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Introduction

1. The Nineteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its fourth session at WHO headquarters in Geneva, Switzerland on 19 and 20 May 2012. Apologies for absence were received from the member from the Russian Federation. All of the first day and most of the second day of the session took the form of open meetings, attended by representatives of 15 Member States and the European Union (EU).

2. The report of the Nineteenth SCRC's third session had been distributed electronically and pre-approved. The report was adopted without amendment. All reports of future SCRC sessions would be subject to an online adoption procedure, so that they could be made public as soon as possible after the session.

Opening statement by the WHO Regional Director for Europe

3. In her opening statement the Regional Director noted that since the previous session of the SCRC, a number of consultations had been held with Member States to gather feedback on several of the working documents for the sixty-second session of the WHO Regional Committee for Europe (RC62). Those documents, including the new European health policy framework, Health 2020, had been revised and discussed in detail at the third meeting of the European Health Policy Forum of High-level Government Officials (EHPF), held in Brussels on 19–20 April.

4. As well as preparing for RC62, she and the Regional Office staff had participated in a number of events, including those to mark World Tuberculosis Day, World Health Day and World Immunization Week. She had attended a meeting of the WHO Global Policy Group, which had included important discussions on WHO reform. Representatives of the Regional Office had also participated in a number of ministerial conferences hosted by Denmark, including on patient empowerment and e-health, as well as a meeting of the European Diabetes Leadership Forum under the aegis of the Organisation for Economic Co-operation and Development (OECD). A meeting of chief medical officers (CMOs) of European Union member countries had also been held, and she had received a number of high-level visitors to the Regional Office. A briefing had been held for health attachés from Member States from the European Union, which had highlighted the need for more regular contact between them and the Regional Office. Discussions had been held with the European Centre for Disease Prevention and Control (ECDC) to finalize joint documents and agree on an action plan for common areas of work. The third meeting of the EHPF had focused on Health 2020 and the European public health action plan, and participants had agreed on a limited number of Health 2020 targets.

WHO reform

Twelfth General Programme of Work 2014–2019 and Proposed programme budget 2014–2015

5. The Director, Programme Management informed the SCRC that a number of policy documents related to the WHO reform initiative, including WHO's Twelfth General Programme of Work 2014–2019 (GPW12) and its Proposed programme budget (PPB) 2014–2015, had been or would be discussed at meetings of the Organization's governing bodies between May and October 2012: the sixteenth meeting of the Executive Board's Programme, Budget and Administration Committee (PBAC) (16–18 May), the Sixty-fifth World Health Assembly (21–

26 May), the 131st session of the Executive Board (28–29 May) and sessions of WHO's regional committees (September–October).

6. A strategic overview of the draft GPW12 had been prepared for presentation to the PBAC and the World Health Assembly¹, based on a robust analysis of challenges and opportunities in global health and assuming a constant resource envelope consistent with current levels of income and expenditure. At the meeting of Member States on programmes and priority-setting in February 2012, the Secretariat had been requested to use the agreed categories and criteria for priority-setting in the preparation of a draft outline of GPW12. Having restated WHO's mission and set out the principles, values and fundamental approaches underlying WHO's work, as well as the core functions of the Organization, the strategic overview of the draft GPW12 then accordingly classified WHO's activities into five technical categories: Communicable diseases; Noncommunicable diseases; Health through the life course; Health systems; and Preparedness, surveillance and response. The strategic overview went on to list the criteria for priority-setting: the current health situation; the needs of individual countries for WHO support; internationally agreed instruments; the existence of evidence-based, cost-effective interventions; and the comparative advantage of WHO. Lastly, it identified an initial list of priorities (at this stage identified as technical topic, without specifying what aspect of the topic constitutes a priority for WHO) and give illustrative examples of WHO's contribution in each of those five technical categories (corporate services and enabling functions would constitute a sixth category). "Category networks" were being set up to lead development of the PPB 2014–2015, which would be subject to comprehensive internal and external peer review.

7. At European regional level, an initial attempt had been made to rank the technical categories of work using the criteria for priority-setting: the results indicated that the highest priority should be attached to noncommunicable diseases, followed by health systems. The current regional "portfolio" of 27 key and 57 other priority outcomes would need to be adjusted for the biennium 2014–2015, with some outcomes "sunset" and other, new ones initiated. Concomitant adjustments would need to be made to the regional budgetary envelopes for the various categories of work. The initial budget envelopes by category and major office were due to be released by WHO headquarters at the end of May, and the draft PPB 2014–2015 for consideration by regional committees would be available at the end of June. Specific regional budget envelopes and costings, and a regional perspective on the draft PPB, would be developed in parallel.

Impact of WHO reform on the work of the Regional Office

8. The Special Adviser to the Regional Director outlined the implications of WHO reform with regard to governance and managerial aspects. The stronger oversight that was exercised by Member States in the European Region through the SCRC and its working groups was serving as a model for other regions, as was the procedure used to ensure transparency in the process for nomination of the Regional Director. With the aim of increasing the predictability of financing, a more rational scheduling of governing bodies' meetings was being sought, in an integrated cycle that started with the regional committees and ended with the World Health Assembly. Work was continuing on defining the roles and responsibilities of the three levels of the Organization, including clear operating procedures to facilitate joint work, and human resources policy and practices were being reviewed at the initiative of WHO headquarters. Lastly, a draft formal evaluation policy had been reviewed by the PBAC, as a first step in establishing a culture of evaluation throughout WHO.

¹ Document A65/5 Add.1

9. The Standing Committee welcomed the considerable amount of work done by the Secretariat on taking forward the various aspects of the WHO reform initiative but expressed concern at the large number of items that RC62 would have on its agenda. Parallel sessions might have to be organized, as had been done at RC61. With regard to setting priorities, the SCRC drew attention to the need for the Secretariat to contact those countries that did not have biennial collaborative agreements (BCAs) with the Regional Office or which did not immediately envisage drawing up country cooperation strategies (CCSs), in order to ascertain their needs and adjust the initial ranking of categories of work as required. One member questioned the low ranking initially assigned at regional level to work category 5 (Preparedness, surveillance and response). It was likely that the PPB 2014–2015 would need to include sub-categories, in order to encompass the range of activities carried out under the 13 strategic objectives (SOs) in the current programme budget. The SCRC also called for the European Region to take the lead in focusing the programme budget on high-level outputs that the Organization was wholly responsible for delivering.

10. The Regional Director noted that health determinants were not shown in the strategic overview of the draft GPW12 and would need to be included as a cross-cutting element. The PPB 2014–2015 would be elaborated at the three levels of the Organization; each region would have its own strategic plan, with outputs (and the necessary budget to deliver them) specified at regional level, supported by a harmonized, corporate resource mobilization process.

Review of draft documents and draft resolutions for RC62

Strategy and action plan on healthy ageing in Europe 2012–2016

11. The Coordinator, Healthy Ageing, Disability and Long-term Care informed the SCRC that the strategy and action plan on healthy ageing in Europe 2012–2016 had been revised to take account of feedback received from the SCRC at its previous session. It would be further amended to incorporate comments made at the third meeting of the EHPF and the results of web-based consultations. Specific suggestions had been made regarding the need to ensure that the strategy was fully in line with Health 2020, in particular through the alignment of their strategic areas. The strategy should also clearly define the different types of ageing that it would address. Greater attention should be paid in the strategy to malnutrition and dementia. The importance of a human rights perspective had been highlighted, as had the need to keep in mind health in all policies. The accompanying draft resolution contained provisions on the commitments required from Member States, Regional Office partners and the Regional Office.

12. The SCRC welcomed the integration into the strategy of comments made at its previous session. Long-term care should be referred to as part of the health system. The EU had a number of related strategies and programmes, including a strategic implementation plan on active and healthy ageing, as well as indicators and measurements on, among others, quality of life, life expectancy and healthy life years. Contact should be established with EU representatives to encourage synergy between the Regional Office's strategy and action plan and the European Union's strategic implementation plan.

13. Responding to questions raised by the Standing Committee, the Secretariat explained that the timeframe of 2012–2016 was not intended to restrict activities under the action plan, but rather to ensure that specific results were achieved by 2016. A considerable amount of data was already available for comparative reporting, and joint questionnaires were being drafted with Eurostat and OECD. After the action plan had been approved by RC62, information would be collected from the Health for All database, NCD monitoring and routine reports at local level, in order to establish comparative age profiles. New data collection would therefore not be required. It was hoped that all countries in the WHO European Region could be brought

together to discuss the linkages between integrated health service delivery, healthy ageing and NCDs. A reference to healthy life years would be added to the strategy.

European action plan for strengthening public health capacities and services

14. The Director, Division of Health Systems and Public Health reported that an extensive process of consultation on the European action plan for strengthening public health capacities and services (EAP) had taken place in early 2012, culminating in an expert meeting at the Regional Office on 29–30 March and the European Health Policy Forum meeting in Brussels on 19–20 April. As a result, the 10 essential public health operations (EPHOs) had been updated to reflect the state of the art in contemporary thinking about public health, and the holistic vision of the new European health policy framework, Health 2020, had been made even more salient in the EAP and the EPHOs. The structure of the EAP had been optimized so that there were currently 10 “avenues for action”, corresponding directly to the 10 EPHOs. New sections had been added concerning the timeframe for implementation and arrangements for monitoring and evaluation. A common glossary of terms used in the EAP and in the Health 2020 documentation was being developed.

15. The SCRC welcomed the fact that public health was now restored as a central feature of WHO’s work. It recognized that the comments made at its previous session had been taken into account, resulting in a more compact document, revisions to the EPHOs and closer links between the EPHOs and the avenues for action. It also appreciated the clear definition of the respective responsibilities of WHO and Member States, which would facilitate monitoring. It believed that the EAP should be put forward as a model for use in other WHO regions. The Standing Committee felt, however, that the implementation period (2012–2015) was perhaps too short for all countries in the WHO European Region to have a fully developed public health system, and it called for the EAP to cover the same timeframe as the Health 2020 policy framework.

Strategic coherence of the work of the WHO Regional Office for Europe

16. The Regional Director presented a paper entitled *Coherence of the Regional Office’s structures and functions* (EUR/RC61/SC(4)/11), which defined the Office’s six main functions and described how those functions related to the Regional Office’s structure. Core functions and policy development were addressed in the Regional Office, while supportive functions for developing evidence, implementing programmes and advising on policy issues were carried out by the geographically dispersed offices (GDOs). The country offices were fully integrated into the work of the Regional Office. Many of those offices were very small and received practical support from the Regional Office. In countries most in need, country offices were led by WHO representatives. Although the item per se would most likely now not be on the agenda of RC62, a short document explaining the structure of the Regional Office should be presented for information.

17. The Standing Committee agreed that an explanatory note should be submitted to the Regional Committee, setting out the regional implications of the WHO reform process.

Country strategy of the WHO Regional Office for Europe 2012–2014

18. The Executive Manager, Country Relations and Corporate Communications informed the SCRC that the country strategy had been revised to incorporate feedback received from a

number of consultations, bringing it into line with the ongoing discussions on WHO reform and ensuring that it could be adapted to meet the needs of, and make the Regional Office's work relevant to, all 53 Member States in the WHO European Region. Efforts had been made to respond to Member States' requests to develop criteria for assessing countries' needs with regard to country offices, and to specify what type of in-kind contributions the Regional Office had made to countries under bilateral collaborative agreements (BCAs), as well as to explain how the Regional Office would work with countries that did not have country offices. and to clarify how WHO national counterparts and technical focal points should work together.

19. The SCRC welcomed the revised strategy and commended the efforts to incorporate the suggestions made by Member States. Responding to concerns raised, the Secretariat explained that while Member States were not obliged to adopt country cooperation strategies (CCSs), it was hoped that they would be interested in doing so. At the outset, those strategies would be sought with countries that did not have a BCA or a country office. The clear nomination of a national counterpart was particularly important in order to simplify communication between States and the Regional Office, since many Member States had several focal points. A web page could be set up with a list of national counterparts and their contact details. While the implementation of Health 2020 would not be obligatory, country offices had a responsibility to promote regional policy and strategic direction adopted by the Regional Office.

20. The Regional Director noted that, following its adoption, Health 2020 would be "owned" by the Member States in the Region, who would be able to adapt the policy to their national circumstances. The strategic objectives contained in Health 2020 were an effort to overcome inequities in health, which had increased to an unacceptable level in the past 20 years.

Strategy on geographically dispersed offices

21. The Senior Strategy and Policy Adviser reported that, following a written consultation with Member States on the Regional Office's strategy on geographically dispersed offices (GDOs) in March and April 2012, the requirements for establishing a GDO had been made less prescriptive, the role of secondments had been clarified, the status of existing GDOs had been updated and a preliminary analysis had been made to identify strategic priority areas that could benefit from having a GDO. A first instalment of €500 000 had been received from the government of Greece, to be used to set up the centre on noncommunicable diseases (NCD) in Athens, the host agreement with the government of Germany on the European Centre on Environment and Health in Bonn had been renewed on an indefinite basis, and negotiations would be launched to renew the agreement with the government of Italy on the WHO European Office for Investment for Health and Development in Venice. A proposal was under consideration to revitalize the European Health Policy Centre in Brussels, and new GDOs might be considered in the following strategic areas: humanitarian aid and emergencies; health system strengthening; and health information systems and knowledge management.

22. While welcoming the receipt of the first instalment of funds for the Athens Centre, the SCRC noted that it had been due in 2011 and, in view of the precarious financial situation in Greece, called for a progress report on that Centre to be presented at each of its subsequent sessions. The Standing Committee also reiterated its view that the prescriptive nature of the GDO strategy should be retained. In addition, the Standing Committee agreed with the Regional Director that the Regional Committee's decision should be sought as to which areas of responsibility for matters concerning GDOs it would wish to delegate to the SCRC or the Regional Office.

The new European health policy framework and strategy: Health 2020

Health 2020 targets

23. The Director, Division of Information, Evidence, Research and Innovation informed the SCRC that its working group on Health 2020 targets had, in the course of the spring of 2012, reduced a long-list of 51 targets suggested by Regional Office staff down to a short-list of 21 targets. That short-list had been sent out to Member States for consultation. Comments had been received from 16 countries, as well as from the European Commission and the United Nations Children's Fund (UNICEF). Those comments related to the content of the targets and their relevance to public health; the quantitative measure ("the number"); coverage of the areas in the Health 2020 policy framework; and the process of target-setting and the role of WHO.

24. Taking account of those comments, a further reduced short-list of 16 targets had been carefully considered by participants in the third meeting of the EHPF, who in turn had recommended that there should be fewer and more overarching "umbrella" or "headline" targets (with wide agreement on six such targets); that they should be regional, and that quantification (regional averages) should be considered; that they should provide a "menu" of indicators to measure progress; that those indicators should have the flexibility to reflect country-specific situations; and lastly, that routinely collected health information should be used to the maximum extent.

25. Participants in the open session of the SCRC were requested to agree on a final list of overarching targets for submission to RC62; to decide on the "label" to be used (goal or target); to decide on quantification of the targets; to comment on the "menu" approach to indicator development; and to indicate whether their countries would like to nominate experts to attend a meeting on indicators in June 2012.

26. Members of the SCRC and representatives of Member States attending the session as observers were highly appreciative of the outcomes of the Brussels meeting. In particular, they endorsed the smaller number of six headline targets, noting that they were well structured and closely linked to Health 2020, and that they would be readily understood by the general public and would therefore arouse considerable attention among politicians. They endorsed the approach proposed with regard to indicators, noting that they could also have a significant effect in terms of disease prevention. Given the health information available in the majority of European Member States, they recommended that the year 2010 should be taken as the baseline for the targets. The headline targets should be included both in the Health 2020 policy framework and in the longer policy framework and strategy document. With regard to terminology, participants agreed that the word "target" was preferable, since it implied quantification and more (political) commitment than a goal; in addition, the term "target" had been used in both the European Region's previous policy frameworks, Health for All and HEALTH21. Lastly, the Secretariat emphasized that Health 2020 targets would be set at regional level, and that the setting of targets at national level would be most welcome and indeed an essential part of a two-way process.

Health 2020 policy framework and strategy

27. The Head, Policy and Cross-cutting Programmes and Regional Director's Special Programmes recalled that the (shorter) policy framework paper set out the key evidence, arguments and areas for policy action, while the longer policy framework and strategy document provided contextual analysis and gave details of the main strategies. Both documents were intended to serve as a point of reference and could be adapted to the unique circumstances of Member States. The documents had been revised several times in the light of feedback received from Member States. It was hoped that Health 2020 would assist all Member States in

the WHO European Region to bridge the health divide through good quality leadership and participatory governance for health. The recently agreed targets and indicators would be incorporated into both documents. A draft resolution had been prepared for presentation to RC62, by which the Regional Committee would adopt the shorter paper and welcome and acknowledge the value of the longer document.

28. The SCRC welcomed the revised documents and commended the Secretariat on its considerable efforts to ensure that they were both ready to be presented to RC62. The participatory nature of the consultations on Health 2020 had been the key to successful preparation of the two documents. While some minor amendments were still required, the documents were both highly satisfactory in quality and content, were comprehensive and accessible, and would serve as a guiding star for the development of health policy at the national, subregional and regional levels until 2020. Care must be taken to ensure that Health 2020 was a “living document”, which could develop and evolve in the light of new evidence and experience gathered over time. A Health 2020 web site could be set up, with links to related resources, in order to make Health 2020 as interactive as possible.

29. The Regional Director said that the successful outcome of the Health 2020 drafting process had been thanks to the spirit of collaboration and teamwork with which the Secretariat and Member States had worked. Several countries had already begun to take action on implementing Health 2020. Before the documents were presented to the Regional Committee, the results of the evidence-based studies conducted during the preparation of Health 2020 would be discussed: the main recommendations emanating from those studies had already been incorporated into Health 2020, but consideration must still be given to the results of the studies and their implications at the national level. The discussion of Health 2020 at RC62 would afford an opportunity to seek guidance from Member States on best practices in ensuring a multisectoral approach to implementing the policy.

Governance issues

Nominations to WHO bodies and committees

30. The Standing Committee reached agreement by consensus in a closed meeting on the candidates that it would recommend to RC62 for membership of the Executive Board and the SCRC.

31. In answer to a question raised in the subsequent open meeting, the Regional Director noted that Regional Committee resolution EUR/RC60/R3 was unclear as to whether the geographical balance between subregions or the person’s skills and experience should take precedence when selecting candidates to serve on the Executive Board or the SCRC. This time, the SCRC had considered the skills and experience of nominees from the appropriate subregion first, deciding to look elsewhere only if no suitable candidate was apparent. In view of the WHO reform initiative currently under way, the Standing Committee agreed to report back to the Regional Committee on the operation of resolution EUR/RC60/R3 in 2014.

Linkage between the SCRC and the Executive Board

32. The Standing Committee agreed on the Executive Board member that it would ask (in the first and second instances) to ensure the linkage between the SCRC and the Board in 2012–2013.

Executive Board subcommittees and officers

33. The Standing Committee agreed on the countries that should be proposed for membership of the PBAC and the Léon Bernard Foundation Committee, as well as for the office of Vice-Chairperson of the Executive Board.

Officers of RC62

34. The Standing Committee agreed on nominations for the offices of President, Executive President, Deputy Executive President and Rapporteur of RC62.

Speakers at RC62 on behalf of SCRC

35. The Standing Committee agreed on the allocation of RC62 agenda items to its members for presentation of its views.

Review of the provisional agenda and programme of the sixty-second session of the Regional Committee

36. In the light of the foregoing discussions, notably on WHO reform, the Standing Committee endorsed a revised provisional programme for RC62. The various components of WHO reform (i.e GPW12, PPB 2014–2015 and the implications of WHO reform for the Regional Office for Europe) would be taken up between 11:00 and 12:30 and between 15:30 and 16:30 on Wednesday 12 September, followed by parallel, “break-out” meetings on the three aspects of WHO reform (governance, priority-setting and managerial issues) between 16:30 and 18:00. Provision would be made for continued discussion of the item between 09:00 and 10:30 on Thursday 13 September. The agenda item on the Regional Office’s communication strategy would be dropped. The programme for the remainder of the day on Thursday would need to be amended accordingly: the agenda items on the Regional Office’s GDO and country strategies would be taken up together, between 11:00 and 12:30. It was possible that further adjustments to the provisional programme would be necessary, depending on the items referred by the World Health Assembly for consideration by regional committees.

Other matters

Evaluation of the European Health Policy Forum of High-level Government Officials

37. The EHPF had met three times to advise on specific policy issues, including the targets and indicators for Health 2020. Participation had increased, and the Forum had been said to offer a much-needed opportunity for open discussion on strategic issues: progress on Health 2020 could not have been made without it. Members of the Forum had urged that a fourth meeting be scheduled for 2013, perhaps alongside the open session of the SCRC in May.

38. The Standing Committee recognized that the Forum had been set up with a very specific purpose, which it had achieved: Health 2020 had been greatly improved owing to the EHPF’s contributions. Nonetheless, it believed that the Forum should be maintained, to be convened when necessary (as decided by the SCRC), rather than systematically every year. The SCRC recommended that the questionnaire for evaluation of the EHPF should be sent to nominated members of the Forum, with a copy to the focal point at the respective ministry of health. Care

must be taken to ensure that the evaluation was conducted rigorously, and that the Forum was only reconvened if truly necessary.

Feedback from SCRC members and Member States on the Nineteenth SCRC's fourth session

39. Representatives of WHO European Member States attending the Nineteenth SCRC's fourth session as observers wholeheartedly welcomed the opportunity to participate in the Standing Committee's deliberations. The open meeting had been interactive and transparent, and the dissemination of working papers before the session and the report of the proceedings afterwards enabled Member States to prepare thoroughly for the forthcoming session of the Regional Committee. They called for working papers to be distributed to all Member States in advance of each SCRC session.

40. Members of the SCRC fully endorsed the need for transparency but believed that it was not in the interests of efficiency to disseminate very early drafts of documents, and that some topics were best taken forward in closed meetings. The Standing Committee had been entrusted by the Regional Committee with a mandate to work on its behalf, and meetings with a small group of participants were effective and useful. It would be important to find the "golden mean" that combined efficiency with transparency. To that end, the SCRC agreed that its work programme and the agenda and report of each session should continue to be disseminated to all Member States, and that a representative of the EU should continue to be invited to attend its open meetings as an observer; it was hoped that a reciprocal invitation would be extended to the Chairperson of the SCRC to attend meetings of the Council of the European Union's Working Party on Public Health at Senior Level.

Sixty-third session of the WHO Regional Committee for Europe

41. The Regional Director informed the SCRC that she would hold further discussions with the Minister of Health of Portugal during the Sixty-fifth World Health Assembly concerning that country's offer to host the sixty-third session of the Regional Committee in 2013. If the financial situation prevented that offer being confirmed, she would propose that the session could be held at the Regional Office, which by that time would have moved into the new UN City complex in Copenhagen.