



EUROPE

Fifteenth Standing Committee of the Regional Committee for Europe Fourth session

Copenhagen, 31 March – 1 April 2008

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Report of the fourth session

Opening by the Chairperson and the Regional Director

1. The Chairperson of the Standing Committee of the Regional Committee (SCRC) extended a welcome to Dr Marat Mambetov, replacing Dr Tuygunali Abdraimov as the SCRC member from Kyrgyzstan, together with his adviser Dr Boris Dimitrov.
2. The WHO Regional Director for Europe introduced Dr Enis Bariş, newly appointed Director, Division of Country Health Systems at the WHO Regional Office for Europe (EURO). Since the previous session, Regional Office staff had been working intensively in a large number of areas, notably on: a) health systems development, in preparation for the WHO European Ministerial Conference on Health Systems (Tallinn, 25–27 June 2008); b) planning and implementation of the Organization's 2008–2009 programme budget; c) strengthening of country work (official visit to Azerbaijan together with the Director-General; official visit to Tajikistan in response to the energy crisis), and d) health workforce migration, in connection with the first Global Forum on Human Resources for Health (Kampala, Uganda, 2–7 March 2008). Other important technical issues being tackled included the International Health Regulations (2005), health and the environment (in relation to World Health Day 2008, on the theme of "Protecting health from climate change", and in preparation for the Ministerial Conference in 2009), the Bloomberg Initiative on tobacco control, and alcohol-related policies. The Regional Office was maintaining close cooperation with the institutions of the European Union (EU) through the current presidency of Slovenia (support in preparations for the European Conference "The Burden of Cancer-How Can it be Reduced?", Brdo, 7–8 February 2008, meeting of Chief Medical Officers, Brdo, 13–14 March), and the forthcoming one of France.
3. The Regional Director had recently returned from attending a meeting in China of WHO's Global Policy Group, which brought together the Director-General, Deputy Director-General and regional directors. The meeting had steered WHO onto a course of greater policy coherence, supported by agreement and determination at the highest level of management to achieve better performance. Special attention had been given during the meeting to promoting professional ethics and the corporate code of conduct among WHO staff. A policy decision had been made with regard to the approach adopted for developing the programme budget for 2010–2011, and a revised delegation of authority (increased) by the Director-General to the regional directors was approved, with the expectation that such authority would be further delegated, especially to the heads of country offices (this has already taken place in the Regional Office for Europe).

Adoption of the provisional agenda and programme and the report of the third session (Copenhagen, 14 January 2008)

4. The SCRC decided to take up the agenda item on the geographically dispersed office in Athens early in the afternoon of 31 March, rather than the following day. With that amendment, it adopted the provisional agenda and programme of the fourth session.
5. With regard to the section in the report of the Fifteenth SCRC's third session concerning regional suggestions for elective posts at the Sixty-first World Health Assembly (WHA61), including permanent membership of the General Committee, the Chairperson informed the SCRC that she had not been able to meet representatives of the three countries concerned (France, the Russian Federation and the United Kingdom) during the 122nd session of the Executive Board at the end of January 2008. The traditional arrangement would therefore be continued at WHA61 and the Chairperson would make an effort to arrange meetings with the three countries during the upcoming WHA.
6. In reply to a question raised by one member, the Chairperson confirmed that the practice of semi-permanency of membership had repercussions both on the World Health Assembly's General Committee and on the Organization's Executive Board. On that understanding, the report of the Fifteenth SCRC's third session was adopted.

Matters arising out of the 122nd session of the Executive Board, including better coordination of the views of European Union (EU) and non-EU Member States

7. The European member of the Executive Board attending the SCRC as an observer reported that the Board's 122nd session had been an active one, during which the newly appointed Director-General had given strong guidance. In response to unexpected setbacks in the global poliomyelitis situation, the Board had adopted a resolution (EB122.R1) urging Member States to step up immunization and surveillance measures. Thanks to support from European Member States, the Board had also agreed, by resolution EB122.R2 to put forward for consideration by the WHA a resolution that included calling on the Director-General "to prepare a draft global strategy to reduce harmful use of alcohol" and submit it to WHA63 in 2010. Other resolutions of regional interest adopted by the Board concerned implementation of the International Health Regulations (2005), climate change and health, and health of migrants.

8. The SCRC noted that it had been advantageous for European members of the Executive Board to meet informally, at the invitation of the Chairperson, on the eve of the opening of the 122nd session. Equally, the meeting of European Member States traditionally held on the day before the opening of the World Health Assembly was a good opportunity to share information and experience, and one or more similar meetings could perhaps be organized while the Health Assembly was in session. While such meetings might focus on a limited number of issues of particular concern to European Member States that were identified in advance by members of the SCRC, the Standing Committee did not recommend the systematic elaboration of a common European position on them. Instead, European Member States could raise awareness of the Region by being more active in describing successes they had achieved and making more of their unique position in various areas of public health.

Review of the provisional agenda and programme of the fifty-eighth session of the Regional Committee (RC58), including the letter of invitation to Member States

9. The Regional Director informed the SCRC that, at the request of the Director-General, the Organization's regional committees in 2008 would consider the report of the Commission on Social Determinants of Health and the 2008 edition of *The world health report*, on the subject of primary health care. The former would be discussed in a technical briefing to be held during RC58, while the latter (due to be released on 12 September 2008) would be covered under the agenda item devoted to stewardship/governance of health systems, as would the question of health workforce migration.

10. The Deputy Regional Director confirmed that the provisional programme of RC58 had been amended as called for by the SCRC at its previous session. In addition, an item on modalities for appointment of the Director-General had been added, at the request of the Executive Board.

11. The SCRC decided that in order to allow a proper debate around the issues on the programme, the annual report of the European Environment and Health Committee would be submitted only in writing and could be discussed in the general debate. The agenda item on "Follow-up to previous sessions of the Regional Committee" would accordingly be limited to two subjects (Child and adolescent health strategies, including immunization; and Prevention and control of noncommunicable diseases, including prevention of injuries and alcohol-related problems and policies). Those would both have a 10-minute oral presentation followed by 20 minutes of discussion. A written report on those subjects would be included in the Regional Director's report. It also wished to increase the amount of time set aside for discussion at the end of the Monday morning to 1.5 hours, and to broaden its scope to encompass a more general debate. That would have the added advantage of making the discussion of subsequent technical topics more focused.

12. With regard to the letter of invitation to RC58, the SCRC advised the Regional Director to make reference to the innovation of setting aside time during the session for a general debate. If representatives of countries wished to make general statements (which should be limited to three minutes), that would be the appropriate place in the programme to do so. Furthermore, the letter should make it clear that the election of members and alternates of the Regional Search Group was a specific, not a routine, matter.

Review of draft documents and draft resolutions for RC58

Strategies targeting behaviour change in the WHO European Region

13. The Director, Division of Country Health Systems presented a draft paper that had been prepared on the basis of feedback given by the SCRC at its previous session. The purpose of the paper was:

- to consolidate evidence documenting which interventions had proved, under which circumstances, to be (cost-) effective in leading to health-related behaviour change;
- to outline the critical factors for success and assess their replicability in different settings across European Member States; and
- to explore the implications for health systems and a wider government response.

14. The paper began by explaining the rationale for focusing on behaviour change, pointing out that a very high proportion of the regional burden of disease and mortality was attributable to behavioural risk factors, that all risky health-related behaviours were potentially modifiable, and that upstream investment in interventions leading to behaviour change made economic sense. It would then examine the factors influencing behaviour, both internal (such as attributes, knowledge, attitude, values, self-perception and motivation) and external (the physical, sociocultural and economic environment), as well as the message/messenger matrix (“product”, price, people and promotion).

15. In reviewing the evidence for the theoretical efficacy of an intervention, consideration would be given both to the “causal” aspects of the behavioural risk factor in question (whether it entailed not only a high relative risk but also a high preventable excess risk) and to the properties of the intervention itself (whether it addressed both internal and external factors and was well contextualized, timed, targeted and sequenced). Effectiveness would be defined as the product of theoretical efficacy, diagnostic accuracy, coverage, provider compliance and user compliance. The paper would explore the concepts underlying each of those terms, defining diagnostic accuracy, for instance, in terms of the extent to which an intervention targeted those at greatest risk and least amenable to, yet most likely to benefit from, change.

16. The third section of the paper would consider in detail how to address behaviour change through the health system, looking at the relationship between the four functions performed by a health system (stewardship, creation of resources, service delivery and financing), on the one hand, and the intermediate objectives of behavioural interventions (diagnostic accuracy, coverage, and user and provider compliance), on the other. Emphasis would be placed on the Ministry of Health’s role in designing intersectoral, multi-level strategies (covering policy, programmes, organization and intelligence), packaging comprehensive interventions (legislation, incentives, support, social mobilization, etc.), promoting wider ownership, securing adequate financing, and carrying out monitoring and assessment.

17. In conclusion, it was proposed that the Regional Office would subsequently intend to move forward in the area by selecting a basket of interventions (personal, population-based, related to primary or secondary prevention, etc.) for use as tracers; completing a review of European and other literature; cataloguing demand- and supply-side determinants of effectiveness and documenting their relative weight in predicting the expected behavioural outcome; describing health system responses

proposed or used; and assessing their amenability to change, as well as their replicability and sustainability under various circumstances. The topic was extremely relevant to the way in which health systems tackled the main causes of death and disease in the WHO European Region and would therefore be reviewed at the forthcoming WHO European Ministerial Conference on Health Systems in Tallinn.

18. The SCRC welcomed the presentation and agreed that it formed a good basis for drawing up a revised and shortened version of the Regional Committee document, in which the shift from a theoretical to an evidence-based approach should be further intensified. It particularly appreciated the prominence given to the external factors affecting both behaviour and interventions. A better balance should perhaps be struck between the responsibility of individuals and society: the social determinants of health resulted in a social gradient of disease and called for societal measures such as legislation and taxation. Nonetheless, the importance of the individual's responsibility should not be overlooked.

19. While emphasizing that ministries of health should be prepared to play a central, stewardship role in multisectoral behaviour-related initiatives, the SCRC also suggested the paper should recognize the fact that there were areas (such as climate change and the environment) where the health ministry could not take the lead in implementation but would benefit from the synergy generated through the linked self-interest of other sectors. Other comments by the SCRC referred to the "health-promoting settings" approach; paying attention to the various players in the risk-taking environment; making more explicit the links between prevention and care/cure; taking account of pricing aspects and cost-effectiveness; and avoiding the use of mathematical formulae. Lastly, the SCRC agreed that it may be premature to submit a draft resolution on the issue to the Regional Committee in 2008. Other approaches, such as a decision by the Regional Committee, could be considered.

Proposed programme budget 2010–2011

20. The Director, Administration and Finance briefed the SCRC on preparation of the Organization's proposed programme budget 2010–2011. It would be drawn up within the framework set by the Medium-term Strategic Plan 2008–2013 (MTSP), so its main directions were already apparent, although the MTSP itself would be reviewed and its indicators and targets adjusted as necessary. As decided at the recent meeting of the Global Policy Group, emphasis would be placed on improving performance and achieving effective implementation, rather than on expansion. The Organization's overall budgetary envelope for 2010–2011 would therefore probably remain of a similar order to that for 2008–2009, which implied a figure in the vicinity of US\$ 300 million for the European Region. One major change, however, was that, in order to maintain the strategic focus on the priorities of the Regional Office, the corresponding budget envelopes would first be set for each strategic objective (SO), before detailed proposals were worked out.

21. The Director of Administration and Finance took the opportunity to brief the SCRC members on the financial challenges that WHO/EURO was facing, highlighting the fact that the share of regular budget in the overall budgetary envelope was constantly decreasing for the entire organization, and was now close to only 20%. At the same time, the assessed contributions of the Member States from the European Region, when expressed in local currencies, had actually declined between 2002 and 2008 owing to the fall in the value of the United States dollar, resulting in a "saving" for the Member States of approximately US\$ 70 million per annum. On the other hand, European Member States were responsible for some 75% of voluntary donations to the Organization globally, and donors were increasingly adopting a "one WHO" principle, resulting in them making contributions to WHO's global budget. This then limited the Regional Office's own fundraising opportunities for European needs with the European donors, facing it with an extra challenge. Members of the SCRC were therefore urged to help persuade countries' finance and development ministries to engage in supplementary funding for the Regional Office.

22. Members of the Standing Committee believed that countries would be reluctant to envisage a further increase in their regular budget allocations, following the 4% rise the previous year. The

Regional Director noted that the Director-General wished to ensure that the Organization maintained a good match between its capacity and its resources (and thus also between its regular budget and other sources, in the interests of good governance), and that it was unlikely to request more than a nominal increase in the overall budgetary level.

23. The SCRC looked forward to being updated on the subject at subsequent sessions. In September 2008 the Regional Committee would have an opportunity to comment on the draft of the proposed programme budget 2010–2011, to review a paper setting out the European Region’s perspective, and to consider in more detail the question of currency fluctuations.

Stewardship/governance of health systems in the WHO European Region

24. The Deputy Regional Director presented a draft of the RC paper on stewardship/governance. An introductory section would describe the main features of the health situation in the WHO European Region and recall the need for further analysis of two findings: a) that part of the improvement in people’s health was due to a number of factors not directly related to health care (such as economic development or better education and nutrition); and b) that the provision of effective health care had a greater effect on health indicators than previously expected.

25. Key concepts and definitions would then be presented. A distinction would be drawn between stewardship (defined in the health sphere as “the careful and responsible management of the well-being of the population”¹), and broader governance, seen as “the exercise of political, economic and administrative authority in the management of a country’s affairs at all levels”². The paper would note that the health systems stewardship function had three main components: the ability to formulate strategic policy direction, to ensure good regulation and the tools for implementing it, and to provide the necessary intelligence on health system performance in order to ensure accountability and transparency³. The “*autoritas*” of the health system therefore rested on three pillars: steering (focusing on the overall vision rather than on operations or service delivery); governing (being transparent and fair, ensuring good use of resources), and being accountable for outcomes. The three components of the health systems stewardship function applied equally to personal and non-personal health services, as well as to intersectoral actions. Looking beyond the health system, the paper would acknowledge the importance of stewardship of secondary, health-enhancing factors such as education, employment or trade, and of broader tertiary factors such as the global financial system, the mass media and levels of social capital.

26. While every model of health system stewardship should be imbued with the values of solidarity, equity and citizen involvement, the precise configuration of the function could vary depending on the political, economic, social and cultural circumstances of each country. Nonetheless, the paper would identify a number of common roles of a health system steward (defining the vision, applying intelligence, governing the health system in a value-based, ethical way, advocating for better health across other sectors, etc.) and would locate those roles within a framework that ranged from understanding the contextual factors to assessing the performance of the health system. It would outline a number of the tools and techniques that were available for exercising good stewardship: revisited epidemiological analysis and strategic and operational planning; provision of high-level information to stakeholders; advocacy and negotiation; adoption of norms and laws to protect the poor while not interfering with economic progress; behaviour change schemes, etc. In that context, it would identify and explore some of the challenges to implementing effective stewardship, such as high turnover of personnel, scarcity of performance information and evidence for decision-making, and the

¹ *The world health report 2000. Health systems: improving performance*. Geneva, World Health Organization, 2000

² *Glossary of statistical terms*. Paris, Organisation for Economic Co-operation and Development, 2007 (<http://stats.oecd.org/glossary/detail.asp?ID=7236>, accessed 11 April 2008)

³ Stewardship [web site]. Copenhagen, WHO Regional Office for Europe, 2005 (http://www.euro.who.int/healthsystems/Stewardship/20061004_1, accessed 11 April 2008)

involvement of health ministries in direct health service delivery and management, rather than in strategic oversight.

27. In conclusion, the paper would outline WHO's priorities in health systems stewardship. They included supporting greater accountability in the health system through an assessment of health system performance; generating and interpreting intelligence and research on policy options; building coalitions across government ministries, with the private sector and with communities to act on key determinants of health; and working with external partners and stakeholders. A draft resolution would be submitted to RC58, setting out a number of steps that should be taken by Member States and the Regional Director, and providing for endorsement of the Tallinn Charter to be adopted at the Ministerial Conference.

28. The SCRC recognized that the paper was still "work in progress", which might need to be adjusted to take account of the conclusions of the Tallinn Conference. It should make specific reference to the Ljubljana Charter on Reforming Health Care, adopted at a conference organized by the Regional Office in 1996, and consider how best to continue to give effect to its fundamental principles of equity and solidarity in a context where public health was being challenged by the increasing importance attached to individuals' rights. Other areas in the paper that could be strengthened included the economic aspects of health system stewardship and issues related to the quality of care. The SCRC recommended that the document should avoid making the implicit assumption that a state-run health system was the best approach, although it recognized that stewardship was inherently a government function, regardless of the arrangements for the delivery of health services through both public and private sector providers. It appreciated the flexibility of the framework being proposed and welcomed the efforts made to clarify the key concepts in the field. It acknowledged that the paper, focusing on health systems, should be seen in the wider context of the body of research being prepared for the Tallinn Conference on the relationship between health systems, health and wealth.

29. With regard to the draft resolution, the SCRC recommended that wording should be added requesting the Regional Director to develop tools for evaluating the effectiveness of the health system stewardship function, to facilitate collaboration at international level on the social determinants of health, and to cooperate with other relevant international organizations, especially the Organisation for Economic Co-operation and Development. In addition, the draft resolution should include reference to the ethical principles governing health workforce migration, which were being elaborated for presentation at the Tallinn Conference.

Other draft resolutions

30. Having reviewed preliminary versions of the other draft resolutions for submission to RC58, the SCRC acknowledged that the one on the "Report of the Fifteenth Standing Committee of the Regional Committee" was necessary in order to legitimate and express a vote of confidence in the work done by the Standing Committee. It recommended that operative paragraph 2(b) of the draft resolution on "Review of the process of reporting back to the Regional Committee on resolutions adopted at previous sessions" should be amended so that the Regional Director was requested "to propose, for each resolution, a specified end date for reporting back to the Regional Committee".

Selection of SCRC members to introduce RC58 agenda items

31. The SCRC agreed that its views on the four major substantive topics to be discussed at RC58 would be presented by the following members:

Proposed programme budget 2010–2011	Dr Bjørn-Inge Larsen (Norway)
Stewardship/governance of health systems	Dr Vladimir Lazarevik (The former Yugoslav Republic of Macedonia)
Public health strategies targeting behaviour	Dr Gaudenz Silberschmidt (Switzerland)
Process of reporting back to the Regional Committee on resolutions adopted at previous sessions	Professor Nikoloz Pruidze (Georgia)

Membership of WHO bodies and committees

Distribution of seats for the WHO European Region on the Executive Board

32. The SCRC considered a report from the small working group that it had set up to look at country groupings and, especially, membership of the Executive Board as a result of the European Region receiving an extra seat on the Board in late 2005. The Standing Committee recommended that, in the interests of fairness and continuity, the eight seats currently available should be distributed as follows: two seats each to the “north”, “south” and “Commonwealth of Independent States” geographical groups, one seat to the “south-east” group⁴. The eighth seat would remain unattached to any geographical group; its allocation would be based not on geographical criteria, but primarily on candidates’ qualifications and experience.

Executive Board and Standing Committee of the Regional Committee

33. In line with the above recommendation, the SCRC proposed that, during this transitional period before the proposed redistribution of seats, two of the four vacant seats on the Executive Board from May 2009, should be taken up by candidates from the “north” group of countries, giving the “north” group a total of three seats on the Executive Board from May 2009. It would give further consideration to specific candidatures for membership of the Board and of the Standing Committee at its next session, in May 2008.

Regional Search Group

34. The Chairperson of the SCRC recalled that the Regional Search Group (RSG) was composed of three members and three alternates, and that the Standing Committee had suggested at its previous session that the three members and the first of the alternates could be drawn from the four country groups. The Regional Director in his letter of 11 January 2008 had requested nominations for membership of various bodies, noting that under the terms of Rule 47.2(a) of the Rules of Procedure of the Regional Committee and the Standing Committee, no person who represented a Member State on the Standing Committee would be eligible for membership of the RSG. Furthermore, Legal Counsel had confirmed in January 2008 that Rule 47.2(a) should be read to include alternates and advisers, as well as *ex officio* and outgoing members.

35. Given the provisions of that rule, the SCRC acknowledged that it would need to reach consensus on the new members of the Standing Committee that it would recommend, before it considered candidatures for membership of the RSG. It accordingly asked the Secretariat to carry out a mapping exercise in order to identify overlaps between the current and possible future members of the

⁴ Geographical groups as specified in resolution EUR/RC53/R1

SCRC, on the one hand, and the persons nominated for membership of the RSG, on the other. It would consider the results of that exercise, together with the curricula vitae of candidates, at its next session.

Address by a representative of the WHO Regional Office for Europe's Staff Association

36. The President of the WHO Regional Office for Europe's Staff Association (EURSA) said that the Staff Association shared with senior management the goal of creating a successful organization that was effective in advancing public health and serving its Member States. The Regional Office had recently undergone a major restructuring, with an overhaul of the organigram, abolition of programmes, and changes in the way the Office worked, including the introduction of a new Global Management System. Given the extensive implications of those changes, communication with and involvement of staff would be of paramount importance, and EURSA had accordingly proposed to management that a joint task force should be set up to oversee and guide the change process.

37. While welcoming the creation of the Organizational Development (OD) unit, EURSA was aware that staff were facing an increasing workload, and there were reports of staff suffering from stress-related illness. It was important to review existing workloads and rebalance staffing levels with those workloads so far as possible, in order to manage the burden on existing staff and meet the growing demands from Member States and partners.

38. With regard to the contractual reform that had been implemented the previous year, the Staff Association was pleased that the process had gone ahead without major problems. Nonetheless, the situation with regard to national professional officers who were heads of country offices in the Region remained largely unchanged. With their increased duties, it was even more important to recognize their situation and ensure that their contracts reflected their increased responsibilities within the international civil service. The Regional Office's human resources plan, published in December 2007, would be a cornerstone in the reform process and would provide transparency and future orientation for staff. However, the delinkage of the regular budget and posts had created uncertainty among many staff. It was now important to ensure effective implementation of the plan, an area where emphasis was again placed on the need for the active involvement of staff representatives.

39. The Regional Office had had an interim ombudsperson for more than a year, while terms of reference had been revised and redrafted to incorporate a series of points from proposals made at a meeting of WHO ombudspersons. The Staff Association continued to express its preference for a post to be created, as in WHO headquarters and the Pan American Health Organization, rather than for a new ombudsperson to be elected from among current staff.

40. The Staff Association was actively participating in the discussion on reform within the United Nations system through the Federation of International Civil Servants' Associations (FICSA), which offered opportunities to learn from initiatives and best practices in other organizations in areas such as conditions for field staff, staff rotation policies, incentive schemes, staff-management partnerships, and health and safety in the workplace. The Staff Association was pleased to see the recent creation at the Regional Office of the Committee to Promote a Healthy and Safe Workplace, taking into account the provisions for health and safety at work contained in relevant conventions of the International Labour Organization (ILO), as well as international standards on occupational health and safety.

41. In conclusion, the President, EURSA reiterated that it was important to engage staff as much as possible in shaping the future of the Office, and that a creative and respectful working environment yielded the highest returns to WHO and its Member States. Effective communication and involvement at all levels within the Organization was the key to a successful future and would help the staff to serve the Member States in the best possible way.

42. Members of the Standing Committee acknowledged the issues raised by EURSA in relation to change and the concerns expressed about workload but paid tribute to the staff's close cooperation with management. Their dedication and commitment were evident in the level of their performance, which had increased year by year. The SCRC strongly supported and deeply appreciated the work they were doing. The Regional Director noted that the changes in the Office's way of working were consequent on the adoption by the Member States of the Organization's Medium-term Strategic Plan, which had also entailed the necessity to promote a more integrated way of working to reach the shared objectives, compared to the previous practice of working by 36 vertical areas of work. He also acknowledged the need for the acquisition of new skills in areas such as management, fundraising and political negotiation. He admired the way in which the Office was adapting to the necessary changes led by the Management team and expressed his confidence that the outcomes expected of it would be achieved.

Date and place of sessions of the Sixteenth SCRC

43. The Standing Committee agreed to hold the following sessions in 2008–2009:

Tbilisi, Georgia	18 September 2008
Oslo, Norway	10–11 November 2008
WHO/EURO, Copenhagen	12 January 2009
WHO/EURO, Copenhagen	30–31 March 2009
Geneva, Switzerland	May 2008 (day before the opening of the Sixty-second World Health Assembly)
WHO/EURO	13 September 2009

Other matters

Geographically dispersed office in Athens – progress report on discussions

44. The Deputy Regional Director reported that, since the SCRC's previous session, the draft agreement had been amended and sent to the Greek government. Its approval had been received on 28 March 2008.

45. The Vice-Chairperson of the SCRC requested and duly received a further assurance from the Deputy Regional Director that the Athens Office for Support to the Prevention and Control of Noncommunicable Diseases (NCD) would not engage in independent priority-setting. It would form part of the NCD unit in the Regional Office's Division of Health Programmes, answerable to the unit head and the divisional director. For the sake of clarity, the Regional Director was asked to reiterate that point for the record in his report to RC58, and it was agreed that the first bullet point in Article 2, paragraph 4, of the draft host agreement should be amended to read: "Work on the development of knowledge, information and evidence to support WHO/EURO's responsibility for decision-making, health needs assessment and priority setting, policy development, implementation and analysis, cost-effective interventions as well as monitoring and evaluation of outcomes".

46. With those changes, the SCRC agreed that the Regional Director could go ahead and sign the agreement, reporting back to the Standing Committee and the Regional Committee on subsequent progress.

First Global Forum on Human Resources for Health, Kampala, Uganda, 2–7 March 2008

47. The Vice-Chairperson reported that he and members of the Secretariat had attended the first Global Forum on Human Resources for Health. The Regional Director recalled that one outcome of the discussions at RC57 had been a recommendation that the Regional Office should contribute more to the Global Health Workforce Alliance, and he had accordingly met with ministers of health at a ministerial meeting during the Forum, while Regional Office staff had been responsible for organizing a round-table discussion. The message from the European Region was that, while people undeniably had the right to seek better opportunities abroad, there was a need for international solidarity to help countries retain staff by a variety of means. Such measures might include the establishment of a fund to help countries with retention and the promulgation of a code of ethics for countries in need of health professionals. Those attending the Forum had appreciated the Region's openness in recognizing the problem and wanting to find solutions to it.

48. The Standing Committee looked forward to a session on health workforce migration at the Tallinn Conference and to receiving a progress report at RC58, especially in view of the fact that the subject would be taken up by the Executive Board and the World Health Assembly in 2009.

WHO European Ministerial Conference on Health Systems, Tallinn, Estonia, June 2008 – progress report on preparations

49. The adviser to the Minister of Social Affairs of Estonia informed the SCRC that preparations for the Conference were going well. The Government was strongly committed to the event, which the Prime Minister would attend. A memorandum of understanding had been agreed and updated, and invitation letters had been sent out, many of them signed jointly by the ministers of social affairs and of finance, as well as by the Regional Director. The venue and hotels had been decided on and reserved, and plans were being made for two official dinners, a social programme and an accompanying persons programme.

50. The Deputy Regional Director reported that a meeting of the Charter Drafting Group had been held in Valencia, Spain on 8–9 February 2008, following which a revised version of the document had been sent out to Member States for comment. The third and final pre-Conference meeting would take place in Rome on 3–4 April 2008, and the final meeting of the Charter Drafting Group would be in Moscow in mid-May. At the Conference itself, technological innovations were planned to include webcasting of proceedings and interviews by journalists with key personalities. The SCRC members expressed their satisfaction with the high level of preparation.

Council of Europe and blood transfusion/organ transplantation – update on recent developments

51. The Vice-Chairperson noted that the Regional Office had an obligation to ensure that all WHO's European Member States (and especially those in the eastern part of the Region) received the best possible technical advice with regard to blood transfusion and organ transplantation. The Secretariat had tried to reach agreement with the Council of Europe in order to avoid overlaps and duplication, on the one hand, and gaps in coverage, on the other. However, that had proven to be more difficult than initially expected. The Secretariat would continue to engage in a dialogue with the Council, at a higher political level, in order to reach an agreement on the division of responsibilities, both in technical terms and in terms of coverage of Member States, before furthering collaboration at technical level. Members of the Standing Committee supported this course of action and were ready to assist the Secretariat in that endeavour if required.

Preparations for the Sixty-first World Health Assembly and 123rd session of the Executive Board

52. The Regional Director pointed out that all the items on the agenda of WHA61 were of interest to the European Region and would be considered in more detail at the meeting of European Member States to be held on 18 May 2008, immediately after the next session of the SCRC.

53. As agreed earlier (see paragraph 8 above), the SCRC confirmed that it would be premature to try to identify, for the forthcoming Health Assembly, one or two agenda items on which a common Region-wide statement could be delivered.

Provisional agenda for the fifth session (Geneva, Sunday, 18 May 2008)

54. A draft of the provisional agenda of the SCRC's fifth session was distributed for information. The SCRC agreed to add an item covering a progress report on the establishment of the geographically dispersed office in Athens. A progress report on discussions with the Council of Europe would be considered at its session immediately before RC58.