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Contents

Opening of the session

1. The Twenty-third Standing Committee of the Regional Committee for Europe (SCRC) held its fourth session in Geneva, Switzerland, on 21–22 May 2016. The Chairperson welcomed members and other participants in the session, which, in line with Annex 4 of resolution EUR/RC63/R7, was an open one. He noted that the report of the third session of the Twenty-third SCRC, which had taken place in Copenhagen, Denmark, on 9–10 March 2016, had been circulated and approved electronically.

2. The provisional agenda (document EUR/SC23(4)/2 Rev.1) and provisional programme (document EUR/SC23(4)/3) of the session were adopted.

3. In her opening address, the WHO Regional Director for Europe reported that a retreat of the Global Policy Group (GPG) had been held in Venice, Italy, in March 2016. The GPG, consisting of the Director-General, the Deputy Director-General and the six regional directors, had agreed that the new WHO Health Emergencies Programme, built on the principles of one programme, one line of authority, one set of management processes, one workforce, one budget and one set of business processes, would allow the Organization to become an operational agency, in addition to playing its normative and technical cooperation roles. That would involve drawing on WHO's technical expertise and rapidly utilizing its standing infrastructure at country, regional and global levels, while at the same time recruiting new staff in areas where they were needed. The transition toward that new arrangement had already started; an ambitious timetable was included in the documentation for the forthcoming Sixty-ninth World Health Assembly; and the Programme, Budget and Administration Committee of the Executive Board at its meeting the previous day had recommended that the Health Assembly should consider approving a budget envelope increase of US$ 160 million for the Programme budget 2016−2017.[1]

4. In addition, the Global Policy Group had considered issues related to the International Health Regulations (2005) (IHR). The Organization would continue to support Member States in strengthening their preparedness and core capacities, making use of the existing mechanisms and tools, and would follow up with the elaboration and implementation of national plans and simulation exercises and the mobilization of funding. The High-level Conference on Global Health Security held in Lyon, France, on 22–23 March 2016 had been very important in that regard.

5. The 2030 Agenda for Sustainable Development had also been discussed by the Global Policy Group. Several consistent themes had emerged during the discussion: (i) the challenge of moving from "what" to "how", and the need to have adequate methodologies and tools; (ii) the opportunity to work multisectorally and with different stakeholders and groups and the importance of collaborating with other United Nations agencies; (iii) the urgent need to address significant gaps in data, particularly disaggregated data; (iv) the importance of focusing on equity (leave no one behind); and (v) the growing importance of working subnationally. A dedicated secretariat would be established by WHO at the global level, under the leadership of the Deputy Director-General.

[1] Documents A69/30 and A69/61.

6. Following a meeting of the Regional Sustainable Development Forum organized by the United Nations Economic Commission for Europe (Geneva, Switzerland, 10 May 2016), members of the United Nations Development Group team for Europe and Central Asia at their meeting on 11–12 May 2016 had welcomed the proposal put forward by the Regional Director for an issue-based coalition on health to be led by the WHO Regional Office for Europe. The Regional Director had also represented the Organization at a United Nations Resident Coordinators meeting held in Sarajevo, Bosnia and Herzegovina, on 19–20 May 2016, at which WHO had been called on to give generic guidance to national policy development teams and to support implementation.

7. The Regional Director had also made a number of visits to countries since the third session of the Twenty-third SCRC in March 2016, notably one to Greece during which a valuable policy dialogue had been held with the Prime Minister and the Minister of Health.

8. The SCRC member from Portugal announced that his country had agreed to host a WHO meeting on the Zika virus in Lisbon from 22–24 June 2016.

Reports by chairpersons of SCRC subgroups

Subgroup on migration and health

9. Dr Raniero Guerra (Italy), chairperson of the SCRC subgroup on migration and health, reported that the subgroup had been very active since the Twenty-third SCRC's third session, owing in part to changes in the influx of migrants to the European Region. The subgroup had held a teleconference in February 2016 to review the outcomes of the High-level Meeting on Refugee and Migrant Health (Rome, Italy, 23–24 November 2015) and had met in Copenhagen, Denmark, in March to refine the strategy and action plan on refugee and migrant health that would be presented to the 66th session of the WHO Regional Committee for Europe (RC66) in September 2016 (see paragraphs 82–89, below). The document was now at a late stage of maturation. The Government of Italy had secured financial support for the resulting programme of work.

10. The WHO European strategy and action plan advocated for the right of migrants to access health services in an inclusive and proactive fashion and focused on protecting migrants' health, underlining the need for continuity among the countries of origin, first contact, transit and final destination. In that context, a new classification of "undocumented" migrants, which was the subject of difficult discussion at the highest political level, was particularly critical. The strategy and action plan were gender-sensitive and consistent with Health 2020, the European health policy framework, and the Sustainable Development Goals (SDGs). The aim was to ensure that no one was left behind – undocumented migrants were at high risk in that regard.

11. There had been two major political initiatives since the March session: an agreement had been reached between the European Union (EU) and the Government of Turkey to end irregular migration from Turkey to the EU; and the migration compact proposed by the Government of Italy had been favourably received at the first Italy-Africa Ministerial Conference in Rome, Italy, on 18 May 2016. Two further events had

taken place: a conference on tuberculosis and migrants in Sicily in early May, attended by participants from Member States in several WHO regions, at which scientific progress had been reported; and an EU conference on migrants and health actions (Lisbon, Portugal 12–13 May 2016) organized to reach agreement on coherent and aligned work. While both meetings had dealt with the public health aspects of migration, the Health in All Policies (HiAP) approach brought added value from exchanges between health and non-health sectors.

12. Numerous institutions and partners (specialized agencies of the United Nations system, intergovernmental organizations, civil society, etc.) were involved in work on migration and health; similarly, at the governmental level, multiple sectors and different layers (central, regional, district) were also engaged. WHO added value by developing a dynamic matrix to understand the situation, identifying capacity gaps and providing support. The Regional Office for Europe also had the capacity to interact with other WHO regions, to ensure that continuity in all aspects of migration was properly addressed. The EU was giving financial support throughout the Region, ensuring that countries had access to a proper database. WHO should harmonize procedures for data compilation and analysis, ensuring respect for privacy and confidentiality.

13. A technical briefing on migration and health, jointly managed by the WHO Secretariat and Member States (including Italy), was scheduled for 27 May 2016 at the end of the Sixty-ninth World Health Assembly. Further consultations with countries would be held in July 2016 in support of the process leading up to the adoption of resolutions at RC66 and possibly at the Seventieth World Health Assembly in 2017.

14. The Regional Director confirmed that the document to be presented to RC66 was a regional strategy and action plan rather than a framework for action, in order to be aligned with the global strategy and action plan being prepared by WHO headquarters.

Subgroup on implementation of the International Health Regulations (2005)

15. Professor Benoît Vallet (France), chairperson of the SCRC subgroup on IHR implementation, reported that the subgroup had held a teleconference on 2 May 2016, at which it had endorsed its terms of reference and composition. It had considered a report on alert and rapid response operations in the European Region, noting that regular production of such a report was important and suggesting that it should be disseminated to other WHO regions, since it would readily translate into concrete actions for IHR implementation.

16. The subgroup had also considered the report of the Review Committee on the Role of the International Health Regulations in the Ebola Outbreak and Response.[2] On the key point of how to implement the IHR, the subgroup had stressed the leading role of WHO regional offices and called for smarter distribution of responsibilities between them and WHO headquarters.

[2] Document A69/21.

17. In the subgroup's teleconference, the Regional Director had also reported on reform of WHO's work in health emergency management and the Organization's new Health Emergencies Programme.

18. With regard to evolution of the IHR monitoring and evaluation framework, the subgroup had expressed support for the new Joint External Evaluation (JEE) mechanism. The process of external independent evaluations using the new JEE tool was under way: an evaluation had recently been completed in Pakistan, a mission to Turkmenistan was scheduled for 6–10 June 2016, Armenia and Kazakhstan were considering to conduct JEE assessments later in 2016, and Finland and Italy would most likely do so in 2017. The issue of the roster of experts remained to be clarified at the Sixty-ninth World Health Assembly. A meeting of the Steering Group of the Global Health Security Agenda was being held on 21 May 2016, and a meeting of the Alliance for Country Assessment would take place the following day.

19. At the teleconference, the subgroup member from Finland had introduced a paper on the role of the Alliance for Country Assessment in joint external evaluations, as well as on measures to obtain financial support, establish coordination, and the complementary assessments required (such as exercises, feedback on crises, lessons learned from crisis response, simulations to test the knowledge of national focal points, and so on).

20. Lastly, the subgroup had reviewed the outcomes of the High-level Conference on Global Health Security held in Lyon, France. The chairperson of the subgroup thanked WHO headquarters and the Regional Office for Europe, the European Commission and the Government of the Netherlands for jointly organizing the Conference. The WHO Lyon Office did important work on biological diagnosis and evaluation, and on assessment of capacity to screen in ports and airports, as well as promoting networking by national focal points. The Government of France planned to introduce a concept note on building a WHO global platform for country health emergency preparedness on the basis of the services currently offered by the WHO Lyon Office.

21. It was proposed that a half-day informal meeting of the subgroup be held on 11 September 2016 to review the progress on emergencies, preparedness and response, including IHR core capacities in the European Region. The meeting would provide a platform to discuss alert and response operations; to consider the preparedness of Member States, using the outcomes of external independent evaluations; and to review the experience from recently occurring emergencies, with a view to identifying how the reform of WHO's work in health emergency management would impact on the European Region.

22. Members of the Standing Committee, noting the establishment of a new Emergency Preparedness and Response programme at WHO headquarters, developments at the level of the EU and the new Global Health Security Agenda, urged all those involved to get together and act as one. The Regional Director agreed on the need for synergy among the various actors. The chairperson of the subgroup suggested that mutual assessment by WHO and the World Organisation for Animal Health could be beneficial.

Provisional agenda and provisional programme of the 66th session of the Regional Committee for Europe

23. The Regional Director presented the provisional agenda (document EUR/SC23(4)/5) and provisional programme (document EUR/SC23(4)/6) of RC66. She recalled that concerns had been raised at the Standing Committee's third session about the large number of strategies and action plans adopted each year by the Regional Committee. Consideration was therefore being given on how to streamline the Regional Committee's agenda, both for RC66 and for a longer-term perspective, in the light of the global governance reform. For the long term, consideration was being given to the selection of priority areas for regional strategies and action plans. The general practice until now had been to put an end date on action plans, which led to a need to renew them at regular intervals. A new approach could be to leave them open-ended and allow the Secretariat to bring the need for renewal to Member States' attention whenever appropriate, on the basis of relevant new developments. The Twenty-fourth Standing Committee's guidance would be sought on the long-term plan after RC66.

24. With regard to RC66, the proposed agenda had been thoroughly reviewed, with the conclusion that it would be possible to establish a link between items on Health 2020, the 2030 Agenda for Sustainable Development and the European Action Plan for Strengthening Public Health Services and Capacity. While such a grouping of items would not reduce the amount of documentation for submission to the session, it would result in a more coherent approach. On partnerships, a European strategy would be elaborated after the adoption of the Framework of Engagement with Non-State Actors at the global level. The strategy would be presented to the 67th session of the Regional Committee in 2017 and would result in partnership issues being addressed as an integral part of all relevant agenda items, rather than as a regular separate item. The Regional Director drew attention to the topics selected for the two ministerial lunches and four technical briefings planned during RC66.

25. The SCRC welcomed the suggestions for streamlining future Regional Committee agendas. The proposal to make future action plans open-ended was positively received. Further guidance should be sought from smaller countries about their ability to cope with the workload generated by the Regional Committee agenda. On RC66, the suggestion to combine three agenda items was welcome, and the topics selected for the ministerial lunches and technical briefings were all important and timely. The European Region should continue to play a lead role and set a good example with regard to governance reform.

Items for future Regional Committee meetings

26. The Regional Director introduced the rolling agenda for future Regional Committee sessions (document EUR/SC23(4)/31) and said that a similar planning process was being considered at the global level, building on the example set by the European Region. She drew particular attention to the proposed agenda items for RC67, on which the Standing Committee's guidance was sought. Early agreement on the priority technical items for inclusion on the agenda would allow for advanced planning and longer processes of consultation with Member States and other stakeholders.

27. In the discussion that followed, questions were raised with regard to how the Regional Office defined a sustainable health workforce, and whether attention would be focused on numbers of trained health care workers or on the degree to which health care workers were skilled to meet the demands on the health system. The SCRC agreed that the health care workforce was particularly important, especially given the role it played in IHR implementation. A discussion on that topic at RC67 would be timely, given that investment in health care professionals and the sustainability of health care professions would be discussed by the United Nations General Assembly at its session in September 2016. Access to cost-effective medicines and technologies should also be discussed as a matter of priority, since many countries could not meet the exceptionally high costs of new medicines and treatments. The European Region's rolling agenda should be developed further and used as an example in the governance reform process at the global level.

28. The Regional Director explained that emphasis would be placed on the health workforce's capacity to respond to the future needs of the health system, building on the global strategy due to be considered by the Sixty-ninth World Health Assembly in May 2016, and on the work done at the European level to implement the Global Code of Practice on the International Recruitment of Health Personnel. Particular attention would be paid to ensuring that the European framework for action was practical and linked to health systems strengthening (HSS). The Director, Division of Health Systems and Public Health, confirmed that strategic priorities would be identified at the outset through a consultative process, with a view to scaling up training and education to equip the health workforce to address new challenges.

29. On access to cost-effective medicines, the Regional Director said that the technical briefing at RC66 would afford an opportunity to consider the scope of the forthcoming formal agenda item, which would be coordinated with work on HSS and disease-specific interventions. A concept note would be brought before the SCRC at its session in September 2016. When setting the rolling agenda, consideration was given to planned activities at the global level, relevant public health issues and the Executive Board and World Health Assembly agendas, as well as regional priorities. The Director-General would be requested to develop a similar planning system for the global governing bodies to be submitted to the Executive Board at its next session if the draft governance reform decision were to be adopted at the Sixty-ninth World Health Assembly. The European Region would suggest its rolling agenda as a possible model. The SCRC should continue its constructive discussions on governance at future sessions; several issues required reconsideration in light of developments at the global level.

Technical agenda items for RC66

Health in the 2030 Agenda for Sustainable Development and its relation to Health 2020

30. The Director, Division of Policy and Governance for Health and Well-being, presented document EUR/SC23(4)/24, Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region, which builds on the midterm progress report on Health 2020 implementation 2012–2016 (see below,

paragraphs 38–48) and the global report by the Secretariat, entitled “Health in the 2030 Agenda for Sustainable Development”.[3]

31. The regional paper acknowledged that the SDGs and Health 2020 were fully aligned with regard to the principles of tackling all determinants of health through intersectoral action and whole-of-government and HiAP approaches, and that they embraced the same central values of equity, human rights and a whole-of-society approach. It also recognized that the 2030 Agenda for Sustainable Development offered a unique opportunity to renew national commitments to health. Policy coherence would need to be established both vertically and horizontally between global goals and national and local contexts, among international agendas, between economic, social and environmental policies, between different sources of financing, and between diverse actions by multiple actors and stakeholders.

32. The proposals set out in the paper asked Member States to include a strong health component in national development plans, to scale up national and local governance for health and well-being, to strengthen the mobilization and effective use of domestic resources, supplemented by international assistance where appropriate, and to explore regional and international cooperation with the aim of enhancing the sharing of knowledge.

33. The Regional Office had been working intensively on supporting national prioritization and the elaboration of national health policies and strategies integrated into national development plans. Various approaches were being used; in countries where there was no WHO presence, implementation was coordinated with major partners and stakeholders. Agencies welcomed a United Nations issue-based coalition on health, to be led by WHO. Subregional groupings and networks were an important mechanism and vehicle to support implementation at national and subnational levels.

34. The Regional Office was working on a core package of technical resources to support SDG implementation, through the Division of Information, Evidence, Research and Innovation and the European Health Information Initiative, to map the alignment of indicators with Health 2020; and to draft a proposal for a joint monitoring framework. In view of the fact that the indicator framework was still being finalized by the United Nations Economic and Social Council (ECOSOC) and that localization of the 2030 Agenda was ongoing, it was proposed that a roadmap or action plan be submitted for consideration by the 67th session of the Regional Committee in 2017.

35. Members of the Standing Committee commended the alignment between Health 2020 and the 2030 Sustainable Development Agenda, as well as the emphasis placed on HiAP and the intersectoral approach. They welcomed the breadth of the regional paper and inclusion of the political dimension but suggested that specific issues might be taken up in the roadmap, such as making the case for investing in health more clearly and taking account of new treatments and shifts in medical paradigms. The social accountability of the private sector would also need to be addressed through health impact assessment and, possibly, regulatory measures. Members agreed that it was important for countries to draw up national plans and set priorities, and that

[3] Document A69/15.

information systems played an important role: disaggregated data were essential for targeting resources and interventions on vulnerable population groups. Concern was expressed at the large number of indicators proposed for measuring progress towards the SDGs.

36. The two avenues to health in the SDGs (the traditional approach, as presented in SDG3, and the determinants of health covered in other SDGs) should be stated more clearly in the draft resolution for RC66, and the wording of paragraph 1(a) should be amended to the effect that Member States were called upon to "derive mutual advantage" from implementation of Health 2020 and the 2030 Agenda for Sustainable Development.

37. The Regional Director noted that the United Nations issue-based coalition on health would be a unique opportunity for the Regional Office to reach out to partners and stakeholders such as the Organisation for Economic Co-operation and Development and the EU, as well as the private sector. A recent review of all United Nations Development Assistance Frameworks in the European Region had revealed a disconnect between the high priority given to noncommunicable diseases, social determinants of health and equity, on the one hand, and the measures actually taken in countries, on the other. The issue-based coalition and the involvement of United Nations Resident Coordinators would allow national development plans to be updated and steps to be taken to remedy that situation.

Midterm progress report on Health 2020 implementation 2012–2016

38. The Director, Division of Policy and Governance for Health and Well-being, presented document EUR/SC23(4)/10, the draft midterm progress report on Health 2020 implementation 2012–2016. The progress report, which did not aim to be exhaustive, had two main sections, covering developments within the European Region in terms of the Health 2020 targets, and the efforts made by the Regional Office at international and national levels to support Member States. It was an updated version of the document presented at the third session of the Twenty-third Standing Committee, giving (as requested) further details of the support provided for health policy development and of intersectoral action for health.

39. Monitoring of the Health 2020 targets and indicators showed that the Region was on track to achieve the target to reduce premature mortality. As stated in the European health report 2015, the range between the highest and lowest levels of health as measured by life expectancy and infant mortality rates had narrowed, but absolute differences between countries remained substantial and within-country health inequities had persisted. The Regional Office had supported Member States in taking forward Health 2020 by analysing public health situations, encouraging political commitment, making policy recommendations, fostering leadership and good governance for health, and promoting the use of development frameworks that addressed the upstream determinants of health and health equity.

40. The Regional Office had also been making efforts to strengthen and update the evidence base. Best practices in addressing health inequities had been published; evidence on environmental health determinants and risk factors had been expanded; there were plans to publish studies on whole-of-society approaches and a review distilling the policy implications of the life course approach; a European report on

women's health would be issued in September 2016; and work on well-being and resilience, including the cultural determinants of health, was forthcoming.

41. The Director, Division of Health Systems and Public Health, presented the draft midterm progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services (document EUR/SC23(4)/25). Three independent studies had been commissioned to explore the ways in which the Action Plan had been implemented and to identify opportunities and challenges for strengthening public health capacities throughout the Region. The results of those studies would be available at the end of May 2016; the draft report under consideration should therefore be regarded as containing preliminary results and conclusions. Findings included the fact that in most countries in the European Region there was a misalignment between strategic priorities in health policy and the allocation of human and financial resources within public health services; and that additional efforts were required by Member States to change public health organizations and the broader systems within which they were embedded.

42. The Regional Office had hosted a meeting in April 2016 for colleagues working on health systems and IHR from the three tiers of WHO, to review conceptual links and synergies between HSS, essential public health functions (EPHFs) and IHR capacities within the framework of the current reform of WHO's work in health emergency management, and to set out key priorities for joint action by teams within WHO. A report would be produced summarizing regional approaches to EPHFs and the links with IHR and HSS, along with a glossary for use in framing discussions on resilient health systems and universal health coverage.

43. To follow up on those conclusions, the Division of Heath Systems and Public Health, in collaboration with other relevant divisions, would focus on four priority areas:

- the public health workforce;
- public health law;
- organizational arrangements for public health services; and
- financing of public health services.

44. The Regional Director had launched the New directions in public health initiative, which would be presented to the 67th session of the Regional Committee in 2017.

45. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, presented draft resolution EUR/SC23(4)/Conf.Doc./9 on the Minsk Declaration: the Life-course Approach in the Context of Health 2020. Attended by representatives from over 30 countries, the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, held in Minsk, Belarus, on 21–22 October 2015, had focused on three themes: acting early; acting appropriately during life's transitions; and acting together. The Minsk Declaration had been adopted by full consensus at the Ministerial Conference and would be presented to RC66 for endorsement. A process was under way to expand and systematize the relevant evidence, in the eighteen months following the Conference, for publication as a book or series of papers. Member States of the small countries initiative in the European Region would be working to compile case studies in that connection.

46. While welcoming the two progress reports and the Minsk Declaration, members of the Standing Committee noted that the planned activities described in paragraph 27 of the midterm progress report on Health 2020 (document EUR/SC23(4)/10) were expressed in general terms, and that engaging with the interactive web-based platform for health policy monitoring and analysis was a labour-intensive undertaking for Member States. Permanent structures or processes should be an essential part of the European architecture for implementing the intersectoral action approach set out in paragraph 31 of that report. In the context of environmental health, reference should be made to climate change and specifically to the outcomes of the twenty-first session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (Paris, France, 30 November to 13 December 2015).

47. One member of the SCRC pointed to the need to review and clarify the concept of premature mortality, the reduction of which was the first Health 2020 target. Another member called for public health services to be properly costed, with the aim of having at least 5% of a country's health budget allocated to public health. The New directions in public health initiative should be included in the rolling agenda of the Regional Committee. An observer from a Member State welcomed evidence of cooperation between teams responsible for IHR, HSS and EHPFs, which would help ministers and governments to appreciate the value of investing in public health.

48. A third member of the Standing Committee suggested that the full text of the Minsk Declaration should be appended to the draft resolution for RC66 and that operative paragraph 2(b) should be deleted.

49. The Regional Director recommended that issues related to concepts and definitions should be taken up in the Working group on Health 2020 targets and indicators. In addition, she noted that the Sixth Ministerial Conference on Environment and Health would be held in 2017.

Action plan for the health sector response to HIV in the WHO European Region 2017–2022

50. The Director, Division of Communicable Diseases, Health Security and Environment, presented document EUR/SC23(4)/27, the draft action plan for the health sector response to HIV in the WHO European Region 2017–2022 and its accompanying draft resolution EUR/SC23(4)/Conf.Doc./6 which would be submitted to RC66. Following on from the European Action Plan for HIV/AIDS 2012–2015 and aligned with global strategies, the new regional action plan contained the European goal of ending the AIDS epidemic as a public health threat by 2030. The Sixty-ninth World Health Assembly would consider adopting a new global health sector strategy on HIV for 2016–2021, which embraced the same vision.[4]

51. After an introductory section setting out the concerning epidemiological situation regarding the HIV epidemic in the European Region, the new regional action plan was structured around five strategic directions: information for focused action; interventions for impact; delivering for equity; financing for sustainability; and innovation for

[4] Document A69/31.

acceleration. It advocated for reformulation of the public health response to HIV by prioritizing high-impact, evidence-based interventions and the delivery of a package of services through patient-centred, integrated and community-based health services. It set out actions to fast-track the scale-up of the HIV response, taking into consideration the local epidemiology and the key and vulnerable populations affected, as well as the underlying social, economic and political environments.

52. The new regional action plan was being developed through a Region-wide consultative process, including a formal advisory committee, taking account of feedback from all Member States. It would also undergo a public web-based consultation process.

53. Members of the Twenty-third Standing Committee recognized that the new regional action plan had been significantly improved since the draft presented at its second session, and they welcomed the inclusion of co-infections and comorbidities. Although the targets were acknowledged as being in line with those in the draft global health sector strategy on HIV and articulated in the UNAIDS 2016–2021 strategy, one member believed that the target of a 75% reduction in new infections was unrealistic for low-prevalence countries. The distinction between key and vulnerable populations needed to be clarified; or the definition of "key populations at higher risk", as given in the draft global health sector strategy on HIV, should be used instead. In addition to population groups, the regional action plan should take account of different settings (school, street, prisons, etc.). More emphasis should be given to comprehensive primary prevention, including awareness raising, behaviour change and condom use, rather than pre-exposure prophylaxis and treatment as prevention. The role of concerned groups should be made explicit. Indicator 10, the number and percentage of new HIV infections, should include the type and quantity of tests that were carried out, how the tests had been done and on how many people.

54. One member of the Standing Committee proposed a number of amendments to operative paragraph 2 of the draft resolution:

2(a) amend to read: "to review and where appropriate to revise national HIV strategies based on the local epidemiological context and national strategic information, and guided by the Action plan for the health sector response to HIV in the WHO European Region";

2(b) insert the phrase "including people living with HIV" after the words "civil society";

2(c) amend to read: "to strengthen comprehensive HIV prevention by promoting high-impact, evidence-based interventions and innovative tools, focusing on key populations, and by addressing social and gender inequalities";

2(d) for "treatment of all people living with HIV" read "treatment for all people living with HIV".

Action plan for the health sector response to viral hepatitis in the WHO European Region 2017–2022

55. The Director, Division of Communicable Diseases, Health Security and Environment, introducing the draft action plan for the health sector response to viral hepatitis in the WHO European Region 2017–2022 (document EUR/SC23(4)/23), said

that viral hepatitis had been recognized as a global public health priority and that, for the first time, a global health sector strategy was to be considered by the Sixty-ninth World Health Assembly. The regional action plan had been drafted in line with that global strategy and the third target under SDG3. The burden of hepatitis and hepatitis C in particular was considerable in the European Region, with high incidence of related infections and complications, and high mortality rates. Addressing that burden would require an ambitious vision to minimize transmission of new infections, ensure access to affordable and sustainable diagnosis, treatment and care, and reduce morbidity and mortality. The action plan set out a vision, goals and targets, and five strategic directions, with a focus on people-centred primary health care and emphasis on the importance of tailoring services to the needs of vulnerable groups. The affordability and quality of diagnostics and medicines was a major obstacle to the alleviation of the hepatitis burden in several countries. The action plan was being developed through a Region-wide consultative process, including a formal advisory committee; the draft would be updated in light of any comments made by the SCRC and the comments raised during consultations with Member States.

56. Members of the SCRC welcomed the draft action plan, the first of its kind in the European Region, which would provide sound guidance for the development of strategies at the national level. There was considerable disparity between viral hepatitis incidence rates in the northern and southern parts of the Region. Members who came from countries with a significant hepatitis burden drew attention to the high cost of medicines, which had been negotiated at the country level, and could vary from country to country, constituting a serious obstacle to efforts to reduce hepatitis incidence. The price of those drugs should not be driven by market forces alone; standardization of their procurement was crucial to implementation of the action plan and to the elimination of trafficking in uncertified, unregulated drugs. While one member advocated the establishment of a global procurement mechanism, another cautioned against a fund at global level that would disrupt global coordination. One member described how substantial progress had been made in his country by negotiating free medicines, while other participants explained their governments' efforts to undertake bilateral or multilateral procurement agreements.

57. Concerns were expressed that the targets in the action plan, in particular those on incidence reduction and the vaccination of newborns, were ambitious for countries where the burden of viral hepatitis was already extremely low. Monitoring, surveillance and diagnostics were crucial, and harm reduction, awareness raising, education and counselling to address the determinants of viral hepatitis would be essential for the prevention of retransmission, which was the key to ensuring sustainable results. Consideration should be given to how the action plan's vision could support countries in the types of treatment triage they established.

58. The Director, Division of Communicable Diseases, Health Security and Environment, said that the key to developing national action plans was to take account of the country's epidemiology and national context with regard to a broad range of interventions, including prevention and health promotion. On the issue of medicine prices, joint procurement would be an option, which should be considered, and sharing information on the prices being paid by different countries would be useful. The cost of drugs would likely decrease over time, as had been the case with HIV treatment, but in the meantime, immediate and medium-term solutions were required. Care would be

taken to ensure that countries with low viral hepatitis prevalence were not seemingly penalized for being unable to meet the action plan's targets. She agreed that the determinants of hepatitis must be addressed to prevent retransmission and said that the Regional Office would work with Member States to support their national priorities, and address the financial aspects of viral hepatitis prevention, diagnosis, treatment and care.

Strategy on women's health and well-being in the WHO European Region 2017–2021

59. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, introduced document EUR/SC23(4)/19, the draft strategy on women's health and well-being in the WHO European Region, and its accompanying draft resolution EUR/SC23(4)/Conf.Doc./11, which had been amended in light of the comments made at the third session of the Twenty-third Standing Committee. The draft strategy had been the subject of broad political and technical consultations, generating rich feedback, which would be taken into consideration in finalizing the document before its submission to RC66.

60. Members of the Standing Committee expressed their satisfaction with the draft strategy, which was a comprehensive document, and welcomed the fact that their comments had been taken into account. Women should be considered not only as beneficiaries but also as actors, promoting health and providing care for their families. Violence against women remained rampant and should be addressed in greater detail in the strategy. Additional emphasis could also be placed on the prevention of environmental hazards to protect unborn children.

61. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, thanked the members of the SCRC for their positive comments and requested that any specific amendments to the draft strategy be submitted in writing so that they could be given due consideration. While violence against women was indeed very serious, a global action plan on the issue was being drafted. A cross reference to the global plan could therefore be included. With regard to *in utero* exposure to endocrine disruptors, previously agreed language could be included in the strategy.

Action plan for sexual and reproductive health – towards achieving the 2030 Agenda in the WHO European Region 2017–2021

62. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, presented document EUR/SC23(4)/15, the draft Action plan for sexual and reproductive health – towards achieving the 2030 Agenda for Sustainable Development in Europe 2017–2021, and its accompanying draft resolution EUR/SC23(4)/Conf.Doc./5, which would be submitted to RC66. Over the previous 18 months, the action plan had been the subject of detailed discussions and thorough consultations with the SCRC, Member States, partners and nongovernmental organizations. While the document had received predominantly overwhelming support, a few countries had objected to certain elements of the draft plan.

63. The issue of sexual and reproductive rights was the subject of some considerable differences of opinion. The guiding principles section of the action plan set out the understanding of sexual rights as the application of basic human rights, such as the right

to the highest attainable standard of health and the right to non-discrimination, in the context of sexual health. That notwithstanding, some grave concerns had been expressed with regard to the use of the term “sexual rights”, as a result of which some major amendments to the draft had been suggested, including a proposal to delete one of the action plan’s three goals and everything associated with it. Efforts were being made to reach a compromise on the text by including a footnote referencing the report of the International Conference on Population and Development (ICPD) after each reference to sexual and reproductive rights and the addition of a new paragraph – paragraph 19 – which contained the same sovereignty clause as had been agreed in the global discussion on violence against women.

64. Members of the SCRC and one observer expressed their support for the draft action plan, which they hoped would be submitted to the Regional Committee without major amendment. Some Member States had already incorporated aspects of the draft plan into their policies and plans at the national level. The addition of paragraph 19 was welcome, and the spirit of compromise and good will with which negotiations on the document had been conducted should be commended. In the light of Health 2020, one of the pillars of which was a human rights-based approach, the action plan was particularly relevant and timely. The fact that abortion – an essential aspect of women’s rights – was no longer addressed as comprehensively as it had been in previous versions of the draft was disappointing. Sexual violence against children remained a sad reality and should be mentioned in the action plan. Clarification was requested on the title of the document; if reference was made to the 2030 Agenda for Sustainable Development in the title of the action plan, more mention should be made of it in the body of the document.

65. Several observers said that while they appreciated the Secretariat’s willingness to discuss issues of contention and welcomed the addition of paragraph 19, they remained concerned about the reference to sexual rights. The draft should be brought into line with the 2030 Agenda for Sustainable Development, which referred to “sexual and reproductive health and reproductive rights”, and references to sexual rights should thus be deleted. Further amendments were suggested in order to bring the draft plan in line with the wording of SDG target 3.7. While the efforts made to include the footnote on the ICPD report were appreciated, the footnote did not appear in all relevant places in the document.

66. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, thanked the members of the SCRC and observers present for their comments and suggestions. He proposed that, since the remaining unresolved issues were not of a technical nature but rather were related to governance, a negotiating group should be established, comprising representatives of those countries in favour of the current draft and those who wished to remove the language on sexual rights, so that the outstanding issues of contention could be resolved by those empowered to discuss language. Such an approach could prevent the need to establish a drafting group or hold an unseemly debate during the Regional Committee.

67. The Regional Director agreed that the Secretariat drafting process had reached its limit and that further negotiations should be undertaken by government representatives empowered to agree language. The title of the draft had been altered to meet the concerns of Member States that wished to base the document on the 2030 Agenda for

Sustainable Development. In taking language negotiations forward, a compromise could be sought without altering the value of the action plan.

Membership of WHO bodies and committees

68. The SCRC met in private to review the candidatures received for membership of the Executive Board, the Standing Committee, the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction, and the European Environment and Health Ministerial Board.

69. In the resumed open meeting, the Chairperson reported that, despite an extension of the deadline, only one candidature for membership of the Standing Committee had been received from Group A countries to fill the two vacancies for that group, whereas three candidatures had been received from Group B countries for one vacancy. As advised by the Organization's Legal Counsel, the Standing Committee had accordingly decided to move one vacancy from Group A to Group B in 2016, and to remedy the situation by reallocating one vacancy from Group B to Group A in 2017.

Oversight report on budget and financial issues of the Regional Office for Europe

70. The Director, Division of Administration and Finance, presented the report of the Secretariat on budget and financial issues (oversight function of the SCRC) (document EUR/SC23(4)/20). During the first three months of the 2016–2017 biennium, the Programme budget (PB) 2016–2017 of US$ 246 million for the European Region, approved by the Sixty-eighth World Health Assembly in 2015, had been increased by approximately US$ 15 million (6%) in the Outbreaks and crisis response (OCR) programme area of category 5, for activities in Turkey and Ukraine, resulting in an allocated budget of approximately US$ 261 million.

71. A timely start had been made with technical and financial implementation of PB 2016–2017. All biennial workplans had been operational on 1 January 2016, since the first tranche of flexible corporate funds had been distributed from the global level by that date, and it had been possible to carry forward unspent voluntary contributions (VCs) from PB 2014–2015. Projections for the receipt of VCs by the Regional Office were higher for 2016–2017 than for 2014–2015, although less cash had been received to date. At the end of the first quarter of 2016, the approved PB 2016–2017, including all VC funding projections, had been funded at 69%. That figure did not include projected corporate funds, comprising assessed contributions (AC), the core voluntary contributions account (CVCA) and administrative support costs (AS). If the Regional Office were to receive at least the same amount of corporate funds as in the previous biennium, the PB would be 90% funded.

72. Detailed analysis of funding of PB 2016–2017 by category for the European Region showed that category 2 (noncommunicable diseases) was the highest funded (51%), while category 5 base programmes (preparedness, surveillance and response) had the lowest funded percentage of the approved PB (31%). The remaining categories had a similar level of funding (40%), while similar levels of implementation were seen in all categories (approximately 20% of available funds). Within the Organization as a

whole, there was relatively uneven funding of categories (37% for category 2 compared with 60% for category 5) and of major offices (37% for the Regional Office for South-East Asia compared with 62% for the Regional Office for Africa).

73. With regard to the preparation of PB 2018–2019, bottom-up priority-setting by countries had been finalized, outputs had been costed by heads of WHO country offices and regional technical programmes, and global programme area networks had been activated to review priorities, the result chain and indicators. The priority-setting exercise had been characterized by continuity of priorities from 2016–2017, consistency across the Region and with the burden of diseases, and good correspondence with proposed budget levels. The regional proposed PB 2018–2019 was currently being discussed by senior management at the Regional Office; a first full draft would be presented to RC66.

74. In response to questions raised by members of the Standing Committee, the Director, Division of Administration and Finance, explained that category 5 base programmes encompassed the Organization's core capacities for public health emergencies, outbreaks and disaster prevention, preparedness and recovery. The separate, event-driven OCR (response) component had no budget ceiling. The Organization engaged in fundraising on a coordinated, corporate basis, but some donors gave funds specifically to the Regional Office, which were referred to as locally raised. The Director-General was retaining some AC and CVCA funding for subsequent reallocation to underfunded programme areas.

Technical agenda items for RC66 (continued)

Action plan for the prevention and control of noncommunicable diseases in the WHO European Region 2016–2025

75. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, presented document EUR/SC23(4)/2, the Action plan for the prevention and control of noncommunicable diseases (NCDs) in the WHO European Region 2016–2025, which would serve to update the 2012–2016 Action Plan, and its accompanying draft resolution EUR/SC23(4)/Conf.Doc./4, which would be submitted to RC66. The renewed action plan had been drafted in a comprehensive consultation process involving Member States and leading NCD experts, which had garnered an overwhelming response, with some 600 suggestions for additions and amendments. The amendments had lengthened the document considerably, so the annexes and mapping had been removed to create a separate information document showing how the action plan linked to the SDGs, Health 2020 and the NCD Global Monitoring Framework, as well as other relevant action plans. He outlined some of the changes yet to be made to the draft and explained the cross-references that would be made to other documents on issues such as nutrition, mental health, occupational issues and environmental risk factors, which would enhance the comprehensive nature of the action plan while avoiding duplication and unnecessary lengthening of the text.

76. The SCRC welcomed the efforts to incorporate the many suggestions made through the consultation process. The list of targets was particularly useful. More detailed reference could be made to mental health, as well as to weight control, physical activity and sedentary lifestyles; clean air, dampness and indoor pollution should also be

included. The health systems section should include quality of care indicators related to NCDs and risk factor management, since guidelines and clinical pathways were important. Very few settings were mentioned in the section on health in specific settings; care facilities for the elderly, childcare facilities and different types of education institutions should be included.

77. While one member of the SCRC was concerned that a Europe free from NCDs was an overambitious vision, others countered that a vision by its very nature should be aspirational. Connections could be made with joint actions at the EU level on chronic diseases, frailty, equity and exclusion, with reductions in years lived with disability (YLD) used alongside indicators of premature mortality. With regard to sharing information, a repository of best practices, accessible to Member States, would be useful, and the role of the media in public awareness raising could be emphasized. One member asked whether the action plan would be used for reporting to the third United Nations High-level Meeting on NCDs in 2018. Lastly, an observation was made that despite the heavy burden of NCDs, it was generally easier to garner political support for actions on communicable diseases. Consideration should be given to the advocacy measures needed to redress this imbalance. Amendments to the draft resolution would be submitted to the Secretariat in writing.

78. One member of the Standing Committee proposed a number of amendments to the operative paragraphs of the draft resolution:

1 replace “ADOPTS the Action plan …” with “WELCOMES the Action plan …”;

2(a) insert the words “as appropriate” after the phrase “to strengthen their efforts”;

2(b) insert the phrase “based on national situations” after the words “to apply”.

79. The Technical Officer, NCD Prevention and Control of NCDs, said that measures had already been taken to incorporate several of the issues raised by the SCRC into the draft action plan. A thorough breakdown of how all of the comments and suggestions submitted had been dealt with was available. New suggestions would be taken into account. Rather than addressing issues such as mental health and nutrition directly, cross-references had been made to specific action plans and strategies on those issues, so that the NCD action plan would serve as a hub, linking together the relevant action plans and strategies in a comprehensive manner. Efforts were being made to share knowledge information and best practices, and recommendations and support in that regard were welcome.

80. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, said that a recent meeting on new programmes for primary care interventions on NCDS had been held involving representatives of 10 Member States, and a major event was being planned for 2017, which would bring together key actors in NCDs and risk factors from all Member States in the Region. The outcomes of those meetings and the Global Status Report on Noncommunicable Diseases would be used to contribute to the High-level Meeting in 2018.

81. With regard to mental health, the Regional Office was seeking to refashion its approach: rather than considering mental health in the context of work on NCDs, NCDS would be considered in the context of mental health work. Policy implications were being developed on the linkages between NCDs and mental health. Efforts in that regard would be increased over the 2018–2019 biennium. On the question of political motivation, the Regional Office was working with Member States at the parliamentary level, seeking to foster high-level discussions on NCD-related issues. The media could also be used to generate public interest and raise concerns.

Strategy and action plan for refugee and migrant health in the WHO European Region 2016–2022

82. The Director, Division of Policy and Governance for Health and Well-being, introduced document EUR/SC23(4)/11, the draft strategy and action plan for refugee and migrant health in the WHO European Region 2016–2022, and its accompanying draft resolution EUR/SC23(4)/Conf.Doc./12, which would be submitted to RC66, and said that the European Region was taking the lead on migration and health. The draft strategy and action plan had been developed in close cooperation with other divisions in the Regional Office, in consultation with WHO headquarters and the Regional Offices of Africa and the Americas, and in consultation with other international partners working on migration and health.

83. The Coordinator, Public Health and Migration, thanked Member States for their contributions to the draft and commended the comprehensive consultation process that had been conducted through the SCRC subgroup on migration. The strategy was the result of analysis and transfer of knowledge, evidence and principles from Member States, taking account of the 2030 Agenda for Sustainable Development and recent discussions on migration in the WHO Executive Board. The action plan comprised nine strategic priority areas, which had had been reorganized since the Twenty-third SCRC's third session based on the recommendation received from Member States to move from broader concepts through to more technically specific priority areas.

84. The amendments made to the draft since the previous session of the Standing Committee had enhanced the references to human rights and emphasized the importance of cooperation between countries of origin, transit and destination with regard to data gathering and the sharing of health information in the context of migration. Selection of technical areas for monitoring progress in the implementation of the strategy and action plan had been challenging. While efforts had been made to keep indicators in line with Health 2020 indicators with a view to limiting any additional reporting burden, little overlap had been identified. New indicators had therefore been required, and a set of five indicators had been distributed. With assistance from the Division of Information, Evidence, Research and Innovation, a biennial questionnaire was being prepared in consultation with Member States.

85. The SCRC welcomed the draft, which was particularly timely given the current migration situation in Europe, and thanked the Secretariat for the comprehensive approach with which they had incorporated the drafting suggestions made by Member States. The fact that the document included both a long-term policy perspective and an approach to address the immediate crisis was particularly welcomed. With regard to the possibility of appointing national focal points for migrants' health issues, a flexible needs-based approach could be taken.

86. On the issue of the establishment of a clearing house of good practices in developing and delivering health services that responded to the needs of refugees, asylum seekers and migrants, a similar activity undertaken at the EU level could serve as useful guidance. Information about the financial and human resources required in that regard would be useful. The strategy and action plan would serve as an essential tool, setting a benchmark for quality, which would reinforce WHO's position as the leading agency on migration and health.

87. Questions were raised as to how the draft would be finalized, and whether the strategy and action plan would be published as two separate documents. Would Member States be given any further time to comment on the set of indicators, which had only been distributed very recently? Further information on the questions and reporting mechanisms for the five indicators would be appreciated. One observer expressed his Government's concerns with regard to the scope of the recommended actions proposed, since no distinction was made between documented and undocumented migrants and their eligibility to receive health services. A clear distinction should be made.

88. The Coordinator, Public Health and Migration, responded that intensive and comprehensive discussions on terminology had been held with the International Organization for Migration, the Office of the United Nations High Commissioner for Refugees and the European Commission, among others. The concepts addressed in the strategy would build on World Health Assembly resolution WHA61.17. A disclaimer excluding undocumented migrants would be contrary to the principles of human rights and inclusion. He agreed that consideration should be given to a flexible approach in the appointment of national technical focal points. Capacity-building in ministries of health was not necessarily aimed at creating new structures, but rather at taking account of demographic changes caused by migration that would have a long-term effect and at developing the competencies to interact with other sectors involved and ensure a comprehensive, multisectoral approach to designing policies and services.

89. The Regional Director said that a maximum of up to two weeks could be allocated to consultation on the indicators and the final version of the document; any longer would run the risk of the document not being finalized in time. The title of the document would be harmonized with developments at the global level. The document set a particularly good example, not only by considering the health of migrants themselves but also by taking account of the impact of migration on the health of local populations in countries of transit and destination.

Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region 2016–2020

90. The Director, Division of Information, Evidence, Research and Innovation, presented the action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region 2016–2020 (document EUR/SC23(4)/8). An online consultation with Member States on the draft action plan had been held between 11 March and 16 April 2016. Forty-six of the 53 Member States in the European Region had nominated participants to take part in the consultation, 29 had joined the consultation on the online platform, and a total of 23 countries had all expressed support for the plan and submitted comments.

91. Based on those comments, the terminology used in the action plan had been harmonized and streamlined. A new guiding principle on health information governance had been added. The action plan had been made more comprehensive by including the generation of research and incorporating health systems performance. References had been added to the SDGs and to interoperability and standardization in e-health. National public health institutes and high councils of public health had been added as examples of knowledge brokers.

92. The key indicators in each of the four action areas had been made more specific, for instance by defining active membership of the European Health Information Initiative; requiring alignment with the WHO toolkit for the assessment of national health information systems; calling for stronger commitment to certain levels of data and information standards and quality; and adding an indicator for the proportion of national health expenditure dedicated to health research.

93. Further actions had been proposed for Member States and the Regional Office. Emphasis had been placed on collaboration with partners, including the European Commission; the integration of health information and e-health; the promotion of universally accepted health information standards and the use of a set of national core indicators; the inclusion of health technology assessment; and the need for countries to have a funded national health research strategy. Member States had been urged to strengthen their capacity in monitoring and evaluation, and to include knowledge translation in university curricula, while the Regional Office had been called on to disseminate evidence-based information through specialized structures, which could include, for example, WHO Documentation Centres.

94. Lastly, countries had asked for the action plan to ensure that monitoring and evaluation were continuous activities, that expected results and deliverables were more closely aligned, and that the administrative burden in reporting was minimized.

95. Members of the Standing Committee welcomed the incorporation of countries' comments and commended the revised draft of the action plan. They particularly appreciated the commitment to collaboration with the European Commission and the Organisation for Economic Co-operation and Development in working towards a single integrated health information system for the WHO European Region.

96. A number of further refinements to the draft action plan were proposed. The guiding principle of "evidence comes first" should perhaps be reworded along the lines of "decisions should be based first and foremost on the best available evidence". The key indicators in the plan should be precisely the same as those used by WHO in other contexts, to minimize the reporting burden. Furthermore, they should be expressed in terms of the proportion, rather than the number, of countries. In some Member States, health research was not part of national health expenditure, so it was not possible to assess the percentage of that expenditure dedicated to health research. Emphasis should be placed on the need for links and interoperability between health and financial data sets. The title of action area 2 in the draft action plan should be amended to read "national health research institutes and systems", and a reference to public health institutes should be added in operative paragraphs 2(b) and 2(c) of the draft resolution. Not all health systems in countries are based on a centralized national health system; the action plan should also be useful for health systems that were decentralized at the subnational level.

97. The Director, Division of Information, Evidence, Research and Innovation, thanked Member States for their valuable comments. She explained that the comments and suggestions were extremely well aligned with the key areas of the European Health Information Initiative, which now had 24 members and which supported the implementation of the Action plan. Moreover, without a single integrated health information system for Europe, interoperability of data would be difficult at the regional level and "big data" would pose an even larger challenge.

Strengthening people-centred health systems: a European framework for action on integrated health services delivery

98. The Director, Division of Health Systems and Public Health, and the Programme Manager, Health Services Delivery Programme, presented draft resolution EUR/SC23(4)/Conf.Doc./13, which would be submitted to RC66 and reported on consultations held with Member States on a European framework for action on integrated health services delivery. Application of the framework entailed looking at four properties of health services delivery (model of care, organization of providers, management of services, and continuous quality improvement) in order to map the position of a system along a continuum ranging from conventional care through disease-oriented care and coordinated services to integrated services delivery. The appropriate priority policy options and change management actions could then be implemented.

99. Three parallel streams of consultations on the draft European framework had been undertaken: at the Twenty-third SCRC's third session in March 2016; through an online consultation from 18 March to 8 April 2016; and at a final consultation held in Copenhagen, Denmark, from 2–4 May 2016. A number of general points had emerged from the comments received through the online consultation. There had been repeated calls for the addition of diabetes and dementia to priority health needs. Further emphasis should be placed on workforce development, on roles and scopes of practice, and on professional cultures. There had been acknowledgement of the importance of governance and the regionalization of services, as well as of the workforce, medicines, incentives and information. Respondents had also called for the clarification of country-specific goals and stressed the importance of an implementation package.

100. The final consultation had brought together 170 participants from 30 Member States, 14 WHO offices and 21 patient and provider associations and partners. It was evident that a wealth of experience of integrated care was already available in the European Region. A compendium of the transformation of health services delivery had been published.[5]

101. Hospitalization for Ambulatory Care Sensitive Conditions (ACSH) was suggested as an indicator for monitoring health services delivery performance and implementation of the framework, as called for in operative paragraph 3(e) of the draft resolution. The Standing Committee was asked whether a target should be set and included in the draft resolution, whether it should be a regional or national target, and what type of target

[5] Lessons from transforming health services delivery: compendium of initiatives in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications/2016/lessons-from-transforming-health-services-delivery-compendium-of-initiatives-in-the-who-european-region-2016, accessed 1 July 2016).

should be used (asthma, chronic obstructive pulmonary disease, diabetes, hypertension, etc.).

102. Members of the Standing Committee appreciated the extremely important work being done on integrated health services delivery, especially since major reforms of health and social services systems were under way in many countries. In view of the diversity of national and subnational health systems in the Region, it was a difficult exercise to define a target that made sense and was comprehensive enough. Trends in indicators would need to be studied and all diseases taken into account. Until such an exercise had been carried out, a target could not be included in the draft resolution.

Annex 1. Agenda

1. Opening by the Chairperson and the Regional Director
2. Adoption of the provisional agenda and the provisional programme
3. Reports by the chairpersons of the three SCRC subgroups
4. Provisional agenda and provisional programme of the 66th session of the Regional Committee (RC66)
5. Discussion on technical agenda items for RC66
   - (a) Health in the 2030 Agenda for Sustainable Development and its relation to Health 2020
   - (b) Midterm progress report on Health 2020 implementation 2012–2016
   - (c) Action plan for the prevention and control of noncommunicable diseases in the WHO European Region 2016–2025
   - (d) Action plan for the health sector response to HIV in the WHO European Region 2017–2022
   - (e) Action plan for the health sector response to viral hepatitis in the WHO European Region 2017–2022
   - (f) Strategy and action plan for refugee and migrant health in the WHO European Region 2016–2022
   - (g) Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services
   - (h) Strategy on women's health and well-being in the WHO European Region 2017–2021
   - (i) Action plan for sexual and reproductive health – towards achieving the 2030 Agenda for Sustainable Development in Europe 2017–2021
   - (j) Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region 2016–2020
6. Oversight report on budget and financial issues of the Regional Office for Europe
7. Progress reports
8. Membership of WHO bodies and committees
   - (a) vacancies for election/nomination at RC66
   - (b) elective posts at the Sixty-ninth World Health Assembly
9. Other matters, closure of the session

Annex 2. List of documents

EUR/SC23(4)/1 Rev.1	Provisional list of documents
EUR/SC23(4)/2 Rev.1	Provisional agenda
EUR/SC23(4)/3	Provisional programme
EUR/SC23(4)/4	Provisional list of participants
EUR/SC23(4)/5	Draft provisional agenda of the 66th session of the Regional Committee for Europe
EUR/SC23(4)/6	Draft provisional programme of the 66th session of the Regional Committee for Europe
EUR/SC23(4)/7	Membership of WHO bodies and committees
EUR/SC23(4)/7 Add.1	Membership of WHO bodies and committees
EUR/SC23(4)/8	Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region 2016–2020
EUR/SC23(4)/8 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region
~~EUR/SC23(4)/9~~[6]	~~Draft outcome statement of the High-level Conference on Working Together for Better Health and Well-being~~
EUR/SC23(4)/10	Midterm progress report on Health 2020 implementation 2012–2016
EUR/SC23(4)/10 Add.l	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on Midterm progress report on Health 2020 implementation
EUR/SC23(4)/11	Strategy and action plan on refugee and migrant health for the WHO European Region 2016–2022
EUR/SC23(4)/11 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Strategy and action plan on refugee and migrant health for the WHO European Region

[6] EUR/SC23(4)/9 was withdrawn.

Working documents

EUR/SC23(4)/12	Progress report on elimination of measles and rubella and prevention of congenital rubella syndrome by 2015 and sustained support for polio-free status in the WHO European Region
EUR/SC23(4)/13	Final report on progress towards the health-related Millennium Development Goals
EUR/SC23(4)/14	Progress report on implementing the European strategic action plan on antibiotic resistance
EUR/SC23(4)/15	Action plan for sexual and reproductive health – towards achieving the 2030 Agenda for Sustainable Development in Europe 2017–2021
EUR/SC23(4)/15 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on Action plan for sexual and reproductive health – towards achieving the 2030 Agenda for Sustainable Development in Europe
EUR/SC23(4)/16	Progress report on interrupting the transmission of malaria by 2015 and eliminating the disease within affected countries of the WHO European Region
EUR/SC23(4)/17	Progress report on implementing the WHO European Declaration and Action Plan on the Health of Children and Young People with Intellectual Disabilities and their Families
EUR/SC23(4)/18	Interim progress report on implementing the Strategy and action plan on healthy ageing in Europe, 2012–2020
EUR/SC23(4)/19	Strategy on women's health and well-being in the WHO European Region 2017–2021
EUR/SC23(4)/19 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on Strategy on women's health and well-being in the WHO European Region
EUR/SC23(4)/20	Report of the Secretariat on budget and financial issues (oversight function of the SCRC)
EUR/SC23(4)/21	Final progress report on the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016
EUR/SC23(4)/22	Final progress report on implementing the European Action Plan for HIV/AIDS 2012–2015

Working documents

EUR/SC23(4)/23	Action plan for the health sector response to viral hepatitis in the WHO European Region 2017–2022
EUR/SC23(4)/23 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Action plan for the health sector response to viral hepatitis in the WHO European Region
EUR/SC23(4)/24	Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region
EUR/SC23(4)/24 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region
EUR/SC23(4)/25	Midterm progress report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services
EUR/SC23(4)/26	Action plan for the prevention and control of noncommunicable diseases in the WHO European Region 2016–2025
EUR/SC23(4)/26 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region
EUR/SC23(4)/27	Action plan for the health sector response to HIV in the WHO European Region 2017–2022
EUR/SC23(4)/27 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Action plan for the health sector response to HIV in the WHO European Region
EUR/SC23(4)/28	Progress report on the European Environment and Health Process 2015–2016
EUR/SC23(4)/29	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the Minsk Declaration on the Life-course Approach in the Context of Health 2020
EUR/SC23(4)/30	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the European framework for action on integrated health services delivery
EUR/SC23(4)/31	Items for future Regional Committee meetings

Draft resolutions

EUR/SC23(4)/Conf.Doc./1	Report of the Regional Director on the work of WHO in the European Region 2014–2015
EUR/SC23(4)/Conf.Doc./2	Report of the Twenty-third Standing Committee of the Regional Committee
EUR/SC23(4)/Conf.Doc./3	Date and place of regular sessions of the Regional Committee for Europe in 2017–2020
EUR/SC23(4)/Conf.Doc./4	Action plan for the prevention and control of noncommunicable diseases in the WHO European Region
EUR/SC23(4)/Conf.Doc./5	Action plan for sexual and reproductive health – towards achieving the 2030 Agenda for Sustainable Development in Europe
EUR/SC23(4)/Conf.Doc./6	Action plan for the health sector response to HIV in the WHO European Region
EUR/SC23(4)/Conf.Doc./7	Action plan for the health sector response to viral hepatitis in the WHO European Region
EUR/SC23(4)/Conf.Doc./8	Midterm progress report on Health 2020 implementation
EUR/SC23(4)/Conf.Doc./9	The Minsk Declaration on the Life-course Approach in the Context of Health 2020
EUR/SC23(4)/Conf.Doc./10	Strategy on women's health and well-being in the WHO European Region
EUR/SC23(4)/Conf.Doc./11	Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region
EUR/SC23(4)/Conf.Doc./12	Strategy and action plan for refugee and migrant health in the WHO European Region
EUR/SC23(4)/Conf.Doc./13	European framework for action on integrated health services delivery
EUR/SC23(4)/Conf.Doc./14	Towards a roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region

Information documents

EUR/SC23(4)/Inf.Doc./1	Action plan for the prevention and control of noncommunicable diseases in the WHO European Region: annexes

Background material

EUR/SC23(3)/Inf.Doc./1	Hosting a Regional Committee session outside Copenhagen
EUR/SC23(3)/11	Strengthening people-centred health systems: a European framework for action on integrated health services delivery

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