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Nineteenth Standing Committee of the WHO Regional Committee for Europe – report of the fifth session

This document contains the report of the Nineteenth SCRC's fifth and final session (held in St. Julian's, Malta on 9 September 2012, the day before the opening of the sixty-second session of the WHO Regional Committee for Europe). It should be read in conjunction with the consolidated report on the work of the Nineteenth SCRC (document EUR/RC62/4).

Introduction

1. The Nineteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its fifth and final session at the Hilton Hotel, St Julian's, Malta on Sunday 9 September 2012, the day before the opening of the Regional Committee's sixty-second session (RC62).

Final review of the provisional agenda and the provisional programme of the sixty-second session of the WHO Regional Committee for Europe

2. The Regional Director introduced the provisional agenda and provisional programme of RC62. A number of changes had been made since the SCRC had last considered the provisional programme. Since the Nineteenth SCRC's fourth session, Portugal had confirmed that it would be able to host RC63.

Evaluation of the European Health Policy Forum of High-level Government Officials

3. As agreed by the SCRC at its previous session, an evaluation of the European Health Policy Forum of High-level Government Officials had been conducted among all Member States. Responses had been rich and varied, and had been summarized in a document to be submitted to the Regional Committee (EUR/RC62/15). All respondents had agreed that the High-level Forum had served its purpose very effectively with regard to the drafting of the new European policy framework for health and well-being, Health 2020, to which its contribution had been invaluable. Opinions were divided, however, with regard to the future of the Forum. In its conclusion, the document therefore offered three potential options: firstly, that the Forum be maintained as a regular item on the "health calendar"; second, that it be discontinued altogether; or third, that it be kept pending, in order to be convened as and when necessary, in consultation with the SCRC. The Regional Director had contributed to the document, expressing her support for whichever approach the Member States deemed appropriate. The members from Malta and the United Kingdom would introduce the item to RC62 on behalf of the SCRC.

WHO reform

Twelfth General Programme of Work 2014–2019, proposed programme budget 2014–2015, including the European perspective, and impact of WHO reform on the work of the Regional Office for Europe

4. The Director, Administration and Finance informed the SCRC that the Twelfth General Programme of Work 2014–2019 (GPW12) would be presented to the Regional Committee by the Assistant Director-General for General Management. The Regional Committee would have an opportunity to comment on GPW12 before moving on to discuss the Organization's proposed programme budget 2014–2015 (PPB), which would also be presented by the Assistant Director-General. It would then consider the European perspective on the PPB, as presented by himself and the Senior Adviser, Programme and Resource Management.

5. No figures had yet been included in the PPB: the Director-General's intention was to focus firstly on what the Organization would do in future (i.e. its priorities), and secondly on where it would carry out its various functions (i.e. the distribution of tasks between headquarters, regional offices and country operations). It would then be possible to work out cost estimates and funding requirements; that information would be included in the documents submitted to the Programme, Budget and Administration Committee of the Executive Board (PBAC) and the Board itself in January 2013.

6. The Special Adviser to the Regional Director summarized the implications for the European Region of the WHO reform process currently under way. With regard to programmes and priority-setting, the "five plus one" categories of programmes identified in GPW12 would lead to a consolidation into fewer core programmes in the Regional Office, with a progressive shift of resources to noncommunicable diseases (NCD). In the area of governance, some reforms (such as stronger oversight by Member States and harmonized working practices in regional governing bodies) had already been implemented in the European Region. Managerial reforms entailed not only a clearer delineation of the roles of the three levels of the Organization but also changes in human resources policy and practice, and the establishment of a culture of evaluation in WHO. The predictability and flexibility of financing would be discussed in two parallel "break-out" groups during RC62, informed by a recently issued working paper on the subject (document EUR/RC62/18).

7. The Standing Committee recognized that the Regional Committee, in its forthcoming discussion of the PPB, would need to express its views on the relative priority of NCDs and other programmes, on the one hand, and with regard to the distribution of responsibilities and tasks between major offices of the Organization, on the other. It believed that discussion by the "break-out" groups of the issues described in EUR/RC62/18 would constitute valuable input to the extraordinary session of PBAC to be held in December 2012.

Terms of reference of the Credentials Committee

8. The Director, Administration and Finance informed the SCRC that, as part of the harmonization of regional committees' working practices and in line with operative paragraph 5(b) of World Health Assembly decision WHA65(9), the Regional Committee for Europe would need to establish a credentials committee. After discussion with the Organization's Legal Counsel, two options had been identified: to entrust that task to the officers of the Regional Committee session, or to the Standing Committee.

9. The SCRC believed that the Regional Committee's officers would be fully occupied with managing the business of the session. It therefore decided to take upon itself the task of acting as the Credentials Committee and to assign that task to a sub-set of its members. The members from Andorra, the Russian Federation and Turkey volunteered to perform that task at RC62.

Briefing on items from the Sixty-fifth World Health Assembly

Prevention and control of noncommunicable diseases: follow-up to the United Nations high-level meeting and global monitoring framework

10. The Sixty-fifth World Health Assembly had approved a decision to adopt a global target to reduce premature mortality caused by NCD by 25% by 2025, and had suggested that regions should contribute, through the regional committees, to a global consultation, which would take place in November 2012. The Regional Office had conducted a web-based consultation in

which Member States had been asked to comment on their NCD surveillance capacity. While Member States had agreed on a number of core indicators for measuring reductions in the NCD burden in the European Region, a “grey area” still existed with regard to certain indicators, which could only be resolved through further discussions. Those discussions could take place through the establishment of a technical working group, regional consultations, or continued one-to-one discussions between the Regional Office and Member States.

11. The Standing Committee agreed to recommend that the Regional Committee delegate the issue to a technical working group. The conclusions from the working group meeting could be validated by the SCRC and by the Regional Committee through a short web consultation) and fed in to discussions at global level.

Consultative Expert Working Group on Research and Development: financing and coordination

12. In its resolution WHA65.22, the World Health Assembly had requested that regional committees discuss, at their 2012 sessions, the report of the Consultative Expert Working Group on Research and Development (CEWG), in the context of implementation of the global strategy and plan of action on public health, innovation and intellectual property, in order to contribute to concrete proposals and actions. A web-based consultation had been held with Member States in the European Region, to garner their opinions on the recommendations contained in the CEWG report. While the five Member States that had responded had done so in a detailed and helpful manner, the SCRC decided to recommend that the consultations be prolonged, to enable more Member States to participate. The Secretariat would accordingly extend the web-based consultation to the latest feasible date and then synthesize the submissions in a short document that would be circulated to the SCRC members for comment and approval. That document would form the basis for the European Region's input to the global open-ended meeting at the end of November.

Global mental health action plan and progress towards a European action plan

13. The European mental health action plan would be informed by the Global mental health action plan, which was still being drafted and would be discussed by the Executive Board and at the World Health Assembly in 2013. The Standing Committee agreed to suggest that RC62 take note of those developments, and that a discussion of the European action plan be held during RC63.

Other matters

Geographically dispersed offices

14. The Regional Director updated the SCRC on the situation of the Regional Office's geographically dispersed offices (GDOs). The office in Bonn was functioning well, with sufficient funding secured to continue its operations. Consultations had been concluded with the Italian Government and a host agreement for the Venice office would be signed imminently. It was hoped that the host agreement for the Barcelona office, which was currently being discussed with the Spanish Government, would be concluded early in 2013. The Government of Greece was unlikely to be able to fund the centre for NCD in Athens but another Member State had already expressed an interest in hosting the centre. The SCRC recommended that the Regional Committee should be informed about the situation by representatives of the two countries concerned.

Membership of WHO bodies and committees

15. The Standing Committee reached agreement by consensus on the candidates that it would recommend for membership of the Executive Board and the SCRC.