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Second session

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Report of the second session

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Introduction

1. The Thirteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its second session at the Hilton Hotel in Vienna on 21 and 22 November 2005. The Chairman welcomed Dr Marge Reinap as alternate to Ms Triin Habicht (Estonia), who was unable to attend.

2. In his introductory remarks, the WHO Regional Director for Europe drew attention to a number of meetings organized by WHO or in which its staff had participated since the fifty-fifth session of the Regional Committee (RC55). They included:

- the first meeting of the Working group on the future of the WHO Regional Office for Europe (EURO) (Copenhagen, 26–27 September 2005);
- a regional intergovernmental consultation with countries of south-eastern Europe (SEE) on ratification and implementation of the Framework Convention on Tobacco Control (Sofia, 29–30 September);
- the Eighth European Health Forum Gastein, on the theme of "Partnerships for Health" (5–8 October);
- the ninth WHO-EURO Futures Forum, on health systems governance and public participation (Amsterdam, 10–11 October);
- a summit meeting on "Tackling health inequalities: Governing for health", convened by the government of the United Kingdom as part of its presidency of the European Union (London, 17–18 October); and
- the second joint WHO-EURO/European Commission (EC) workshop on pandemic influenza preparedness planning (Copenhagen, 24–26 October).

Through the good offices of the Chairman of the SCRC, the Regional Director had also met the Special Representative of the United Nations Secretary-General for Kosovo, and a joint mission had worked out a practicable solution to the severe health problems of a Romany community.

3. Forthcoming events included the Second Health Ministers' Forum on health and economic development in south-eastern Europe (Skopje, The former Yugoslav Republic of Macedonia, 25–26 November), a meeting of the European Advisory Committee on Health Research (London, 9–13 December), the second meeting of the Working group on the future of WHO-EURO (Copenhagen, 9–10 January 2006) and the regional consultation on the Eleventh General Programme of Work (10–11 January 2006).

Election of the Vice-Chairperson of the SCRC

4. The Standing Committee unanimously elected Dr Hubert Hrabcik and Dr David Harper as joint Vice-Chairmen of the Thirteenth SCRC. It recommended that a flexible approach should be adopted when electing its vice-chairmen in future and suggested that the Working group on the future of WHO-EURO might look at various aspects of regional governance of the Organization.

Follow-up to the fifty-fifth session of the Regional Committee (RC55): review of SCRC and Secretariat actions

European strategy for child and adolescent health and development (resolution EUR/RC55/R6)

5. The strategy had been placed on the Regional Office's website and three tools (for action, information and assessment) had been developed.

Strengthening national immunization systems (resolution EUR/RC55/R7)

6. European Immunization Week had been piloted in October 2005 in six countries (Belarus, Ireland, Italy, Serbia and Montenegro, Tajikistan and The former Yugoslav Republic of Macedonia). An external evaluation of the pilot scheme was currently being carried out, and it was hoped that all European Member States would take part in 2006.

Strengthening health systems (resolution EUR/RC55/R8)

7. Member States were being approached with the request that the Regional Director visit each of them to review and discuss health system development. World Health Day 2006 (on human resources for health) would be launched in London, with regional activities being planned in four other European countries. A set of European case studies on that topic was due to be published at the end of 2005.

8. Negotiations were under way with one Member State on hosting a ministerial conference in 2008, and an outline plan of the conference could be presented to the SCRC at its March 2006 session.

Framework for alcohol policy in the WHO European Region

9. The Regional Office was working (as the lead region) with WHO headquarters on developing a unified WHO standpoint (based on public health considerations and perhaps setting out ethical guidelines) before engaging in dialogue with the alcohol industry. The Standing Committee agreed that the European Region should take a lead on the issue but recognized that to do so effectively would require appropriate levels of human and financial resources.

Health for all (HFA) policy framework

10. Member States had been asked to submit case studies as part of the open-ended update process, and the European Observatory on Health Systems and Policies was developing indicators to assess progress with implementation of the HFA policy framework.

Prevention of injuries in the WHO European Region

11. Extensive coverage had been given to the report prepared in connection with RC55, and the issue was gaining visibility with the recent adoption by the United Nations General Assembly of a resolution (A/RES/60/5) on improving global road safety. A first meeting of European national focal points for violence and injury prevention had been held in the Netherlands on 17 and 18 November, at which support had been voiced for the establishment of a network and the exchange of best practices.

Mental health

12. The European Commission had launched a “green paper” on mental health, which took account of the outcomes of the WHO European Ministerial Conference, and a working meeting had recently been held with the Commission on mental health promotion. In addition, members of the Council of Europe’s Parliamentary Assembly were working on a draft resolution on mental health.

HIV/AIDS

13. Among other regional events to celebrate World AIDS Day (1 December) a report would be launched reviewing the lessons learned from 25 years of HIV/AIDS in Europe.

European Environment and Health Committee

14. The next meeting of the EEHC would be held in Finland on 12 and 13 December, focusing on children's exposure to chemicals, radiation and hazardous work (regional priority goal 4 in the Children's Environment and Health Action Plan for Europe).

Issues to be taken up with European Members of the Executive Board in January 2006

Draft provisional agenda of the 117th session of the Executive Board

15. The European member of the Executive Board attending the Standing Committee session informed the SCRC that she would be participating in a teleconference later in the day to discuss proposed amendments to the draft provisional agenda of the Board's 117th session (EB117). A large number of additional subjects had been put forward, mainly for inclusion under agenda item 4, "Technical and health matters". The SCRC was concerned that there would not be enough time during the Board's session to discuss all those additional subjects, especially if they were accompanied by draft resolutions. It therefore suggested that some might be taken up in "side events" or parallel meetings, while others could be incorporated in topics already on the draft provisional agenda or included as matters for information.

16. Following the teleconference, the European member of the Board reported that it had been agreed to include the earthquake in south-east Asia as the first technical and health matter on the provisional agenda (item 4.1); to take up the question of pandemic influenza preparedness (including implementation of the 2005 International Health Regulations and strengthening of health and surveillance systems) as item 4.2; to consider the issue of international trade and health as item 4.3; and to transfer or postpone some other proposed additional subjects. In particular, it had been confirmed that the issue of gender, women and health would be postponed until 2007, to allow time for full consultation; the European Region's reservations concerning that delay had been noted for the record.

Guiding principles for strategic resource allocation

17. The Senior Adviser, Programme Management and Implementation recalled that in September 2005 Regional Committees had been asked to comment on the guiding principles for strategic resource allocation, as set out (at that time) in document RC/2005/1. The issue was on the agenda of EB117, and a draft version of the Board's detailed working document (*Annex to the guiding principles for strategic resource allocations: the Validation Mechanism*) had been sent to SCRC members before the current session. For the first time, it presented indicative relative ranges within which actual resource allocations should fall over a six-year strategic planning period.

18. As already proposed in the guiding principles, the validation mechanism was based on consideration of three components. The relative weights of those components had been arbitrarily assigned, on "political" grounds, and had been frozen for modelling purposes at the following values:

- the fixed component would account for 43% of total resources, with 28% earmarked for WHO headquarters (its sole source of funding) and 15% distributed equally among the six WHO regions;
- the engagement component (a fixed amount per Member State served) would represent 2% of total resources; and
- the needs-based component would account for 55% of total resources. In the interests of equity and support to countries in greatest need, it grouped countries into 10 quantiles (deciles), with 30% weighting of deciles and total exclusion of the top two bands. It

incorporated two aspects: a needs-based index (either life expectancy at birth and per capita gross domestic product at purchasing power parity, or the United Nations Development Programme's Human Development Index, which included an education factor); and a population factor (with smoothing performed either using the square root method or the adjusted log population squared (ALPS) methodology).

19. Application of the above parameters resulted in four permutations for the needs-based component. The final step in the validation process was to calculate the average values of those four permutations, to include the first two components and to apply a relative range of +/- 5%. The European Region's share of the 2006–2007 Programme Budget (as approved by the World Health Assembly in May 2005) was 6.1%; application of the validation mechanism resulted in an average figure of 7.9%, with a minimum of 7.5% and a maximum of 8.2%.

20. The Standing Committee welcomed the extremely clear presentation of the proposed mechanism and fully endorsed the modelling approach adopted. In particular, it hoped that the application of a relative range to the average resource indications generated by the four permutations would represent an acceptable compromise that would avoid lengthy methodological discussions in the Board.

21. The SCRC suggested that the presentation should also be given at other relevant forthcoming meetings. In addition, it agreed that the Chairman of the SCRC would write to European members of the Executive Board, with a copy to all other European Member States, drawing attention to the need for all parts of their national administrations to strongly support the proposal. European Member States' delegations attending EB117 would also be invited to the briefing meeting held on the day before the opening of the Board's session, at which the issue would be covered again. Lastly, special attention would be paid to informing the European members of the Board's Programme, Budget and Administration Committee.

Provisional agenda of RC56 – first draft and selection of main technical/policy subjects

22. Members of the senior management team at the Regional Office gave outline presentations of the various items for possible inclusion in the agenda of RC56. The SCRC recognized that two subjects had to be taken up at the next RC session:

- the European strategy for noncommunicable disease control; and
- the Organization's proposed programme budget 2008–2009.

The Standing Committee selected two further issues for inclusion as main agenda items:

- health security (looking at epidemic, crisis and disaster preparedness and response in generic terms); and
- the report of the Working Group on the future of the Regional Office (associated with the Eleventh General Programme of Work and the Organization's Medium-term strategic plan 2008–2015).

Those four subjects could each be allotted a two-hour "slot" on the programme of the session. With the aim of making the discussion more focused and interactive, there should be shorter presentations and fewer guest speakers than in the past, while the accompanying working papers might include a list of questions that the Regional Committee would be requested to answer.

23. In addition, one two-hour "slot" should be devoted to follow-up to previous RC sessions, covering in particular:

- the report of the European Environment and Health Committee (a compulsory item);

- a report on implementation of the European Strategy for Tobacco Control;
- tuberculosis and malaria; and
- a European strategy on occupational health.

24. The SCRC also agreed that technical briefings would be held on:

- the pandemic influenza situation (reference should however be made to that topic in the main agenda);
- health systems (evidence on health financing);
- HIV/AIDS prevention (as requested by one delegation at RC55); and
- preparations for the WHO European ministerial conference on obesity.

25. The following topics were held in reserve:

- healthy ageing (perhaps to be taken up in 2007);
- a European strategy on maternal and neonatal health (for possible inclusion in 2007 or 2008);
- climate change and health;
- evaluation for public health (related to the proposed ministerial conference on health systems development); and
- citizens' participation.

Report on the first meeting of the Working group on the future of the WHO Regional Office for Europe

26. The Technical Coordinator in the Office of the Regional Director informed the SCRC that the aim of the Working Group's first meeting had been to outline expected major health trends in the European Region up to 2020 and put forward working hypotheses on the health status of the population. It had identified a number of negative structural trends, such as growing health inequalities, increasing numbers of health threats, lack of recognition of the benefits of integrated health systems, and reductions in public spending on health. Adverse trends in health status included increases in obesity, mental health problems, and addiction to tobacco, alcohol and other substances.

27. Nonetheless, the Working Group had concluded that the health status of the population of WHO's European Region would improve on average, but with the danger of increased health inequities between and within countries. Health would increasingly become a core societal and political issue, and there would be increasing demand for evidence-based advice and medicine.

28. In order to increase health system efficiency, WHO would need to lead intersectoral action to address health determinants, place strong emphasis on cost-effectiveness, help develop national capacities for evidence-based policy-making, and operationalize values such as human rights, equity and solidarity through measurable goals and objectives.

29. The Standing Committee believed that the Working Group had made a good start with identifying trends that could be influenced but noted the absence of any mention of injuries and accidents or climate change, and suggested that sustainability should be included as a core value. Given that public health would undoubtedly be high on the political agenda in countries, the Working Group should recognize the need to forge links between a short-term, political approach and the more evidence-based and long-term public health one; that aspect should be taken into account in its second meeting, on positioning the Regional Office in the context of 2020.

30. The SCRC also drew attention to the importance of the subject of the third meeting, partnerships and the international environment, and suggested that fundraising should also be considered on that occasion. Representatives of partner organizations could be invited to attend that meeting, and SCRC members were urged to attend all future meetings of the Working Group.

Update on avian influenza

31. At the request of the host country of the session, the SCRC was briefed on recent progress made in Austria with regard to vaccine development and planning of preparedness for a possible influenza pandemic (see Annex 1).

Regional suggestions for elective posts at the Fifty-ninth World Health Assembly in May 2006

32. The Standing Committee endorsed the Regional Director's proposals for the posts of Vice-President of the Health Assembly and of Vice-Chairman of Committee A, as well as for membership of the Committee on Credentials. With regard to the General Committee and the Committee on Nominations, the SCRC noted the United Kingdom's preference to remain involved with the former but accepted with gratitude its readiness to see the same practice applied to those committees as had been agreed by the Regional Committee in the case of membership of the Executive Board (see resolution EUR/RC53/R1). It looked forward to reviewing, at its next session, proposals for membership of those two committees drawn up on that basis.

Consultation on the Eleventh General Programme of Work

33. The Standing Committee welcomed the arrangements made to hold a regional consultation on the Eleventh General Programme of Work at the Regional Office in Copenhagen on 10 and 11 January 2006. In view of the complex nature of the draft document prepared for presentation to EB117, it recommended that the discussion should be focused by means of pre-set questions, panel discussions on the four main chapters (Health in a changing global environment; The challenges to health: closing the gaps; A global health agenda; and WHO – evolving to meet the challenges), and guided chairmanship throughout the meeting. The SCRC agreed to send in to the Secretariat, by 5 December 2005, its suggestions for questions to be raised in that context.

34. The SCRC emphasized the need for an open and frank debate. The Rapporteur of the consultation would be asked to make a quick summary of its conclusions, which could then be transmitted to European members of the Executive Board.

The WHO Regional Office for Europe's programme 2005–2010: 11 development processes

35. The Regional Director presented to the SCRC the Regional Office's 11 (internal) development processes, which he saw as a "contract" between himself and the staff to engage in a horizontal, cross-cutting approach designed to deliver better integrated services in areas such as fundraising, partnership development and increasing visibility. In addition, staff at the Regional Office were participating in some 20 "quality circles", aimed at increasing motivation and finding solutions to commonly encountered managerial problems.

36. The SCRC commended the Regional Director on those initiatives and suggested exploring the possibility of linking them to the work being done on the future of the Regional Office.

Other matters

Programme of the Austrian presidency of the European Union

37. Dr Clemens-Martin Auer, Deputy Minister of Health of Austria, set out his country's priorities in the field of health policy during its presidency of the EU in the first half of 2006. The first area was diabetes, where the number of sufferers (currently 22.5 million in Europe alone) was expected to double in the next 20 years. The first Austrian diabetes report had recently been launched and an expert conference would be held in Vienna on 15 and 16 February 2006. Proposals would be drawn up there for joint strategies for primary prevention of type-2 diabetes, disease management aimed at the reduction of complications, and prevention of cardiovascular diseases in conjunction with diabetes. The results would be summarized as a basis for discussion at an informal meeting of health ministers (Vienna, April 2006) and at the EU's Employment, Social Policy, Health and Consumer Affairs (ESPHCA) Council meeting in June 2006. The outcome of those discussions would also constitute a strong input into the WHO Ministerial Conference on Obesity.

38. The second main area of focus was women's health, where Austria had also recently issued a second report, ten years after the first one had been compiled. It identified the need for more research, information and education on endometriosis, as well as for more gender-sensitive approaches to the problems of osteoporosis, cardiovascular diseases and smoking/lung cancer. The objective of the Austrian Presidency was to initiate a European women's health report, which should document the situation in all the 25 EU Member States. Other important topics on which the Austrian Presidency would be concentrating included "harmful traditional practices" (such as forced marriages and female genital mutilation) and tobacco control (the first Conference of Parties to the WHO Framework Convention on Tobacco Control would take place in Geneva from 6 to 17 February 2006).

39. Professor Anita Rieder, Centre for Public Health, Institute for Social Medicine, Medical University of Vienna, gave the SCRC a detailed presentation of the first Austrian diabetes report (2004) and the second Austrian women's health report (2005).

40. The SCRC recognized that Austria had traditionally been very strong in health services development and suggested that diabetes care might be seen as an entry point for improving patient safety and tackling health inequalities, two themes of the United Kingdom's current EU presidency. However, the SCRC was particularly concerned to ensure continuity in the EU's preparedness for an influenza pandemic.

Annex 1

Vaccine development and influenza preparedness planning in Austria

Dr Noel Barrett, Head of Global Research and Development at Baxter Vaccine AG, a company based in Austria, described to the SCRC the "vero cell" technology that his company was using in an interpandemic and pandemic influenza vaccine development programme. Cultivation of influenza viruses in stable cell lines obviated the need for large numbers of embryonated hens' eggs, a clear logistical "bottleneck" in a situation where flocks of hens were susceptible to diseases such as avian influenza. There were no regulatory issues associated with the use of vero cells for the production of human vaccines. H5N1 virus banks had been established and screened for extraneous agents; experimental vaccine preparations had demonstrated 100% protection in a highly stringent mouse challenge model. Dose-finding and adjuvant studies in mice and guinea pigs were in progress. A clinical development programme would be initiated with the United States National Institutes of Health around the third quarter of 2006, and Baxter had identified partners in south-east Asia for an accelerated clinical development programme.

Professor Michael Kunze, Centre for Public Health, Institute for Social Medicine, Medical University of Vienna, noted that an influenza pandemic preparedness plan had been drawn up by the Federal Ministry of Health and Women, with the involvement of experts, and published on the Ministry's website in September 2005. It rested on three "pillars": the federal and county level, companies and organizations, and families. A vaccine stockpile would be built up, based on the principle of securing vaccine for the whole population, and neuraminidase inhibitors, masks and other supplies were also being stocked. Despite the promise shown by vero cell technology, there was still a shortage of vaccine, and international cooperation would be essential to achieve good levels of preparedness worldwide.

Dr Hubert Hrabcik, Vice-Chairman of the SCRC, gave further details of Austria's influenza pandemic strategy. The Directorate-General of Public Health had concluded an advanced purchase agreement to provide vaccine to the whole population and neuraminidase inhibitors to 25% of people. In view of Austria's federal system of government, detailed plans had been worked out for the assignment of responsibility to the different levels (federal ministry, national reference centres, regional directors of public health, hospitals/medical transport services, general practitioners, etc.) at the various stages of a pandemic.

The Director, Division of Technical Support, Reducing Disease Burden, recalled that the Regional Office had surveyed European Member States in February and October 2005, before the first and second technical meetings it had organized, and found that the number of countries with national preparedness plans had increased from 31 to 46. Since the second meeting, three further countries had submitted national plans, and it was expected that the remaining three would have done so by the time of the third meeting, planned to be held in Stockholm in March 2006. One lesson learned from the second technical meeting was the importance of distinguishing clearly between avian, seasonal and pandemic influenza. On a recent visit to the Regional Office, the WHO Regional Director for the Western Pacific had concluded that the European Region currently had the chance to prevent avian influenza from becoming endemic. To that end, a recent meeting between WHO, the World Organisation for Animal Health (OIE), the Food and Agriculture Organization and the World Bank had identified the key steps that must be taken and drawn up a preliminary budget for tackling avian influenza.

In the subsequent discussion, the SCRC was informed that Baxter estimated its vaccine production capacity to be 1.5 million doses per week, at a cost (dependent on volume) equivalent to that for an interpandemic vaccine. It was assumed that two doses of vaccine would be required in order to induce immunological "memory". Austria's plan to stockpile neuraminidase inhibitors sufficient for 25% of

the population included prophylaxis for key personnel, defined not only as hospital staff but also as other health personnel (general practitioners, nurses, ambulance workers, etc.) and those in other areas such as security and the food and telecommunications sectors; however, manufacturers were not recommending the use of such preparations for prophylaxis in children. The SCRC drew attention to the need for countries to make explicit (and share) the assumptions used to calculate the extent of their required stockpiles. In view of the shortage of antivirals, the SCRC agreed that WHO should work towards building up a “solidarity stockpile”.