**Consider the corresponding draft resolution**  
(EUR/RC50/Conf.Doc./9)

**Strategic budget 2002–2003 – the European Region's perspective**

29. The Special Adviser to the Regional Director informed the SCRC at its third session that the Organization was embarking on a new planning and budgeting process, in which there would be much closer coordination between WHO headquarters and the regional offices. The result would be a strategic budget that would lend itself more easily to evaluation in terms of value for money.

30. The strategic budget would be broken down into 35 work areas (in 10 appropriation sections). For each work area, the document would describe the issues and challenges being faced, the overall goal and WHO objective to be achieved, the expected results and indicators of progress, and the resources available (to headquarters and the regions, in terms of regular budget funds and extrabudgetary resources).

31. A document highlighting the challenges in the European Region, together with a draft of the global programme budget document, would be submitted to RC50 for general endorsement. The former would also set out the broad regional priorities and strategies and give a concordance ("cross-walk") between headquarters and EURO in the 35 work areas. The budget would be submitted for formal approval by the Fifty-fourth World Health Assembly in May 2001.

32. In general, the SCRC welcomed the new process of drawing up the budget and the structure in which it was proposed to present it. However, it was concerned that representatives of Member States should be given a full explanation, in advance of RC50, of the change of role of the regional committees and the need for input from Member States to be made instead at the WHA. RC50's endorsement of the outline programme budget could be accompanied by recommendations that would be taken into account when the overall budget was finalized. The advantage of the new process would be to ensure one unified budget for the whole Organization.

33. On a more detailed level, the SCRC also wished to see modifications to the headings of some of the specific priority areas for the European Region for 2002–2003, and it was concerned that important issues, such as the health of aging populations and traffic accidents, were not mentioned. In reply, the Regional Director pointed out that the intention was to highlight processes (such as aging), rather than identifying individual items as priorities. The SCRC agreed that the budget should be drawn up in a way which did not preclude regions from taking up issues that were of major importance to them.

34. In conclusion, the SCRC called for the links between the challenges, strategies and priority areas to be made more explicit. It believed, however, that the document would be more transparent once the budget figures were included.

**Action by the Regional Committee**

**Review the papers related to the proposed programme budget for 2002–2003**

(documents EUR/RC50/7 and /7 Add.1)

**Consider the corresponding draft resolution**  
(EUR/RC50/Conf.Doc./6)

## **Bioethics**

35. On the related questions of bioethics and genetics (including genetically modified foods), the SCRC at its second session noted that the scientific aspects of the latter were being considered at WHO headquarters.

36. At the SCRC's third session, the Regional Adviser, Partnerships in Health and Emergency Assistance recalled the ethical values underlying the HEALTH21 policy framework and gave the SCRC a brief and necessarily partial overview of the many units at EURO whose work involved aspects of bioethics. The SCRC agreed that WHO, as the United Nations agency responsible for health, should have a role to play in the area of bioethics, provided it exploited complementarity with other organizations. The approach to be adopted by the Regional Office might therefore entail making a full inventory of ongoing projects with bioethical components; setting up an interdepartmental working group to review the situation and identify priority areas for action; and developing an intercountry network. The designation of a technical focal point would facilitate that work, which should be carried out in close contact with WHO headquarters and taking care to avoid duplication with other bodies, notably the Council of Europe.

37. WHO's role was likely to lie in the area of research and analysis, and more specifically with regard to legislation, priority-setting and emergency situations. It would be difficult for WHO to carry out a normative function, given the relative diversity of values underlying bioethics. In conclusion, the SCRC recommended that the Secretariat should do further analytical work on the subject along the lines it had indicated.

## **PROCEDURAL AND OTHER MATTERS**

### **Provisional agenda and draft resolutions for RC50**

38. Following an initial review of the provisional agenda for RC50 at its first session and again at its "retreat", the SCRC agreed that Regional Committee sessions should be shorter and more focused. The Secretariat subsequently made a number of changes to the provisional agenda for RC50, resulting in a programme that would extend over just three days, with adoption of the report and "satellite events" or briefing sessions on the fourth.

39. At its third session the SCRC agreed that the revised agenda and programme were in line with its recommendations, but advised that only one briefing session should be held, on disaster preparedness and emergency response. It also recommended that the agenda item on eradication of poliomyelitis should be taken up early in the session, while discussion of collaboration with other organizations should be included in the programme of two meetings on the third day.

40. Lastly, the SCRC recommended that Member States should be briefed on the rationale behind the proposed changes at their meeting on the eve of the World Health Assembly in May. Further explanations should be contained in the letter of invitation sent to ministries of health and of foreign affairs.

41. At its fourth session, in May 2000, the SCRC also reviewed all the draft resolutions to be submitted to RC50.

### **Criteria for selection of external evaluators**

42. While acknowledging that the procedure and criteria used to date for selecting external evaluators had worked well, the SCRC felt at its second session that there was a need for a tighter, more explicit and accountable selection process. The criteria and methodology should accordingly be looked at in the light of each specific task, with the overall aim being to select the best people who could give the SCRC the information it needed to assess the approach, implementation and impact of the programme under review.

43. Following that decision not to choose external evaluators from a pre-established panel, the SCRC at its third session recognized that internal evaluation against predetermined criteria should be built into every programme from the outset. It unanimously agreed, however, that external evaluation was also useful, and that EURO staff should be involved in such activities in a consultative role at most, primarily advising on the modalities of the evaluation and providing the requested information. Headquarters staff should be involved to the extent that the programme had a global component.

44. The SCRC's role should be to suggest programmes for evaluation, put forward and interview candidates for external evaluators, and receive their mid-term and final reports. In addition, the SCRC might review the findings of internal evaluations. The Secretariat should be responsible for the management of external evaluations, although the SCRC might need to review that aspect, too, even at the start of the process. In addition, the Secretariat should report to the SCRC on the action taken pursuant to the recommendations made by external evaluators.

45. The Regional Director informed the SCRC that he intended to take a fresh approach to programming, planning and evaluation in the second stage of the reform process at the Regional Office. The SCRC therefore agreed to postpone any decision on the next external evaluation (scheduled to cover the health care reform programme) until it had been briefed on the salient features of that approach at one of its forthcoming sessions.

#### **Criteria for membership of the Executive Board**

46. At its second session, the SCRC decided to establish a subgroup to look into the question of criteria for membership of the Board, as a first step towards presenting proposals for a new system to RC51. The subgroup submitted an interim progress report to the SCRC at its fourth session. The SCRC called for a record of the work of the subgroup and the different views of SCRC members to be transmitted to its successor, the eighth SCRC.

#### **Regional Search Group**

47. Also at its second session, the SCRC considered that it was appropriate and timely to look at how the Regional Search Group (RSG) procedure had worked earlier in the year, so that changes (if any) could be proposed to the Regional Committee well before the start of the next process of nominating a Regional Director. One area of concern was the interpretation of the phrase "an unranked short-list". It was therefore decided to establish a subgroup to look at all aspects of the RSG process.

48. The subgroup submitted its first report to the SCRC at its April 2000 session. It proposed that the functions of RSG should in future be carried out by an *ad hoc* subgroup of three or four members of the SCRC (possibly in their second or third year of membership), one of them being the SCRC Chairperson or Vice-Chairperson.

49. While the SCRC agreed that the functions of such a group should be to actively search for candidates and ensure that they met the criteria set, it recognized that, if it were to recommend that the RSG produced a ranked list, such a move would entail changes to the Regional Committee Rules of Procedure. Before it took that step, it agreed to ask the subgroup to elaborate a second draft of its report, setting out the implications of four possible options:

- maintaining the current situation;
- abolishing the RSG;
- modifying its procedure but retaining its status as a separate body;
- modifying its procedure but making it a subcommittee of the SCRC.

50. The subgroup was requested to submit the second draft of its report to the SCRC at its session in September 2000.

## **Proposed amendments to the Rules of Procedure of the Regional Committee and SCRC**

### ***Declaring an SCRC seat vacant***

51. In view of comments made at RC49, the SCRC agreed at its second session that it was right that only the body which took the final decision (i.e. in this case, the Regional Committee) could declare a seat vacant. It therefore requested the Organization's Legal Counsel to propose a reformulation of Rule 2.8 of the SCRC's Rules of Procedure along the lines of the World Health Assembly's Rule 107, but to include a provision whereby the SCRC could report to the Regional Committee its views on the matter and its opinion as to whether a Member State had shown good cause for its non-attendance.

52. At its third session, the SCRC endorsed the new wording proposed by the Organization's Legal Counsel for Rule 2.8 of the SCRC Rules of Procedure, and agreed that all parts of its Rules of Procedure dealing with the declaration of vacant seats should be moved to Rule 14.2 of the Regional Committee Rules. It did not wish to modify Rule 2.2 of its Rules of Procedure.

### ***Drawing up the provisional agenda of the SCRC***

53. The SCRC also asked Legal Counsel to reformulate Rule 7 of its Rules of Procedure so as to provide that the SCRC would itself decide, when adopting the provisional agenda of each session, whether to accept non-urgent items suggested by an SCRC member or by a Member State for inclusion in the agenda of a future session. It agreed that the Secretariat would not normally be requested to provide a working paper on such agenda items, but that the Regional Director should send members a letter informing them of the intention of one member to propose the addition of an agenda item.

54. At its third session, the SCRC endorsed Legal Counsel's proposal for a revision to its Rule 7.1(c) but preferred to leave Rule 7.1(d) unchanged.

### ***Elections related to membership of the SCRC, the Executive Board and other bodies***

55. The SCRC was firmly of the opinion that it should continue to play a role in fostering consensus among Regional Committee delegations on candidates for election to the various bodies concerned. It noted that such consensus had indeed been reached, with one exception, at the previous Regional Committee session. The existing rules of procedure would in any case apply in 2000, but the SCRC advised that a different approach should be adopted: no preliminary list would be drawn up, but Member States should be sounded out as to their intentions during the World Health Assembly, following which it would become apparent by September how the SCRC should best proceed during the Regional Committee session. In any case, the SCRC agreed that it was essential for it to set out its reasons for any proposals it might make, and for all its members to be actively involved in fostering consensus.

56. The SCRC agreed to recommend to the Regional Committee that Rule 14.2.2(c) be amended so that the word "shall" would be replaced by "may" each time it appeared in the cited Rule.

### ***Role of the Regional Director***

57. The SCRC agreed at its second session to ask Legal Counsel to propose wording for Rule 10.2 of the Rules of Procedure of the Regional Committee that would substitute reference to "consultation with the Regional Director" by "facilitation" of the consultations required by that rule.

58. The SCRC subsequently approved the proposed revision of Regional Committee Rule 10.2, but with the deletion of the clause "Such consultations shall be facilitated by the Regional Director". Consequently, it also recommended deleting the phrase "and the Regional Director" in Regional Committee Rule 14.2.2(b), on the grounds that consultations would take place in any case, and that the trend since the establishment of the interim SCRC had been towards increasing the involvement of members of the executives of the governing bodies.

### ***Election of the Chairperson of the SCRC***

59. At its second session, the SCRC stated that it did not wish to break the link between the Regional Committee and the SCRC provided by having the Deputy Executive President of the former *ex officio* become also Chairperson of the latter. The SCRC agreed to advise the Regional Committee that it should maintain the current practice of the Regional Committee electing its own officers. It further noted that, to ensure the best choice, the Deputy Executive President/Chairperson of the SCRC might be elected either from among members who had served on the SCRC for one year or longer, or from a wider range of candidates.

### ***Continuity of representation***

60. The SCRC asked for the Regional Committee to be presented with a draft resolution encouraging Member States to include SCRC members on their delegations to the Regional Committee and the World Health Assembly.

### **Action by the Regional Committee**

**Review the proposed changes to the Rules of Procedure, as set out in Annex 2 to this document**  
**Consider the corresponding draft resolution**  
(EUR/RC50/Conf.Doc./4)

### **Committee for a Tobacco-free Europe**

61. At its second session, the SCRC chose Professor Ayşe Akin (Turkey) as an alternate to Dr James Kiely (Ireland) as its representative on the Committee for a Tobacco-free Europe (CTE). At the “retreat” in Iceland, Professor Akin reported on her attendance at a recent CTE meeting and a subsequent counterparts’ meeting. She urged the Regional Director to draw attention, at RC50, to the need for ministers to attend the Ministerial Conference on Tobacco (Warsaw, June 2001) and other conferences related to the Framework Convention on Tobacco. For the sake of continuity, the SCRC agreed that Professor Akin should be the SCRC representative on that committee until the end of her term of office, with Dr James Kiely as her alternate.

### **Address by a representative of the EUR Staff Association**

62. At the SCRC’s third session, the President of the EUR Staff Association (EURSA) reported on the meeting of the Global Staff/Management Council in Geneva in June 1999, at which the issues discussed had included contractual reform, modification of the appraisal system, harassment and “mobbing”, staff mobility, and the safety of locally recruited staff in war-torn zones. EURSA had subsequently organized a course on conflict resolution, at the end of which participants had outlined the steps that should be taken to develop a EURO policy and guidelines on harassment. A working group on harassment had also been set up recently at headquarters, in which the Ombudspersons would play a key role.

63. The Organization-wide Committee on Contract Reform was working to improve the conditions of service of short-term staff, and EURSA hoped that in future there would either be genuine short-term staff on once-only 11-month contracts, or long-term staff on open-ended contracts filled by a competitive process.

64. The SCRC praised all staff for their commitment to WHO. The Organization was wholly dependent on the staff to take forward all its work. The SCRC was particularly concerned about the safety of staff working in places where their personal safety was at risk, and paid tribute to their courage and dedication. The SCRC was also concerned to hear of the extent of staff harassment. It hoped that the measures taken by the Director-General would have the desired effect. It welcomed the fact that the paper submitted by EURSA not only described the problems being faced but also outlined some possible solutions to them. The Chairperson asked the President, EURSA to convey to the staff the SCRC’s gratitude for their continued commitment and dedication.

*Annex I*

MEMBERSHIP OF THE SEVENTH SCRC, 1999–2000

Professor Ayşe Akin (*Vice-Chairperson*)

Department of Public Health, Hacettepe University School of Medicine, Turkey

Dr Anca Dumitrescu

Institute of Public Health, Ministry of Health, Bucharest, Romania

Dr Nikolaj N. Fetisov

Director, External Relations Board, Ministry of Health, Moscow, Russian Federation

Mr Davið À. Gunnarsson

Secretary-General, Ministry of Health and Social Security, Reykjavik, Iceland

Dr James Kiely

Chief Medical Officer, Department of Health, Dublin, Ireland

Professor Frantisek Kölbl

Department of International Relations, Ministry of Health, Prague, Czech Republic

Dr Isabel de la Mata-Barranco

Adviser to the Under-Secretary of Health and Consumer Affairs, Ministry of Health and Consumer Affairs, Madrid, Spain

Dr Jeremy S. Metters (*Chairperson*)

H.M. Inspector of Anatomy, Department of Health, London, United Kingdom

Dr Jacek Piatkiewicz

Deputy Minister of Health and Social Welfare, Warsaw, Poland

Dr Victor M. Volovei

Head, Directorate of Health Care System Reforms, Ministry of Health, Chisinau, Republic of Moldova

*Annex 2*

PROPOSED AMENDMENTS TO THE RULES OF PROCEDURE  
OF THE REGIONAL COMMITTEE AND THE STANDING COMMITTEE  
OF THE REGIONAL COMMITTEE

Proposed deletions are shown in “strikethrough” (e.g. ~~nominations~~), proposed insertions are underlined (e.g. consultations).

PART 1  
RULES OF PROCEDURE  
OF THE  
REGIONAL COMMITTEE FOR EUROPE

[...]

**V. OFFICERS OF THE REGIONAL COMMITTEE**

Rule 10

10.2 The outgoing President shall submit a nomination for President, ~~after consultation with the Regional Director~~, and a nomination for Executive President. The outgoing Executive President shall submit a nomination for Deputy Executive President, ~~after consultation with the Regional Director and The~~ the aforementioned nominations shall be made after appropriate consultations, including – in the case of the office of Deputy Executive President – with the Standing Committee established under Rule 14.2 below. Additional nominations for President, Executive President and Deputy Executive President may be made by the Members of the Regional Committee.

[...]

**VI. SUB-COMMITTEES OF THE REGIONAL COMMITTEE**

Rule 14

[...]

14.2.2 The rules set forth below shall apply for determining the membership of the Standing Committee.

[...]

(b) The Officers of the Standing Committee, in consultation with the Executive President of the Regional Committee ~~and the Regional Director~~, shall seek consensus among Member States submitting nominations. In so doing the Standing Committee shall seek to achieve the criteria enumerated in Rule 14.2.1. Member States having submitted nominations may at any time during such consultations withdraw their nominations, by notifying the Regional Director, in order to achieve consensus among those Member States having submitted nominations.

(c) Should it not be possible to reach consensus as provided in paragraph (b) above – such that immediately prior to the start of the Regional Committee session at which the membership of the Standing Committee is to be considered, there are more nominations than there are seats to be filled – then the Standing Committee ~~shall~~ may draw up in a manner to be determined by it a list of candidates equal to the number of seats to be filled which, in the Standing Committee’s opinion, would best meet – if elected – the criteria enumerated in Rule 14.2.1. The Standing Committee ~~shall~~ may submit this list to the Regional Committee for its information when considering the membership of the Standing Committee.

[...]

14.2.5 In the event that a Member State declines to appoint a representative on the Standing Committee as provided in ~~paragraph Rule 2.1 above of the Rules of Procedure of the Standing Committee~~, or for any reason the representative ceases to be the appointed representative of the Member State concerned and the Member State does not appoint, in accordance with ~~paragraph 2.3 Rule 2.2 of the Rules of Procedure of the Standing Committee~~, a new representative within 60 days, the seat shall automatically be declared vacant.

14.2.6 In the event that a representative of a Member State, who is a representative on the Standing Committee, is elected President, Executive President or Deputy Executive President of the Regional Committee, that Member State’s seat shall be declared vacant and filled by election while the Regional Committee is still in session from among nominations received for membership of the Standing Committee.

14.2.7 In the event that

~~(a) the seat of a Member State on the Standing Committee remains empty for two consecutive sessions of the Standing Committee by not having either the representative or alternate attend any part of either of the two sessions,; and~~

~~(b) the Member State concerned has not shown good cause for such absence, to the satisfaction of the Chairperson of the Standing Committee;~~

~~the Chairperson shall inform the Standing Committee of that fact at the end of that second session and, with the agreement of the Standing Committee and with the approval of the President of the Regional Committee, declare the seat vacant. the Regional Director shall report that fact to the next session of the Regional Committee. At the same time, the Standing Committee may submit its views on the matter, including its opinion as to whether there was good cause for such non-attendance. Unless the Regional Committee decides otherwise, the seat of that Member State on the Standing Committee shall be deemed vacant.~~

14.2.8 In cases where a seat falls vacant an election for the remainder of the term shall be held at the next annual session of the Regional Committee from among the nominations received for membership of the Standing Committee, provided that in so doing the remaining term of membership for the elected replacement is at least two years. In cases where the remaining term of membership would be one year, no election shall be held and the seat shall remain vacant, unless it can be filled by an interested Member State of the Standing Committee having a two year term of membership coming to a conclusion at the same time. In the event of there being more than one such Member State, the selection shall be made by drawing lots. A Member State serving for the remainder of a term, whose total membership is less than three consecutive years, shall not be subject to the limitation provided for in Rule 14.2.3 of the Rules of Procedure of the Regional Committee. The Member State whose seat has fallen or been declared vacant shall not be eligible for nomination to the Standing Committee until after the next closure of a Regional Committee session.

[The remaining sections of Rule 14.2 should be renumbered accordingly.]

[...]



PART II  
RULES OF PROCEDURE  
OF THE  
STANDING COMMITTEE  
OF THE  
REGIONAL COMMITTEE FOR EUROPE

**I. MEMBERSHIP AND ATTENDANCE**

[...]

Rule 2

2.1 Member States elected to the Standing Committee shall be formally notified by the Regional Director forthwith of their election together with a request that they confirm in writing as soon as possible, and in any event within 30 days, the appointment of their representative to attend the Standing Committee.

~~2.2 In the event that a Member State declines to appoint a representative on the Standing Committee as provided in paragraph 2.1 above, or for any reason the representative ceases to be the appointed representative of the Member State concerned and the Member State does not appoint in accordance with paragraph 2.3 a new representative within 60 days, the seat shall automatically be declared vacant.~~

~~2.3~~ 2.2 Any Member State wishing to change its appointed representative on the Standing Committee should first submit a curriculum vitae for the person concerned and consult with the Officers of the Regional Committee and the Regional Director.

~~2.4 In the event that a representative of a Member State, who is a representative on the Standing Committee, is elected President, Executive President or Deputy Executive President of the Regional Committee, that Member State's seat shall be declared vacant and filled by election while the Regional Committee is still in session from among nominations received for membership of the Standing Committee.~~

2.5 2.3 Representatives of Member States on the Standing Committee shall be entitled to have travel expenses and per diem allowances relating to the Standing Committee business covered by the Regional Office.

2.6 2.4 Representatives of Member States may be accompanied by one alternate or adviser.

2.7 2.5 If a representative of a Member State is not able to attend a meeting of the Standing Committee, an alternate may replace the representative with full rights to speak, vote and otherwise participate in the Standing Committee.

~~2.8 In the event that~~

~~(a) the seat of a Member State on the Standing Committee remains empty for two consecutive sessions of the Standing Committee by not having either the representative or alternate attend any part of either of the two sessions; and~~

~~— (b) — the Member State concerned has not shown good cause for such absence, to the satisfaction of the Chairperson of the Standing Committee; the Chairperson shall inform the Standing Committee of that fact at the end of that second session and, with the agreement of the Standing Committee and with the approval of the President of the Regional Committee, declare the seat vacant.~~

~~2.9 — In cases where a seat falls vacant an election for the remainder of the term shall be held at the next annual session of the Regional Committee from among the nominations received for membership of the Standing Committee, provided that in so doing the remaining term of membership for the elected replacement is at least two years. In cases where the remaining term of membership would be one year, no election shall be held and the seat shall remain vacant, unless it can be filled by an interested Member State of the Standing Committee having a two year term of membership coming to a conclusion at the same time. In the event of there being more than one such Member State, the selection shall be made by drawing lots. A Member State serving for the remainder of a term, whose total membership is less than three consecutive years, shall not be subject to the limitation provided for in Rule 14.2.3 of the Rules of Procedure of the Regional Committee. The Member State whose seat has fallen or been declared vacant shall not be eligible for nomination to the Standing Committee until after the next closure of a Regional Committee session.~~

[...]

### III. AGENDA

[...]

#### Rule 7

7.1 Except in the case of sessions convened under Rule 5, the provisional agenda shall include, *inter alia*:

[...]

~~(c) any item proposed by a representative on the Standing Committee or by a Member State or Associate Member of the Region, it being understood that (i) the Secretariat would not automatically prepare a report on the item and (ii) the Standing Committee when adopting its agenda could decide to defer consideration of the item to a future session in light of its relative urgency; and accepted by the Chairperson of the Standing Committee as bearing directly on the issues before the Standing Committee or otherwise being apposite under its statutory functions;~~

~~(d) any item either proposed by a Member State or Associate Member of the Region or arising from representations from other Organizations and accepted by the Chairperson of the Standing Committee as bearing directly on the issues before the Standing Committee or otherwise being apposite under its statutory functions;~~

[...]