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Second session

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Report of the second session

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Introduction

1. The Nineteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its second session at Münchenbryggeriet in Stockholm, Sweden on 14 and 15 November 2011. Apologies for absence were received from Professor Ogtay Shiraliyev (Azerbaijan), Professor Veronika Skvortsova (Russian Federation, replaced by her alternate Dr Oleg Chestnov), Dr Carmen Amela Heras (Spain, replaced by her alternate Dr Karoline Fernández de la Hoy) and Dr Josep Casals (Chairperson of the Eighteenth SCRC).

Opening statement by the WHO Regional Director for Europe

2. In her opening statement Zsuzsanna Jakab, WHO Regional Director for Europe, introduced Ms Noemi Kondorosi, the recently appointed Technical Officer for Regional Governance at the WHO Regional Office for Europe, and informed the SCRC that the report of the sixty-first session of the WHO Regional Committee for Europe (RC61) had been uploaded to the Regional Office's web site (www.euro.who.int) in English and would shortly be available in the other working languages of the Region.

3. The Regional Director had attended a meeting of the Organization's Global Policy Group in New York on 17 and 18 September 2011, at which the subject of WHO reform had been discussed in preparation for a special session of the Executive Board (Geneva, 1–3 November). Other international events in which she and Regional Office staff had participated included the United Nations General Assembly High-level Meeting on Noncommunicable Diseases – NCD (New York, 19–20 September), the opening of a new Regional Office centre on NCD in Athens on 23 September, the Third Islamic Conference of Health Ministers (Astana, Kazakhstan, 29 September – 1 October) and the European Health Forum Gastein (Bad Hofgastein, Austria, 5–8 October). Meetings of chief medical officers (CMOs) and chief nursing officers (CNOs) of European Union (EU) member countries had been held in Warsaw on 6 October, under Poland's presidency of the EU Council, followed by a meeting of CNOs of all Member States in the WHO European Region on 7–8 October. The "road map" to prevent and combat multidrug- and extensively drug-resistant tuberculosis (M/XDR-TB) in the 53 countries in the WHO European Region had been launched at the International Forum on MDG-6 (United Nations Millennium Development Goal 6 on combating HIV/AIDS, malaria and other diseases) in Eastern Europe and Central Asia (Moscow, Russian Federation, 10–11 October), in the presence of Mr John Dalli, European Commissioner for Health and Consumer Policy, and Professor Michel Kazatchkine, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Other major events in October had included the third Forum of health ministers from the 10 countries in the South-eastern Europe Health Network (SEEHN) (Banja Luka, Bosnia and Herzegovina, 13–14 October) and the World Health Summit (Berlin, 23–26 October). An EU Council Presidency conference had been held in Poznan, Poland, on 7–8 November on Solidarity in health – Closing the gaps between EU States, and the Regional Director had received the Andrija Stampar Medal at the conference of the Association of Schools of Public Health in the European Region (ASPHER) in Copenhagen on 10 November.

4. Members of the SCRC noted that the Council of Europe Convention on Counterfeiting of Medical Products and Similar Crimes involving Threats to Public Health (the "Medicrime" Convention) had been finalized at an international high-level conference in Moscow on 26–28 October, while the first meeting of the Environment and Health Task Force had been held in Bled, Slovenia, on 27–28 October. Before the EU Council Presidency conference, a meeting of directors of national institutes of public health had been held in Poznan on 5–6 November. At the Eighth Annual Conference of the Northern Dimension Partnership in Public Health and

Social Well-being (St Petersburg, 24–25 November), it was expected that agreement would be reached on the need for the Secretariat to have its own legal capacity.

Report of the first session of the Nineteenth SCRC

5. The report of the Nineteenth SCRC's first session (Baku, Azerbaijan, 15 September 2011) was adopted without amendment.

Follow-up to the sixty-first session of the Regional Committee

6. In addition to the customary paper identifying areas in the resolutions adopted and discussions held at RC61 where follow-up action was required, the Secretariat had compiled a document that set out the practical lessons learned from organization of the session, and it had also prepared a "rolling programme" of agenda items for future sessions of the Regional Committee up to 2020. The SCRC's guidance was sought on a number of questions: how best to engage ministers in the Regional Committee; what role the SCRC could play in ensuring more strategic consultations with Member States on action plans and other policy documents; whether parallel working groups should continue to be used at Regional Committee sessions; and whether consideration of the financial implications of resolutions adopted should be limited to the Regional Office or extended to cover Member States, too.

7. The SCRC welcomed the rolling programme of agenda items and suggested that ministerial involvement in sessions could be promoted by organizing ceremonies or events to launch key policy documents such as the new European policy for health, Health 2020. Nonetheless, such documents would continue to be formally adopted or endorsed by means of resolutions taken by the Regional Committee. Strategic consultation through the European Health Policy Forum of High-Level Government Officials would be evaluated towards the end of 2012, once Health 2020, the new European policy for health, had been adopted. Parallel working groups could usefully be organized for "brainstorming" at the early stages of discussion of a given subject. Consideration of the financial implications of Regional Committee resolutions should focus on the estimated cost (and benefit) of Secretariat actions.

Feedback from the United Nations high-level meeting on noncommunicable disease prevention and control

8. The Director, Division of Noncommunicable Diseases and Health Promotion referred to 2011 as the "year of NCDs". Following a regional high-level consultation in Oslo in November 2010, the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Diseases Control had taken place in Moscow in April 2011. The Sixty-fourth World Health Assembly in May 2011 had adopted resolution WHA64.11, endorsing the Moscow Declaration, while the Regional Committee in September 2011 (on the eve of the United Nations high-level meeting) had adopted an action plan for implementing the European NCD strategy. All those events had resulted in a large number of official information products, such as declarations and resolutions, as well as of technical documents.

9. The Political Declaration from the United Nations high-level meeting had been adopted by the General Assembly in resolution A/RES/66/2. The European NCD Action Plan anticipated the effective elements of the Political Declaration, so there was resonance between the two documents on reducing risk factors and create health-promoting environments; strengthening national policies and health systems; international cooperation and partnerships; and research and development, monitoring and evaluation.

10. Follow-up to the Political Declaration could be framed to cover three main areas, and delivery of the European NCD Action Plan could be envisaged in a similar way. First, a comprehensive monitoring framework, including voluntary indicators and targets, should be developed by the end of 2012 (a regional consultation on the global monitoring framework and options for surveillance, monitoring and evaluation of the European NCD Action Plan was provisionally scheduled to be held in Oslo in February 2012, and voluntary global targets and indicators would be submitted to the Sixty-fifth World Health Assembly in May 2012 for endorsement; regional NCD indicators and targets would then be "synchronized" with the global ones and incorporated in Health 2020, to be presented to RC62 in Malta in September 2012). Second, options for effective partnerships to carry forward multisectoral actions should be elaborated by the end of 2012 (a WHO regional meeting of technical counterparts from Member States, governmental and nongovernmental organizations and experts was provisionally scheduled for spring 2012). Third, multisectoral national policies and plans for the prevention and treatment of NCDs should be strengthened and implemented by 2013 (the SEEHN meeting in Banja Luka had focused on NCDs, and the Regional Office was working with countries within the framework of the 2012–2013 biennial collaborative agreements (BCAs) to provide technical support on national policies and plans for the prevention and treatment of NCDs).

Provisional agenda of the sixty-second session of the Regional Committee: review of main technical/policy subjects

11. The Standing Committee made an initial review of the items for inclusion in the provisional agenda of RC62 as set out in the "rolling programme" of future RC sessions. The provisional agenda was generally seen as being too extensive, and the SCRC emphasized the need to prioritize. It noted that the Regional Director's report on the work of WHO in the European Region in 2010–2011 and the customary paper on implementation of the programme budget did not need to be presented under formal agenda items. It suggested that, as was done in the Executive Board, the agenda could be separated into items for decision/adoption and matters for information. It recommended that speakers should be strictly limited to three-minute interventions. Lastly, it recognized that possible organization of parallel working groups would depend on the size of the premises required and available.

Health 2020 – the new European policy for health

12. The Head, Policy and Cross-cutting Programmes and Regional Director's Special Projects listed the milestones in phase II of the preparation of Health 2020, between September 2011 and September 2012, and described the core "package" of working papers and information documents that would be submitted to RC62. Overall, Health 2020 should promote strategies and interventions that had the greatest potential for making the most significant difference in people's level of health, with emphasis on addressing health inequalities, the social determinants of health and systematic prevention. One important issue in phase II was to develop a limited number of European targets that captured the main strategic objectives of Health 2020.

13. The Director, Division of Information, Evidence, Research and Innovation reported that, following the technical discussion at RC61 on setting targets for Health 2020, programme managers at the Regional Office had been asked to propose targets in their respective fields. The SCRC working group had held a fourth teleconference on 11 November to discuss the criteria to be applied in order to draw up a short list; examples of such targets, as well as the methodology used and arrangements for consultation with Member States, would be discussed at the forthcoming meeting of the European Health Policy Forum and the first Health 2020 conference (Jerusalem, Israel, 27–29 November).

14. The Standing Committee called for the "short version" of the Health 2020 policy document to be a separate document aimed at a political (rather than a technical) audience, such as prime ministers and ministers in sectors other than health. Through case studies of innovative approaches, it should examine the economics of prevention, present clear evidence of the benefits for society of investing in health, and outline policy directions. The more technical "mother document" should be addressed at the public health community and explore ways of giving effect to the desired policy.

15. The SCRC also suggested that the specific target groups mentioned in Health 2020 should be expanded to include indigenous populations, not merely Roma, and that migration should be regarded as a health determinant. In addition, the SCRC expressed the need to further develop that section of the document and make it more generally relevant by including disadvantaged population groups.

16. Lastly, the Standing Committee noted that Health 2020 was complementary with Europe 2020, the EU's growth strategy for the coming decade, although the latter did not formally include a health component. While not wishing to formalize the involvement of the European Commission in drawing up Health 2020, the SCRC suggested that the new European policy for health could be placed on the agenda of the meeting of the Working Party on Public Health at Senior Level due to be held in March 2012 under Denmark's presidency of the EU Council.

European action plan for strengthening public health capacities and services

17. The Director, Division of Health Systems reported that, pursuant to Regional Committee resolution EUR/RC61/R2, the Secretariat was developing a European action plan on public health. An evaluation of public health services in selected western European countries had been launched, as had a study on policy tools and instruments for public health, while a consultation process had started: in addition to the SEEHN Forum meeting and the ASPHER and EU Council Presidency conferences, a first consultation on human resources for public health had been held in Copenhagen on 4 and 5 October. Further exchanges of views would take place at the European Health Policy Forum meeting and the Health 2020 conference. The SCRC was asked to give guidance on the proposed approach and timeline leading up to RC62, the target audience, and the involvement of Member States.

18. SCRC members drew attention to the fact that the preliminary results of a study of public health capacities in EU countries had recently been presented and that the full report would shortly be available from the University of Maastricht (http://www.inthealth.eu). They suggested that those findings should be taken into account during development of the action plan. Ongoing consultation with Member States (at further meetings and by e-mail), as well as at subnational level and with nongovernmental organizations (NGOs) and the European Commission, was important to foster the broadest possible ownership of the plan. Some members called for further clarification of concepts such as "public health capacities", "public health competencies" and "health literacy".

19. The Standing Committee recognized that the action plan would be instrumental for implementing Health 2020 and looked forward to reviewing a draft of the plan at its next session.

Strategy and action plan for healthy ageing in Europe

20. The Coordinator, Healthy Ageing, Disability and Long-term Care presented an outline of the strategy and action plan, together with a first proposed draft of the full document. The latter

had not yet been the subject of consultation with Member States. The strategy would have four components: healthy ageing over the life course; supportive environments; strengthening health systems for ageing populations; and addressing the gaps in research and evidence. As had been done with the European NCD Action Plan, a set of criteria had been applied in order to select a limited number of priority interventions (such as prevention of falls, vaccination of older persons and improved training of staff) and supportive interventions (prevention of elder maltreatment and social isolation, development of strategies for ensuring the quality of care for older people).

21. It was proposed to prepare a second full draft of the document by the end of January 2012 and to hold a regional consultation on it with national focal points at the end of February. That version could also be reviewed by the Standing Committee at its next session. In addition, a web-based consultation could take place between February and mid-April, following which the third, revised draft would be submitted to the SCRC in May.

22. The Standing Committee believed that four areas in the action plan deserved more attention: permanent links should be maintained between the health system and social care; supportive environments should be promoted at national, not just at city, level; secondary measures related to falls should be considered (e.g. treatment of osteoporosis); and action to promote mental health (such as early diagnosis of depression) should be included in the plan. For tackling dementia, however, the social dimension (family support) would be important. Equally, the plan should cover the early diagnosis of NCDs and health promotion in general. Empowerment of older people should include involving them in planning the rest of their lives. More generally, interventions could be categorized in terms of those related to data collection, those targeted at individuals and those to be carried out at country level. Consideration should also be given to questions of training appropriate human resources for health ageing.

23. The SCRC expressed strong support for a strategy and action plan on healthy ageing in Europe to be placed on the agenda of RC62. There were strong linkages, the SCRC believed, between the action plan on healthy ageing and many of the other documents under consideration at the session, such as the communications strategy and the European NCD Action Plan: a comprehensive approach to the whole life span should be adopted. Ultimately, the areas of priority intervention formed part of the overall vision of Health 2020.

Framework for a health information strategy for Europe

24. The Director, Division of Information, Evidence, Research and Innovation explained that a health information strategy was needed to cross the barrier between evidence and policy. In response to World Health Assembly resolution WHA60.27, it should help WHO to reduce inequalities in health information between Member States, prevent multiplication of requests and alleviate the reporting burden, and potentially lead to a joint strategy with other agencies. As one step along that path, a "road map" had been agreed with the European Commission and joint implementation had started (mapping of databases, description of system architectures and quality assessment).

25. The framework for the proposed strategy consisted of four sections:

- Vision, mission statement, target audience and background
- Objectives, strategic goals, outputs and expected outcomes
- Elements required for implementation, partnerships, and monitoring and evaluation
- Conclusions, implementation plan and definitions/references.

26. The approval of the SCRC and of partners was being sought on the structure, content and feasibility of the framework, as well as on the implementation plan.

27. The Standing Committee endorsed the aim of the strategy, which was to enable Member States to make more efficient use of existing information for decision- and policy-making purposes, rather than to ask them to collect even more data. Equally, the SCRC welcomed the idea of setting up a working group to take forward the elaboration of the strategy, noting that such an arrangement was proving to be an effective way of tackling the Health 2020 targets. Developing a single health information system covering the whole WHO European Region would be a lengthy, continuous and iterative process, however. In order to secure the support of all interested parties, including the European Commission, the Standing Committee accordingly suggested that the working group, once constituted, could make recommendations to the SCRC at its session in March or May 2012 about the best way for the subject to be taken up at RC62 (presentation of a progress report, "brainstorming" session, etc.).

European mental health strategy and action plan

28. The Director, Division of Noncommunicable Diseases and Health Promotion noted that, owing to their prevalence and the burden of disease and disability they imposed, mental disorders were one of the greatest public health challenges in the WHO European Region. A significant treatment gap had opened up, with a wide diversity of service provision. Building on a declaration and action plan for Europe that had been endorsed by the Regional Committee in 2005, there was scope for a new strategy that would improve the mental well-being of the population, respects the rights of people with mental health problems and establish accessible, safe and effective services. The strategy would contain four core and three cross-cutting objectives, and extensive consultations were proposed to be held over a two-year period leading up to RC63 in 2013.

29. The SCRC appreciated its involvement at an early stage of drawing up the strategy and recognized that the outline covered most of the necessary areas. While cautioning against equating the number of hospital beds in mental hospitals or community psychiatric inpatient units with the quality of care delivered, it called for more emphasis to be placed on early detection and treatment in the community. In addition, the strategy should take account of the need for people with mental health problems to be protected against abuse such as unjustified detention or sequestration of assets.

Further development of a new communication strategy for the WHO Regional Office for Europe

30. The Executive Manager, Country Relations and Corporate Communication recalled that at its fourth session in May 2011, the Eighteenth SCRC had recommended that the new communication strategy should not be placed on the agenda of RC61, as it already had too many items for discussion. Since then, work had been done on further developing the strategy: its vision, aims and objectives had been refined in a concept note, which also proposed sections on branding and messages; risk and crisis communication; structural and functional issues; channels and tools; target audiences; partnerships; capacity development and setting up a communication network; links; and evaluation of communication impacts. A complete draft of the new strategy would be the subject of three subregional consultations with Member States in January and February 2012, before a revised version was submitted to the SCRC at its next session.

31. The SCRC called for the new strategy to distinguish clearly between general or "normal" communication, risk communication and crisis communication. Each was aimed at different target groups and used different tools. A very specific role was already being played by the risk communicators' network established by the European Commission under the aegis of the EU Health Security Committee. The Standing Committee recognized that the Regional Office might

need to communicate both with policy-makers and technical experts, on the one hand, and with the general public, on the other; however, target groups should always be clearly defined, and Member States must be kept informed of messages being transmitted by WHO to the general public. Communication capacities should be measured in WHO as well as in Member States. Duplication of efforts undertaken by the European Centre for Disease Prevention and Control (ECDC) should be avoided, and information from WHO's technical and settings-based networks should be coordinated. The strategy should give further details of how the Regional Office intended to strengthen communication capacities across the Region, and of the resources it would require to do so.

Elective posts at the Sixty-fifth World Health Assembly

32. The European Region would be called on to present nominations for the posts of Vice-President of the Sixty-fifth World Health Assembly and Vice-Chairperson of its Committee A. The Regional Director asked members of the Standing Committee to submit proposals to her, if they so wished, and suggested that an electronic consultation of the SCRC could be organized in January 2012.

33. In addition, the European Region would, as was customary, nominate five members of the General Committee (i.e. from the three countries that were permanent members of the United Nations Security Council and two others) and three members of the Credentials Committee. Before Christmas, she would send SCRC members a list showing the previous members of those committees, together with her proposals for 2012.

Membership of WHO bodies and committees

34. The Regional Director informed the SCRC that the customary nominations or elections for membership of the following WHO bodies and committees would take place at the sixty-second session of the Regional Committee:

- Executive Board 2 seats
- Standing Committee of the Regional Committee 4 seats
- European Environment and Health Ministerial Board 4 seats

35. She suggested that the terms of office of the members of European Environment and Health Ministerial Board could be staggered, to ensure better rotation of membership. Letters calling for nominations to those bodies and committees would be sent to Member States in early 2012.

36. The Executive Manager, Division of Communicable Diseases, Health Security and Environment informed the SCRC that in May 2011 the Sixty-fourth World Health Assembly had (by resolution WHA64.5) adopted the Pandemic Influenza Preparedness (PIP) Framework (as contained in document A64/8). The oversight mechanism established as part of the Framework consisted of the World Health Assembly, the Director-General of WHO and an 18-member independent advisory group (three experts from each WHO region). Each member would serve a three-year term of office, renewable once, in his or her personal capacity as an expert. One third of the membership would be renewed each year.

37. In the absence of formal guidance on consultation with Member States, and with no roster of experts already drawn up, the Regional Office Secretariat had forwarded to WHO headquarters by the deadline of 2 September 2011 proposals for three nominees, selected to ensure balanced geographical representation, a broad range of expertise and a mix of experience

with the PIP process. The nominees were Professor Didier Houssin (France), Dr Silvi Bini (Albania) and Professor Oleg Kiselev (Russian Federation). The Director-General was expected to appoint members later in the week, and the first meeting of the Advisory Group was scheduled to be held on 21–23 November 2011.

38. While endorsing the nominations proposed, the Standing Committee expressed concern at the process that had been followed: neither it nor the Regional Committee had had an opportunity to review the nominations, and it was unlikely that the members selected would be able to attend a meeting at such short notice. The Standing Committee recommended that in future a roster of experts should be built up in an open and transparent way, including consultation with the Regional Committee.

Feedback from the special session of the Executive Board

39. The Regional Director reported that a unique special session of the Executive Board had been held on 1–3 November 2011, attended not only by the 34 members of the Board but also by delegations from 82 Member States. Three formal decisions had been adopted, on programmes and priority-setting, governance and managerial reforms[1].

40. On the first subject, the Board had decided to establish a Member State-driven process to take place following the 130th session of the Executive Board in January 2012 (EB130), with a view to providing recommendations on methods for deciding on programmes and setting priorities for the consideration of the Sixty-fifth World Health Assembly in May 2012. To that end, it had requested the Secretariat to develop a comprehensive background document for EB130.

41. On the question of governance, the Executive Board had agreed (among other things) on the following principles:

- WHO's governing bodies have a key role in priority-setting, with the Health Assembly playing a policy and strategic role and the Executive Board playing a strengthened advisory, executive and oversight role;
- the Programme, Budget and Administration Committee of the Executive Board (PBAC) should be strengthened to include overseeing the monitoring and evaluation of programmatic and financial implementation at the three levels of the Organization;
- the duration, timing and sequencing of sessions of the Executive Board and meetings of the PBAC should be optimized;
- the linkage between the work of the Regional Committees and that of the Executive Board and the Health Assembly should be enhanced and strengthened;
- the Executive Board should play a role in limiting the number of draft resolutions based on an assessment of their strategic value, financial and administrative implications, etc.; and
- debates should become more disciplined, for instance through a "traffic light" system.

42. The Director-General was requested to submit to EB130 modalities for improving Member States' involvement with and oversight of partnerships.

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[1] See *Decisions of the Executive Board Special Session on WHO Reform*. Geneva, World Health Organization, 2011 (document EBSS/2/DIV/2, http://apps.who.int/gb/ebwha/pdf_files/EBSS/EBSS2_DIV2-en.pdf).

43. On the third topic, the Executive Board had recognized that several areas of managerial reforms fell within the Director-General's executive functions, and that action on those issues could go ahead. It had nonetheless requested the following feedback and reports:

- to the Board in January 2012:
  - a detailed proposal for a financing mechanism to increase the predictability and flexibility of income;
  - a detailed proposal for a contingency fund for public health emergencies;
  - a draft formal evaluation policy, including a mechanism for oversight by the governing bodies;
  - firm proposals for Stage I of a two-stage independent evaluation of WHO, to be developed in consultation with the Joint Inspection Unit, the External Auditor and the Independent Expert Oversight Advisory Committee;
- to the Health Assembly in May 2012:
  - a report on Stage I of the independent external evaluation, including a road map for Stage II, focusing in particular on the functioning of the three levels of the Organization;
  - proposals for a timeline for development of programme budgets and general programmes of work, including arguments for and against moving towards three-year programme budgets;
  - proposals, through the May 2012 meeting of the PBAC, for a new resource allocation mechanism.

44. At its third session in March 2012, the Nineteenth SCRC could provide important input to several key reform issues prior to the Sixty-fifth World Health Assembly. In the meantime, members could obtain documentation from and exchange views on the Standing Committee's folder on the Regional Office's Share File web site (https://euro.sharefile.com). The Executive Board member from the European Region attending the current SCRC session as an observer offered to bring the Standing Committee's views to the attention of EB130. In addition, the Chairperson recalled that representatives of European Member States would be invited to a briefing meeting in Geneva on the day before the opening of EB130, and a teleconference with European members of the Board would be organized in the week of 9–13 January. Information-sharing meetings with European Member States could be organized at noon each day during the Board's session.

45. SCRC members drew attention to the problem of the imbalance between voluntary donations and assessed contributions and called for more of the former to be provided on an unspecified basis, so that they could be applied to the priorities set for the Organization. If a large proportion of donations continued to be earmarked, WHO would be relegated to a position of subcontractor, with the concomitant repercussions on priority-setting. They also noted that WHO's decentralized structure required greater efforts of coordination; while it was not feasible to operate WHO country offices in all the 53 Member States in the European Region, it might be advantageous to set up subregional "hubs" in selected country offices for that purpose.

Provisional agenda of the sixty-second session of the Regional Committee: review of main technical/policy subjects (cont'd)

Further development of a country strategy for the WHO Regional Office for Europe

46. The Executive Manager, Country Relations and Corporate Communication recalled that a new country strategy had been prepared for presentation at RC61. However, Member States' representatives had requested that consideration of that strategy be postponed until RC62, since discussion of WHO reform issues (including the Organization's management and structure) was still in its early stages and was expected to continue at the Executive Board's special session.

47. The new country strategy was being revised to take account of concerns raised at RC61 and written comments submitted to the Secretariat, and it would be aligned with the outcomes of the discussion of WHO reform. Preparatory work was being done on an action plan and road map to implement the strategy. Arrangements were being made to organize three subregional consultations (an element that had not been include in the process to date), at which both the country strategy and the information strategy would be considered (see paragraph 30).

48. The Standing Committee believed that Member States would welcome the classification of WHO's country presence into three categories: a country office led by a WHO representative, a country office led by a national professional officer, and arrangements in countries without a country office. However, the criteria for that categorization should be predetermined (following consultation) and clearly stated. A cost–benefit analysis should be made of the three categories, as well as of any change in category. The added value of three subregional consultations (as compared with a single regional one) was questioned, especially since it might prove difficult to reconcile differences of views between homogenous subregional groups. The member from Ukraine said that the office in her country was willing to act as a subregional centre for human resources for health.

49. The SCRC looked forward to reviewing the revised strategy at its next session.

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

50. The Strategic Adviser to the Regional Director recalled that the renewed GDO strategy had been submitted to RC61 but, owing to the over-running of the agenda item on WHO reform and informal approaches to the Regional Director drawing attention to the need for further consultation, it had been decided to resubmit the paper to RC62. Feedback received to date from the majority of Member States indicated that the renewed strategy was moving "in the right direction." Questions had been raised, however, about specific details, such as the nationality of the head of a GDO, the funding requirements for setting up a new GDO, and the emphasis on policy and strategy development being done only at the regional head office in Copenhagen.

51. To ensure the widest possible consultation on the renewed strategy, the following approach was proposed:

- carry out a special written consultation with all Member States in early 2012;
- redraft the proposed strategy and submit it to the Nineteenth SCRC at its third session in March 2012;
- present a "pre-final" version of the strategy to the SCRC at its May 2012 session (open to all Member States);

- submit a final version to the SCRC in June 2012 (if no physical meeting was held, then through a teleconference) prior to distribution for consideration at RC62.

52. As recommended by the external review team the previous year, a full analysis of the need for new GDOs could also be made in the period leading up to RC62. The basic principle to be followed could be to have one GDO in each strategic area (health financing; strengthening of health systems; noncommunicable diseases; environment and health; health policy and determinants; and health information), with a maximum of six at any one time.

53. The Standing Committee agreed that the renewed strategy contained the right level of detail, and that GDOs were an important part of the Regional Office's network in countries. One member expressed concern, however, about the feasibility of opening of new GDOs in a time of economic crisis and about whether such moves would drain the Regional Office of resources. In reply, the Strategic Adviser recalled that the agreement to open a GDO on noncommunicable diseases in Athens had been ratified by the Greek parliament and a schedule of payments agreed, but he assured the Standing Committee that the establishment would not be opened until funds had actually been received. The requirement that a country wishing to host a GDO should agree to second one staff member to the regional head office in Copenhagen had been included to allay his second concern.

54. The Standing Committee agreed that an analysis of the need for new GDOs could be made and looked forward to reviewing the results of the written consultation at its next session.

Partnerships for health in the WHO European Region

55. The Executive Manager, Strategic Partnerships presented a paper describing the work done (pursuant to the Regional Committee's resolution EUR/RC60/R4) on improving relations and fostering cooperation with a wide range of partners: the EU and its institutions, the United Nations system, subregional networks, global health partnerships, the private sector and philanthropic foundations, and civil society organizations. Since many of the issues to be addressed in a new strategy for partnerships depended on the outcomes of the WHO reform initiative, it was suggested that an information document should be presented to RC62 setting out a strategic vision of partnerships and giving examples of ways to implement such a vision.

56. The Standing Committee called on the Regional Office to persevere in fostering its relationship with the European Commission's Directorate-General for Health and Consumers, which it saw as the essential partnership for WHO in the European Region. More generally, the SCRC suggested that partnerships could be categorized into those related to WHO's leadership role, those related to execution (joint implementation), and those where WHO needed to invest efforts (such as providing a secretariat) in order to ensure the survival of the partnership. The SCRC agreed that a formal partnership strategy should be developed once the WHO reform process had been completed.

Report of the Secretariat to the SCRC on budgetary and financial matters

57. In order for the SCRC to exercise its oversight function, the Director, Programme Management reported on resource utilization within the Organization's 2010–2011 programme budget. Overall, the resources currently available at regional level amounted to 85% of the approved budget. For implementation of activities aimed at achieving the "technical" strategic objectives (SO1 – SO11), the corresponding figure amounted to 71%, with very uneven distribution across SOs (the use of most voluntary donations was highly specified). Given the

resource situation, it was not unexpected to see that between 10% and 20% of indicators of progress towards attainment of Office-specific expected results (OSERs) were showing as "at risk" or "in trouble". Complete reporting had not been achieved, however: steps were being taken to strengthen routine monitoring systems, and they were expected to be fully operational in the 2012–2013 biennium. Nonetheless, despite a number of challenges (shortage of staff, rigid funding, external impediments and the political context), early managerial action was being taken to ensure as full implementation of the programme budget as possible.

58. With regard to the 2012–2013 biennium, the Executive Board had called for the originally proposed programme budget to be reduced to a "realistic" level. For the European Region, that would probably entail a budget that was not only below the level needed but also lower than the prospective amount of resources that could be raised. The Regional Office had been assured that, should be the need be established and the resources made available, budget ceilings could be increased during the biennium. EU funding (e.g. large grants targeted at specific countries) was increasingly difficult to accommodate within the Office's base programmes; it would be proposed that such resources, like those from the GAVI Alliance and the Global Fund for HIV/AIDS, Tuberculosis and Malaria, would increasingly be included within the programme budget segment for Special Programmes and Collaborative Arrangements. The European Region's overall proposed programme budget 2012–2013 (all three segments combined) amounted to US$ 213 million. A total of 27 key priority outcomes (KPOs) had been identified for specific follow-up within the framework of the "Programme budget as a strategic tool for accountability".

59. The SCRC welcomed the regular presentation of financial information, in the interests of transparency, but was concerned at the low percentage of OSERs for which progress was being monitored and at the fact that the impediments to implementation had remained stable since the previous oversight report in May 2011. It looked forward to reviewing (at its next session) an action plan to reduce or eliminate those impediments, once the end-of-biennium evaluation had been carried out.

60. The Regional Director recalled that Member States at RC61 had called for the Organization as a whole to agree on criteria for distribution of voluntary funds between global and regional/country levels and suggested that, to overcome the problem of compartmentalization, the Executive Board's Programme, Budget and Administration Committee (PBAC) could be requested to examine the possibility of having one single appropriation section for SO1–SO11 and one for the remainder of the Organization's programme.

Issues to be taken up with European members of the Executive Board

61. The Regional Director informed the SCRC that the Secretariat would prepare and upload to the Regional Office's Share File web site a briefing paper with background information on items on the provisional agenda of EB130 that were of particular interest to the European Region.

Other matters

62. The Director, Division of Health Systems and Public Health noted that an additional professional post had been established at the Regional Office in the area of human resources for health, a senior policy adviser on nursing and midwifery was to be appointed, and a road map to implement the WHO Global Code of Practice on the International Recruitment of Health Personnel had been drawn up. A progress report could be presented at a ministerial lunch or technical briefing during RC62.