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Introduction

1. The Eighteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its third session at the Regional Office for Europe in Copenhagen on 30 and 31 March 2011. Apologies for absence were received from Dr Boban Mugosa, the member from Montenegro (replaced by his alternate, Dr Zoran Vratnica) and a welcome was extended to Dr Carmen Amela Heras, newly designated member from Spain, accompanied by her adviser, Dr Karoline Fernandez de la Hoz.

2. The report of the Eighteenth SCRC's second session (Andorra La Vella, 18–19 November 2010) was adopted with one amendment. A new paragraph should be inserted after paragraph 48, to read: "The SCRC was hesitant about the proposal to establish new GDOs, since it felt that the focus should be on strengthening the Regional Office. It also expressed concern about the status of the Rome GDO and requested the Regional Director to report back to the Standing Committee at its next session."

Opening statement by the WHO Regional Director for Europe

3. In her opening statement (webcast for the first time), the WHO Regional Director for Europe reported on a number of events that had taken place since the previous SCRC session. A regional high-level consultation on noncommunicable disease (NCD) prevention and control had been held in Oslo on 25 November 2010. The Regional Office had organized a conference on children with intellectual disabilities in Bucharest on 26–27 November, attended by self-advocates and representatives of families as well as of United Nations bodies and intergovernmental organizations. The declaration adopted at the conference would be submitted to the WHO Regional Committee for Europe at its sixty-first session (RC61) for endorsement.

4. A meeting with officials from permanent missions of European Member States to the United Nations Office and other international organizations had been held in Geneva on 9 December, and daily briefing meetings had been organized during the 128th session of the Executive Board (EB128) and the Board's Programme, Budget and Administration Committee (PBAC) in January 2011. The first meeting of the European Health Policy Forum for High-level Government Officials had been held in Andorra from 9 to 11 March 2011; it had included sessions designed to enable participants to share experiences and strategies in their ongoing efforts to meet the objectives laid out in the Tallinn Charter: "Health Systems for Health and Wealth".

5. Staff from the Global Fund to Fight AIDS, Tuberculosis and Malaria had visited the WHO Regional Office for Europe on 14 March, and regional directors of the United Nations agencies in Europe and central Asia had met at the Regional Office on 15–16 March to discuss how to improve coherence and coordination among their agencies. The Regional Director had attended a joint WHO/European Centre for Disease Prevention and Control (ECDC) meeting on childhood tuberculosis in Stockholm on 17–18 March, while World TB Day had been celebrated on 24 March.

6. The eighth meeting of senior officials of the World Health Organization and the European Commission had been held in Brussels on 25–25 March, attended by the Director-General of WHO and the WHO regional directors for Europe and Africa, as well as the Director of the Pan-American Health Organization (WHO Regional Office for the Americas), together with senior officials from all six WHO regions. During an official visit to the Regional Office on 28 March,

Mrs Sandra Roelofs, First Lady of Georgia, had been welcomed as a WHO goodwill ambassador for the Millennium Development Goals (MDGs).

7. Forthcoming events included the first global ministerial conference on healthy lifestyles and NCD control (Moscow, April 2011), in preparation for the high-level meeting of heads of state and government to be convened by the United Nations General Assembly (New York, September 2011). World Health Day on 7 April 2011 would be on the topic of antimicrobial resistance and would include key events in Copenhagen, Kiev, London, Moscow, Rome and Strasbourg. Other priorities and plans for the following six months were to further strengthen cooperation between WHO and the European Union (EU) through closer links with the European Commission and the European Parliament, as well as joint action with countries holding the presidency of the European Council. Lastly, building on a major review of projected income streams and planned expenditures in the autumn of 2010, the Organization's Global Policy Group (consisting of the WHO Director-General, the Deputy Director-General and regional directors) had discussed and would be implementing a comprehensive agenda for reform of WHO.

Matters arising out of the 128th session of the WHO Executive Board

8. The European member of the Executive Board designated to serve as the link with the SCRC confirmed that EB128 had given the Director-General of WHO a clear mandate to initiate organizational reform. A revised version of the proposed programme budget 2012–2013 should be available by the end of the month, and reform proposals to be published in mid-April would be discussed at a consultation with representatives of Member States in Geneva before the opening of the Sixty-fourth World Health Assembly (WHA64) in May 2011.

9. On technical matters, the Executive Board had adopted no fewer than five resolutions concerned with different aspects of the strengthening of health systems: sustainable health financing structures and universal coverage (resolution EB128.R8); the health workforce (EB128.R9); health emergency and disaster management (EB128.R10); nursing and midwifery (EB128.R11), and national policy dialogue (EB128.R12).

10. The Executive Board had decided (by resolution EB128.R14) to establish a time-bound and results-oriented working group on the process and methods of election of the Director-General, open to all Member States. The working group was to submit an interim progress report to WHA64 and a final report to EB130 in January 2012.

11. The Regional Director informed the SCRC that an internal task force had been established so that the Regional Office could scale up its efforts in support of attainment of the MDGs (resolution EB128.R1), and she noted that the Regional Office's Barcelona Office for Health Systems Strengthening had made a major contribution to *The world health report 2010. Health systems financing: the path to universal coverage* (resolution EB128.R8). The key messages in that report deserved to be made widely known throughout the European Region.

Revised proposed programme budget 2012–2013 and WHO reform

12. The Director, Programme Management informed the SCRC that EB128 had called for the draft proposed programme budget 2012–2013 to be revised downwards and based on actual implementation of the 2008–2009 programme budget, since the levels of projected income in the 2010–2011 programme budget were proving to be too ambitious in a climate of heightened

economic uncertainty. At the same time, the Regional Director's new priorities entailed a certain amount of "rebalancing" in any case. It was likely that the Regional Office's share of the global base programme budget 2012–2013 would nonetheless be at the upper end of the range obtained by applying the validation mechanism that had been developed pursuant to the World Health Assembly's decision WHA57(10) of 22 May 2004. The Regional Office had recently launched an operational planning exercise for the biennium 2012–2013 and was making efforts to prioritize its outputs and distribute resources accordingly. It was likely that budget cuts and realignment of activities would most severely affect support work related to strategic objectives (SOs) 12 and 13, which would entail a close review of the activities of all WHO country offices in the European Region. The Standing Committee welcomed the efforts being made by the Secretariat to translate WHO's core functions into the proposed programme budget 2012–2013.

13. To meet the need for a more flexible organization and respond to a likely fall of 10–15% in income for 2010–2011, the Executive Board had encouraged the Director-General and regional directors to take forward proposals with the aim of presenting a reform programme to the World Health Assembly in May 2011. The three main elements in the proposed reform programme were (a) a plan to strengthen WHO's central role in global health governance, including the establishment of a multistakeholder forum (an element led by the Regional Director for Europe); (b) a framework for systematic and objective priority-setting in WHO, with a financing model which ensured that the Organization's core functions were adequately funded; and (c) detailed managerial reforms, including a simplified planning and accountability framework, a revised human resources strategy (entailing major revisions to the Staff Rules and Regulations), and a new organizational design.

14. The SCRC greatly appreciated the reform being undertaken. Its spirit needed to permeate the whole Organization, including the Regional Office and country offices. WHO would have to become smaller and more focused, and to produce work of higher quality that genuinely added value. The Standing Committee believed that the Regional Office for Europe was at the forefront of the reform movement.

Feedback and lessons learned from the sixtieth session of the Regional Committee (RC60)

15. At its previous sessions in September and November 2010, the Eighteenth SCRC had reviewed the substance and content of RC60. With regard to the logistics, structure and format of discussions, settings, etc., the main observations on the positive side were the presence of high-level personalities, the specific "ministerial day", and the mixture of elements from a formal Regional Committee session and a ministerial conference. Less positive aspects included extensive documentation, some of which had been despatched late, insufficiently interactive ministerial panel discussions, routine introductory statements by SCRC members, and a suboptimal platform for constructive dialogue with nongovernmental organizations (NGOs). There had also been a large number of side events (technical briefings, ministerial lunches, ministerial panels, etc.)

16. The SCRC agreed with that analysis, adding that it would be useful to strike a better gender balance in future ministerial panels. Focusing on specific topics would make it easier to engage in dialogue with partner organizations. Sufficient time should be set aside for participants to make informal contact with each other during coffee breaks, at lunch, etc. SCRC members could be designated as focal points for discussion of given agenda items, and the appropriate form of their involvement could then be agreed. The Regional Director was urged to balance the membership of ministerial panels and to foster interaction with all participants. It might be possible to organize parallel sessions or lunchtime events, and to arrange for a "pre-

meeting" of NGOs, the conclusions of which could be reported back to the Regional Committee by one representative.

Review of the provisional agenda and programme of the sixty-first session of the Regional Committee (RC61)

17. The SCRC member from Azerbaijan reported that all arrangements for RC61 were well in hand: a memorandum of agreement with the Regional Office had been signed on 1 March 2011; the venue decided upon (Gulistan Palace) had excellent facilities; hotels had been selected offering different levels of accommodation; and receptions were being organized, including one hosted by the Government at Buta Palace. The SCRC commended the host country on its preparations and expressed a clear preference for a "face-to-face" seating plan for representatives, ideally with provision made for all members of each country's delegation to sit together.

18. The provisional programme of RC61 extended over four full days and included extensive discussion of strengthening health systems on the second day (Tuesday 13 September 2011), a "ministerial day"; a new item on strategic coherence of the Regional Office's work on the third day (for which a draft paper would be presented to the Standing Committee at its fourth session); and a partnership panel and the strategic aspects of technical items (antibiotic resistance, tuberculosis and HIV/AIDS) on the last day.

19. The SCRC believed that most, if not all, of the items on the agenda needed to be considered during the session, so it would be necessary to rearrange the programme in the most efficient way possible. The Director-General would presumably touch on the questions of financing and reform of WHO in her address on Tuesday morning, so it might be appropriate to take up the item on "The proposed programme budget as a strategic tool for accountability" immediately afterwards. The item on a communication strategy for the WHO European Region should not be postponed to 2012; however, it could be included in the Regional Director's address or taken up in a technical briefing (perhaps in conjunction with a health information strategy). Some time in the programme could be gained by not inviting high-level guest speakers to give addresses.

Review of draft documents for RC61

The new European policy for health – Health 2020

20. As part of the process of developing Health 2020, evidence was being gathered for a European review of social determinants of health and the health divide (led by Professor Sir Michael Marmot) and for a study on governance for health in the 21st century (led by Professor Ilona Kickbusch). In addition to those major studies, three investigations were currently under way at the Regional Office: (a) an analysis of resolutions adopted by the Regional Committee for Europe in the previous 10 years, as well as of World Health Assembly resolutions and declarations at ministerial conferences; (b) an examination of the economics of disease prevention; and (c) a review of the experience gained with intersectoral work, notably in the European environment and health process since 1989 and in areas such as transport and obesity.

21. The concept paper on Health 2020 before the SCRC had also been reviewed by the European Health Policy Forum in Andorra earlier in the month. On that occasion, members of the Forum had acknowledged the need for a vision for a new era, regarding Health 2020 as the overall framework for all WHO's work. They had recognized that Health 2020 called for a

"whole-of-government" approach, and that governance for health was the key overarching issue. They had supported the idea of targets for the WHO European Region, and they had called for a concise policy document that was relevant to all Member States. The policy was being elaborated in the light of those comments.

22. The Health 2020 policy document itself would start by making the case for a shift in the way that countries dealt with health in a rapidly changing global and regional context. The second part of the document would set out the policy framework for health to 2020, while the third and final part would be action-oriented, describing how to make change happen. Governance and health inequalities/social determinants could be understood as "lenses" through which all technical areas of health could be viewed. The first draft of the Health 2020 policy would be sent out to Member States and partners for consultation at the end of April 2011 and would be reviewed by the SCRC at its next session.

23. The Standing Committee agreed that Health 2020 would provide the overarching policy framework but expressed concern about the need to identify the key actors, to specify whether goals and targets would be set for Member States or for the Regional Office, and to link them to the MDGs. With regard to the economics of disease prevention, the Standing Committee also called for the ethical dimension of prevention to be highlighted.

24. In response, it was pointed out that the time frame of Health 2020 extended beyond that of the MDGs, while the subject matter of the latter was encompassed by the former. Health 2020 would place emphasis on partnership with sectors other than health; representatives of other sectors could be invited to the next meeting of the European Health Policy Forum in November 2011. Non-binding targets would be proposed for the European Region as a whole, which it was hoped would inspire Member States to develop their own. Indicators and a monitoring process could be discussed at RC61.

Strengthening public health capacities and services in Europe

25. The draft document on strengthening public health capacities and services began by restating the definitions of public health as proposed by Sir Donald Acheson in 1988 and of a health system as contained in the Tallinn Charter. It then listed and described the 10 essential public health operations (EPHOs) that had been piloted in the European Region for the previous four years. The next part of the document, setting out a framework for action, contained sections on regulation, health protection, disease prevention, health promotion, the public health workforce, research, and organizational structures. The document concluded by outlining the role of the Regional Office in that area. An external consultation with public health experts would be organized in April 2011, and the revised EPHO "tool" would be tested in three countries in August 2011. A concise version of the document would be submitted to RC61 as a working paper.

26. The European Health Policy Forum had also reviewed the draft document. It had welcomed the fact that public health was back on European countries' agenda and fully supported the action framework. In addition, it had highlighted the relevance of a systematic approach to public health operations and services, noting the importance of having measurable indicators so that information could be used to persuade other sectors.

27. The SCRC welcomed the progress made in developing the document since its previous session. It noted that the definition of a health system in the Tallinn Charter differed slightly from that in *The world health report 2000*, in that the former made reference to the social, environmental and economic determinants of health. The Standing Committee agreed, however, that the most important task was to go ahead and strengthen action on public health.

Interim report on implementation of the Tallinn Charter

28. A working group consisting of representatives of nine Member States had been set up to compile the interim report on implementation of the commitments in the Tallinn Charter; a questionnaire had been sent to all countries in the Region, and replies had been received to date from 18. In addition to a synthesis of those responses, the interim report would contain sections on measuring health system performance (the central theme of the Charter), on sustaining equity, solidarity and health gain in the context of the economic crisis, and on improving performance through leadership of multisectoral action to improve health. It was already evident that the Tallinn Charter had led to a more vigorous policy dialogue on the importance of preserving, reforming and investing in health systems. Leadership, innovation and openness had been key factors in moving forward successfully with the Tallinn agenda. The values and policy objectives endorsed in the Charter could be and were being put into practice, with support from the Regional Office. The Health 2020 policy framework would be informed by the lessons learned from implementing the Charter: the importance of the underpinning values of solidarity and equity, the need for a holistic approach to health, and the central role of health systems.

29. At the meeting of the European Health Policy Forum, Member States' representatives had confirmed that the Tallinn Charter was a useful instrument for advocating the importance of strengthening health systems. The focus in the Charter on monitoring and evaluation was particularly useful. The next step would be to establish and maintain a benchmark against which to measure health system performance.

Noncommunicable diseases

30. While the Health 2020 policy framework would look at the societal responses to systemic risks and the Tallinn Charter focused on intra- and intersectoral collaboration, the action plan to implement the European strategy for the prevention and control of noncommunicable diseases (NCD) would suggest specific measures to tackle health risks and the resulting disease burden. It would be based on the same shared values of equity, empowerment and health in all policies, and it would link with action on mental health, violence and injury, the environment and communicable diseases. In addition to addressing the social determinants of health, it would advocate for stronger health systems and for surveillance, monitoring and evaluation. Ten specific actions were being promoted in four areas: planning and oversight (national plans and health information systems, with disaggregation of the social determinants of health); health in all policies (fiscal and marketing measures, transport, and reductions in the intake of salt and trans- and saturated fat); the individual and the community (health literacy and community empowerment); and secondary prevention (assessment and management of cardiovascular and metabolic risks, and cancer screening). A European paper on NCD control would be presented at the ministerial conference in Moscow in April 2011.

31. Participants in the European Health Policy Forum had commented that the action plan should ensure a comprehensive approach to NCD prevention and control; it should link with environmental interventions; more prominence should be given to the social determinants of health; the concepts of health literacy and community empowerment should be "deconstructed" and explained; and areas for targets, if not targets themselves, should be suggested.

32. The Standing Committee welcomed the draft action plan and believed that it was a significant improvement on the outline presented at the previous session. It recommended that more attention should be paid to the links between mental health and NCDs, and that specific reference should be made to the 2006 European strategy and to the 2008–2013 action plan for the global strategy.

Alcohol

33. The European alcohol action plan, on the other hand, was clearly based on previous European strategies covering the period 1992–2005 and represented the regional iteration of the global strategy adopted by the World Health Assembly in 2010 (resolution WHA63.13). It accordingly set out the same five overall objectives as the global strategy: to raise awareness of the burden related to the harmful use of alcohol; to strengthen and disseminate the knowledge base; to increase technical support to Member States; to strengthen partnerships and coordination among stakeholders; and to improve systems for monitoring and surveillance. In addition, the action plan would give options for action in each of the 10 areas covered by the global strategy. As the last stage of the comprehensive drafting and consultation process, the third draft of the European action plan would be sent out to Member States in mid-April 2011 before a final consultation meeting in Zurich on 4–5 May 2011.

34. The SCRC recommended that the action plan should advocate for strengthened regulation and pricing, so as to prevent children from being exposed to alcohol. It recognized the difficulty of the health sector engaging in a genuine partnership with the alcohol industry (although a forum for the exchange of views might be feasible) and acknowledged that there was little scope for a framework convention on alcohol, unlike tobacco.

Antibiotic resistance

35. Antimicrobial resistance (AMR) was a growing problem, particularly in connection with tuberculosis, malaria, human immunodeficiency virus (HIV) and health care-associated infections. In 2011, World Health Day (7 April) would be an opportunity to heighten global awareness of the problem. Every year, 25 000 people died of antibiotic-resistant infections in the European Union, Iceland and Norway. The European Union had had a strategy against AMR in place since 2001, and WHO had published a global strategy for containment of AMR in the same year, but there was a need for a coherent and practical European regional strategic action plan in order to promote the prudent use of antibiotics, reduce morbidity, mortality and related costs, and encourage innovative financing to develop new antibiotics. At a consultation in Copenhagen in August 2010, experts had elaborated seven strategic objectives, which formed the basis of the action plan. They included promoting strategies for the rational use of antibiotics, strengthening surveillance of antibiotic consumption and resistance, as well as infection control in health care settings, preventing emerging resistance in the veterinary and food sectors, and fostering research into new drugs. To those ends, it was planned to carry out country assessment missions in 2011–2012 and to expand EU surveillance protocols to non-EU member countries. A broad coalition of partners, including ECDC, the United States Centers for Disease Control and Prevention, the Bill and Melinda Gates Foundation and the Trans-Atlantic Task Force on Antimicrobial Resistance (TATFAR), would be involved in putting the action plan into effect.

36. The Standing Committee acknowledged the striking progress that had been made with the paper since its previous session and welcomed the regional focus on antibiotic resistance and tuberculosis; nonetheless, it called for the action plan to be firmly anchored in the broader context of AMR, as reflected in the topic of World Health Day 2011.

Multidrug- and extensively drug-resistant tuberculosis (M/XDR-TB)

37. Despite the declining incidence of TB in the European Region, in line with the MDGs, the Region had the lowest rate of successful treatment in the world and the highest rate of drug-resistant TB. Fifteen of the twenty-seven countries with a high burden of MDR-TB were in the European Region and only one third of estimated MDR-TB patients were detected, owing to limited access to diagnosis. In line with the overall goal of achieving universal access to

diagnosis and treatment of M/XDR-TB in all Member States by the end of 2015 (as laid down in the Global Plan to Stop TB 2011–2015), the consolidated action plan for the Region set a number of realistic specific targets: to decrease the proportion of MDR-TB among previously treated patients by 20 percentage points; to diagnose at least 80% of estimated MDR-TB patients; and to treat successfully at least 75% of the estimated number of patients with MDR-TB. The action plan also specified the strategic directions, areas of intervention and key milestones on the way to reaching those targets, as well as indicators and a robust monitoring framework to ensure accountability. The regional action plan had been reviewed at an expert consultation meeting in Copenhagen in December 2010, followed by a web-based consultation with civil society and communities. The budget and monitoring framework would be developed in April–May 2011, and the plan would be launched (together with an action plan on HIV/AIDS) at a ministerial meeting and high-level donor meeting in July 2011, before being submitted to RC61 for endorsement.

Health communication

38. In view of growing gaps and inequities in information, and given the importance of communication as a determinant of health, there was a need and demand for rapid, coherent and trustworthy health information and advice. The aims of the WHO health communication strategy for Europe 2011–2015 were accordingly to strengthen the Regional Office's capacity to serve as an authoritative and responsive centre of excellence and leadership in public health communication and to facilitate the development of communication capacity across the WHO European Region. The strategy identified five areas where action should be taken: (i) ensuring that communication was an integral part of all scientific and technical work, and that staff were able to communicate effectively to a variety of target audiences; (ii) mapping Member States' communication assets and needs, potential partnerships, and new media and technologies; (iii) enhancing the coherence, efficiency and effectiveness of existing and new activities; (iv) advocating for priority health topics and investment in health; and (v) developing capacity across the Region, notably with regard to communication activities that could make a difference to the "upstream" social determinants of health. Key "deliverables" were also specified for each of those areas.

39. The Standing Committee believed that the effectiveness of the Regional Office's communication was one of the main criteria on which to judge the success of its work. It accordingly recommended that the subject should be kept on the agenda of RC61. However, it called for further information about two of the deliverables, an annual regional communication activity and development exercise, and the new European Health Communication Network. In response, it was clarified that the former would entail the Regional Office sending out a short questionnaire to Member States each year; the approach would be piloted with a small number of WHO's country offices. The latter would bring together designated senior government information officers and representatives of the media and NGOs. The communication strategy was designed to complement the Regional Office's information strategy that would be developed and presented to RC62; the latter would focus on the best ways of collecting, storing and disseminating information.

The programme budget as a strategic tool for accountability

40. Building on the concept presented at its previous session, the Director, Programme Management informed the SCRC that the specific objectives of using the programme budget as a tool for accountability were to focus attention on the common public health priorities of the Region, to give donor Member States an improved framework for planning, to ensure more predictability of resources, and to link agreed outcomes with resources and performance. The Secretariat's manageable interest in the value chain extended from inputs (financial and human

resources, information and knowledge, for example) through a process of implementation to outputs such as technical services and advice. Member States, on the other hand, were responsible for translating those outputs into outcomes (the uptake of strategies and interventions) that would ultimately have an impact on their populations' health. Of a total of just over 100 broad outcomes, some 25 priority outcomes would be selected for inclusion in the accountability "contract", in addition to a number of key outputs and process indicators. The process of operational planning for 2012–2013 had recently been initiated at the Regional Office, and a complete draft contract would be presented to the SCRC at its May 2011 session.

41. The Standing Committee welcomed the elaborated concept and the endeavour to tie resources to core activities. In answer to questions raised by the SCRC, the Secretariat confirmed that funding would be directed first to priority outcomes; if specified voluntary contributions were not forthcoming for a particular outcome, core funding would be used. The European Region's approach to accountability was linked to the process of reform in WHO as a whole and was being taken as a model for application in other regions. Member States could be consulted electronically on the draft "contract", in addition to the two meetings with them before and during WHA64. The SCRC reiterated that the subject should be taken up at RC61 immediately after the Director-General's address.

HIV/AIDS

42. Eastern Europe had the fastest-growing HIV epidemic in the world; the coverage and quality of HIV testing and counselling were generally poor; prevention (and especially harm reduction for intravenous drug users) was of poor quality in the eastern part of the Region, as was access to antiretroviral therapy; and there were structural barriers to prevention, diagnosis, treatment and care. Nonetheless, the scientific evidence and experience to halt the epidemic had been accumulated in the Region. Based on the UNAIDS HIV/AIDS strategy 2011–2015, the World Health Assembly in 2010 had requested the WHO Director-General to develop a global health sector strategy for the same period. That strategy had been presented to the Executive Board in January 2011 and a European action plan had been drafted. It would outline actions to be taken under four broad headings: core responses (testing and counselling, transmission in various settings); leveraging broader health outcomes (tuberculosis, drug dependence, and sexual, reproductive, maternal and child health programmes); building strong and sustainable systems (surveillance, service delivery, financing and governance); and reducing vulnerability and structural barriers (laws and regulations, stigma and discrimination). Online and in-country consultations had been initiated, and a European regional meeting had been held in Kiev on 17 March 2011. The draft action plan would be presented to the SCRC at its May 2011 session.

Address by a representative of the WHO Regional Office for Europe's Staff Association

43. In a pre-recorded message, the President of the WHO Regional Office for Europe's Staff Association (EURSA) looked back on 2010 as a year of change, when WHO/Europe had been put to the test. The new global management system (GSM) had continued to experience system errors and other anomalies, as well as problems with payroll and payments to external suppliers. The new Regional Director had taken office with a vision that had required a thorough review of existing programmes, leading in turn to a revised organizational structure and a rework of the human resources plan. The global financial crisis had put additional pressure on the Regional Office, and the flooding of the Copenhagen premises in August 2010 had resulted in a week of closure and disruption to communication services. It was to the credit of both staff and management that the Regional Office continued to be productive and that the year had ended in relative calm.

44. Looking forward, there were a number of issues that continued to challenge WHO at regional and global levels and the United Nations common system as a whole. Those included abolition of the split 60/62 mandatory age of separation rule; raising of the mandatory age of separation to an age that was appropriate and relevant to current standards in Europe; and improvement of maternity and paternity benefits. As the demands for productivity and excellence continued to grow, so too must the protection of staff rights and the promotion of staff welfare, in terms of both their physical and their mental health.

45. The EURSA Staff Committee would continue to work closely with the other staff associations and with global management on the WHO programme of reform, a global WHO response to the results of the consultation on the future of financing of WHO that had been discussed at EB128. On that occasion, the WHO staff associations had collectively proposed actions that would increase productivity, raise the quality of outputs, improve recruitment and retention, lower rates of sick leave, reduce overhead costs and create a more motivated workforce. At regional level, measures proposed included putting into place a teleworking policy; introducing more flexible working arrangements; closely monitoring and enforcing the taking of earned leave; discouraging workaholic behaviour; and actively developing and promoting best practices for mental and physical health in the workplace.

46. The Standing Committee welcomed the coherent messages being put forward by the Organization's staff associations at meetings of its global and regional governing bodies. It was informed that the best teleworking practices of other United Nations agencies had been unanimously supported at the Global Staff Management Council meeting that the President, EURSA was currently attending in Geneva; a proposal would be forwarded to the Director-General for subsequent submission to WHA64. The Regional Director also highly appreciated the good working relations with EURSA but noted that proposals related to staff's terms and conditions of employment were properly a staff–management matter that should first be presented for internal discussion.

Membership of WHO bodies and committees

47. The Regional Director recalled that, following the Regional Committee's adoption of resolution EUR/RC60/R3 the previous year, the ban on dual membership of the Executive Board and the SCRC had been lifted. Furthermore, the criteria for the selection of candidates to serve on the Executive Board and on Standing Committee (as contained in Part 2 of the annex to that resolution) should be respected, even though that might lead to the same country being a candidate for membership of both bodies.

48. On that basis, the SCRC reached agreement by consensus on the countries that it would recommend for membership of the Executive Board, the Standing Committee and the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction.

Oversight functions and transparency of the SCRC

SCRC oversight report

49. The oversight report presented to the SCRC by the Regional Director, updated as of February 2011, described the financial outlook for the Regional Office and contained summaries of key outcomes and outputs for the period July–December 2010, new collaborative agreements and impediments to programme delivery. The conclusions to be drawn from the financial outlook were that overall projected income at macro level would be adequate to cover

planned expenditures in 2010–2011, but that serious problems existed within individual strategic objectives, owing to earmarking of voluntary contributions (VCs). There were four main reasons for the Regional Office's current difficulties: the financial crisis, leading to reduced VCs from some large donors; the "earmarking" of VCs to specific programmes; the weakness of the United States dollar; and past human resources policies, whereby 90% of the Regional Office staff contracts were long-term commitments whereas 80% of funding was short-term.

50. A final issue was the WHO European Centre for Environment and Health in Rome. On 26 March 2007, the Regional Office and the government of Italy had signed an agreement extending the original 1990 agreement to 31 December 2016. That 2007 agreement required ratification by the Italian parliament in order to take effect; however, to date no such ratification had been obtained. Following consultation with the Organization's Legal Counsel, a letter had been sent to the Italian Ministry of Health the previous week stating that if no agreement was reached by 15 April 2011, closure of the Centre would be initiated. In line with the provisions of Regional Committee resolution EUR/RC54/R6, the Regional Director was requested "to consult with the Regional Committee when planning … to establish a new GDO [geographically dispersed office] or close an existing one." However, deferring closure of the Rome Centre until after RC61 would further aggravate the Regional Office's financial situation by an amount of at least € 1 million. Rule 14.2.10 of the Rules of Procedure of the Regional Committee empowered 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."

51. The Standing Committee fully supported the approach being taken by the Regional Director. It was reassured to learn that, in the event of closure of the Rome Centre, its functions would continue either at the Regional Office in Copenhagen or at the European Centre for Environment and Health in Bonn.

Selection processes for membership of the SCRC and linkages to the RC

52. Two issues had been referred to the Eighteenth SCRC by the previous SCRC's Working Group on Health Governance: the process of election to membership of the Standing Committee, whereby a consolidated proposal for membership was drawn up by officers of the Standing Committee, leading to concerns about the creation of an "insiders' club"; and the more or less automatic progression from Vice-Chairperson of the SCRC to Executive President of the Regional Committee. On the former question, there were two options: either, as was currently the case, to strive for consensus among all the countries in the Region, or to arrange for the groups of countries (A, B and C) to reach agreement within each group.

53. The Standing Committee was firmly in favour of the first option; the alternative would go against the idea of "one Europe". In addition, however, it suggested that candidates might be asked to make a presentation at the March session of the SCRC. On the second issue, it believed that the benefits of linkage between the positions of Chairperson of the Standing Committee and Executive President of the Regional Committee, in terms of visibility, continuity and experience gained, outweighed any possible disadvantages. The Rules of Procedure of the Regional Committee might benefit from being clarified in that regard, however.

Preparations for the "open" meeting of the SCRC

54. For the open meeting of the SCRC in Geneva on Saturday 14 and Sunday 15 May 2011, it was proposed to follow Rule 3 of the Rules of Procedure of the Executive Board with regard to non-members' rights to participate, speak, make proposals and reply, and the cost of their attendance. It was also suggested that the open SCRC meeting should concentrate on SCRC matters, while the meeting of all European Member States later the same day should focus on

issues on the agenda of WHA64. Lastly, the Standing Committee was asked to comment on the advisability of posting all documents related to its sessions on the Regional Office's public web site.

55. The SCRC endorsed the proposal and suggestion concerning the open meeting of the SCRC; if the experiment proved to be a success, the Rules of Procedure of the Standing Committee might need to be amended accordingly. The Standing Committee believed that draft and working documents for its sessions should not be publicly available, since they still represented "work in progress".

Regional coordination during and between meetings of the global governing bodies

56. Following discussions with representatives of permanent missions of European Member States in Geneva in December 2010, they had designated a focal point from among their number to lead a mechanism for ensuring pan-European coordination in connection with intergovernmental meetings and processes in the period up to June 2012. In addition, it was proposed that the briefing meetings for European Member States held each day during EB128 should be repeated during WHA64. Lastly, a member of the Executive Board would continue to be designated to serve as the link between the Board and SCRC.

57. The Standing Committee believed that European Member States would welcome the increased opportunities to share information but would be concerned about the large number of meetings involved.

Preparations for the Sixty-fourth World Health Assembly and the 129th session of the Executive Board

58. The Regional Director informed the SCRC members of the people who had been identified to assume the offices of elective posts at WHA64 (President of the Health Assembly, Rapporteur of Committee A and Vice-Chairperson of Committee B), and of the countries that would be proposed for membership of the General Committee and the Committee on Credentials. The SCRC members fully supported the proposals made by Regional Director.

Date and place of sessions of the Nineteenth SCRC

59. The Standing Committee accepted with gratitude the offer extended by the member from Sweden to host the second session of the Nineteenth SCRC in Stockholm on 14 and 15 November 2011.

Other matters

60. The SCRC paid tribute to the outstanding contribution made by the adviser to the member from Sweden and wished him all the best in his new post as head of a newly established centre for analysis and evaluation of the health sector in his country.