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Report of the Twenty-fifth Standing Committee of the Regional Committee for Europe

This document is a consolidated report on the work done by the Twenty-fifth Standing Committee of the Regional Committee for Europe (SCRC) at the four regular sessions held to date during its 2017–2018 work year.

The report of the Twenty-fifth SCRC's fifth and final session (to be held in Rome, Italy, on 16 September 2018, before the opening of the 68th session of the WHO Regional Committee for Europe) will be submitted to the Regional Committee as an addendum to this document.

The full report of each SCRC session is available on the Regional Office's website (http://www.euro.who.int/en/about-us/governance/standing-committee/twenty-fifth-standing-committee-of-the-regional-committee-2017-2018).

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Introduction

1. The Twenty-fifth Standing Committee of the WHO Regional Committee for Europe (SCRC) has held four regular sessions to date:

- at the 67th session of the WHO Regional Committee for Europe (RC67) in Budapest, Hungary, on 14 September 2017;
- in Tbilisi, Georgia, on 28–29 November 2017;
- at the WHO Regional Office for Europe, Copenhagen, Denmark, on 13–14 March 2018; and
- at WHO headquarters, Geneva, Switzerland, on 19 May 2018.

2. In accordance with Rule 9 of the SCRC's Rules of Procedure, Dr Amiran Gamkrelidze (Georgia), as Deputy Executive President RC67, is ex officio Chairperson of the Twenty-fifth SCRC. At its first session, the Twenty-fifth SCRC elected as its Vice-Chairperson Mr Ioannis Baskozos (Greece). The member of the WHO Executive Board from Turkey agreed to act as the link between the Twenty-fifth SCRC and the WHO Executive Board in 2017–2018.

Reflections on the 67th session of the Regional Committee for Europe

3. At the first session of the Twenty-fifth SCRC, members exchanged initial reflections on RC67. The high level of attendance, including the presence of two prime ministers, two deputy prime ministers, several ministers of health and numerous senior-level delegates, testified to countries' heightened understanding of what health meant for development and to the fact that the work of WHO in the European Region was becoming politically visible. The agenda had been well planned and the preparatory work done by SCRC subgroups was commended.

4. The technical briefings, particularly on the work of WHO's country offices, had been much appreciated. Nonetheless, six briefings in four days had perhaps been too many, as had four panel discussions in two days. The Organization's governance mechanisms in the European Region were clearly working well, and the lessons learned there should be applied at the global level. The Secretariat was urged to exercise a foresight function, scanning the horizon for issues that would become important, such as harmonized and coherent approaches to immunization, vector control and the use of data. Interaction with neighbouring regions, especially on issues such as migration, would become increasingly important.

5. The volume of documentation and resolutions on the agenda of RC67 had been manageable. There was broad support for the use of mobile applications, which could be further expanded. The consultation process was seen as a useful tool to enhance engagement of Member States in advance of the session. The consultation on resolutions had proven useful. The Secretariat proposed streamlining the consultation on technical documents. It might also be useful to release the documents with different deadlines in order to help delegations deal with the workload. The modalities of the panel discussions needed improvement. There was a proposal to introduce a foresight mechanism, or briefings, to facilitate more spontaneous and open engagement when it came to discussing future trends.

SCRC subgroups

6. At its first session, the SCRC advised the continuation of the subgroup on governance, established by the Twenty-fourth SCRC. The subgroup on the International Health Regulations (IHR) (2005) would not be required to continue and the subgroup on migration and health would no longer be needed as a regional policy was currently in the implementation phase. The Standing Committee agreed to establish two new open-ended subgroups on vector control and on WHO's country presence respectively. The latter would look at all aspects of WHO's work at the country level.

Subgroup on governance

7. The SCRC members remaining in the subgroup on governance were those from Germany, Hungary, Iceland, Italy, Slovakia and Slovenia. At the SCRC's first session, the member from Denmark expressed interest in joining the subgroup. The SCRC agreed that the subgroup would continue to be chaired by the member from Iceland. Members from Lithuania and Tajikistan asked to join the subgroup at the Standing Committee's second session.

8. At the Standing Committee's third session, it was informed that the subgroup had discussed the process of nomination of members of the SCRC and Executive Board. The subgroup had reaffirmed its confidence in the new tool as a solid basis for assessing candidates and supporting decision-making. It had considered, however, that the tool placed too much emphasis on individual candidates, whereas members of the Executive Board and SCRC were States, not individuals.

9. The subgroup had also discussed developments with regard to global governance reform, based on the Director-General's report to the January 2018 Executive Board (document EB142/5), in particular the proposals to improve the efficiency and strategic focus of the governing bodies. With regard to reserving the right to take the floor to Board members only, the subgroup felt that it would be unrealistic and counterproductive to try to reverse current practice. If the floor were to be restricted to members of the Board, however, European members could be entrusted with giving regional statements.

10. The subgroup had agreed that the practices and procedures of the Board should not be seen in isolation from the broader consideration of the Board's role in WHO governance. The subgroup had also agreed that existing procedures could be applied more stringently: shorter speaking times for non-Board members and non-State actors could be more strictly enforced, and members could be encouraged to engage in active debate. The Secretariat's responsibility in steering the Board's deliberations had been underscored by submitting early reports, introducing each agenda item and clarifying what action and guidance were being sought. The subgroup had considered that the Board's current working methods were not conducive to mutual trust or candid discussion. Measures such as closed meetings or retreats might remedy that problem, although transparency must be maintained. Board members must maintain an appropriate balance between their status as independent members and their role as representatives of their region. The current practice of European Union coordination should also be taken into account to avoid overlaps or conflicts.

11. The Director-General's proposal to strengthen the intersessional role of the Bureau should be considered in the light of a broader discussion on the roles of the Board and the

regional coordinators. The subgroup had agreed that a joint regional statement on governance reform could be prepared.

Subgroup on vector control

12. The subgroup was established at the SCRC's first session, and comprises members from Georgia, Greece, Italy and Tajikistan. The member from Greece agreed to chair the subgroup. The subgroup was expected to provide guidance on the implementation of the Regional Framework for Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases 2014–2020 and the timing and content of a regional action plan for vector control, if needed.

13. The SCRC agreed, at its second session, that the presentation and discussion of the first report on the implementation of the Regional Framework for Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases 2014–2020 at RC68 would be a good opportunity to identify gaps in implementation and discuss technical elements of vector-borne disease prevention and control. The subgroup had endorsed the outline of the report at its first meeting, which was held prior to the Standing Committee's third session.

14. The Standing Committee also agreed that a timely and ambitious regional action plan, pursuant to World Health Assembly resolution WHA70.16, would be a useful tool to ensure that the nascent problem did not become a new reality. In addition to the diseases and vectors covered by the Regional Framework, the proposed action plan should also cover leishmaniasis, Crimean-Congo haemorrhagic fever and other tick-borne diseases.

15. At its first meeting, the subgroup had been briefed by the Secretariat on the increasing risk of the spread of diseases such as dengue, chikungunya and Zika virus disease in the WHO European Region, owing to the rapid spread of the vector *Aedes albopictus*. The spread of another important vector, *Aedes aegypti*, was continuing on the Madeira and the Black Sea coasts of Georgia, the Russian Federation and Turkey. Entomological surveillance, vector management and disease surveillance capacity in the Region were weak. The subgroup had emphasized the need for effective implementation of existing standards and for strengthening the preparedness and response capacity of all Member States in the Region. The lack of human resource capacity, particularly in entomological surveillance and vector management, required urgent action; WHO could play a key role in that regard.

Subgroup on countries at the centre

16. The subgroup was established at the SCRC's first session, and comprises members from Germany, Hungary, Italy, Slovenia, Turkey, Tajikistan and Uzbekistan. The member from Slovenia agreed to chair the subgroup.

17. At the SCRC's second session, the chairperson of the subgroup presented its terms of reference and informed the Standing Committee that the group had been tasked to conduct a series of visits to country offices to gain an insight into the work of the Organization at country level, in particular into the value country offices added. There was a proposal to include an item on the agenda of RC68 entitled "Countries at the centre: the strategic role of country offices in the WHO European Region". The item would afford an opportunity to

present the visit reports, discuss ways to strengthen the role of country offices and explore options for a new country strategy, if needed.

18. The Standing Committee discussed the modalities of country visits, and agreed that visitors should keep an open mind and seek to gain an understanding of specific country contexts, rather than work on the basis of a pre-established set of questions. Not all countries had country profiles, and issues and priorities might vary depending on the context. A two-day format had been chosen to allow the SCRC members to familiarize themselves with the country office structure and engage with staff on one day, and to engage with other stakeholders and partners on the ground on the second day. The Standing Committee's guidance was sought on the number of countries to be visited, the number of members to participate, and the possibility of multicountry visits. A proposal was made to consider the development of a regional country strategy for consideration by the Regional Committee in 2019.

Preparation for the 68th session of the Regional Committee for Europe

Draft provisional agenda and programme

19. At its first session, the Standing Committee was presented, by the Regional Director, with a provisional draft agenda for RC68, which the Standing Committee agreed to discuss through an electronic consultation prior to its second session.

20. At the second session, the Regional Director presented a detailed proposed programme of work, highlighting that the Director-General would be present for the whole session, provided his schedule allowed, and would address the Regional Committee on the second day. Main technical items for discussion would include: the preparation of a regional action plan on men's health and well-being; implementation of the European Vaccine Action Plan 2015–2020; implementation of the Regional Framework for the Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases; the roadmap to implement the 2030 Agenda for Sustainable Development; the outcomes of the high-level regional meeting, Health Systems Respond to NCDs: Experience in the European Region (Sitges, Spain, 16–18 April 2018), and the high-level regional meeting, Health Systems for Prosperity and Solidarity: Leaving No One Behind (Tallinn, Estonia, 13–14 June 2018), with a joint draft resolution on health systems strengthening from the perspective of noncommunicable diseases (NCDs); and a discussion on the strategic role of country offices.

21. At the Standing Committee's third session, it was informed that two ministerial lunches were planned, on migration and health, and health systems innovations, respectively. The latter would include a briefing on the work of the Health Systems Foresight group. The lunchtime technical briefings would deal with the work of the European health equity status report: environmentally sustainable urban transport; health literacy; and a country briefing by Italy, as the host State.

Action by the Regional Committee	**Review and adopt the provisional agenda** (EUR/RC68/2 Rev.1) **and provisional programme** (EUR/RC68/3 Rev.2) **of RC68**.

Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board

22. At the Standing Committee's third session, the member from Turkey briefed the Committee about the discussions at the 142nd session of the Executive Board. The main focus had been the draft thirteenth general programme of work (GPW 13); regional directors' strong support for the document had inspired greater confidence among Member States regarding its highly ambitious "triple billion" goal. In his opening speech, the new Director-General described his priorities for the Organization, highlighting the need for a culture and mindset change to make WHO more efficient and transparent. He had also stated his intention to transform existing financing mechanisms to improve efficiency. There had been broad support for his vision.

23. One member of the SCRC commended the constructive atmosphere that had reigned during the 142nd session of the Executive Board, but noted some departure from established practices with regard to the way in which WHO governing body sessions were handled under the new management. While there were good reasons behind the proposal to present a high-level strategic document, rather than a fully developed Proposed programme budget 2020–2021, to RC68, some caution was in order to ensure that the role of the regional committees was not diminished. Already, RC67 had been asked to discuss a concept paper on GPW 13, rather than a comprehensive document as had been past practice. It was important to reflect on whether or not departure from standard practice was useful.

Action by the Regional Committee	**Review the report on Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board** (EUR/RC68/6).

Outcomes of high-level conferences

Health Systems Respond to NCDs: Experience in the European Region. High-level regional meeting, Sitges, Spain, 16–18 April 2018

24. At the Standing Committee's fourth session, the Director, Noncommunicable Diseases and Promoting Health through the Life-course and the Director, Division of Health Systems and Public Health reported on the high-level regional meeting, Health Systems Respond to NCDs: Experience in the European Region, (Sitges, Spain, 16–18 April 2018). The meeting

had focused on the potential for Member States with persistent, high premature mortality from NCDs to "leapfrog" over decades of slow progress by speeding up the adoption of proven public health interventions and avoiding the errors of the past. It had featured a number of innovative activities: policy workshops, real-time country problem-solving, a "marketplace" of good practices and daily opportunities for organized physical activity. Participants had discussed a draft regional report entitled Health systems respond to noncommunicable diseases: time for ambition, 16 policy briefs describing good practices in individual Member States, and 13 country assessments.

25. Standing Committee members commended the engaging, participatory approach of the meeting, and welcomed the acknowledgement that a population-based, data-driven approach, involving all sectors and all levels of society, would be essential for tackling NCDs. Health systems could play a leadership role in involving other sectors in the prevention of chronic diseases, surveillance and infection control. The European Region should set an example by according priority to the significant but often neglected issue of mental health.

Health Systems for Prosperity and Solidarity: Leaving No One Behind, 13–14 June 2018, Tallinn, Estonia

26. The Standing Committee was informed that the outcomes of the Sitges meeting would feed into the conference in Tallinn, Estonia, 13–14 June 2018, marking the 10th anniversary of the adoption of the Tallinn Charter. The Tallinn conference would provide an opportunity to celebrate achievements, reflect on progress in health systems strengthening in the European Region and outline potential future directions for health systems in the 21st century. Each of the three overarching themes – inclusion, investment and innovation – would be introduced by a high-level keynote speaker. Parallel meetings would be held on specific topics under each theme. A European health systems foresight group made up of leading experts from within and outside the health sector had been established to work on a forward-looking approach to health systems in the Region. The group drew on input from macroeconomists, digitalization experts and ethicists in order to identify economic, technological and value-driven aspects of future needs and priorities. Its initial findings would be presented at the meeting.

Action by the Regional Committee	**Review Reaffirming commitment to health systems strengthening for universal health coverage, better outcomes and reduced health inequalities** (EUR/RC68/19)**, as well as the outcome statements of the high-level regional meetings, Health Systems Respond to NCDs: Experience in the European Region, 16–18 April 2018, Sitges, Spain** (EUR/RC68/Inf.Doc./3) **and Health Systems for Prosperity and Solidarity: Leaving No One Behind, 13–14 June 2018, Tallinn, Estonia** (EUR/RC68/Inf.Doc./6). **Consider the corresponding draft resolution** (EUR/RC68/Conf.Doc./8 Rev.1) **and its financial implications** (EUR/RC68/19 Add.1).

European health report 2018

27. At the Standing Committee's second session it was briefed on the content of the European health report 2018, and was informed that an expert group had been established to identify measurements and indicators for Health 2020 evidence. Although health policies had been increasingly aligned with Health 2020, and inequalities between Member States had been reduced, inequalities within some countries had increased. In order to achieve the objectives of Health 2020, new ways of working together to achieve integrated and interoperable health information flows across the Region were needed. In order to generate new types of evidence for the 21st century, qualitative and quantitative information needed to be analysed and shared with all stakeholders. Future work on the unfinished agenda beyond 2020 would build on the paradigm shift in reporting from death, disease and disability to health and well-being through the implementation of Health 2020.

28. At its fourth session, the SCRC was informed that an online consultation among Member States was currently under way, seeking guidance on three suggested options (minimum, pragmatic and ideal) for the quantitative and qualitative monitoring of well-being, community empowerment and resilience, and the whole-of-society and life-course approaches. Responses that had been received by that point had recommended starting with the minimum option and exploring the possibility of going further. The Regional Office was seeking funding to pilot an expanded approach, which could also cover health literacy and the cultural aspects of health.

29. The Standing Committee emphasized the importance of identifying the reasons for setbacks and failures where they occurred. Attention was drawn to the challenge of drawing on qualitative research methods. It was suggested to look at the work on health inequalities carried out by the WHO European Office for Investment for Health and Development in Venice, Italy. Members of the SCRC expressed interest in being consulted on the development of measurements and indicators for the new concepts under Health 2020. With regard to the paradigm shift, the SCRC noted that reporting on health and well-being should complement, not replace, reporting on death, disease and disability.

Enhancing the reporting of key qualitative Health 2020 concepts

30. At its third session, the SCRC heard that four expert groups had identified five key qualitative concepts related to community resilience, community empowerment and well-being, using data from the Health Evidence Network series of reports. A proposed procedure for monitoring and proposed indicators would be included in the European health report 2018. The monitoring would use routinely collected information, and much of the work would be done by WHO collaborating centres. Information from the online consultation on the joint monitoring framework would also be used. The final list of indicators would be circulated among Member States.

Implementation of the roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy framework for health and well-being, and review of the joint monitoring framework

31. At its second session, the Standing Committee was informed that, recognizing that many Member States would be unable to cope with the reporting burden under the SDGs, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases, RC67 had decided to adopt a joint monitoring framework for reporting on indicators for all three instruments. Member States would be encouraged to report on the individual frameworks where possible, but the joint framework would facilitate reporting on the most essential indicators as a minimum requirement. A multistakeholder expert group had been established and tasked to propose criteria for the selection of indicators that aligned across the three frameworks, using Health 2020 as an entry point. Using a set of agreed criteria, the group had recommended 40 indicators for inclusion in the joint monitoring framework covering all areas of public health. Ten of those indicators were common to the SDGs, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases, and 15 of them were included in the draft GPW13.

32. At its third session, the SCRC was further informed that an online consultation with Member States was under way, inviting their guidance on the proposed list of indicators, on the suggestion to include indicator 10.2.1 of the SDGs (Proportion of people living below 50% of median income, by sex, age and persons with disabilities), and on the suggestion to report on the life satisfaction indicator by country rather than as a regional average. Member States would be able to report online every six months through the European Health Information Gateway. The data would be directly accessible through the Global Health Observatory at WHO headquarters, which would pass the information on to the United Nations. A further update on results of the online consultation was provided at the fourth session. The consultation deadline had been extended until 8 June 2018.

33. The Steering Group of the WHO European Health Information Initiative (EHII) and the European Advisory Committee on Health Research had both recommended that the Regional Director establish a high-level task force on big data for health in the WHO European Region. The role of that task force would include elaborating a working definition of big data and giving advice on data ownership, ethics and governance mechanisms. It was proposed that the task force might adopt a two-stage approach to its work, establishing technical subgroups and then reporting their findings to the Regional Director, who in turn would share the information at the ministerial level through a formal consultation or a ministerial conference.

34. The Standing Committee commended the joint monitoring framework as a useful tool to reduce the reporting burden and make the process more understandable; one member said that while measuring life satisfaction would garner useful information, there was currently no reliable methodology available to ensure comparability between countries. Given that life satisfaction was culturally-bound, it would be more appropriately reported at the national, rather than the regional, level. Monitoring community resilience would likewise be difficult, particularly in respect of the role of nongovernmental organizations in the various Member States. The qualitative indicators should include details of legislation currently in force. The concept of health literacy should be included in regular regional reporting, in part to build capacity (with WHO support) to counteract the spread of non-factual health information

through social media. Emphasis on individual responsibility for healthy choices should be accompanied by government efforts to make policy that ensured the availability of healthy options for the population. The SCRC also supported the proposed initiative on big data for health; one member noted that a consultation and exchange of views on that issue had already taken place at subregional level, where the joint monitoring framework was already in use.

Action by the Regional Committee	**Review the Briefing note on the expert group deliberations and recommended common set of indicators for a joint monitoring framework** (EUR/RC68/10 Rev.1). **Consider the corresponding draft decision** (EUR/RC68/Conf.Doc./6 Rev.1).

Advancing public health for sustainable development in the WHO European Region

35. The SCRC was informed at its second session that an internal task force had been set up within the Regional Office to align work on the SDGs, Health 2020 and the European Action Plan for Strengthening Public Health Capacities and Services. The Standing Committee was invited to consider the implementation of the vision of public health for the 21st century through the development of an action plan or roadmap in the context of Health 2020, which would support the already agreed roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region. The Committee's guidance was also sought on the proposed establishment of an external task force of internationally recognized experts on public health that could assist the Regional Office in the development of such a plan.

36. The Standing Committee commended the fruitful collaboration across divisions within the Regional Office and expressed support for the development of an action plan, calling for a clear definition of its purpose. Members also endorsed the proposal to establish an external expert task force, seeking clarification regarding the profile of potential candidates. The value of additional emphasis on public health was mentioned. One member of the SCRC drew attention to the need to clarify the link between new and existing documents in order to avoid duplication. It might also be useful to develop a background document on economic aspects.

37. At its fourth session, the Standing Committee considered a draft report entitled Advancing public health for sustainable development in the WHO European Region. The document was based on an earlier report, Facing the future: opportunities and challenges for 21st-century public health in implementing the Sustainable Development Goals and the Health 2020 policy framework, which had been submitted to RC67 as an information document in 2017. The report suggested areas for action through which public health could contribute to sustainable development: strengthening governance and the ethical framework for public health, increasing investment, improving the public health infrastructure, ensuring appropriately trained and oriented human resources, and strengthening activities at the national and local levels. The document emphasized the importance of addressing the determinants of health and working effectively with other sectors. An advisory group of independent experts would review the document, which would subsequently be circulated among Member States in a comprehensive web-based consultation.

Action by the Regional Committee	**Review the report on Advancing public health for sustainable development in the WHO European Region** (EUR/RC68/17). **Consider the corresponding draft resolution** (EUR/RC68/Conf.Doc./10 Rev.1) **and its financial implications** (EUR/RC68/17 Add.1).

Can people afford to pay for health care? New evidence on financial protection in Europe

38. At its second session, the Standing Committee was presented with the preliminary findings from a review of financial protection which had been conducted in 25 countries in the European Region and would be presented at the high-level meeting in Tallinn, Estonia, in June 2018, marking the 10th anniversary of the adoption of the Tallinn Charter. Further findings were presented at the Standing Committee's fourth session. The study had shown that countries with lower levels of population coverage for health care tended to have weaker financial protection. Even in countries with 100% coverage, some households still had to deal with catastrophic out-of-pocket payments. Financial protection was stronger in countries where out-of-pocket payments were low. Medicines were the main reason for catastrophic spending, especially among people living in poverty, while in the most affluent quintile of the population the main cause of catastrophic health spending was dental care. Countries with strong financial protection tended to have low, fixed copayments with an annual upper limit, with exemptions for people living in poverty or with chronic conditions.

39. The Standing Committee expressed appreciation for the financial protection metrics developed by the Regional Office, and noted that poor groups were typically less likely to access preventive care. Out-of-pocket payments for preventive care, including dental care, were particularly significant. The SCRC offered guidance on the further development of the document for submission to the Regional Committee, suggesting that good practice examples should be attributed by country.

Action by the Regional Committee	**Review Can people afford to pay for health care? New evidence on financial protection in Europe** (EUR/RC68/11 and EUR/RC68/Inf.Doc./1).

Action plan to improve public health preparedness and response in the WHO European Region

40. At the Standing Committee's second, third and fourth sessions it received updates on progress with regard to the preparation of a five-year action plan to improve public health preparedness and response in the WHO European Region, which would be aligned with the five-year strategic plan being developed at the global level. There was consensus on the added value of adapting the global plan to the regional context and on the critical importance of synergizing core capacities under the IHR (2005) with health systems strengthening and essential public health functions. The regional action plan, which would take account of discussions at the global level through the Executive Board, would be based on three pillars: building and sustaining Member State capacity to implement the IHR (2005), improving

event management systems and ensuring accountability within the overall IHR (2005) framework.

41. The Secretariat would support States Parties in monitoring, evaluation and accountability through their mandatory annual reports under the IHR (2005), as well as other tools such as the joint external evaluations already completed by 10 Member States of the European Region, after-action reviews of past incidents and, potentially, simulation exercises based on risks identified through the Regional Office's risk-mapping process. The Regional Office had organized a high-level meeting, "Accelerating implementation of the IHR (2005) and strengthening emergency preparedness and response in the WHO European Region". The Standing Committee was informed that any revisions required to the draft regional action plan in the light of discussions and adoption of the global strategic plan by the World Health Assembly in May 2018 would be made prior to the submission of the regional document to RC68.

42. The Standing Committee expressed support for the draft regional action plan and endorsed the proposal to finalize it once discussions at the global level had been concluded. Further meetings of national IHR focal points should be convened and efforts should be made to build on the momentum created by the Member State-driven joint external evaluation process.

Action by the Regional Committee	**Review the Action plan to improve public health preparedness and response in the WHO European Region** (EUR/RC68/14). **Consider the corresponding draft resolution** (EUR/RC68/Conf.Doc./5 Rev.1) **and its financial implications** (EUR/RC68/14 Add.1).

Strategy on the health and well-being of men in the WHO European Region

43. The draft strategy on the health and well-being of men in the WHO European Region was considered in its formative stages at the Standing Committee's second and third sessions. The strategy was based on a review of comprehensive evidence and broad cross-sectoral consultations. Inspired by the Strategy on Women's Health and Well-being in the WHO European Region, the document recognized gender as an important determinant of health. A review of men's health in the European Region had revealed that men were disproportionately affected by the high mortality burden. Traditional concepts of masculinity increased the likelihood of men engaging in high-risk and health-damaging behaviour and the reluctance to seek help. At the same time, access to appropriate care was hampered where gender-biased health systems perceived men as invulnerable, asked fewer questions and did not view risky behaviour as a sign of psychological ill health. The mortality gap between men and women was considerably greater in those parts of the European Region that scored lowest on gender equality. It had also been found that women lived longer with chronic diseases, while men died younger. The strategy proposed a series of actions to strengthen governance, promote men's health and well-being, make health systems more gender-responsive and strengthen the evidence base.

44. At the Standing Committee's fourth session, a revised draft was presented, to which three major changes had been made: (a) references to "masculinity" had been clarified and expressed in terms of socially constructed roles for males and females; (b) key evidence had been integrated into the body of the strategy; and (c) key recommendations had been grouped within each of the five areas (governance, gender equality, health systems, health promotion, and the evidence base).

45. The Standing Committee expressed strong support for the proposed strategy and underscored its timeliness. Welcoming the thorough preparation of the draft, notably with the involvement of civil society organizations, members of the SCRC suggested that the strategy should be viewed in a broader gender context, together with follow-up of the Strategy on Women's Health and Well-being in the WHO European Region, adopted in 2016, and Health 2020. In view of the significant differences in men's health throughout the Region, members commended the flexible approach to specific actions advocated in the revised draft strategy. They also welcomed the integration of statistics into the document.

Action by the Regional Committee	**Review the Strategy on the health and well-being of men in the WHO European Region** (EUR/RC68/12). **Consider the corresponding draft resolution** (EUR/RC68/Conf.Doc./7 Rev.1) **and its financial implications** (EUR/RC68/12 Add.1).

Implementation of the Regional Framework for Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases 2014–2020: lessons learned and the way forward

46. At the Standing Committee's second session it was informed that the risk of vector-borne diseases in the Region was increasing, 40% of European Member States had no entomological surveillance in place, 15% had entomological surveillance systems but no vector management plans and only 50% had both. These shortcomings were a result of a lack of resources, expertise and commitment. In light of that situation, Member States were being requested to accelerate the implementation of the Regional Framework for Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases 2014–2020.

47. A draft report was submitted to the Standing Committee at its fourth session, which was due to be presented to RC68, summarizing progress towards implementation of the Framework for Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases 2014–2020 in the WHO European Region. The content of the report had been guided by the SCRC subgroup on vector control. Proposed next steps included strengthening of intersectoral and intrasectoral collaboration, community engagement and mobilization to improve vector control and build resilience against future disease outbreaks, and enhancing vector surveillance and monitoring and evaluation of control programmes, as well as expanding the work to a broader range of vector-borne diseases. Using the lessons learned from implementing the framework thus far, the Regional Committee would be requested to consider whether development of a regional plan on vector control, as requested by the World Health Assembly, would provide added value.

48. The Standing Committee drew attention to the lack of qualified human resources as one obstacle to entomological surveillance, and recognized the timely nature and crucial

importance of the issue, as dengue and other vector-borne diseases were re-emerging and spreading in the Region. Further action should, however, be organized within the existing regional framework; there was no need for an additional regional plan on vector control.

Action by the Regional Committee	**Review the report on Implementation of the Regional Framework for Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases 2014–2020: lessons learned and the way forward** (EUR/RC68/16).

Vaccine-preventable diseases and immunization: realizing the full potential of the European Vaccine Action Plan 2015–2020

49. At its second session, the Twenty-fifth SCRC supported a proposal to place the issue of the European Vaccine Action Plan 2015–2020 as an individual item on the agenda of RC68, as the stagnating, and even slightly declining, routine immunization coverage in the European Region meant that renewed political commitment was needed. Members of the Standing Committee mentioned resource constraints, vaccine scepticism and hesitancy and supply shortages as important obstacles to immunization coverage. While recognizing the potential legal implications, the Standing Committee encouraged support from the Regional Office to countries wishing to explore the possibility of joint procurement. There were calls for improved modalities of best practice sharing and new ways of communicating to overcome vaccine scepticism.

50. At its fourth session, the Standing Committee was informed that a report on progress towards implementing the European Vaccine Action Plan would be submitted to RC68 for consideration, based on an independent midterm review of implementation. Preliminary recommendations from the review included the development of a coherent strategy to address the challenges that middle-income countries were facing. The review also recommended that the Region should remain committed to the agreed targets and vigilant regarding threats and challenges. Political commitment, adequate resource allocation and continued advocacy for high immunization coverage to support the achievement of measles and rubella elimination goals were particularly important, as was the need for the Region to explore new means of ensuring that vaccine shortages and supply disruptions had a lower impact on immunization programmes.

Action by the Regional Committee	**Review the report on Vaccine-preventable diseases and immunization: realizing the full potential of the European Vaccine Action Plan 2015–2020** (EUR/RC68/9).

Countries at the centre: the strategic role of country offices in the WHO European Region

51. At the Standing Committee's second session it was informed that the SCRC subgroup on countries at the centre would present its report to RC68, which would include feedback from visits by SCRC members to a select number of country offices. The visits were not

intended to be a review of the country offices but rather had been organized to provide insight into the way the offices worked.

52. At the third session, the chairperson of the subgroup on countries at the centre reported on the country visits conducted thus far to the Russian Federation and Slovenia, during which members of the SCRC had met with high-level government representatives, members of parliament, directors of national institutions, WHO country office staff and non-State actors. The visits had shown that, despite their difference in size, the WHO country offices in the two countries served much the same purpose. It had also become clear that there was no one-size-fits-all solution to country work, and no clear distinction between receiving and donor countries. All countries, regardless of their size or circumstances, could contribute to global health objectives. The visits had helped create awareness of opportunities and revealed that country cooperation with WHO was even better than expected.

53. Members of the SCRC who had participated in the visits, including delegates from countries without country offices, concurred on the value of the exercise. They had been impressed by the extent of the collaboration and by the expectations of, and goods delivered by, the country offices. It was suggested that SCRC sessions held outside Copenhagen might provide an opportunity for similar engagement with host countries. The Standing Committee was informed that further visits were planned to Kyrgyzstan and Turkey.

54. At the Standing Committee's fourth session it was briefed on the country visit to Turkey, which had included visits to the WHO country office in Ankara and the WHO field office for emergencies in Gaziantep. The visit had not only shown how WHO rendered technical guidance and support to work taking place at country level but had also provided an opportunity to see WHO in operational mode, acting with multiple partners across WHO regions, delivering humanitarian aid in response to the conflict in the Syrian Arab Republic. A report on the three country visits conducted had been prepared and would be submitted to RC68 as an information document.

Action by the Regional Committee	**Review Countries at the centre: the strategic role of country offices in the WHO European Region** (EUR/RC68/Inf.Doc./4 Rev.1).

Engagement with non-State actors: accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe

55. At its third session, the Standing Committee was apprised of applications by non-State actors not yet in official relations with WHO for accreditation to attend meetings of the Regional Committee for Europe. Nineteen applicants met the criteria for participation in the Regional Committee meeting; that did not, however, automatically imply that they would also be eligible to attend the World Health Assembly. The Standing Committee reviewed a draft decision to be submitted to RC68 according to which, at RC68, organizations already working with the Regional Office would be invited to participate in the discussion of particular topics, in accordance with existing practice, while from 2019 onwards organizations authorized under the accreditation procedure or already in official relations with WHO would be eligible to attend the entire session. The accredited organizations would be listed on the Regional

Office website and their details passed on to WHO headquarters for inclusion, in due course, in the register of non-State actors.

Action by the Regional Committee	**Review Engagement with non-State actors: accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe** (EUR/RC68/13). **Consider the corresponding draft decision** (EUR/RC68/Conf.Doc./9).

WHO reform

56. At its fourth session, the Standing Committee reviewed a report entitled WHO reform: new strategic vision and transformation plan. The Organization as a whole was undergoing changes under the Director-General's transformation agenda. The reform process was being managed through existing global networks of directors of programme management, directors of administration and finance and external relations managers across the Organization: WHO country representatives were also involved. Measures to improve the workplace culture were being introduced and aligned with the Respectful Workplace initiative. The Director-General was committed to enhancing partnerships with all stakeholders including the G7, the G20, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance.

57. The Regional Office was concentrating particularly on determining the strategic priorities of countries over the coming five years, including the staffing required for increased technical and policy support at country level. The main changes were those required to align with the priorities of the draft GPW 13, the SDGs and Health 2020; a new focus on impact and outcomes rather than deliverables; and the increased focus on country work and impact in countries. The Regional Office would focus on interdivisional and interprogramme delivery, including joint missions to countries. Progress would be dependent on the funding provided by Member States for the implementation of GPW 13.

Action by the Regional Committee	**Review WHO reform: new strategic vision and transformation plan** (EUR/RC68/15).

Budgetary and financial issues

58. The Director, Division of Administration and Finance, presented reports on budget and financial issues (oversight function of the SCRC) to the Twenty-fifth SCRC at its second, third and fourth sessions.

Implementation of Programme Budget 2016–2017

59. At the SCRC's third session, it was informed that the budget for the biennium 2016–2017 had been realistic, but there had been some misalignment of funds between the various budget sections and a large proportion of funds had been earmarked for specific programmes. A total of 96% of available resources had been disbursed, and compliance, risk

management, transparency and accountability had been among the priority areas with continuous improvements. By the end of the biennium, 85% of the base programme budget allocated to the Regional Office had been utilized, although there had been significant differences in financing between and within categories and programme areas, with some persistent "pockets of poverty". Flexible funding had decreased by US$ 6 million compared with the previous biennium, which had disproportionately affected areas that were already underfunded, including category 6. The biennium had been marked by an unprecedented level of crisis response activities, particularly activities in response to the crisis in the Syrian Arabic Republic conducted by the WHO field office in Gaziantep, Turkey, for which a budget of approximately US$ 57 million had been utilized.

60. For the biennium 2016–2017, 60% of the Region's funding had been raised at regional level, and 40% had been transferred from WHO headquarters. Although emergency programmes and HIV and sexual and reproductive health programmes were expected to be affected by changes in United States funding policies, measures would be taken to secure alternative funding. While the potential loss of funding associated with the scaling-down of polio programmes was not considered a risk for the Region, there was a risk that it might not be possible to transfer the human resources and infrastructure previously used for those programmes to others.

61. At its fourth session, the Standing Committee was told that information on the end-of- biennium assessment for the Programme budget 2016–2017 was available on the WHO Programme Budget Web Portal (http://open.who.int/2018-19/home). For the first time, the information available included country reports, with detailed information and success stories for all regions. The Regional Office had also conducted internal assessments and peer reviews.

Action by the Regional Committee	**Review End-of-biennium performance assessment: regional plan for implementation of the programme budget 2016–2017** (EUR/RC68/Inf.Doc./5).

Programme budget 2018–2019

62. The Standing Committee was informed at its second session that operational planning for the forthcoming biennium was taking into account the new priorities identified by the Director-General. Taking into account the expected reduction in flexible funding and available and projected voluntary contributions for 2018–2019, the programme budget for the Regional Office was foreseen to be 60% financed at the start of the new biennium. As at 20 November 2017, more than US$ 66 million in voluntary contributions were projected in draft workplans, mostly in categories 2, 3 and 4, with various levels of probability.

63. At its third session, the SCRC heard that funding was available for 52% of the approved regional Programme budget 2018–2019. Taking into consideration the funds in the pipeline and potential flexible funds expected to become available from the global level, the funding gap as of early March 2018 was 35% – a level similar to that at the same point in 2017, but with fewer prospects for extrabudgetary funding and a lower level of flexible funds. The Regional Office was therefore working to mobilize more extrabudgetary resources from country partners and other sources, while also implementing efficiency measures and monitoring expenditures carefully.

64. At its fourth session, the Standing Committee heard that the Regional Office budget was 64% funded, with a projected final funding level of 76%, which was below the figure of 85% recommended by the Programme, Budget and Administration Committee and did not reflect the wide-ranging differences between individual programmes. It was expected, however, that some resources would be distributed to the regions.

Progress reports

65. At its third session, the Twenty-fifth SCRC reviewed and commented on progress reports that would be submitted to RC68.

Implementation of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region

66. The Standing Committee was informed about the progress made in the implementation of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region. Member States looked to EHII for various types of support: those in eastern Europe tended to be interested in the mechanisms for the translation of evidence into policy, while those in the European Union expressed strong interest in the work on cultural contexts of health. Member States could provide support to WHO by increasing the budget ceiling, since the programme budget category that covered health information activities was the lowest-funded throughout WHO.

Action by the Regional Committee	**Review and take note of the Progress report on implementation of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region** (EUR/RC68/8(H)).

Roadmap of actions to strengthen the implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025

67. Members of the SCRC deplored the fact that the progress made towards the overall reduction in tobacco consumption was not greater, but commended the achievements of the Russian Federation and Ukraine as positive examples. One member noted the critical value of WHO technical support in strengthening national capacities and updating tobacco-control legislation. Several members shared their concern over the difficulty of protecting tobacco-control policies from the interests of the tobacco industry. The important role of non-State actors in promoting anti-smoking measures was noted. The Standing Committee was informed that despite the bleakness of results in some areas, the Region was performing better than generally supposed. The striking drop in tobacco consumption in the Russian Federation and Ukraine and the success of France, Norway and the United Kingdom in defending new anti-tobacco legislation gave reason for hope. Still, overall progress was too slow and there was no room for complacency.

Action by the Regional Committee	**Review and take note of the Progress report on the Roadmap of actions to strengthen the implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025** (EUR/RC68/8(C)).

Indicators for Health 2020 targets

68. The SCRC was apprised of progress made in implementing, streamlining and enhancing the Health 2020 monitoring framework in line with resolution EUR/RC63/R3.

Action by the Regional Committee	**Review and take note of the Progress report on indicators for Health 2020 targets** (EUR/RC68/8(M)).

Implementation of the Physical Activity Strategy for the WHO European Region 2016–2025

69. The Standing Committee was informed that the Strategy, which was the first of its kind, had inspired the development of a global action plan on physical activity. It was gratifying to note that innovation coming from the European Region was emulated at the global level. As implementation had commenced only recently, it would be premature to report on impact, and the progress report instead provided an overview of the large number of outputs and activities. The importance of physical activity for achieving NCD-related SDG targets and for the promotion of health and well-being, including mental health, was largely underestimated. As levels of physical activity were stalling, or even declining, efforts must be stepped up.

Action by the Regional Committee	**Review and take note of the Progress report on implementation of the Physical Activity Strategy for the WHO European Region 2016–2025** (EUR/RC68/8(B)).

Implementation of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025

70. The SCRC welcomed the fact that the progress report reflected not only shortcomings but also achievements. Success stories were an important part of the picture. The Standing Committee was informed that although progress had been made, there was no room for complacency, as the Region could achieve much more than the 33% reduction in the premature mortality target if all the "best buys" were fully implemented. The NCD community must remain vigilant and respond in a timely manner to any "outbreaks" of harmful ideas that threatened to undermine progress. The WHO Global dialogue on financing for prevention and control of NCDs would be hosted jointly by WHO and the Government of Denmark. Its outcome was expected to feed informally into the third United Nations High-level Meeting on NCDs. Financing had been identified as the most vulnerable aspect of NCD prevention and control. The purpose of the Global dialogue was to share information on existing and potential sources of finance and explore new opportunities for multistakeholder

and multisectoral partnerships, building on the 2030 Agenda for Sustainable Development. One of the focus areas would be taxation.

Action by the Regional Committee	**Review and take note of the Progress report on implementation of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025** (EUR/RC68/8(D)).

Implementation of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region

71. The SCRC was apprised of progress in the negotiations of the global compact on refugees and the global compact for safe, orderly and regular migration, both mandated by the United Nations New York Declaration for Refugees and Migrants of 2016. The global compact on refugees would provide a strong legal framework for the reception, admission and long-term management of refugees. With regard to the draft global compact for safe, orderly and regular migration, WHO was concerned that public health had not received sufficient emphasis. WHO had provided input to the global compact consultation forums and was acknowledged as the agency responsible for health leadership.

72. The information on national implementation of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region had been based on a questionnaire sent to all Member States, in which the Regional Office had requested information on a number of indicators designed to provide a snapshot of implementation of the nine strategic areas covered in the Strategy and Action Plan. Implementation at the regional level mainly occurred through the Regional Office's Migration and Health programme, which had been expanded since its establishment in 2011. Particularly noteworthy was the work of the Knowledge Hub on Health and Migration, located in Sicily, Italy, which had hosted a first summer school on refugee and migrant health in 2017.

Action by the Regional Committee	**Review and take note of the Progress report on implementation of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region** (EUR/RC68/8(F)).

Report on the geographically dispersed offices

73. At the Standing Committee's fourth session it reviewed a progress report on the work of the geographically dispersed offices over the previous five years, in the case of the Barcelona, Spain, Bonn, Germany, and Venice, Italy, offices, and since their opening, in the case of the offices in Almaty, Kazakhstan, and Moscow, Russian Federation.

Action by the Regional Committee	**Review and take note of the Progress report on the work of the geographically dispersed offices of the WHO Regional Office for Europe** (EUR/RC68/8(K)).

Governance of the WHO Regional Office for Europe

74. At its third session, the SCRC reviewed the Secretariat's overview of governance reforms in the period 2010–2017. It expressed satisfaction with the progress and was pleased at how much the Region had achieved in improving its governance in many important respects. It was suggested that more information should be included on visits to country offices, which provided a valuable model for global practice. A report on governance would be submitted to RC68.

Action by the Regional Committee	**Review and take note of Governance of the WHO Regional Office for Europe** (EUR/RC68/8(L)).

Membership of WHO bodies and committees

75. At its second session, the SCRC was informed that the Regional Director had addressed an email to national counterparts requesting expressions of interest in replacing an outgoing member of the WHO Staff Pension Committee by 7 November 2017. By that deadline, one candidacy had been received from Germany. The Standing Committee agreed that the Secretariat should put forward the candidacy.

Elective posts at the Seventy-first World Health Assembly

76. At the Standing Committee's fourth session, the Regional Director informed the SCRC of the nominations that would be put forward for the posts of Vice-President of the Seventy-first World Health Assembly and Vice-Chairman of Committee A, as well as for membership of the General Committee (five seats) and the Credentials Committee (three seats).

Vacancies for election or nomination at RC68

77. The Standing Committee met in private during its fourth session to review the candidatures received for membership of the Executive Board (two seats), the SCRC (four seats), the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases (one seat), and the Regional Evaluation Group (six seats).

Action by the Regional Committee	**Review the report on Membership of WHO bodies and committees** (EUR/RC68/7) **and Appointment of a Regional Evaluation Group** (EUR/RC68/Inf.Doc./2). **Consider the corresponding draft resolution** (EUR/RC68/Conf.Doc./4).

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

78. The Vice-President of the Staff Association of the European Region of the World Health Organization addressed the Standing Committee at its third session and expressed continued concern about the global mobility policy. Although the transition to mandatory

mobility for all professional staff was scheduled to commence on 1 January 2019, and staff were entitled to receive one year's advance notice, as yet no communication had been received by the staff due to be affected. Moreover, the mechanism for assigning staff to available posts globally, and elements to ensure career development, had yet to be finalized. While staff remained optimistic that the global mobility concept could be an empowering mechanism, uncertainty about their future role and changes in location or job description were deeply unsettling. In rolling out the new policy, the highest consideration should be given to its impact on the people concerned.

79. The increased use of consultants and the lack of clarity about the Organization's future business model also remained a cause for concern. Consultants would soon account for nearly half of WHO's workforce and worked side-by-side with staff, but had no involvement in staff–management relations. The growing use of consultants also affected the United Nations Joint Staff Pension Fund and staff health insurance. Staff had almost entirely lost confidence in the independence and technical competence of the United Nations International Civil Service Commission. Its recent changes to the methodology for calculating the post-adjustment index for professional staff had led to significant salary cuts for United Nations employees at several duty stations, heightening the sense of insecurity among staff. While a change in methodology was not a problem per se, the Commission had repeatedly refused to answer relevant questions and an independent examination had revealed significant methodological flaws in the cost-of-living survey conducted at United Nations headquarters.

80. While embracing the transformative power of change and welcoming the Director-General's decision to engage elected staff representatives at every opportunity, staff were concerned about the great number of new initiatives introduced under the transformation agenda. In the Regional Office, the Respectful Workplace Initiative had greatly contributed to improving the staff's sense of security in the workplace and the Regional Director's leadership in that regard was greatly appreciated. Harassment nevertheless remained high on the agenda and the Staff Association would continue to engage with the Executive Management of the Regional Office to respond accordingly, including by developing a prevention policy.

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