World Health Organization
REGIONAL OFFICE FOR Europe

Twenty-third Standing Committee of the Regional Committee for Europe
Second session

Paris, France, 26–27 November 2015

EUR/SC23(2)/REP

150988

5 February 2016
ORIGINAL: ENGLISH

Report of the second session

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Opening of the session

1. The Twenty-third Standing Committee of the Regional Committee for Europe (SCRC) held its second session at the Ministry of Social Affairs, Health and Women's Rights in Paris, France, on 26–27 November 2015. The Chairperson welcomed members and other participants and noted that the report of the first session of the Twenty-third SCRC, which had taken place in Vilnius, Lithuania, on 17 September 2015, had been circulated and approved electronically.

2. In her opening address, which was web streamed, in line with Annex 4 of resolution EUR/RC63/R7, the WHO Regional Director for Europe began by expressing her condolences and sympathy to the French people for the terrorist attack that had recently taken place in Paris and, in particular, to the families of the victims of that tragic event. She thanked the SCRC Chairperson and the Ministry of Social Affairs, Health and Women's Rights for agreeing to host the SCRC session at such a difficult time. Her sentiments of sympathy and solidarity were subsequently echoed and reinforced by all participants throughout the meeting.

3. The Regional Director said that the 2030 Agenda for Sustainable Development would shape the global agenda for the next 15 years, with countries redefining their individual agendas to place the planet, people, peace, prosperity and partnership at the heart of national development policies. The 17 Sustainable Development Goals (SDGs) and 169 targets had been built on the premise that progress would be possible only by addressing social, economic and environmental determinants, reducing inequalities, respecting human rights and ensuring good governance across all sectors. The 2030 Agenda represented a new era, and a new opportunity, for public health. It would provide powerful support to public health leaders in the coming years to fulfil the principle of health in all policies. As a contributor to and indicator of development, health was central to the SDGs. While Goal 3 was the only specific health goal, to focus on that goal alone would be a missed opportunity, as health cut across many of the other goals. Universality was an important feature of the 2030 Agenda for Sustainable Development and targets focused not only on saving lives in lower-income countries but also on creating healthier societies and promoting well-being for all people in the world. From the perspective of the WHO European Region, that focus on health and well-being was where the 2030 Agenda embraced Health 2020. During the session, the Twenty-third SCRC would discuss how Member States could be best supported in aligning their national development plans with the 2030 Agenda; the Regional Director was convinced that Health 2020 provided an excellent basis for that work.

4. Since the first session of the Twenty-third SCRC in September, a few key global WHO meetings and developments had taken place. The financing dialogue, held in early November, had brought together Member States and major contributors to assess the progress made regarding the principles of funding: alignment, transparency, flexibility and broadening the donor base. A new portal that the SCRC was encouraged to review and comment on, had been launched, giving unprecedented transparency and accountability to current and future programme budgets. The 8th Global Meeting of Heads of WHO Offices had discussed the implications of the SDGs, reform of WHO's work in outbreaks and emergencies with health and humanitarian consequences (emergency reform) and accountability for results. The WHO representatives of the European Region had been particularly active in discussions on some of the topics, including accountability. The Global Policy Group had also held a meeting and had

focused its discussions on emergency reform and the global rotation and mobility plan. With regard to emergency reform, the Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies with Health and Humanitarian Consequences had submitted its report to the Director-General. WHO was in the process of establishing a programme for emergency preparedness and response with clear responsibility, adequate capacity and strong lines of accountability and a command control system. Discussions had taken place with emergency response partners on how to review and improve those relationships. The Global Policy Group had underscored the need for strong internal processes for emergency reform and each WHO region had nominated staff to work with Dr Bruce Aylward, Executive Director a.i., Outbreaks and Health Emergencies, on fulfilling the aim of maintaining the successful elements regarding WHO emergency responses and building on those to minimize weaknesses and to ensure that recommendations could be discussed and adapted to the needs of the Organization. Regarding rotation and mobility of WHO staff, the Global Policy Group had agreed that all internationally recruited professional posts, except elected and directly appointed posts, would be subject to rotation and that the mechanism needed further fine-tuning.

5. A number of important events had also taken place in the European Region. The Regional High Level Dialogue on Successful Transition to Domestic Funding of HIV and TB Response in Eastern Europe and Central Asia, held in Tbilisi, Georgia, on 28–30 September 2015, had underscored the importance of developing action plans to ensure that HIV and tuberculosis prevention and treatment were effectively scaled up and sustainable and predictable funding from both domestic and external sources was ensured. The WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, held in Minsk, Belarus, on 21–22 October 2015, had culminated in the signing of the Minsk Declaration, which focused on three key aspects for further action: acting early; acting appropriately and in a timely manner; and acting together. The SCRC would discuss the Minsk Declaration and how to take its work forward. The seventh meeting of the European Environment and Health Ministerial Board had been held in Zagreb, Croatia, on 19 November 2015, and had worked on the preparations for the Sixth Ministerial Conference on Environment and Health, due to take place in 2017. It had reviewed the outcomes of the High-level Mid-term Review Meeting of the European Environment and Health Process, the 65th session of the Regional Committee for Europe (RC65), the 21st session of the United Nations Economic Commission for Europe Committee on Environmental Policy and the United Nations Sustainable Development Summit.

6. The French Minister of Social Affairs, Health and Women's Rights welcomed the Twenty-third SCRC to Paris and thanked the Regional Director for the sympathy and condolences that she had expressed on behalf of the Standing Committee at what was a solemn moment for Paris following the recent tragic attacks that the city had suffered. She thanked the SCRC for its support of her Ministry's policies and informed participants that, just the previous night, the French National Assembly had taken the momentous step of voting in favour of plain packaging for tobacco products. She attached great importance to the close cooperation between France and WHO at both the regional and global levels. There were still significant inequalities globally in health and WHO support was vital in fostering cooperation among countries to develop common approaches and to address the challenges that they all faced in ensuring health security for all people. She wished the SCRC a fruitful meeting and was confident that

its discussions would help Member States to move forward on a number of important issues, such as refugee and migrant health and HIV prevention.

Follow-up to the 65th session of the Regional Committee for Europe: evaluation and review of actions by the SCRC and the Secretariat

7. The Regional Director said that RC65 had been an overall success, in no small part thanks to the active and constructive involvement of Member States and partners. Moreover, the preparatory work and support of the SCRC had proven valuable and the early availability of working documents and draft resolutions had contributed greatly to the smooth running of RC65. With regard to the agenda, it would be beneficial to enable future sessions of the Regional Committee to add new and emerging agenda items closer to the session, even if only to allow for an exchange of views. Consideration should also be given to inviting high-profile keynote speakers to address the Regional Committee on particular topics on its agenda. A four-week period for web-based consultations on draft resolutions would take place after the fourth session of the SCRC in May in order to build consensus among Member States early on prior to the Regional Committee session and to pre-empt last-minute comments that would not allow adequate time for consultation and translation.

8. Regarding the RC65 programme, omitting coffee breaks in order to gain more time for discussions had proved impractical. It had made sessions too long and removed an opportunity for more informal interaction among and between delegations. There was also a clear need to allocate at least 90 minutes for discussions on technical items. The process of adopting the meeting report electronically, within four weeks of the close of the meeting, would be implemented, as it would ensure the quality of the report.

9. The pre-meeting ministerial lunches and side events had been successful and had provided Member States with the opportunity to identify and exchange views on issues of particular importance or interest. The involvement of nongovernmental organizations (NGOs) at RC65 had been very positive and the challenge for the Twenty-third SCRC was to build on that engagement in the future. The panel discussions, however, needed to be further refined so that they were more engaging and made better use of the allocated time. A new application for mobile devices developed by the Regional Office had proved popular during RC65, with more than 500 downloads. The RC65 content, such as the programme, updates and working and conference documents, had been viewed around 20 000 times, demonstrating an active interest. However, the interactive functions had not been widely used. Decreases in visitors to the public website and in the use of other tools, such as webcasting, during RC65 were possible side effects of the mobile application.

10. The Twenty-third SCRC agreed that the panel discussions needed to be limited in number and should be shorter and more engaging. One member noted that, if planned effectively, they could be a valuable tool for involving high-level politicians. A more innovative and stimulating format could be to impose one-minute contributions in a question-and-answer style discussion. The SCRC further agreed that the informal side meetings had been valuable, as they had facilitated the exchange of views and creative discussions on particular items without compromising the decision-making environment

of RC65. However, efforts should be made to schedule that type of meeting the day before the opening of the session to avoid the pressure placed on smaller delegations when meetings were held in parallel. Other members noted that participation by NGOs was crucial but they should not be permitted to make long interventions detailing their status and activities. One member suggested that a prioritization exercise be carried out with Member States to identify the items that were of greatest interest or relevance, which would help in planning the agenda and discussions. The SCRC supported the introduction of a period of web-based consultations on draft resolutions and the electronic adoption of the report of the session. A formal timetable should be provided to facilitate the submission of written comments by Member States.

11. The Regional Director thanked members for their positive feedback and agreed on the need to give further consideration to the matters raised, including how to limit and make better use of panel discussions. She agreed that side meetings and other events should enable more informal discussions without overloading the formal agenda and that there was a need to avoid holding meetings in parallel so that smaller delegations could participate. She welcomed the suggestion to consult with Member States on the items to be discussed by the Regional Committee, which could help in establishing priorities and in setting a rolling agenda for future meetings.

Provisional agenda of the 66th session of the Regional Committee for Europe

12. The Regional Director presented the provisional agenda and programme for the 66th session of the Regional Committee (RC66). The first day of the session would include her report, followed by a general debate, the report of the Twenty-third SCRC, and discussions on partnerships for health globally and in the European Region, and WHO reform, in particular WHO work on outbreaks and emergencies with health and humanitarian consequences. The second day would be devoted to policy-related items that would be of interest to ministers, namely, health in the 2030 Agenda for Sustainable Development, the mid-term progress report on implementation of Health 2020, and a European strategy and action plan on refugee and migrant health. Technical items would be discussed on the third day, which would also include elections and nominations. The final day would cover the remaining technical items, the proposed programme budget 2018–2019, matters arising from resolutions and decisions of the global governing bodies, and progress reports. It would be a heavy but achievable agenda.

13. One member said that consideration should be given to shortening the time allocated to the report of the SCRC, or to removing it entirely, in order to allow more time to engage with ministers on substantive items. The discussion on partnerships should be moved to either the third or the final day, for the same reason. It was important to make use of the time when ministers were present for substantive items and to seek their support in the implementation of the various regional strategies and action plans.

14. The Regional Director said that it was important to keep the report of the SCRC but it would be possible to focus only on key issues that would be raised under the

technical items. She agreed that the partnership discussion could be moved to a later day to make best use of ministers' presence for substantive items.

Concept and review of main technical and/or policy topics and consultation process

Health in the 2030 Agenda for Sustainable Development

15. The Director, Division of Communicable Diseases, Health Security and Environment, and Special Representative of the Regional Director on Sustainable Development Goals said that since the adoption of the SDGs in September 2015 at the United Nations Sustainable Development Summit, work had been under way to define the indicators that would underpin the achievement of the goals and was scheduled to be completed in March 2016. An analysis by the United Nations Department of Economic and Social Affairs had shown that the 17 goals and 169 targets could be seen as a large network; more than half of the targets made explicit references to at least one other goal, which demonstrated the need to facilitate cross-sectoral coordination, planning and policies in order to achieve the goals. Health had a central role in the 2030 Agenda and most of the goals included health-related targets. It was clear that focusing solely on Goal 3, to ensure healthy lives and promote well-being for all at all ages, would be a missed opportunity as, without health-related actions, many of the other goals could not be achieved. The Regional Office planned to develop a technical paper, roadmap or action plan to "localize" the 2030 Agenda at the country level and to emphasize its alignment with Health 2020. It would carry out consultations with Member States as part of that process.

16. The Twenty-third SCRC welcomed the proposed process, which would be of the utmost importance in helping Member States to develop appropriate national action plans. There was general agreement that it was too early to consider a regional action plan, particularly given that the indicators for the goals would not be finalized until March 2016. Developing a technical paper would be most appropriate; it should be discussed with all Member States and should incorporate their comments and guidance on how the Regional Office could provide the most effective support. A roadmap should also be developed, possibly following RC66. It was important to bear in mind that Member States were at different stages in terms of implementing the 2030 Agenda; many were delaying action until the adoption of the indicators. Different approaches would therefore be needed depending on the situation in each country, including any obstacles that could impede progress on the 2030 Agenda. Some members noted that, in many countries, it would be other ministries, the Ministry for Foreign Affairs, for example, not the Ministry of Health, that was the overall driver of actions towards achieving the SDGs, or there would be various ministries driving particular parts of the agenda. It was important to underscore the need for intersectoral action and approaches, with ministries of health intensively engaged in the process.

17. The Director, Division of Communicable Diseases, Health Security and Environment, acknowledged the clear preference for a technical paper and possible roadmap and underscored the need to consider lessons learned from the experience of the Millennium Development Goals and to move quickly from discussion to action. The Regional Director said that WHO had been so successful in pushing health as part of the 2030 Agenda that it now appeared throughout almost all the goals; it was vital now to

make every effort to deliver on that success and to achieve not only health, but all health-related, targets. All countries needed to take the lead in formulating appropriate national development plans but, as part of that, it would be important to share experiences and best practices and to indicate how the Regional Office could best support them in the process. A retreat for Heads of WHO Offices that had been planned for February 2016 would provide an opportunity for that and for establishing how to best link the United Nations Development Action Framework with the SDGs.

Mid-term progress report on Health 2020 implementation 2012–2016

18. The Director a.i., Division of Policy and Governance for Health and Well-being, presented the proposed outline for the mid-term progress report on Health 2020 implementation, which, in accordance with resolution EUR/RC62/R4, was due to be submitted to RC66. The report would be accompanied by a draft resolution. The mid-term progress report would provide an overview of the actions taken by Member States to date in implementing Health 2020 and of the work done by the Regional Office to support Member States in the implementation process. It would look, in particular, at how countries had developed or updated their national health policies, strategies and action plans in accordance with the values, principles, approaches, strategic objectives and priority policy areas of Health 2020 and would review the mechanisms that were in place to support cross-sectoral partnerships for health and health equity.

19. Responding to a question from one member on whether any additional reporting would be required from Member States, the Director a.i. said that a number of tools had been developed for collecting the necessary data from countries, including an informal mapping exercise that would be carried out in early 2016. Acknowledging the member's concerns about Member States preferring, where possible, not to be burdened by additional reporting, the Regional Director confirmed that a template could be provided to guide Member States on what information would be required under the Health 2020 indicators and targets.

A strategy on women's health and an action plan for sexual and reproductive health and rights in the WHO European Region 2017–2021

20. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, said that the Regional Office had been working for more than a year on developing a strategy on women's health and an action plan for sexual and reproductive health and rights in the WHO European Region 2017–2021. The rationale for the two documents was that, while women had a mortality advantage in the Region in that they lived longer than men, they were disadvantaged in a number of other ways. Despite their longer life expectancy, their later years were not necessarily healthy. They also faced many challenges outside the health sector that nevertheless could have an impact on their health. One key finding had been that women were significantly less prevalent in clinical trials and evidence had shown that they suffered more from the side effects of certain drugs, possibly as a result of their non-inclusion in studies looking at the safety and appropriateness of medicines. Actions under the strategy would seek to address the differences between men and women as well as those among different groups of women in various parts of the European Region. The proposed key areas for action focus on strategies to enhance equity in norms, in access to and provision of services and in health research. In terms of monitoring and evaluation, new indicators

would not be imposed; rather, existing indicators, including those relating to Health 2020 and the SDGs, would be used.

21. The action plan on sexual health and reproductive health and rights was, in particular, expected to generate a great deal of discussion and debate in the coming months. The action plan would focus on ensuring sexual health and well-being for all, regardless of gender or sexual orientation, and would be based on the life-course approach. There were clear inequalities between and within countries in the Region that urgently needed to be addressed. The action plan would focus on three areas: sexual health; reproductive health; and selected populations with special needs. Once technical and political consultations had been held on both the strategy and the action plan, both documents would be further developed for review by the SCRC and, ultimately, for presentation to RC66 together with a draft resolution.

22. The Twenty-third SCRC said that both documents were timely and relevant, especially in the light of the SDGs. The strategy clearly showed that, when data was disaggregated by gender, it raised issues that had been ignored in the past. In addition to gender-sensitive data collection, it was crucial to ensure gender-sensitive planning and budgeting in order to make sure that the issues that had been raised were addressed effectively. A number of other actions would be needed to raise awareness and to address gender-sensitive issues, including ensuring that they received greater coverage at all levels of education; promoting training, especially for front-line health professionals; and engaging more with men and boys. Regarding the issue of clinical trials, the strategy needed to emphasize the responsibility of pharmaceutical companies to ensure that safe and gender-appropriate medicines were being produced.

23. The goals and objectives of the action plan should also address the sexual and reproductive health of cancer survivors; screening for women's cancers; infertility treatment, with reference to WHO global infertility guidelines; and the diagnosis, treatment and management of menopausal symptoms and sexual dysfuntion. It was also important to underscore that education on sexual health and reproductive health and rights should not be limited to the school system. The action plan should include an analysis of these issues across the Region and of the various legal rights and protections that women have in each country, as the action plan would need to take those into account. One member inquired whether the action plan would contain targets and indicators.

24. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, said that the practical comments of the SCRC would be incorporated into the further development of both documents. He welcomed the suggestions regarding gender-sensitive budgeting and the need for education and training to cover gender-sensitive issues. He also agreed on the importance of taking the different national frameworks in the Region into account and encouraged as many Member States as possible to participate in the technical and political consultations to ensure that the documents were appropriate and relevant for every country before they were presented to the Regional Committee.

Action plan for the prevention and control of HIV/AIDS in the WHO European Region 2016–2021

25. The Director, Division of Communicable Diseases, Health Security and Environment, said that there had been some progress in certain areas towards achieving the goal set in the European Action Plan for HIV/AIDS 2012–2015 of halting and beginning to reverse the spread of HIV in the Region. Notably, overall rates of newly diagnosed HIV infections had decreased in some Member States, notably in western Europe, between 2010 and 2014, the total number of people receiving antiretroviral therapy had increased from 641 300 in 2010 to 821 500 in 2014, and there had been good progress towards eliminating mother-to-child transmission.

26. However, despite those achievements, recent surveillance data showed that there had been more than 142 000 newly diagnosed infections in the European Region in 2014, the highest since reporting had started in the 1980s. That increase was being driven by the higher rate of new HIV diagnoses in the eastern part of the European Region. Treatment was not increasing fast enough to keep pace with new infections – between 2010 and 2014, treatment coverage for all people living with HIV increased only from 29% to 33% in the European Region as a whole and from 9% to 19% in the eastern part of the Region. The new action plan for the prevention and control of HIV/AIDS in the WHO European Region 2016–2021 that was being developed would help to counter the various challenges that the Region faced and accordingly set out a number of ambitious goals. The action plan would be aligned with the five strategic directions of the global health sector strategy on HIV/AIDS 2016–2021.

27. The Twenty-third SCRC welcomed the action plan and its relation to the global health sector strategy and its strategic directions but expressed some concern that the targets were too ambitious to be achievable; the goal of a 75% reduction in new HIV infections seemed particularly unrealistic, especially given the diverse situations in different parts of the Region. One member welcomed the initiative to reduce the reporting burden and noted that it would be helpful to further develop the link between the strategic directions and the targets in the action plan. Other issues needed to be more clearly addressed, such as the decreased awareness of HIV/AIDS among young people, probably due to a lack of coverage given to the topic in school curricula; a low rate of testing, especially among high-risk populations; and coinfections, like the relation between sexually transmitted infections and HIV in general and the issue of hepatitis coinfection in particular. One representative underscored the importance of funding, particularly for the eastern part of the Region, in countering the increasing rate of new HIV infections and expressed concern about the strategy of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) for countries to have a five-year plan to move from Global Fund support to full domestic funding.

28. The Director, Division of Communicable Diseases, Health Security and Environment, agreed that there was a need for sustainable funding to combat the disease. Discussions were ongoing with the Global Fund, particularly the Regional High Level Dialogue on Successful Transition to Domestic Funding of HIV and TB Response in Eastern Europe and Central Asia, held in Tbilisi, Georgia, in September 2015, which had concluded with the need for a smooth transition process. Member States should continue to raise the issue in various forums and to be vocal about their needs. She acknowledged the diversity across the Region and explained that it would be divided into three epidemiological, geographical blocs – western Europe, central Europe

and eastern Europe – which would follow different strategic approaches according to their specific epidemiological situations. She took note of the comments about the targets being overambitious and said that there needed to be a broad consensus on how to align the regional action plan with global strategies and targets while ensuring that they were suitable for the diverse conditions in the Region. The matter would be raised in other forums and the SCRC would be presented with different ideas and proposals following those discussions.

Action plan for the prevention and control of viral hepatitis in the WHO European Region 2016–2021

29. The Director, Division of Communicable Diseases, Health Security and Environment, said that there was a high burden of hepatitis B and C in the European Region, with more than 60% of those infected living in the eastern European and central Asian countries. Viral hepatitis was the cause of more deaths in the Region than either HIV/AIDS or tuberculosis. The Regional Office's consultation in June 2015 on the WHO global health sector strategy on viral hepatitis had identified that 85% of respondents considered that a regional action plan on viral hepatitis was necessary in order to implement that global health sector strategy and 57% thought that an action plan should be developed as soon as possible. Some progress had already been made in combating viral hepatitis: an increasing number of Member States were developing national plans and surveillance of viral hepatitis had improved in recent years, for example. Nevertheless, there were still many challenges in responding to the disease, which had too long been neglected. The vision of the action plan that was now under development was a European Region free of new hepatitis infections, where all people living with chronic hepatitis had access to care and affordable and effective treatment. Its goals were to reduce transmission of viral hepatitis and the morbidity and mortality associated with it. The action plan set out five strategic directions that were aligned with the global health sector strategy on viral hepatitis. The SCRC's comments and views on the action plan would inform a revised version that would be presented at the third session in March.

30. The Twenty-third SCRC said that tackling viral hepatitis in the Region was a high priority and three members shared their various experiences of using new drugs, instituting a new treatment programme in coordination with a pharmaceutical company to eliminate viral hepatitis nationally, and developing two national plans for prevention and treatment and a special fund for innovative treatments. It was noted that these national experiences could be used as good examples for other countries to follow. There were some concerns that the target set out in the action plan of reducing new cases of infection by 30% might be too ambitious, especially as some Member States did not have national prevalence data. Further consideration on what should be prioritized in the action plan was needed, whether there should be a focus on the treatment of clinical cases, so as to prevent liver transplants, or whether fibrotic cases should also be included, given other public health implications. One member said that all reporting should be aligned with global reporting requirements in order to avoid duplication and that the action plan should cover issues of epidemiology and access to treatment. Another added that, alongside access to treatment, there should also be consideration of how to prevent the risk of reinfection among high-risk groups if people did not modify their behaviour to remove the risk of exposure. Another member highlighted the need for the action plan to complement other action plans on

communicable diseases, such as HIV/AIDS, and on sexual and reproductive health. Noting that the action plan stated that vaccination with the first dose within 24 hours of birth was the most effective way to prevent mother-to-child transmission, she added that the action plan should emphasize the effectiveness of vaccination, not only the birth dose.

31. The Director, Division of Communicable Diseases, Health Security and Environment, said that the goals and targets of the action plan would be carefully reviewed to ensure that they were achievable and acknowledged that the situation was different in each country and therefore treatment priorities and measures might differ as well. Some countries would need to focus on prevention, while others would prioritize treatment and prevention equally. The Regional Office would work with the global programme and relevant stakeholders in looking at possible options for reducing the cost of treatment. The Regional Director added that the availability and high prices of drugs were a significant issue and, at the global level, WHO was negotiating with the pharmaceutical companies producing the drugs to reduce prices as much as possible. A joint procurement programme, such as one member had mentioned, could be a useful mechanism in negotiating lower prices.

Strategy and action plan for refugee and migrant health in the WHO European Region 2016–2022

32. The Director a.i. and the Coordinator, Division of Policy and Governance for Health and Well-being, jointly presented the key dimensions and guiding principles of a future regional strategy and action plan on refugee and migrant health, requesting feedback and guidance from the SCRC. The strategy and action plan would build on the outcomes of the High-level Meeting on Refugee and Migrant Health, held in Rome, Italy, on 23–24 November 2015, and the key issues and areas for action that had been raised during that conference, as well as on the experience of the WHO Public Health Aspects of Migration in Europe (PHAME) project, which had been established in 2012. The strategy and action plan, accompanied by a draft resolution, would be presented to RC66, the objective of which would be to address the short-, medium-, and long-term health needs of refugees and migrants. Particular attention would be paid to the proper consideration of the issues and requirements related to communicable and noncommunicable diseases in the context of health systems capacity and preparedness, the collection and sharing of health information, and the specific cultural, economic and environmental determinants of health.

33. The Twenty-third SCRC expressed appreciation for the High-level Meeting in Rome, which had been well organized, despite being convened at short notice, and had provided a sound foundation for the discussions on the regional strategy and action plan. Members underscored the need for strengthening evidence and data availability of public health aspects of migration, disaggregating data and identifying health needs according to the migration routes taken and the public health profile of the country of origin, as the various migrant populations would have different needs and may require different approaches. The strategy and action plan should address the different health needs pertaining to refugee and migrant populations; for example, trauma care, mental health, and communicable or noncommunicable diseases. Minimum standards for individual health assessment of refugees and migrants were needed and members encouraged WHO to use its technical and norm-setting expertise in that regard. The SCRC recognized the difficulties posed by migrants and refugees not having

identification papers or not disclosing where they had travelled from, which made it difficult to trace a person's medical history. In response to a call for systems to be established that would allow migrants to provide information about their health status and history, the Director, Division of Information, Evidence, Research and Innovation, informed the SCRC that a group of countries in south-eastern Europe had established a network for the medical registration of migrants, linked to their civil registration. The subgroup on migration and health, set up by the Twenty-third SCRC, could consider reviewing and reporting on that work.

34. The SCRC also raised the issue of addressing societal attitudes to migrants and refugees, which were often manipulated by the media or by political agendas. The strategy and action plan therefore needed to be grounded on an objective, indisputable evidence base that could not be refuted or manipulated. Other necessary measures included the need for effective training for health personnel to ensure that they could successfully address the health needs of migrants and refugees and interact with them in a non-discriminatory and welcoming manner; effective communication strategies, both for migrant populations and the general public; and intersectoral coordination to ensure that ministries of the interior did not have sole responsibility for national plans on migration. It was important that ministries of health and others were able to participate and ensure that health considerations were taken fully into account. Coordination with other partners, such as the European Commission and the European Centre for Disease Prevention and Control, should also be a priority. One member informed the SCRC that her country was due to finalize a guide on nutrition for migrants; this would be shared with the SCRC, thereby providing other countries with the possibility to translate it for use as a tool. One member commented that it would be useful to have one document that covered all the different aspects of this issue.

35. The Coordinator, Division of Policy and Governance for Health and Well-being, welcomed the guidance from the SCRC on the strategy and action plan. He strongly agreed on the need to disaggregate data according to the migration routes being used and said that discussions were taking place with the Eastern Mediterranean Regional Office and the African Regional Office to improve understanding and to share knowledge about the different migration routes and the profiles of those who used them. He further agreed on the need for clear intersectoral coordination on the strategy and action plan and that good communication strategies with migrants, resident populations and others would be essential, not least in order to counter the manipulation of information and evidence by some in the media.

36. The Regional Director said that the issue of migration and its related challenges would not go away quickly and it was crucial that migration was seen as a global issue, not just a European phenomenon. The Regional Office had been encouraging the Director-General to re-establish a global function for migration. She had agreed with that need and there would soon be discussions on how to frame the global function and also on re-establishing a global management group. Despite a long history of migration, Europe was now facing a migration emergency owing to the unprecedented numbers of migrants. The Region had been caught by surprise and was not well prepared. There was a clear need for significant investment to improve both regional preparedness and coordination. It had been made clear at the Rome meeting that migration did not pose any particular threat to the European Region but, as the SCRC had stated, there needed to be robust, indisputable evidence to back that up and to prevent the dissemination of

disinformation. There were a number of key areas for action, including ensuring greater interagency coordination within the United Nations family, to avoid overlapping functions. There was agreement on the necessity to ensure a coordinated assessment of the capacity of health systems to respond to migrants' needs. It was also essential to establish precisely the information required from individual migrants and refugees upon their arrival in order to be able to start responding to those needs immediately. Furthermore, migrants and refugees should be brought into national immunization schedules as soon as possible.

Strengthening people-centred health systems in the WHO European Region: a framework for action on integrated health services delivery

37. The Director, Division of Health Systems and Public Health, recalled that RC65 had endorsed, in resolution EUR/RC65/R5, the two priorities for health systems strengthening up to 2020: transforming health services delivery to meet health challenges in the 21st century and moving towards universal health coverage that was free of impoverishing out-of-pocket payments. The first of those priorities would be taken forward under the framework for action, with a focus on people-centredness. The regional work had been developed in alignment with the work of WHO headquarters on integrated health services delivery, which would be presented for consideration at the Sixty-ninth World Health Assembly.

38. The Programme Manager, Division of Health Systems and Public Health, provided an overview on how the European Region had been performing in terms of health services delivery. In looking at the examples of chronic obstructive pulmonary disease, diabetes and asthma, all conditions that could potentially be treated in primary care settings and for which there were well-known, cost-effective interventions for prevention, treatment and management, data showed that hospital admissions were decreasing in the Region, indicating gains in efficiency at the hospital level, and that primary health care was responding to the needs of the population. There remained many challenges to transforming health services. In response to the call by Member States for support in overcoming these challenges, the Regional Office had launched a roadmap for developing a framework for action in October 2013. The initiative sought to identify what Member States were doing in terms of service provision and how they were transforming their models of care. Illustrative cases were collected from each of the 53 Member States. The cases would be presented in a compendium at a later date. A number of phases and areas for action had been identified within the framework for action and an implementation package was being developed to assist Member States. Web-based consultations would be held with Member States and a first draft of the framework for action would be presented to the SCRC for finalization at the third session in March.

39. The SCRC generally welcomed the proposed outline of the framework for action and highlighted the fact that it needed to better respond to the expectations of and issues raised by the people as well as by the health workforce. Furthermore, the authority and credibility of national systems could be undermined by disinformation spread in the media, including social media, or by perceptions of conflicts of interest. The framework therefore also needed to act as an authoritative voice from WHO in support of action to strengthen national systems. The emphasis on transformation and innovation should be underpinned by clear goals and the areas for action needed to have a stronger focus on primary health care, as that was the foundation of any health system and should be the

starting point for any transformation in health services delivery. Greater emphasis should be placed on the role of health policy-makers and managers, since the process of transformation would require competent and strong leadership. The framework for action would also have implications for the training of health workers. Curricula would need to be appropriately revised to ensure that nurses and other health workers were not being trained in practices that could become obsolete in future. It was important to engage NGOs, as they often undertook training activities and could help in changing curricula and the way in which training was delivered. Funding was an important issue; much more needed to be allocated to prevention, which at present accounted for only 5% of budgets, and to enhancing quality and safety. In addition, in order to increase the funding available for transforming health services, the need for effective, regulated public–private partnerships should be recognized, not least because the majority of funding for health research and development already came from the private sector.

40. The Director and the Programme Manager, Division of Health Systems and Public Health, said that many aspects of the framework for action had not yet been fully expanded and the comments of the SCRC would be valuable in developing and adding more detail to the document. They agreed on the need to strengthen primary health care but added that it was important to maintain the continuum of care, in order, for example, not to compete with hospitals. Revising training curricula was important but it could take at least 10 years before that began to take effect. Other methods, such as mentoring, would therefore also need to be incorporated. Public–private partnerships had been raised in earlier discussions and needed to be taken forward in a concerted manner with a strong emphasis on governance and regulatory oversight of the public sector.

Action plan for the prevention and control of noncommunicable diseases in the WHO European Region 2016–2025

41. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, said that the new action plan for the prevention and control of noncommunicable diseases in the European Region needed to be both innovative and clearly aligned with Health 2020 and global processes. The action plan would refer to the nine targets of the Global Action Plan for the Prevention and Control of NCDs 2013–2020 while taking into account the new targets under Goal 3 of the 2030 Agenda and would include an assessment of progress and the likelihood of achieving those targets by 2025. Progress would be analysed according to four priority areas: governance; surveillance, monitoring, evaluation and research; prevention; and health systems. The action plan would also seek to bring a measure of cohesion to the numerous mechanisms and initiatives in the global noncommunicable diseases landscape and to ensure that they were all accounted for in one framework while maintaining a focus on action in countries. There were some new developments on which the action plan would seek to build, including collaborative work undertaken in the past few years on assessing national health systems and on integrating all monitoring data into one portal, the European Health Information Gateway. A full draft of the action plan would be prepared by the end of January 2016.

42. The Twenty-third SCRC said that bringing together all existing targets and indicators on noncommunicable diseases in the new action plan would be highly relevant. In particular, the action plan should highlight the alignment of targets under the SDGs, Health 2020 and the Global Action Plan, with their different end dates. This mapping of targets and indicators would be taken forward jointly with the Division of

Information, Evidence, Research and Innovation. Several members called for a stronger link with primary health care, since chronic diseases were managed at that level and general practitioners and other health professionals had developed sound functional models for patients with chronic and multiple diseases. Enhanced training on prevention was also important within the primary health-care perspective. Other elements needed to be expanded or included in the action plan, for example, improved links between WHO and the major professional associations that researched chronic diseases, as general practitioners often followed their guidelines; greater promotion of physical activity for the prevention of noncommunicable diseases; defining specific actions that could be taken to improve progress towards targets on alcohol; and assessing the impact on the food industry of trade treaties, such as the Transatlantic Trade and Investment Partnership, including how the importing of new dietary habits could have a negative impact in the Region. A timetable should be set out for 2016, showing which processes were taking place at both the regional and global levels and how they linked together.

43. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, affirmed that the Regional Office was strongly committed to ensuring that all targets and indicators were aligned. The Twenty-third SCRC had raised several interesting and pertinent issues that would be taken forward as the action plan was further developed. The importance of primary health care and of linking with professional associations was well understood; he noted that the International Conference on Cardiovascular Diseases, held in Saint Petersburg, Russian Federation, on 19–20 November 2015, had been well attended by professional associations. The action plan on noncommunicable diseases should reinforce, without duplicating, elements in the already existing alcohol and physical activity action plans.

Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region

44. The Director, Division of Information, Evidence, Research and Innovation, said that an action plan to strengthen the use of evidence, information and research for policy-making was new for the European Region and also globally. In 2014, the European Advisory Committee on Health Research (EACHR) had formed a subcommittee on enhancing evidence-informed policy-making and had subsequently recommended the development of an action plan, for submission to and approval by the Regional Committee. A roadmap had been formulated with the EACHR and, following further discussions and a technical briefing at RC65, Member States had proposed that the roadmap be developed into an action plan. The action plan would be aligned with the six key areas of the European Health Information Initiative and would include three key pillars: harmonizing health information across the Region and strengthening national health information systems; establishing and strengthening national health research systems; and enhancing knowledge translation. The action plan outlined a number of specific actions to be taken under each pillar.

45. The Twenty-third SCRC said that the action plan was a welcome and much-needed tool for Member States as evidence-based policy-making was crucial to good governance. There was a wealth of information in the public health sphere but no mechanism to translate that information into evidence-informed policy. The action plan would be of value to all Member States and particularly to countries lacking the resources or capacity to carry out their own scientific work and that often had to rely on global evidence rather than national data when formulating policies. Country offices had

an important role to play by providing regular summaries of key information at the country or subregional level. Strategies should be developed to identify and prioritize which issues should be the focus of the scientific research that would inform the development of necessary policies. It was important for Member States to know whether the action plan would include measurable targets and indicators and if there would be additional reporting requirements. The SCRC proposed that the action plan, together with a draft resolution, be presented to RC66.

46. The Director, Division of Information, Evidence, Research and Innovation, said that the Regional Office was conducting a mapping exercise of knowledge translation capacity in the Region to establish a baseline, which could be repeated in two or three years' time in order to assess what had changed and how it had changed. Consideration was therefore being given to the targets and indicators that could be proposed for inclusion in the action plan, including some that would be quantitative. She agreed that it would be helpful to have a process for prioritizing public health research at the regional level and that she would like to raise the issue with the EACHR.

Partnerships in the WHO European Region

47. The Executive Manager, Strategic Partnerships and Resource Mobilization, requested the Twenty-third SCRC to send, during the intersessional period, their comments and suggestions on how the partnership session at RC66 should be structured, including which partners should be involved and what topics should be covered. This feedback would be incorporated into a proposal and presented at the third session in March 2016.

48. A strategy for partnerships in the WHO European Region, as had been requested in resolution EUR/RC60/R4, had not yet been developed, since intergovernmental negotiations were still ongoing at the global level of the Organization on an overall framework of engagement with non-State actors. Many Member States had expressed their desire to finalize the framework. It had been deemed sensible to put the development of a strategy at the regional level on hold until that draft framework had been discussed and finalized by the Executive Board and the World Health Assembly. In the meantime, however, it would be useful for the Twenty-third SCRC to provide guidance on how the work with partnerships should move forward, particularly in the context of implementing Goal 17 of the 2030 Agenda on revitalizing the global partnership for sustainable development.

Terms of reference of the subgroups of the Twenty-third SCRC

Subgroup on governance

49. The Twenty-third SCRC agreed that its subgroup on governance would continue its work, chaired by Dr Ivi Normet (Estonia) and composed of members from Finland, France, Germany, Italy and Latvia. The chairperson of the subgroup outlined the key areas of unfinished work that would be undertaken by the subgroup, inviting comments from the SCRC. One member, recalling earlier discussions on standardizing the formats for policy papers throughout headquarters and the regions, inquired as to what had been done since then to coordinate globally on the standardization process. The same

member requested that the subgroup not only review the procedures for nominating national experts but also the information process ahead of meetings, such as what was sent by the Secretariat to countries. A provisional timetable on the procedure would be helpful. The chairperson of the subgroup confirmed that the point about standardization would be raised again in March 2016. The Regional Director said that the nomination processes were often challenging at the regional level, as requests could come at short notice with nominations needing to be sent almost immediately to the Director-General, which did not allow for adequate consultation with Member States. The Regional Office was trying to encourage headquarters to give more notice of possible upcoming requests and to factor in the timing of various governing body meetings to allow for more extensive consultation with Member States. If those meetings could not be factored into the process, then time needed to be allowed for web-based consultations.

Subgroup on migration and health

50. The Regional Director said that a number of important issues had arisen from the recent High-level Meeting on Refugee and Migrant Health in Rome, Italy, which would require considerable attention and action in the near future. As a result of the complexity of these issues, she agreed with the Twenty-third SCRC that two separate subgroups should be established: one to address migration and health and one on the implementation of the International Health Regulations (2005). The SCRC strongly supported separate subgroups, albeit with good lines of communication between them. The need for a subgroup on migration and health had been made clear at the High-level Meeting, as the related challenges would likely remain for at least the next 10 years. The issue of migration and health was further complicated by the fact that different migration routes required different approaches to be taken. The subgroup would be chaired by Dr Raniero Guerra (Italy) and composed of members from Estonia, Portugal and Romania; a web-based consultation would be held to find additional members to serve in the subgroup.

Subgroup on implementation of International Health Regulations (IHR) (2005)

51. The Regional Director said that the IHR evaluation and monitoring framework had been discussed at a recent technical consultation in Lyon, France, but consensus had not been reached on how to take forward the development of an IHR independent assessment tool for global implementation. In discussions of the Global Policy Group, the Director-General had stated that the Regional Committee for Europe had expressed interest in piloting the assessment tool in the European Region, while the Regional Committee for the Eastern Mediterranean had adopted resolution EM/RC62/R.3 requesting its Regional Director to establish an independent regional assessment commission to oversee IHR implementation. The Regional Director requested the Twenty-third SCRC to agree to add to the terms of reference of the subgroup the need to work on the IHR evaluation and monitoring framework, including an independent assessment tool with the involvement of relevant experts, and to invite the Eastern Mediterranean Regional Office to join that process to ensure that a harmonized independent assessment tool was developed. That tool could then be tested and used by the Director-General to inform the further development of the global assessment tool.

52. The Twenty-third SCRC agreed to the addition to the terms of reference, noting the emphasis that had been placed by the Director-General on the important role that the European Region should play in developing the tool, as well as the need for coordination with the Eastern Mediterranean Regional Office and to engage technical experts as needed. A number of members said that they would be happy to join the subgroup, given their particular experiences in fulfilling the requirements of the International Health Regulations or relating to the Global Health Security Agenda. The subgroup would be chaired by Professor Benoît Vallet (France) and composed of members from Finland, Georgia, Italy and Portugal.

53. The composition of the three subgroups would remain open for electronic consultation after the session in order to allow SCRC members time to review the terms of reference and to indicate the subgroups they would be interested in joining.

Minsk Declaration: the Life-course Approach in the Context of Health 2020

54. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, said that the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, held in Minsk on 21–22 October 2015, had been a great success and thanked Belarus for hosting such an important and well-organized event. Thirty-eight Member States had participated, with nearly half of the delegations led by ministers or deputy ministers. The life-course approach had formed part of Health 2020 from the beginning but only with the development of the Minsk Declaration had the kind of actions that should be taken in the context of the life-course approach been so clearly defined. The Minsk Declaration focused on the three key aspects of acting early, acting appropriately to life's transitions and acting together as the whole of society. The SCRC had previously decided to use the experience of the Minsk Declaration as a test for how documents of that nature should enter into the governance process. The Regional Office had been diligent in documenting the process; a scientific advisory committee had worked closely with the Regional Office for 18 months, holding three physical meetings and a number of teleconferences. An internal interdivisional working group had also reviewed at least three drafts of the document before it was released for public consultation. That consultation period for Member States had lasted from 10 July to 9 August 2015; a number of comments had been received and every effort had been made to incorporate as many of them as possible into the text. Some of the comments that had been submitted led to considerable debate during the Conference prior to the unanimous approval of the Minsk Declaration. In the subsequent period for technical and political follow-up, the SCRC was requested to provide guidance on how to take the Minsk Declaration forward and whether it should be submitted as part of a draft resolution to be presented to RC66. A considerable amount of evidence had been generated during the process and there existed the possibility to develop a technical review of that evidence in the next two or so years, in collaboration with all concerned divisions. Furthermore, the country case studies that were presented at the Conference had been so well received that there was also the possibility to produce a compilation of these various national experiences and good practices on incorporating the life-course approach in the context of Health 2020 and on the implementation of the SDGs.

55. The Twenty-third SCRC expressed appreciation for the excellent meeting and a number of members added thanks for the incorporation of their comments and suggested changes to the draft declaration before its adoption at the Conference. One member proposed that the SCRC subgroup on governance should review the process and time frame for submitting comments to ascertain how to enhance the work on that kind of text in the future. Members also commented that the Minsk Declaration should be included on the RC66 agenda as part of the mid-term progress report on Health 2020 implementation; that section 4 of the Minsk Declaration, on acting early, did not take full account of the importance of the preconception period and of ensuring that people planning to have a baby were aware of their exposure to particular risk factors; and that there did not seem to be enough emphasis on the preconception period or on foetal development.

56. In response, the Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, said that there was still sufficient time to decide upon how to follow up on the Minsk Declaration at RC66. It could be presented for information only or it could be included as an annex to a draft resolution on the mid-term review of Health 2020 implementation. He would seek further guidance from the Twenty-third SCRC in the coming months and the matter could be finalized at the third session. On the final point raised by members, he said that it was difficult to reopen discussions on particular aspects of the Minsk Declaration now that it had been adopted but that there were references to intrauterine development that could be taken as the starting point for action in the areas that the member had raised. The Programme Manager, Division of Noncommunicable Diseases and Promoting Health through the Life-course, added that the 3rd European Congress on Preconception Health and Care, including a special session on the Minsk Declaration, would be held in Sweden in February 2016. It was therefore well understood that the Declaration also sought to cover the preconception and foetal development stages.

57. The Regional Director said it would be a missed opportunity if the Minsk Declaration were not presented at RC66 in one form or another, as it was a key priority of Health 2020 and provided much needed clarity for Member States on how to take action in line with the life-course approach. It was a good suggestion to discuss it in the context of the mid-term review, given its relevance for Health 2020 implementation. She discouraged reopening debate on particular parts of the Minsk Declaration but underscored that much attention had been given to the preconception period during the Conference. Further consideration would also be given to preconception as part of the discussions that the Regional Committee would hold on women's health and sexual health and reproductive rights.

Membership of WHO bodies and committees

Vacancies for election and/or nomination at RC66

58. The SCRC was informed that the customary nominations or elections for membership of the following WHO bodies and committees would take place at RC66:

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

Elective posts at the Sixty-ninth World Health Assembly

59. The SCRC was informed that the European Region was required to submit candidatures for the posts of Vice-President of the World Health Assembly, Vice-Chairperson of Committee A of the World Health Assembly, Rapporteur of Committee B of the World Health Assembly, five members of the General Committee of the World Health Assembly, three members of the Committee on Credentials of the World Health Assembly and Chairperson of the Executive Board.

Issues to be taken up with European members of the Executive Board in January 2016 and collaboration with the Programme, Budget and Administration Committee

60. The Regional Director said that a request had been made to include the issue of migration and health on the agenda of the Executive Board meeting in January 2016. The Global Policy Group had discussed the suggestion and it had been agreed that there should be a report on the status of implementation of a previous World Health Assembly resolution relating to migration and health. In its discussions on the item, the Executive Board should also consider the feedback and outcome document from the recent Rome meeting but would not adopt a resolution. In the coming months, migration and health and the development of policies in that area would continue to be discussed in the Region. The intention would be to return to the Executive Board with a resolution in a year's time, following those regional discussions.

61. On other matters that should be taken up by the Executive Board, one member said that essential public health functions did not receive sufficient attention within WHO at the global level. At RC65, there had been agreement to submit a draft resolution to the Executive Board to be considered under an existing item on the SDGs and to be linked to discussions on universal health coverage. The European Region was in a strong position on public health, since it had a regional action plan in place, with broad coverage of the necessary public health functions. Some other regions had also carried out a great deal of work on public health and taking those experiences together would provide a good basis for drafting the resolution and establishing how to enhance public health functions as part of universal health coverage. It was clear that no country would be able to achieve universal health coverage if effective public health functions were not in place. However, an emphasis on population-based health services and functions, not only individual-based services, was also vital. Informal consultations on the preparation of the draft resolution would be held the following week. She urged Member States to provide guidance on what particular public health activities should be emphasized and which other documents or resolutions currently in force should be referenced in the draft resolution.

62. Responding, one member said that, while there was an accepted WHO definition of what was meant by universal health coverage globally, insufficient consideration had been given to how that was translated at the national level. The different situations of high-, middle- or low-income countries meant that not all Member States had the same goals with regard to ensuring universal health coverage. Rehabilitation services, for example, could only be funded by the high-income countries that could afford them. WHO should develop a check-list for countries to use in assessing whether they were

meeting all the requirements of universal health coverage. The Regional Director agreed that all countries needed to be able to progress along the same trajectory towards universal health coverage. She further agreed on the need to coordinate with other regions when preparing the draft resolution and said that it would be useful to include references to previous resolutions on social determinants of health and health inequities. Those Member States in the European Region that held seats on the Executive Board should participate in finalizing the draft resolution and draw upon that experience in the discussions on the subject in January 2016.

Other matters, closure of the session

63. After thanking SCRC members for their attention, expressions of sympathy and valuable contributions, the Regional Director for her leadership and guidance and the Regional Office for its support, the Chairperson closed the session.

Annex 1. Agenda

(1) Opening by the Chairperson and Regional Director

(2) Adoption of the provisional agenda and the provisional programme

(3) Follow-up to the 65th session of the Regional Committee for Europe (RC65): evaluation and review of actions by the SCRC and the Secretariat

(4) Provisional agenda of the 66th session of the Regional Committee (RC66)

- concept and review of main technical/policy subjects and consultation process on the provisional agenda of RC66

(5) Finalization of the terms of reference of the SCRC governance subgroup and discussion on the need for any other subgroups

(6) Minsk Declaration – Life-course approach in the context of Health 2020

(7) Membership of WHO bodies and committees

(a) vacancies for election/nomination at RC66

(b) elective posts at the Sixty-ninth World Health Assembly

(8) Set up subgroups of the Twenty-third SCRC (if any)

(9) Issues to be taken up with European members of the Executive Board in January 2016, and collaboration with its Programme, Budget and Administration Committee

(10) Other matters, closure of the session

Annex 2. List of documents

Working documents

EUR/SC23(2)/1 Rev.1	Provisional list of documents
EUR/SC23(2)/2 Rev.1	Provisional agenda
EUR/SC23(2)/3 Rev.1	Provisional programme
EUR/SC23(2)/3 Rev.1 Add.1 Rev.1	Provisional programme (annotated)
EUR/SC23(2)/4	Provisional list of participants
EUR/SC23(2)/5 Rev.1	Draft provisional agenda of the 66th session of the Regional Committee for Europe
EUR/SC23(2)/6 Rev.1	Draft provisional programme of the 66th session of the Regional Committee for Europe
EUR/SC23(2)/7	Action plan for the prevention and control of noncommunicable diseases in the WHO European Region 2016–2025
EUR/SC23(2)/8	Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region
EUR/SC23(2)/9	A strategy on women's health and an action plan for sexual and reproductive health and rights in the WHO European Region 2017–2021
EUR/SC23(2)/10	Mid-term progress report on Health 2020 implementation 2012–2016
EUR/SC23(2)/11	Strategy on and action plan for refugee and migrant health in the WHO European Region 2016–2022
EUR/SC23(2)/12	Health in the 2030 Agenda for Sustainable Development: preparing for action
EUR/SC23(2)/13	Action plan for the prevention and control of viral hepatitis in the WHO European Region 2016–2021
EUR/SC23(2)/14	Strengthening people-centred health systems in the WHO European Region: a framework for action on integrated health services delivery
EUR/SC23(2)/15 Rev.1	Action plan for the prevention and control of HIV/AIDS in the WHO European Region 2016–2021
EUR/SC23(2)/16	Follow-up to and lessons learned from the 65th session of the WHO Regional Committee for Europe
EUR/SC23(2)/17	The Minsk Declaration

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