



**World Health
Organization**

REGIONAL OFFICE FOR

Europe

**Twenty-first Standing Committee
of the Regional Committee for Europe**
Subgroup on governance

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Report of the Subgroup on governance

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Introduction

1. In November 2012, the Twentieth Standing Committee of the Regional Committee for Europe (SCRC) decided to set up a subgroup on governance to re-examine some of the issues considered by the 60th session of the Regional Committee for Europe (RC60) and to add additional ones, such as: elaboration of detailed schedules of Member State representation on the Executive Board (EB) and the SCRC; procedures for submission of and amendments to RC resolutions; screening of credentials for RC sessions; and establishment of a code of conduct for the nomination of the Regional Director. Relevant changes to the *Rules of Procedure of the Regional Committee for Europe and of the Standing Committee of the Regional Committee for Europe* were adopted by RC63 in resolution EUR/RC63/R7 on “Governance of the WHO Regional Office for Europe”. Also, at RC63 some Member States had asked the Standing Committee to adopt a more transparent process for recommending nominations of candidates for the EB and the SCRC.
2. The Twenty-first SCRC decided at its first meeting in September 2013 that the issue of governance reform was so important, both globally and regionally, that the subgroup on governance should continue to address the issues that had been raised during RC63 and other issues as well. Consequently, new terms of reference were approved at the second meeting of the Twenty-first SCRC in Malta on 16–17 December 2013. The terms of reference are attached as Annex 1.
3. Meetings of the subgroup on governance were arranged to coincide with statutory meetings of the EB and the SCRC during 2014. The present report reflects the subgroup’s conclusions and recommendations and the comments of the Standing Committee following the fourth session of the Twenty-first SCRC held in Geneva on 17–18 May 2014.

Formulation of Regional Committee resolutions

4. In accordance with its terms of reference, the subgroup on governance considered using templates for future RC resolutions, both to assess their strategic value and to clarify the financial and administrative implications of the work requested. At its third meeting on 18 March 2014, the subgroup noted that a template for the financial and administrative implications of resolutions was routinely used at sessions of the EB and at the World Health Assembly and that the same template had also been used at recent RC sessions in the European Region. However, more clarity was required concerning links to the programme budget and long-term funding prospects and on the impact of the work proposed in the resolution on specific outcomes and outputs approved in the programme budget by Member States.
5. The subgroup on governance felt strongly that future templates for RC resolutions should go beyond purely financial and administrative considerations; in addition, the templates should spell out the strategic links with the Organization’s existing policy framework, as stated in the Twelfth General Programme of Work, the Health 2020 strategy, and in resolutions of the World Health Assembly, the EB and the RC. Other important elements that should be included were information on reporting requirements, the expected lifespan of the resolution and whether it replaced an existing resolution, which could then be “sun-setted”. The subgroup noted that the Secretariat had prepared a table summarizing all existing and active resolutions. That table would be updated annually after each RC session and would provide guidance to Member States when new resolutions were contemplated. The subgroup requested that the table be made available to all Member States through a web portal.
6. After discussion of the matter by the full Twenty-first SCRC at its third session in March 2014, it was agreed that the two templates, attached as Annex 2 and Annex 3 of this document,

would be tested as from RC64. The SCRC stressed that the templates were intended for resolutions on technical issues only and not for those on routine management or governance issues. The templates should be used consistently for all technical resolutions, proposed by either Member States or the Secretariat.

7. The subgroup on governance also discussed the possibility of imposing a limit on the number of preambular and operative paragraphs in resolutions, as some very lengthy resolutions had been adopted by the World Health Assembly, the EB and the RC in recent years. On balance, however, the subgroup was not in favour of this option as it could lead to the merging or bundling of resolutions, with a subsequent loss of clarity and specificity. A better option would be for the SCRC to exercise oversight and provide guidance to Member States in the drafting of resolutions, as was foreseen in Annex 5 of resolution EUR/RC63/R7.

Involvement of Member States in the work of the governing bodies

8. At its second and third meetings, the subgroup on governance discussed ways of improving the participation and involvement of Member States in the work of the global governing bodies and of the RC and the SCRC. The subgroup recalled that the EB had recently decided at its 134th session that “webcasting of all future public sessions of PBAC and the EB should be introduced to all internet users through a link on the WHO website” and also recommended that the Sixty-seventh World Health Assembly do the same for public sessions of its committees A and B and for plenary sessions.

9. At the regional level, the subgroup on governance had already made a number of recommendations (under its 2012 terms of reference) to improve its accessibility to and communication with European Member States. Those initiatives, which concerned both the Standing Committee’s own proceedings as well as preparations for RC sessions, were endorsed by RC63, as set out in some detail in Annex 4 of resolution EUR/RC63/R7.

10. At present, the entire RC proceedings are web streamed throughout the Region through a link published on the Regional Office’s public website. The subgroup recalled that, while sessions of the SCRC are private, in accordance with Rule 3 of its Rules of Procedure,¹ the opening sessions of its regular meetings have also been web streamed in the recent past as part of the Standing Committee’s endeavour to improve the transparency of its proceedings. The entire SCRC meeting on 17–18 May 2014, immediately before the opening of the Sixty-seventh World Health Assembly, was web streamed to Member States in conformity with the decision to make this annual session an open meeting.

11. The subgroup on governance therefore considers that adequate measures are now in place to ensure the general understanding and involvement of Member States in the work of both the global and the regional governing bodies. An area in which further efforts will be required is the briefing sessions for new members of the SCRC and for delegates and participants in sessions of the governing bodies. At present, briefings are arranged in March for SCRC members, in May for participants in the World Health Assembly and in September for missions and ambassadors before the opening of the RC session.

¹ Rule 3 of the Rules of Procedure of the SCRC: “The meetings of the Standing Committee shall be private unless the Standing Committee decides otherwise.”

12. At its second meeting on 19 January 2014, the subgroup on governance asked the Secretariat to consider using WebEx for such briefings and to summarize the pros and cons of its application. The results of the Secretariat's review are as follows.

- WebEx would, at least in theory, enable interactive participation in the briefing sessions, such that participants could intervene and ask questions.
- However, as WebEx requires the Internet, the same difficulties that sometimes arise for remote participants may persist. A back-up connection via telephone lines should therefore also be considered.
- For high-quality connections, approximately two megabytes of bandwidth would be required. The Regional Office could test the quality of connections in advance of sessions.
- Use of WebEx requires some knowledge and discipline on the part of participants. The Regional Office could prepare relevant guidelines and briefings. Furthermore, a moderator would be required to host sessions, manage the computer and guide interactions in an orderly manner.
- If arrangements for WebEx sessions were to be made by the Regional Office, its Information and Communications Technology license with WebEx would apply. Therefore, other participants would not have to purchase licenses.

13. On the basis of the subgroup's recommendations, the third session of the Twenty-first SCRC requested that the WebEx option be pursued for future briefings of SCRC members and participants and delegates to the Health Assembly and the RC. The Secretariat was asked to prepare the necessary guidelines and protocols for use of WebEx or other remote interactive solutions. The quality of connections in individual Member States should be tested in order to determine whether back-up options, such as telephone lines, would be needed. It was hoped that the system could be tested at the briefing for missions and ambassadors in September 2014 before RC64.

14. Members of the SCRC pointed out that briefing sessions, however useful, were not in themselves sufficient to ensure that all Member States fully understood the complexity of the work of WHO's governing bodies and the links between the regional and global bodies. For that purpose, national counterparts should receive regular, proactive training and capacity-building, which should be institutionalized. One option in that regard would be to expand the existing Regional Office-funded health diplomacy course to include training in matters concerning the governing bodies.

15. The Secretariat was encouraged to pursue this issue and to make relevant proposals to a future session of the SCRC that would address the matter in the future.

Nomination procedures for the Executive Board and the Standing Committee

16. A key element of the terms of reference of the subgroup on governance was the recurring issue of achieving greater transparency and harmony in recommending nominations for membership on the EB and the SCRC. There was early consensus in the subgroup, and indeed in the full SCRC, that the three geographical subgroupings of Member States in the European Region should not be changed, as they had been endorsed in resolution EUR/RC60/R3 and reconfirmed in resolution EUR/RC63/R7. However, further efforts were required to improve the transparency and objectivity of current procedures and to explain the rationale for specific nominations.

17. The Chair of the subgroup on governance had given considerable attention to how this could best be achieved within the given parameters of subregional groupings and the criteria for experience and areas of competence of candidates laid down in Annex 2 of resolution EUR/RC63/R7. The key to ensuring transparency, objectivity and fairness was to build on the approved criteria and also to break them down into clearly identifiable sub-criteria, against which the curricula vitae of potential candidates could be weighted.

18. At the start of the subgroup meeting in March, the Chair declared that he had been nominated by the Ministry of Health of Malta as a member of the EB and he offered to withdraw from the subgroup. The subgroup decided that, as the issue was under discussion and would probably not be resolved for the forthcoming round of elections, there was no perceived conflict of interest for the Chair. The Standing Committee confirmed this view at its third session.

19. In a presentation to the third meeting of the subgroup on governance in March 2014, the Chair outlined a possible mechanism for ranking the approved criteria in resolution EUR/RC63/R7 in order of importance and he suggested a weighting procedure for a limited number of predetermined sub-criteria. Two additional criteria were agreed on, namely the number of years since the country was last represented on the EB or the SCRC, and a country statement or manifesto of aspirations and objectives linked to its potential EB or SCRC membership, based on responses to two or three standard questions.

20. The SCRC welcomed the proposed outline of the tool and asked the subgroup to develop it further. It stressed that future nominations would not be based on a mathematically calculated score, but that the tool would be used to guide the SCRC to take objective, informed, explainable decisions. It agreed that all SCRC members would individually rank the approved criteria and provide a weighting for the proposed sub-criteria. On the recommendation of the subgroup, the SCRC also agreed that the same weights and ranks would apply to membership on both the EB and the SCRC, although this decision could be reviewed later if necessary. While it would be premature to use the tool for the 2014 EB and SCRC nominations, the SCRC agreed that it should be tested in a mock exercise this year, to see how the results conformed to the Standing Committee's actual nominations.

21. At its fourth meeting on 17 May 2014, the compiled rankings and weightings of the SCRC members were presented. While there was consensus that the tool represented an important step forward in ensuring objectivity and fairness in the nomination process, differing views were expressed about the outcome of the exercise and how the assigned weights were to be applied to the various sub-criteria. Furthermore, membership on the EB and the SCRC is for Member States, whereas the curricula vitae of individuals are screened; so the tool must take into account both parameters.

22. The framework of criteria and sub-criteria to be scored was then re-designed, as set out in Annex 4 of this report. The following rules were endorsed by the SCRC for scoring and weighting:

- Each member of the SCRC, in reviewing a candidate's curriculum vitae, would provide his or her personal score for each of the criteria and sub-criteria listed. The curricula vitae would thus be evaluated against the individual judgements of all SCRC members; members of the SCRC who had submitted a nomination to a governing body would not participate and would abstain from evaluating nominees for that governing body.
- The criterion for a country "manifesto" would be scored on a sliding scale from 0 to 20.
- The sub-criteria for career profile and international experience would also be scored on a sliding scale from 0 to the maximum indicated for each sub-criterion.

- All other sub-criteria in Annex 4 would be given a value of the assigned weight or 0, depending on the SCRC member's judgement on whether the candidate met the requirement. For these sub-criteria, the majority of scores would determine whether the final score for the candidate would be the indicated value or 0.
- The country-specific criterion of number of years since last representation on the governing body and the criterion for gender would be provided by the Secretariat.
- An explanatory manual on the use of the tool could be prepared to ensure consistency.

23. This system would be democratic and would fully respect each SCRC member's individual judgement and prioritization. The merits of the system are that it would be fair to all candidates, objective, transparent and explainable, consistent with the SCRC's request. While it might appear complex at first, it would actually be relatively simple to use or to modify if experience showed that adjustments were required.

Involvement of non-state actors

24. The subgroup on governance reviewed the issue of engagement with non-state actors and the implications of a global framework on the European Region's partnership strategy. The subgroup was of the opinion, and the Twenty-first SCRC agreed, that any decision on the involvement of non-state actors in the European Region should await the outcome of the global discussion. At the time, it was hoped that the World Health Assembly would come to a conclusion on this subject at its Sixty-seventh session, thus providing enough specificity and guidance to enable the subgroup and the Secretariat of the Regional Office to incorporate relevant regional aspects into a paper on partnerships for health, intended for RC64.

25. It therefore limited its attention to the involvement of nongovernmental organizations and particularly on facilitating their more active participation at RC sessions. While involvement was in everybody's interest, it should be recognized that the European Region had 53 Member States, which had active citizens who wished to express their views. This was less of a problem in other regions, but was a real constraint for the European Region. The "traffic light" system of limiting the length of interventions would therefore also have to be applied to statements by nongovernmental organizations.

26. Initiatives to ensure more active involvement of these nongovernmental organizations at future RC sessions could include posting pre-recorded statements on the RC website, establishing a panel of nongovernmental organizations and giving them time during technical briefings. In addition, there would be one meeting between the officials of the RC and nongovernmental organizations, as promised during RC63.

27. However, the issue of engagement with other non-state actors, such as private commercial entities, philanthropic foundations and academia within the European Region, will be deferred until RC65 in light of the timetable established by the Sixty-seventh World Health Assembly for engagement with non-state actors.

Annex 1. Draft terms of reference of the Subgroup on governance

Background

Operative paragraph 7 of resolution EUR/RC60/R3 requested the Standing Committee of the Regional Committee for Europe (SCRC) “to initiate a cycle of comprehensive reviews of governance in the WHO European Region and to report back to the Regional Committee on lessons learned in this regard at such intervals as the Standing Committee itself deems appropriate.” With operative paragraph 1 of resolution EUR/RC63/R8, based on documents EUR/RC63/17 Rev.1 and EUR/RC63/REP, the request was amended to “... the Standing Committee to initiate a comprehensive review of governance at least every five years and report back to RC68 in 2018.”

The increased linkages and alignment between the Regional Committee, the Executive Board and the World Health Assembly and the importance of timely provision of high-quality documentation in all official languages guide the work of the SCRC subgroup.

The terms of reference of the SCRC subgroup are framed against this general background.

Functions

The specific functions of the SCRC subgroup on governance are derived further from paragraph 14.2.10 (c) of the Rules of Procedure of the Regional Committee, which calls on the SCRC “to submit advice or proposals to the Regional Committee and to the Regional Director on its own initiative”.

Following the work of the subgroup on governance of the Twentieth SCRC as discussed during the 63rd session of the Regional Committee and as set out in document EUR/RC60/11 and resolution EUR/RC63/R7, the following outstanding tasks will be undertaken:

- (a) to consider options on formulating future resolutions and assessing their strategic value, relations to the Health 2020 strategy and relevant global strategies, financial and administrative implications, reporting requirement and timelines (based on decision EBSS2(2) para 2c);
- (b) to consider the necessity, scope and appropriate ways and means of closer involvement of Member States, including through their missions, in the work of the Regional Office and of the SCRC;
- (c) to consider options for improving the nominations procedure in the WHO European Region, including short-listing nominations for, among others, leadership positions, membership of expert groups and committees and office holders of governing bodies, that will engender greater transparency and a more harmonious distribution among subregional groupings;
- (d) to consider methods of work to improve the preparation of Member States for Regional Committee meetings and to enhance participation of non-state actors in the work of the Regional Committee, taking into account the ongoing global discussion; and
- (e) to propose to the SCRC any other issues relevant to governance that may arise over time.

Composition of the subgroup on governance

As agreed at the first meeting of the Twenty-first SCRC in September 2013, the composition of the subgroup will be as follows: Estonia, Finland, France, Israel, Latvia, Malta (Chair), Russian Federation.

Timing

- Terms of reference circulated for approval by the subgroup before the second meeting of the Twenty-first SCRC, for final endorsement by the SCRC at its second meeting;
- first meeting of the subgroup in January 2014 (by telecommunication and face-to-face for those attending the Executive Board for preliminary discussion);
- proposals circulated to the subgroup for comments and telecommunication by the end of February;
- presentation of the draft report of the subgroup at the SCRC meeting in March 2014;
- final draft document circulated to the subgroup for comments by mid-April 2014;
- presentation of the draft report to the open SCRC in May, immediately before the Sixty-seventh World Health Assembly; and
- presentation of the final report to the 64th session of the Regional Committee.

Annex 2. Template for draft Regional Committee resolutions

Regional Committee for Europe
64th session

EUR/RC64/Conf.Doc./x

Copenhagen, Denmark, 15–18 September 2014

xx Month 2014

14xxxx

ORIGINAL: ENGLISH

Draft resolution

Topic of draft resolution

The Regional Committee,

Preambular paragraphs should be limited and should note or recall: (a) link with the Twelfth General Programme of Work and global strategies or resolutions; (b) link with the Health 2020 strategy; (c) link with existing resolutions of the World Health Assembly, Executive Board and Regional Committee; (d) whether this resolution replaces existing resolutions; (e) should be brief and focused;

Operational paragraphs can have two sections:

1. REQUEST or URGE Member States
 - (a) short description of feasible commitments of Member States
2. REQUEST the Regional Director
 - (a) short description of feasible commitments of the Regional Office (The cost of requests, for both activities and staff, should be reflected in an annex to the resolution.)
3. OTHER operational aspects
 - (a) Include the expected lifespan, specific reporting requirements and eventual “sun-setting” of previous resolutions.
 - (b) NOTE: If funding cannot be identified in the current programme budget, include a request to the Regional Director to include adequate provision in the next biennium and to report to the SCRC if this proves impossible.

Annex 3. Draft template for financial and administrative implications for draft Regional Committee resolutions

Regional Committee for Europe
64th session

EUR/RC64/x Add.1
+ EUR/RC64/Conf.Doc./x

Copenhagen, Denmark, 15–18 September 2014

xx Month 2014
14xxxx
ORIGINAL: ENGLISH

Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on XXX

1. Resolution: _____
2. Linkage to the current programme budget (PB) Will this resolution directly contribute to the outcome(s) and output(s) set out in the current PB. If so please specify: Category(ies): _____ Outcome(s): _____ Programme area(s): _____ Output(s): _____ Describe the nature and extent of this contribution, including whether there will be an impact on other parts of the same output. _____
3. Estimated cost and staffing implications in relation to the programme budget (a) Total cost Indicate (i) the lifespan of the resolution during which the Secretariat's activities would be required for implementation and (ii) the cost of those activities (estimated to the nearest US\$ 10 000). (i) XX years (covering the period 20xx–20xx) (ii) Total: US\$ _____ (staff: US\$ _____; activities: US\$ _____) (b) Cost for the current biennium Indicate how much of the cost indicated in 3(a) is for the current biennium (estimated to the nearest US\$ 10 000). Total: US\$ _____ (staff: US\$ _____; activities: US\$ _____) Is the estimated cost fully included within the current approved programme budget? Yes/No If “no”, indicate how much is not included. US\$ _____

(c) Cost for future biennia

Estimated cost per future biennium

20zz–20zz: Total US\$ _____

20yy–20yy: Total US\$ _____

20ww–20ww: Total US\$ _____

20vv–20vv: Total US\$ _____

20uu–20uu: Total US\$ _____

(d) Staffing implications

Could the resolution be implemented by existing staff? Yes/No

If “no” indicate how many additional staff – full-time equivalents.

4. Funding

Is the estimated cost for the current biennium indicated in 3(b) fully funded? Yes/No.

If “no”, indicate the funding gap and how the funds would be mobilized (provide details of expected source(s) of funds).

US\$ _____; source(s) of funds: _____

Annex 4. Proposed evaluation score sheet for nominations for Executive Board and Standing Committee membership

EB/SCRC		YEAR					
Country		20xx					
Group		Country A	Country B	Country C	Country D	Country E	Country F
Last EB/SCRC membership		A/B/C	A/B/C	A/B/C	A/B/C	A/B/C	A/B/C
Years since last on EB/SCRC		5	Year	Year	Year	Year	Year
		Score	Score	Score	Score	Score	Score
Male	Number of non-vacant posts minus number of males occupying them	2(X-XY)					
Female	Number of non-vacant posts minus number of females occupying them	2(X-XX)					
Career profile <small>SCRC members are to score 0 marks if the CV of the nominee shows no such experience and up to the maximum indicated for each sub-criterion as evaluated by the SCRC member.</small>	Political This refers to an elected political position within a government structure.	12					
	Managerial/Administrative This refers to a senior management position such as Chief Medical Officer, Director-General, Director or Secretary of State when such a position is not a political position.	20					
	Position related to profession This refers to a position that the candidate occupies by virtue of his or her professional training, such as a clinical position or equivalent for candidates with no medical background	4					
	Public health position This refers to a position that has a significant relation to and responsibility for any public health activity.	16					
	Academic This refers to any university appointment.	8					

<p>International experience</p> <p>SCRC members are to score 0 marks if the CV of the nominee lists no such experience and up to the maximum indicated for each sub-criterion as evaluated by the SCRC member.</p>	<p>WHO</p> <p>This refers to experience as a member of one of the WHO governing bodies, such as the Executive Board or the SCRC or equivalent structure.</p>	25						
	<p>Other international organizations</p> <p>This refers to high-level experience in any other United Nations organization, the European Commission or other supranational organization.</p>	20						
	<p>Chairmanship</p> <p>Experience as Chair in any of the above-mentioned structures</p>	10						
	<p>Participation in governing bodies</p> <p>This refers to having formed part of the national delegation attending the World Health Assembly or Regional Committee meetings.</p>	15						
	<p>Worked in an international organization</p> <p>This refers to employment full or part time with WHO or another United Nations structure.</p>	5						
<p>Coordination of programmes</p> <p>This refers to experience in leading or managing a programme or chairing a coordinating committee</p>	International	9						
	National	6						
	Regional/Local	3						
<p>Collaboration or coordination</p> <p>This refers to experience of participation in a programme or coordinating committee.</p>	International	3						
	National	2						
	Regional/Local	1						

Availability	Good	6						
	Average	4						
	Poor	2						
Country manifesto The criteria for adjudication for the country manifesto have yet to be developed.		20						

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