



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

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**Twenty-first Standing Committee  
of the Regional Committee for Europe**

First session

**Çeşme Izmir, Turkey, 19 September 2013**

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## **Report of the first session**



## Introduction

1. The Twenty-first Standing Committee of the WHO Regional Committee for Europe (SCRC) held its first session at the Sheraton Çeşme Hotel, Çeşme Izmir, Turkey on 19 September 2013, the last day of the sixty-third session of the Regional Committee (RC63).

## Opening by the Chairperson and Regional Director

2. The Chairperson of the Twenty-first SCRC opened the meeting and welcomed the new members from Belarus, Estonia, France and Latvia and thanked Switzerland for agreeing to act as the link between the Executive Board and the SCRC in the coming year.

3. The Regional Director, noting that the SCRC was increasingly significant in the Regional governance structure, said she was proud to have strengthened the role of the governing bodies in the WHO European Region.

## Reflections on the sixty-third session of the Regional Committee

4. The SCRC agreed that RC63 had been a successful session, particularly owing to the detailed preparatory work undertaken by the Secretariat and the SCRC. The session had been conducted in a positive spirit of openness and transparency. It was noted that the spirit of the reform reached the Member States as was demonstrated for example by respecting the time limit for statements. The timely availability of documents and the presentation of resolutions at the May SCRC session were appreciated. One SCRC member highlighted the importance of pre-meetings with Member States, which was particularly interactive this year. That notwithstanding, further efforts should be made to promote interactivity at all times, particularly with regard to ministerial panel discussions. Nongovernmental organizations (NGOs) should be allowed time to take the floor rather than submitting their statements in writing: they made great efforts to attend the Regional Committee's sessions and should be afforded the opportunity to participate actively in the proceedings. Session documents should, in general, be shorter and more concise and less focused on historical background. SCRC members requested more clarity on agenda items without working documents to provide guidance for Member States on what to expect under those particular agenda items. The SCRC expressed its gratitude to the Government of Turkey for hosting the meeting and showing such a great spirit of hospitality.

5. The Regional Director said that the smooth running of RC63 and the positive spirit of the deliberations had been largely due to the extensive consultations on the working documents, which had taken place prior to the session. The nomination of SCRC members to serve as focal points for Member States on each technical item on the agenda had been a useful procedure. Discussions had been rich and there was a sense that the Regional Committee was working in line with the global governing bodies, in the spirit of "One WHO". Meetings had been held with NGOs, prior to the start of and during RC63, to discuss their participation: efforts have been made to allow active participation in Regional Committee meetings including publishing oral and written statements on the Regional Committee website, and they had been requested to work together to produce multiparty statements. Consideration will be given on how to organize regular meetings with NGOs for future Regional Committees, and further efforts were also required to increase the engagement of health attachés, who were already actively involved in work at headquarters level. Consideration would be given to the structure of the ministerial panels and how best to engage ministers in the Regional Committee's deliberations. The

transparency of the Regional Committee's proceedings should remain under continual discussion.

## Plan of work of the Twenty-first SCRC

6. Considering its plan of work for the coming year, the SCRC decided that the working group on governance should continue its work, given that WHO reform was still ongoing. It was agreed that new SCRC members joining the working group would be Estonia, France and Latvia. The composition of the group is now as follows: Estonia, Finland, France, Israel, Latvia, Malta (chairperson) and the Russian Federation. The subgroup, in addition to its reform-related work, will work on the subregional balance of nominations of officers into governing bodies, the transparency of short-listing candidates for nominations into WHO bodies and committees and on templates for draft resolutions and their financial implications.

7. A working group on implementation of Health 2020 was established, to be chaired by the SCRC member from Israel, and consisting of the members from Austria, Belarus, Finland and Latvia. The subgroup would support the Secretariat in the development of tools for implementation of Health 2020. It would also support the work on Health 2020 indicators, as the previous SCRC working group had lost its members since their terms on the SCRC had expired.

8. The SCRC further decided that the terms of reference of the working group on strategic allocation of resources will be revised taking into account recent global developments; outgoing SCRC members would be replaced by the representatives of Estonia, Latvia and the Russian Federation. The composition of the group is now as follows: Belgium (chairperson), Estonia, Finland, Israel, Latvia and the Russian Federation.

9. One member of the SCRC recalled that the outgoing members had expressed an interest in continuing to serve on the working group. The SCRC welcomed the offer and considered two options: either to have a subgroup for SCRC members or to have an open-ended working group, open not only to former SCRC members, but to all interested Member States. It was decided to form an SCRC subgroup. The Regional Director said that the draft terms of reference for the working groups would be prepared and distributed for the Standing Committee's approval either at the SCRC's second session or electronically.

10. SCRC members considered the proposed programme of work for the Twenty-first SCRC and agreed to also include the post-2015 strategy. It was agreed that three agenda items (health information strategy, partnership strategy and country strategy) needed careful consideration as to the time when they would be presented to the Regional Committee. Their completion is dependent on either joint work with other international organizations or on the global WHO reform discussions on the topics.

11. One member of the SCRC emphasized the importance of discussions on the health information strategy for Europe, which would be key for supporting Health 2020 implementation. Another recalled that the previous year the SCRC had been presented with a "rolling agenda", showing which items would appear on the Regional Committee's agenda in future. An updated version would be useful.

## Dates and places of future sessions of the Twenty-first SCRC

12. The Twenty-first SCRC agreed to hold the following sessions:
- 16–17 December 2013, Malta
  - 20–21 March 2014, WHO Regional Office for Europe, Copenhagen, Denmark
  - 17–18 May 2014, WHO headquarters, Geneva, Switzerland
  - 14 September 2014, WHO Regional Office for Europe, Copenhagen, Denmark

## Election of officers of the Twenty-first SCRC

13. In accordance with Rule 9 of the SCRC's Rules of Procedure, Dr Raymond Busuttill (Malta), as the Deputy Executive President of RC63, is ex officio the Chairperson of the Twenty-first SCRC. Ms Taru Koivisto (Finland) was elected Vice-Chairperson of the Twenty-first SCRC.

## Other matters

14. The SCRC also wished to know what progress had been made in updating the list of national technical focal points. Focal points on Health 2020 implementation might also be useful.

15. The Executive Manager, Country Relations and Corporate Communications informed the SCRC that a list of 40 national counterparts was available and would be published shortly. Programmes for which national technical focal points were required would be matched with WHO reform and Health 2020, and would be discussed within a few weeks at a Regional meeting of directors in order to identify the areas and functions for which national technical focal points would be needed. Following that, a proposal would be sent electronically to the SCRC for consultation, after which the list of national technical focal points would be sent to national counterparts for verifying and updating before the next SCRC meeting.