



## EUROPE

**Seventeenth Standing Committee  
of the Regional Committee for Europe  
Fifth session**

Häckeberga Castle, Genarp, Sweden, 14–15 June 2010

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### **Report of the fifth session**



## Introduction

1. The Seventeenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its fifth session at Håckeberga Castle, Genarp, Sweden, on 14–15 June 2010. Apologies were received from Dr Boban Mugosa (Montenegro) and Dr Tomica Miloslavlević (European Executive Board member). Azerbaijan was represented by its alternate member, Dr Abbas Soltan Valibayov, and his adviser, Mr Soltan Mammadov, while Dr Bjørn Inge Larsen (Executive President of the Regional Committee) was represented by his alternate, Dr Arne-Petter Sanne. Dr Tatul Hakobyan, Chair of the working group established by the Regional Director to review the work of the Regional Office in the countries, was invited to attend the session as an observer.
2. The Regional Director reported that, since the SCRC's previous session, the Secretariat at the Regional Office had been finalizing working documents for the sixtieth session of the WHO Regional Committee for Europe (RC60) in the light of the advice given by the SCRC, building the ministerial panels and planning the technical briefings to be held during the session. She had travelled to Uzbekistan to launch the second round of an immunization campaign against poliomyelitis, in response to an outbreak of the disease in the neighbouring country of Tajikistan. She had also attended a meeting organized by the Ministry of Health of Spain, the country currently holding the presidency of the European Union (EU), to draw attention to the problems of health care-associated infections and antimicrobial resistance, while senior staff had attended meetings on progress towards the Millennium Development Goals and on the “expert patient”. Within the Regional Office, the new organigram was being finalized and would be presented at a general staff meeting at the end of June 2010, to be followed by a three-day meeting to evaluate the implementation of workplans during the first six months of the year.
3. The Seventeenth SCRC adopted the report of its fourth session (Geneva, 16 May 2010) without amendment.

## Sixtieth session of the WHO Regional Committee for Europe

### Final review of the provisional programme

4. The Regional Director informed the SCRC that Mr Vladimir Putin, Prime Minister of the Russian Federation, would deliver an address at the opening meeting of RC60. A ceremony to commemorate the late Dr J.E. Asvall, Regional Director emeritus, would be organized, in conjunction with the government of Norway, in the afternoon of the first day of the session. The agenda item on partnerships for health in the WHO European Region, including the strategic partnership between the Regional Office and the European Commission (EC), would be taken up in the afternoon of the second day. Two new items had been added on the third day, on future financing for WHO and poliomyelitis eradication in the WHO European Region. Five technical briefings were to be held, all of which would feed in to the subsequent discussion of the corresponding agenda item. Dr Haik Nikogosian, Head of the Convention Secretariat, would attend the session to answer questions about the Framework Convention on Tobacco Control, while Dr Hussein Al Gezairy, WHO Regional Director for the Eastern Mediterranean, and Professor David Salisbury, Chairperson, Strategic Advisory Group of Experts (SAGE) on Immunization, would be guest speakers.
5. The SCRC recommended that provision should be made for a general debate at the end of the morning of the first day of the session, following the Regional Director's address.

## **Final review of draft documents**

### ***Better health for Europe***

6. The Regional Director had redrafted her paper setting out her perspective on adapting the Regional Office to the changing European environment, in order to take account of comments made by the SCRC at its previous session. The Standing Committee welcomed the revised paper but urged her to focus it still further on the seven strategic priorities described in it. The section entitled “Priorities in the European Region” could be omitted or incorporated in another working paper. A more prominent place should be given to the overall aims of achieving better health and greater equity.

7. Cross-references to other RC60 working papers should be inserted where necessary. To aid rapid familiarization with the voluminous documentation for RC60, a “reader’s guide” could be drawn up, consisting of a compilation of abbreviated executive summaries of all the working papers.

### ***Health in foreign policy and development cooperation***

8. The Standing Committee endorsed the updated draft of the working paper.

### ***Addressing key public health and health policy challenges in Europe***

9. Following the SCRC's recommendation not to present a paper at RC60 on “Public health policy tools and instruments”, a section on that topic had been included in the “Challenges” paper. Key recommendations had been highlighted in five priority areas, and an annex had been added containing the first draft of a document drawn up by the WHO Global Policy Group (consisting of the Director-General and regional directors) entitled *Supporting policy dialogue around national health policies, strategies and plans*, which would be submitted to regional committees for consultation in September 2010. Their input would feed in to the discussion at the Executive Board session in January 2011.

10. The Standing Committee was informed that challenges in areas such as health personnel, obesity and alcohol would be taken up under the RC60 agenda item on matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board. Similarly, the challenge of forging partnerships with organizations that covered the whole of the WHO European Region would be explored under a separate agenda item, as part of the preparatory work leading to presentation of a partnerships strategy to the Regional Committee in 2011.

### ***Eradication of poliomyelitis in the WHO European Region and Renewed commitment to measles and rubella elimination and prevention of congenital rubella syndrome***

11. In view of the recent outbreak of polio in Tajikistan, it was proposed that the topic should be included on the agenda of RC60. A working paper had accordingly been drafted that provided an update on the achievements and challenges, including the importation of wild poliovirus into Tajikistan, and described the action that needed to be taken to sustain the European Region’s polio-free status. Given that substantially the same infrastructure was required to achieve both polio eradication and the elimination of measles and rubella, a draft resolution covering both those areas had been prepared for consideration by the Regional Committee.

12. The Standing Committee called for very clear definitions of the terms “eradication” and “elimination” to be included in the two relevant working papers. One member noted that he had pointed to the “riskiness” of certifying the Region as polio-free in 2002, given its proximity to large countries such as Afghanistan, India and Pakistan where the disease was still endemic. The Secretariat confirmed that the approaches to tackling the various diseases would be driven by

epidemiological, not geopolitical, considerations, and that measles and rubella elimination was technically feasible, given sufficient political will.

### **Partnerships**

13. As already noted, a partnerships strategy would be presented to the Regional Committee in 2011. The working paper for RC60 was a description of the “state of the art” in the area; one annex to the paper listed key partners currently working with the Regional Office, while a second set out a shared vision for joint health action by the EC and the Office.

14. Recognizing that it was no easy matter to give a full picture of the extent of cooperation between the Regional Office and its partner institutions, the SCRC recommended that a footnote should be added to the first annex stating that the Secretariat would welcome amendments or corrections to the information presented in it.

15. The aim of joint action by the EC and the Regional Office, as expressed in the fourth paragraph of the second annex to the paper (“to bring new health gains to all countries and people in the 53 countries of the WHO European Region”), should be highlighted as a key message.

### **Environment and health**

16. The Standing Committee endorsed the draft of the working paper.

### **Proposed programme budget 2012—2013: European perspective**

17. The first part of the paper described the work to be done by the Regional Office in the coming biennium in six main areas. The second part contained general considerations on the draft Proposed programme budget 2012–2013, including a number of tables and figures giving a regional budget overview. As part of the new business plan for the Regional Office, the paper concluded by outlining key actions on four “pillars” (creating room to manoeuvre, reducing financial risks, improving resource management, and strengthening accountability and transparency). Following the approval of the global programme budget by the World Health Assembly in 2011, the Secretariat would prepare and submit (in collaboration with the SCRC) a package of performance indicators to RC61; those would be developed as part of operational planning for the biennium and would constitute a “contract” between the Member States and the Secretariat.

18. The Standing Committee welcomed the paper but called for an even shorter and clearer presentation of the specific budget issues being faced. It agreed that the last section of the paper (with the key actions) should be moved to the beginning and that an executive summary of the paper should be written. The summary should make explicit the fact that the proposed programme budget was an aspirational document, but that the Regional Office had attempted to be as realistic as possible in its aspirations; furthermore, the summary (or the working paper on the future of financing for WHO – see below) should refer to the distorted incentives created by WHO headquarters’ practice of distributing extrabudgetary resources on the basis of the extent of the “funding gap” between planned costs and regular budget allocations.

19. The Standing Committee noted with satisfaction that, in the European Commission’s recent communication on the EU role in global health (COM(2010) 128 final), the Commission called on the EU to “decrease the fragmentation of funding to WHO and gradually shift to fund its general budget.”

### ***The future of financing for WHO***

20. A note on the future of financing for WHO had been received from the Director-General's office, for discussion at all regional committee sessions in 2010. The scope of the note was quite broad, and the Regional Director had therefore drafted a cover document identifying five topics that were particularly relevant to the European Region.

21. The Standing Committee was concerned to give Member States a clear description of the process being followed for handling the issue: it had first been discussed at an informal consultation convened by the Director-General on 12–13 January 2010. A web-based consultation was currently under way, to solicit the views of all WHO Member States and stakeholders. Comments received prior to 30 June 2010 would be consolidated before the discussions at regional committee sessions. All comments received would form the basis for a paper to be presented to the Executive Board in January 2011. Any subsequent steps would be taken at the initiative of Member States. Similarly, the Standing Committee suggested that any draft resolution to be presented for adoption by RC60 should originate from the Member States, rather than the Secretariat.

22. Ministries of foreign affairs and development assistance, in addition to health ministries, would need to be involved in decisions on the future of financing for WHO, so it was unrealistic to expect a draft resolution for RC60 to set out solutions to the problem. Instead, the draft resolution could serve to outline the issues that should be addressed. The SCRC member from Switzerland offered to lead an open-ended group of Standing Committee and European Executive Board members in taking forward work on a possible draft resolution, communicating by e-mail.

### **Final review of draft resolutions**

23. The Standing Committee broadly endorsed the draft resolutions that had been prepared for submission to RC60. It suggested that the Working Group on Health Governance might in future consider the added value of the customary resolutions thanking the Regional Director for his report and the members of the Standing Committee for their work. The draft resolution on the proposed programme budget 2012–2013 should include an operative paragraph approving the Regional Office's business plan.

24. An operative paragraph asking the Regional Director to sign the Memorandum of Understanding with the European Commission should be added at the end of the draft resolution on partnerships. A number of editorial amendments were suggested to the draft resolutions on public health and health policy challenges and on health in foreign policy and development cooperation.

25. The Standing Committee believed that the draft resolution on polio and measles/rubella was too detailed and could perhaps be shortened by omitting most of the preambular paragraphs. Reference could be made to the different epidemiological zones within the WHO European Region. One member pointed out that the prerequisites for eliminating measles were not present: basic information on the current epidemiological situation was not available, and many countries did not have the resources to carry out comprehensive immunization or the capacity to ensure appropriate surveillance. In addition, he advised the Secretariat to be well-prepared to answer questions about pandemic (H1N1) 2009. The Regional Director noted that the International Health Regulations (IHR) Review Committee was currently assessing the global response to the pandemic.

26. The draft resolution on the European environment and health process was necessarily lengthy but clear and explicit. The one confirming the dates and places of future sessions of the Regional Committee would need to be brought into line with the proposals contained in the working paper on governance.

## Presentations by SCRC members

27. Members of the Secretariat would liaise with the relevant members of the Standing Committee to ensure that their respective presentations of RC60 agenda items were brief and complementary.

## Update by the Working Group on Health Governance in the WHO European Region

28. The Chairperson of the Working Group reported that he had made a presentation on the subject of governance at the meeting of representatives of all European Member States during WHA63. Oral feedback and written comments had been given on his presentation, and the Secretariat had redrafted the RC60 working paper, focusing on the governance of the Regional Office itself. The Working Group had held its final meeting to review the paper that morning.

29. The Working Group suggested that the RC60 working paper should be given to incoming members of the SCRC as part of their briefing package. In the section on “Linkages between global and regional governing bodies and mechanisms for regional coordination”, mention should be made of existing coordination meetings, such as those of EU countries and the “Western European and Others Group” (WEOG), and a cross-reference should be made to the detailed consideration of the issue in the separate RC60 working paper on regional coordination.

30. On the question of the SCRC’s oversight function, the Working Group recommended that Rule 14.2.10 (a) of the Regional Committee’s Rules of Procedure (detailing the Standing Committee’s functions) should be amended to read: “to act for and represent the Regional Committee and to ensure that effect is given to the decisions and policies of the Regional Committee, especially with regard to its supervisory function as set out in Article 50(b) of the WHO Constitution”.

31. With regard to dual membership of the Executive Board and the SCRC, the Working Group called for the relevant part of the working paper (paragraph 35) to be reformulated to better reflect the view that such an arrangement would help secure the involvement of European countries that were permanent members of the United Nations Security Council and others in the work of WHO and ensure a bridge between the Board and the Standing Committee. So far as “semi-permanent” membership of the Board was concerned, the Working Group’s view was that “any further initiatives in this area as far as Europe is concerned should preferably be linked to a broad revision of the concept by the Board itself” (paragraph 40).

32. Concerning membership of the SCRC, the Organization’s Legal Counsel had advised that the Regional Committee could decide to amend its Rules of Procedure and those of the Standing Committee with immediate effect, and that there was accordingly no legal constraint on increasing the number of seats on the Standing Committee as from 2010 if the Regional Committee so decided, especially because no country’s interests would be prejudiced by such a move.

33. Since a sufficient number of candidatures had been received to allow for an increase of seats in 2010, the Working Group accordingly recommended that the arguments in favour of increasing the membership of the SCRC should be put to the Regional Committee as part of the Standing Committee’s report, and that the SCRC would be well-advised to prepare two lists of candidates who best met the criteria for membership, one on the basis of nine members and the other on the basis of twelve.

34. To increase the transparency of the Standing Committees’ work, the Working Group recommended that the names of members of the SCRC should be published on the Governance pages of the Regional Office public web site, as should the agenda and approved reports of its



sessions, while the contact details of its members and interim reports should be uploaded to a password-protected site that would be available only to the Regional Office's official contacts in the 53 European Member States. The reports of its sessions should be approved by its members by e-mail and posted on the Regional Office's public web site within one month of the session.

35. The Working Group was aware that a number of the proposed changes in governance arrangements would have financial repercussions, and it therefore suggested that the Secretariat should add a section at the end of the paper giving details of the additional costs involved, expressed in percentage terms.

36. In view of the fact that resolutions adopted by the Regional Committee entered into force with immediate effect, the Working Group pointed out that an additional operative paragraph would need to be added to the draft resolution on governance, if the Regional Committee decided to postpone the increase in membership of the SCRC until 2011.

37. Regarding the procedure for nomination of the Regional Director as set out in Rule 47.12 (a) of the Rules of Procedure of the Regional Committee and the Standing Committee, one member of the SCRC asked whether the ballot paper could not be pre-printed with the names of all short-listed candidates. The Secretariat would clarify that question with the Organization's Legal Counsel.

38. The Standing Committee commended the Working Group and its Chairperson on their excellent work and endorsed its recommendations.

## **Future country strategy: process of reviewing relations with countries**

39. Dr Tatul Hakobyan, Chairperson of the Working Group to Review the Work of the Regional Office in Countries (RWGCo), explained that the main objective of the Working Group was to advise and make recommendations to the Regional Director on how to improve work with and in WHO's European Member States. Its members were senior government officials and former WHO staff members. In addition to e-mail correspondence and video- or teleconferences, the Working Group had held a number of face-to-face meetings, conducted a desk review of all available documentation and drawn up a questionnaire that would be used as a "template" for interviews during country visits.

40. It would not be possible to visit all the 29 countries in the Region in which the Organization had an office, so the Working Group had attempted to classify them on the basis of existing documents, in order to ensure that it visited a representative sample. In addition, members of the Working Group would hold discussions with heads of country offices during a staff "retreat" at the Regional Office at the end of June 2010. An interim report would be submitted to the Regional Director in late August/early September 2010, with the final report due to be delivered by the end of the year.

41. The Standing Committee recommended that the interim report should be discussed by the Eighteenth SCRC at its first session immediately after RC60, to ensure its involvement in follow-up measures. It also suggested that the Working Group might consider visiting a number of countries that did not have country offices and looking at the country work done in the Regional Office, since the objective was to improve the Regional Office's work with all European Member States.

42. One member of the Standing Committee expressed strong reservations about the criteria used to classify countries and the resulting grouping of countries, as well as about the choice of countries within each group to visit. The Chairperson of RWGCo acknowledged that the



classification did not represent an objective assessment, was not important for the purposes of the present exercise and should accordingly be dropped.

43. The Standing Committee urged the RWGCo to continue its work.

### **Membership of WHO bodies and committees**

44. The Standing Committee reached agreement by consensus on the candidates that it would recommend for membership of the Executive Board, the SCRC, the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases, and the European Environment and Health Ministerial Board. In doing so, it took account both of the current and of the proposed new country groupings and size of the SCRC.

### **United Nations City in Copenhagen**

45. The Administrative Services Officer gave a progress report on construction of the “United Nations City” in Copenhagen. The project comprised two campuses, one a building offering common premises to over 1000 staff from seven United Nations programmes and agencies, the other a warehouse facility for use by the United Nations Children’s Fund (UNICEF). Focus groups consisting of staff from all the bodies concerned had been formed in 2008; their chairpersons made up a steering committee for the project, coordinated by a senior staff member from the United Nations Development Programme. The first phase of construction (relocation of UNICEF offices) had begun in March 2010, and a final draft of the project had been presented for tender at the end of April 2010. The project was due to be delivered in 2013.

46. The new common premises would include a dedicated emergency operations centre for the Regional Office, designed to house the latest technology and equipment for efficient response to health emergencies round the clock. Visits had been made to similar facilities at the European Centre for Disease Prevention and Control in Stockholm and WHO headquarters in Geneva, in order to build on their experience when drawing up specifications.

47. The Danish Ministry of Foreign Affairs would like to establish a common premises or tenancy agreement for all the United Nations agencies and programmes who would be tenants of the new premises. However, each body had its own host agreement with Denmark, reflecting its specificity within the United Nations system in terms of the privileges and immunities it had been granted to facilitate its mission. The Regional Director wished to reach a written agreement with the Danish government concerning the preservation of the Regional Office’s host agreement before making any commitment to move out of its present premises.

48. The Standing Committee recommended that the Regional Director should include information on the subject in her report to RC60 and continue to keep the SCRC informed of developments.

### **Coordination mechanisms for WHO European Member States during WHO governance meetings and intergovernmental processes**

49. The Regional Director informed the SCRC that during WHA63 representatives of a number of Member States had expressed the need for more pan-European coordination, in terms of both sharing information and reaching common positions on matters of concern to the whole Region. She therefore proposed that a 30-minute coordination meeting for all European Member States should be held in the morning of each day during the World Health Assembly. That meeting could take place immediately after the Director-General’s meeting with the regional

directors, which would allow the Regional Director to brief all European Member States and give them feedback on the issues raised during the meeting with the Director-General. Existing coordination meetings of groups such as the European Union and the “Western European and Others Group” (WEOG) would be fully respected.

50. The Standing Committee welcomed the proposal and suggested that the Regional Director should organize a consultation with countries’ missions to the United Nations Office and other international organizations at Geneva on the matter.

### **Other matters**

51. One member of the SCRC had called for the area of occupational health to be included in the shared vision for joint health action by the EC and the Office. The Secretariat would explore the possibility of incorporating it in one of the key areas for enhanced cooperation that had already been identified.