



EUROPE

Fourteenth Standing Committee of the Regional Committee for Europe Third session

Copenhagen, 15 January 2007

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Report of the third session

Introduction

1. The Fourteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its third session at the WHO Regional Office for Europe (EURO) in Copenhagen on 15 January 2007. The session was preceded by a briefing for members of the SCRC on the work of the Regional Office Secretariat. The Chairman of the Standing Committee highlighted the dual role played by the SCRC in both giving support to the Secretariat and exercising its governance and oversight function.
2. Apologies were received from Dr Jens Kristian Gøtrik and the Chairman welcomed Dr Almaz S. Imanbaev and Dr Snezana Simic, the alternate members from Kyrgyzstan and Serbia. The provisional agenda and programme were adopted without amendment.
3. The report of the Fourteenth SCRC's second session was adopted with two amendments: the Netherlands should be added to the list of countries whose members would make up the small working group looking at the respective roles of EURO, the SCRC, the Regional Committee and Member States themselves (paragraph 6), and the date of the forthcoming ministerial forum on tuberculosis should be amended to 22 October 2007 (paragraph 10).
4. In his introductory remarks, the Regional Director emphasized the fact that WHO was in an extremely important transitional phase, taking on new roles to tackle challenges such as avian influenza, welcoming the arrival of a new Director-General and looking forward to the launch of a new Medium-term Strategic Plan in 2008. EURO also had to adapt, in order to be in the best position to continue to service and advise European Member States. While the Regional Office's priorities remained the same, it was undergoing organizational adjustments following the appointment of a Deputy Regional Director in mid-2006: he would continue to focus on overall strategy and policy decisions, setting the course to be followed by the Office and monitoring its financial situation, while his Deputy would concentrate on managerial articulation of those directions, assisted by a new, smaller streamlined management team consisting of the three divisional directors. He expected even higher levels of discretion and loyalty on the part of Regional Office staff, and he looked forward to continuing support from the Standing Committee.

Review of the provisional agenda and programme of the fifty-seventh session of the Regional Committee (RC57)

5. The SCRC noted that the provisional agenda for RC57 contained a number of traditional items (addresses by the Director-General and the Regional Director, report of the SCRC, etc.), as well as the three policy/technical subjects that it had selected at its previous session. In addition, and as previously agreed, four subjects would be discussed under the item on follow-up to previous RC sessions; more could be covered in the corresponding working paper. Three further topics would be the subject of technical briefings during RC57. Drafts of the provisional agenda and programme had already been sent to members of the SCRC.
6. The recently established Intergovernmental Working Group on Public Health, Innovation and Intellectual Property had held its first meeting in Geneva from 4 to 8 December 2006, at which the representative of the Netherlands had been elected as one of the Group's vice-chairmen. A further meeting at global level would be held in February or March 2007, while EURO was planning to organize a regional consultation after the Sixtieth World Health Assembly in May 2007. To ensure that all European Member States were fully informed of recent developments in that area, and to prepare for a discussion on the emerging issue of the pharmaceutical market at RC58, the SCRC agreed that the question of intellectual property rights should be included in the RC57 agenda item on "Matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board".

7. In her address to WHO staff on taking office, the new Director-General had called for a fresh surge of conviction and commitment to the global eradication of poliomyelitis. The SCRC urged that regular budget funding or voluntary donations be earmarked for that purpose. It was informed that a meeting would be held in Geneva on 27 and 28 February 2007 to discuss the situation in the four remaining poliomyelitis-endemic countries and the use of funds to tackle that situation. The SCRC agreed that the Secretariat should write to all European Member States asking them to submit their comments on the question of funding in advance of that meeting. The SCRC also noted that the eradication of poliomyelitis was on the agenda of the 120th session of the Executive Board in January 2007 and looked forward to receiving updated information at its next session. The topic might also be included by the Director-General in her address to RC57.

8. In general, the SCRC considered that the agenda and programme of RC57 encompassed a broad range of important subjects that would be of interest to both health ministries and development bodies. The Regional Director's invitation letter should therefore mention the desirability of having, where possible, correspondingly diverse national delegations, and also ones that ensured continuity of representation at the World Health Assembly and the Regional Committee.

Outlines of main policy/technical subjects for RC57

Human resources for health and health systems improvement in the WHO European Region

9. The Acting Director, Division of Country Health Systems, pointed out that creating human resources for health (HRH) was one of the four fundamental functions of a health system, and that HRH comprised both health service providers (doctors, nurses, etc.) and health system workers (such as managers and support personnel). The effectiveness of health systems and the quality of health services depended on the performance, knowledge, skills and motivation of HRH, and they were the largest single cost component in any health system. World Health Day 2006 had been devoted to health workers, under the slogan of "Working together for health", and a global HRH plan of action had been drawn up covering the period 2006–2015.

10. HRH accounted for some 10% of the total workforce in the European Region, but there was still an overall shortage in European Member States, there were serious disparities in the characteristics of health professions, and traditional HRH models no longer reflected the reality in most countries that had undergone reforms, with the emergence of new forms of public/private arrangements for the delivery of health services. In addition, there was a lack of reliable data and information about HRH, despite the fact that two detailed EURO reports and a study by the European Observatory on Health Systems and Policies had been issued in 2006.

11. The challenges to be faced in the European Region included skills shortages, inadequate education and deployment, poor working conditions and shortcomings in regulatory arrangements, as well as increasing mobility and migration. The knowledge base on HRH was weak, and there was a lack of evidence that could be used for policy- and decision-making. At the same time, labour markets would have to continue to respond to changes in demographic trends, disease patterns and consumer expectations, as well as in the political and economic climate. Demand for proper management of HRH was therefore expected to escalate in all countries.

12. New models for strengthening the health workforce would therefore have to be developed and evaluated. There was a need to improve HRH management through appropriate job descriptions, performance measurement and motivation schemes; to analyse and address issues of migration; to improve and harmonize training; to bridge the gap between information and action; and to promote research on the impact of HRH on health outcomes.

13. On the basis of a paper that would further explore those issues, the four-hour discussion at RC57 was expected to focus on facilitating the exchange of knowledge and experience, on

strengthening national capacity for workforce policy development, planning and management, and on advocating for more effective investment in HRH development and better resource coordination. It was planned to submit a draft resolution which would set key policy directions on the issue and ensure that HRH remained a priority programme in the WHO European Region.

14. The SCRC felt that more emphasis should be placed on migration in the presentation. Western European countries, in particular, were likely to face increased demand for HRH to provide care for their ageing populations, and the resulting “pull pressure” might lead to severe shortages in health care personnel in poorer countries within and beyond the European Region that were not able to offer sufficient financial incentives for such staff to remain in post there. In addition, countries in the eastern part of the Region were currently experiencing shortages of managerial staff. To respond to the demographic shift, the SCRC also believed that the paper should place emphasis on self-care and education to that end, as well on the development of human resources in the social sector.

15. The SCRC believed that the discussion on HRH at RC57 should be integrated in the wider context of the ministerial conference on health systems to be held in 2008, and that consideration should be given to how best to collaborate with the new Global Health Workforce Alliance and with bodies such as the European Commission. The RC session should be regarded as a milestone towards the firmer commitment on the issue to be reached during the WHO European Ministerial Conference on Health Systems and should contribute to advancing the global debate around HRH. The SCRC wished to see the European Region as a global leader in that area.

Follow-up to the European Ministerial Conference on Counteracting Obesity

16. The Director, Division of Health Programmes, recalled that overweight was a major contributor to the leading causes of mortality in the WHO European Region, and that there were marked upward trends in the prevalence of overweight (including obesity) among schoolchildren. The growing epidemic and increasing disease burden were exerting greater pressure on health systems and challenging economies and development. Against that backdrop, the Ministerial Conference had created a momentum for change: it had been attended by 480 participants and had received extensive press coverage and been the subject of editorials in leading medical journals. The Conference had adopted a Charter setting out the preventive actions that Member States and WHO could take, such as promoting breastfeeding, reducing salt, sugar and fat consumption, and promoting physical activity and better nutrition in schools.

17. The paper for RC57 would accordingly review the progress made since the Ministerial Conference and present a draft of the Second European Action Plan for Food and Nutrition Policy. The Action Plan itself would have two dimensions: the first considering the health challenges, and the second providing action packages for the different sectors or players (agriculture, education, environment, etc.). A draft resolution would be submitted, to obtain the Regional Committee’s endorsement of the Action Plan.

18. The SCRC approved of that approach and suggested that a similar process of consultation with Member States should be followed for the Action Plan and draft resolution as had been used when the Charter was being drawn up before the Ministerial Conference. In addition, one member noted that his country was considering introducing, at the forthcoming Executive Board session, a component in the global strategy on noncommunicable diseases that would cover obesity and the marketing of unhealthy foods to children. The Secretariat confirmed that negotiations were under way with two countries to host a consultation meeting, and that WHO was working with the European Commission on questions related to food labelling.

Millennium Development Goals in the WHO European region. Health systems and health of mothers and children: lessons learnt

19. The Deputy Regional Director referred the SCRC to the World Health Report 2003, which had highlighted the principles that guided WHO's work in relation to the Millennium Development Goals (MDGs). The objectives of EURO's strategy in that regard was to offer Member States an ongoing assessment of their progress towards achieving the goals, to provide them with more focused support and to help them prioritize actions that would lead to attainment of the MDGs.

20. Broadly speaking, there was limited progress in the WHO European Region. While European Union countries were expected to attain most MDGs and most south-eastern European countries were also likely to do so, the middle-income newly independent states of the former Soviet Union (NIS) would struggle to achieve the health-related MDGs, while lower-income NIS countries faced extensive problems.

21. It had been shown that improved health care contributed to the decline of avoidable mortality, and that the WHO health systems framework was an appropriate model within which to improve the health of mothers and children. The aim was therefore to identify those reforms in the four functions of health systems (service delivery, resource creation, financing and stewardship) that would lead to achievement of national objectives such as reductions in infant and maternal mortality rates. EURO was currently engaged in initiatives to integrate programmes on strengthening health systems and improving maternal and child health (MCH) in a number of countries.

22. Under the RC57 agenda item, the intention was to present information on the progress being made towards attainment of the MDGs in all 53 countries in the WHO European Region, and to discuss strategies to facilitate progress towards those goals, with specific recommendations on necessary actions for strengthening health systems. Highlighting challenges and possible solutions, and assessing the lessons learned from good practice, would provide Member States with a framework for review and improvement of national policies and would promote multisectoral action. However, the limited time available for consideration of the agenda item meant that a choice would have to be made: either to move from general consideration of the MDGs to focus in on MCH, or to take up the issue of the health of mothers and children more generally within the context of the MDGs.

23. The SCRC recommended that the RC discussion should be focused on the difficulties being experienced in the WHO European Region with attaining "problematic" MDGs, and in particular those related to the health of mothers and children through health systems actions. While agreeing that the item would mainly consist of reporting on the progress (or lack of it) being made, the SCRC also suggested that a draft resolution should be submitted, urging Member States to step up their efforts to reach the goals in question.

Terms of reference of the group to review the SCRC's role and way of working

24. The aim of the group was to clarify the Standing Committee's "fitness for purpose" and to look at how it could most effectively discharge its functions. In that context, the Regional Director drew attention to the disparity between the Standing Committee's lack of legal status in terms of the WHO constitution, on the one hand, and the considerable and important advice and assistance it provided to both the Regional Committee and the WHO Secretariat, on the other.

25. The Chairman of the SCRC recommended that the group should concentrate in the first instance on examining the roles and relationships of the SCRC, the Regional Committee, other governance bodies and the Regional Office Secretariat. The SCRC looked forward to receiving a presentation from the working group at its next session, and to reviewing the group's report at its May 2007 session.

Other matters

Preparation of 120th session of the Executive Board

26. The SCRC was informed that the Executive Board's Programme, Budget and Administration Committee (PBAC), on which the European Region was represented by Denmark and Portugal, would hold its fifth meeting from 17 to 19 January 2007. The Executive Board's 120th session would be from 22 to 30 January 2007.

27. On Sunday 21 January 2007, the Regional Director and the Chairman of the SCRC would hold a briefing for European members of the Executive Board and other representatives of other countries attending the Board's session as observers, to give them feedback on the discussions at the PBAC meeting and to draw attention to items of interest to the European Region on the agenda of the Board's forthcoming session (notably noncommunicable diseases, tuberculosis, smallpox and health systems).

28. The briefing would also necessarily focus on the PBAC's discussion of the Organization's draft Medium-term Strategic Plan and, in particular, of the Proposed Programme Budget 2008–2009. In that context, the SCRC endorsed the text of a letter that the Chairman of the SCRC intended to send to the newly elected Director-General of WHO, urging her to review the regular budget allocation in an attempt to give greater financial equity between the different WHO regions in line with the validation mechanism agreed at the Executive Board session in 2006 (document EB118/7).