



**EUROPE**

**Eleventh Standing Committee of the Regional Committee for Europe  
Second session**

**Yerevan, Armenia, 24–25 November 2003**

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**Report of the second session**



## Introduction

1. The Eleventh Standing Committee of the Regional Committee (SCRC) held its second session at the Hotel Metropol in Yerevan, Armenia, on 24 and 25 November 2003. Participants were welcomed by Dr Haik Darbinyan, First Vice-Minister of Health, who noted that Armenia had been playing a more significant role in WHO in recent years. He was convinced that close cooperation with WHO at all levels would have a positive effect on health development in his country.
2. In his introductory remarks, the Regional Director referred to several meetings at regional and global levels that he or Regional Office staff had attended in the previous two months, including the annual “meeting of interested parties” (Geneva, 3–7 November), the meeting of the Director-General with the Regional Directors (Geneva, 13 November) and the Executive Board members’ “retreat” (Accra, Ghana, 19–20 November). At the Regional Office, detailed planning of implementation of the 2004–2005 programme budget was under way.
3. The SCRC unanimously elected Dr Godfried Thiers as Vice-Chairman.
4. The SCRC adopted the provisional agenda and programme for its second session with one amendment suggested by the alternate representative of a European member of the Executive Board (EB): the item on issues to be taken up with European members of the EB in January 2004 should be extended to cover consideration of proposals that could be made to them for inclusion on the agenda of the Board’s May 2004 session.
5. The SCRC adopted without amendment the report of its first session, held in Vienna on 11 September 2003.

## Review of SCRC and Secretariat actions following the fifty-third session of the WHO Regional Committee for Europe

6. The SCRC agreed to review in detail the action taken by the Secretariat since the fifty-third session of the Regional Committee (RC53), as presented by the directors or senior staff of the respective divisions at the Regional Office, and to give its views on the appropriateness of planned activities.

## Report of the Regional Director

### *Noncommunicable diseases*

7. The Director, Division of Technical Support, Reducing Disease Burden, explained that the European Region of WHO needed to develop a strategy for the control of noncommunicable diseases (NCD) that took account of the specific and diverse features of the Region, provided a coherent framework for current and future work, and adopted an approach focused on the needs of countries. Building on a number of existing “pillars” (such as the global strategy on NCD and work towards a similar instrument on diet, physical activity and health, European action plans on alcohol and on food and nutrition, and regional initiatives and consultations on tobacco, mental health, violence and health, etc.), the Regional Office intended to present a discussion paper at RC54 and a proposal for a European strategy on NCD at RC56.
8. The regional strategy would be drawn up in consultation with Member States, with expert advice provided by a “reference group”. The aims would be to provide countries with the tools they needed to control common risk factors in an integrated way, to stimulate and empower them to develop their own NCD policies, to influence non-health sector policies that had an impact on health (such as trade, agriculture and urban development) and to promote health care system reform.

9. The SCRC acknowledged that WHO was well placed to design tools and processes that Member States could then use to develop their own strategies, adapted to their specific circumstances. It fully endorsed the integrated, comprehensive approach to NCD prevention and control that was being advocated, but suggested that it should be extended to cover health promotion. The proposed strategy should also take account of the outcomes of the Fourth European Ministerial Conference on Environment and Health (Budapest, June 2004) and of ongoing activity within the European Union (EU).

10. The SCRC agreed with the proposed timetable for developing the strategy: the period between 2004 and 2006 would allow for extensive consultations with Member States, in the interests of ensuring transparency and sustainability for the strategy.

### ***Tuberculosis***

11. The Director, Division of Technical Support, Reducing Disease Burden, informed the SCRC that the Regional Office had been doing a considerable amount of work on tuberculosis, especially in countries of central and eastern Europe, since the Regional Committee had adopted resolution EUR/RC52/R8 in 2002. Nonetheless, multidrug-resistant tuberculosis was increasing in some countries, and the disease continued to represent a major political challenge.

12. The SCRC noted that tuberculosis often occurred in conjunction with HIV/AIDS, and that more money was needed to control both diseases. It looked forward to receiving a detailed update on the situation as part of the Regional Director's written report on the work of WHO in the European Region that would be presented to RC54.

### ***Environment and health information system***

13. The Regional Director recalled that RC53 had asked the Regional Office to "seek ways to ensure the faster delivery of higher-quality statistics on mortality", especially in view of the large number of deaths in elderly people during the summer's heat-wave. However, WHO depended on its Member States for collecting data: mortality statistics represented an excellent long-term series and methods of data collection had to be kept consistent to ensure comparability over time.

14. As part of preparations for the Budapest Conference, a meeting was to be held in Bratislava in February 2004 on policy implications of extreme weather events. The SCRC suggested that the use of alternative sources of mortality data (such as funeral directors and church records) might be addressed and assessed at that meeting, with the findings communicated to Member States. The SCRC also expressed interest in the approach of testing a "sentinel system" in urban areas in some countries.

### ***Framework Convention on Tobacco Control***

15. The Director, Division of Technical Support, Health Determinants, informed the SCRC that two countries in the European Region had already ratified the Framework Convention on Tobacco Control (FCTC). The process of ratification by the European Community was also well advanced. The Regional Office was working with Member States to support ratification and the adoption of national action plans. In addition, regional activities were focused on passive smoking and cessation, and on the development of an information strategy and related databases.

16. The SCRC noted that countries in the Commonwealth of Independent States (CIS) were facing the challenge of more aggressive tobacco advertising, aimed in particular at their young populations. Special attention should be paid to the fact that in some countries people were starting to smoke at younger ages, and WHO was urged to develop a specific strategy to tackle that problem and to include the issue (together with that of environmental tobacco smoke) on the agenda of the Budapest Conference.

17. More generally, the SCRC recognized that it was not enough for countries just to ratify the FCTC – the topic had to be kept high on the political agenda, with efforts made to halt the tobacco companies' expansion into developing countries.

18. The Regional Director offered to submit a situation report to the SCRC at its April 2004 session in Copenhagen.

## **Report of the Tenth Standing Committee of the Regional Committee**

### ***External evaluation of the Regional Office's health care reform programmes***

19. The SCRC agreed that its Chairman and the Regional Director would jointly decide on the follow-up measures to be taken with regard to the external evaluation of the Regional Office's health care reform programmes that had been carried out in 2001.

### ***Implementation of resolution WHA51.31***

20. The Regional Director informed the SCRC that other WHO regional committees had adopted resolutions calling for discontinuation of the implementation of resolution WHA51.31, on regular budget allocations to regions. Many countries in the east of the European Region, however, were undergoing a period of transition and therefore needed continuing and increasing support in the immediate future. The Regional Office had quantified its total budgetary needs in a format that could be presented to potential donors and looked forward to developing a transparent regional policy on fund-raising and implementation.

21. The SCRC accordingly recommended that European members of the Executive Board should, at the Board's January 2004 session, argue against discontinuation of implementation of the resolution and in favour of the Director-General presenting a thorough evaluation of the model used to the Fifty-seventh World Health Assembly in 2004, as provided for in the resolution's operative paragraph 4. At the same time, a short briefing paper would be presented to European members of the Board, setting out those arguments and proposing a new "formula" or arrangement for equitable distribution of the combined resources of the Organization in the light of countries' needs. That arrangement should include a transparent policy on the allocation of voluntary donations.

### ***Membership of the Executive Board***

22. The Executive President of RC53, who had also been Chairman of the Tenth SCRC's subgroup on membership of the Executive Board, recalled that the Regional Committee had unanimously adopted resolution EUR/RC53/R1, but he noted that some practical questions might arise when the resolution came to be implemented for the first time.

23. The SCRC therefore recommended that the customary letter sent out to Member States by the Regional Director, in which he called for nominations for membership of the Executive Board and other committees, should in 2004 be accompanied by the full report of the Tenth SCRC's subgroup and its appendices (as contained in Annex 2 to the Report of the Tenth SCRC – document EUR/RC53/4) and other relevant background documentation. The SCRC also acknowledged that it (and not the Regional Director) would then be responsible for encouraging groups of countries to meet, if necessary, for the purpose of reaching agreement on candidates to be nominated.

### ***Elective posts in committees of the World Health Assembly***

24. The alternate representative of a European member of the Executive Board believed that neither resolution EUR/RC53/R1 nor resolution EUR/RC53/R6 explicitly covered the question of applying the practice of "semi-permanency" to nominations for elective posts in committees of the World Health Assembly. The Executive President of RC53, however, was of the opinion that the Regional Committee, by resolution EUR/RC53/R6, had adopted the whole report of the Tenth SCRC, including the recommendation from its subgroup that the practice of "semi-permanency" should not apply to those nominations (see also paragraph 44 below).

### ***Ratification of amendments to Articles 24 and 25 of the WHO Constitution***

25. The SCRC agreed that its Chairman should write to ministers of health of those European Member States that had not yet ratified the amendments to Articles 24 and 25 of the WHO Constitution, urging them to do so.

26. In addition, the SCRC recommended that WHO liaison offices should be used as a channel of communication on the subject.

### **Mental health**

27. The Director, Division of Technical Support, Reducing Disease Burden, reported that preparations were being made for the WHO European Ministerial Conference on Mental Health, to be held in Helsinki from 12 to 15 January 2005. Two pre-conference meetings had been held in 2003, on human rights and stigma, and four would be held during 2004 on suicide prevention, societal stress, children and finally mental health at the workplace. Their findings and conclusions would be incorporated in the action plan that the Conference was expected to adopt. The programme for the Conference was being designed to facilitate participation by ministers, especially in the round table discussion and adoption of the declaration and action plan on the last day.

28. The SCRC drew attention to the need to include the subject of violence on the agenda of the Conference, and to build on the work that had already been done on mental health, especially under various countries' presidency of the European Union and in the context of the Council of Europe.

### **The Regional Office's Country Strategy**

29. The Director, Division of Country Support, told the SCRC that a meeting had been held the previous week at WHO headquarters, attended by all WHO representatives and liaison officers. The seven key recommendations they had made were wholly applicable to the European Region. There was a need to bring the country work done by headquarters units into the framework of the biennial cooperation agreements (BCAs) drawn up with European countries, and to ensure that allocations of funds (both from voluntary donations and from the regular budget) took account of the requirements as quantified in the BCAs.

30. In pursuance of resolution EUR/RC53/R2, work had started on compiling short specific reports from the country offices, and on developing criteria or indicators for assessing the impact of implementation of the Country Strategy.

31. The SCRC confirmed that the assessment should cover the period 2002–2003, and that it should be confined to judging how the Strategy had affected the way in which WHO worked in countries. In other words, it should not attempt to evaluate the Strategy's impact on health status in a given country. The SCRC also recommended that the country reports (for all countries in the European Region) should be cleared at national level before being presented to RC54. It looked forward to receiving a progress report and case study at its next session.

### **Update of the regional Health for All policy framework**

32. The Regional Director noted that work was now in progress on three of the four "pillars" in the plan for updating the regional HFA policy framework that had been adopted by RC53. The first area (a review of the use made of HEALTH21 by Member States) was being tackled by the European Observatory on Health Care Systems in Brussels, the second (assessment of the values underpinning public health) was being carried out by a "think-tank" of experts selected by the Regional Director, while a researcher had been contracted to work on the third area (looking at the tools available to decision-makers).

33. The SCRC was concerned to ensure that Member States were fully consulted during the updating process. It looked forward to an extensive discussion at RC54, following which the first draft of the updated policy framework would be drawn up and sent out to Member States for comments.

### **Strategic orientations of the Regional Office's work with geographically dispersed organizational entities, including WHO country offices**

34. The Regional Director informed the SCRC that he had convened a "brainstorming group" on the Regional Office's geographically dispersed organizational offices (GDOs), which was due to meet in Rome on 8 and 9 January 2004. The topic might also be taken up at a forthcoming meeting of the Futures Forum.

35. The SCRC recommended that participants in the Rome meeting should be briefed about the difference between GDOs and WHO collaborating centres, but that they should concentrate on drawing up proposals about the former. The outcome of that meeting should be reported to the SCRC at its April 2004 session, and recommendations on GDOs should be presented to RC54.

### **The health of children and adolescents in WHO's European Region**

36. The Director, Division of Technical Support, Reducing Disease Burden, noted that the 2005 edition of *The European Health Report* would include a chapter on children's and adolescents' health, and that consultations would be held with Member States late in 2004. Important input into that chapter would come from the Budapest Conference.

37. The Director, Division of Technical Support, Health Determinants, briefed the SCRC on preparations for the Budapest Conference. The third intergovernmental preparatory meeting was to take place in Evora (Portugal) on 27 and 28 November, the third meeting of the ad hoc working group on the Children's Environment and Health Action Plan for Europe would be held in Brussels on 15 and 16 December, and the final (pre-conference) intergovernmental meeting was scheduled for 25 and 26 March 2004 in Malta. The subject would need to be included on the agenda of RC54 in order to endorse the documents adopted at the Conference, to consider the future of the environment and health process, and to explore the implications for the overall strategy on children's and adolescents' health.

38. The SCRC requested that the paper presented to RC54 should not only give feedback on the outcome of the conference but also look at the effect of the environment and health process on the health of populations in Europe.

### **Matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board**

39. The SCRC welcomed the proposals to take up the agenda item on "Matters arising ..." early in the programme of future Regional Committee sessions and to consider only those resolutions and decisions of interest to the European Region.

### **Date and place of sessions of the Regional Committee in 2004 and 2005**

40. The Regional Director informed the SCRC that to date only Romania had confirmed its invitation to host the session of the Regional Committee in 2005.

## **Review of the provisional agenda for the fifty-fourth session of the WHO Regional Committee for Europe**

41. The SCRC reviewed a list of items proposed for inclusion on the agenda of RC54. It agreed that, broadly speaking, the first day of the session should be devoted to presenting the current situation: items to be taken up would include the Regional Director's written and oral reports on the work of WHO in the European Region in 2002–2003, the report of the Standing Committee, and matters arising from decisions and resolutions of the Executive Board and the World Health Assembly, as well as follow-up to some major subjects raised at RC53. The incoming EU Commissioner for Health and Consumer Affairs and representatives of other organizations might be invited to speak in connection with the Regional Director's report.

42. Discussions on the second day should focus on technical issues such as NCDs and the environment and health (the Budapest Conference), with time also set aside for the Director-General's address and nomination of a candidate for the post of Regional Director. The third day could include topics such as GDOs, the update of the HFA policy framework and the European Health Report, in addition to the customary item on elections to various bodies and committees.

43. The SCRC also recommended that the presentation of its consolidated report to RC54 should be done "by exception"; in other words, reference should be made only to those subjects that would not be discussed under other agenda items or that were not covered in the reports of SCRC sessions throughout the year. In that connection, it also suggested that the draft report of each of its sessions should be distributed by e-mail to members for comment, once it had been cleared by the Regional Director and the Chairman. If they did not comment within one week, the report would then be regarded as approved and posted on the Regional Office's web site after translation into the official working languages of the Region.

## **Regional suggestions for elective posts at the Fifty-seventh World Health Assembly (19–24 May 2004)**

44. The Regional Director submitted to the SCRC suggested names of candidates for elective posts at the Fifty-seventh World Health Assembly, based on criteria of rotation and geographical and gender balance. The SCRC supported the proposals for Vice-President of the Health Assembly, Vice-Chairman of Committee A and Rapporteur of Committee B and members of the Committee on Credentials. It asked the Secretariat to obtain the opinion of the Organization's Legal Counsel on whether resolutions EUR/RC53/R1 and EUR/RC53/R6 applied to elective posts at the Health Assembly, and looked forward to receiving a paper setting out that opinion at its April 2004 session, in order to enable it to make final suggestions for the General Committee and the Committee on Nominations.

45. The SCRC also wished to draw the attention of European members of the Executive Board to the difficulties faced by certain newly independent states in paying their arrears in contributions to the regular budget of the Organization. Bearing in mind the fact that those countries had been assigned those arrears on the dissolution of the former Soviet Union and given that they were paying their current contributions, it would be desirable to promote the writing-off of that debt or special arrangements for repayment, thereby restoring their voting privileges.

## **Briefing on preparations for the proposed programme budget for the period 2006–2007 and the Eleventh General Programme of Work**

46. The Director, Division of Administration and Finance, informed the SCRC that the Regional Office was currently engaged in detailed planning for the 2004–2005 biennium, aimed *inter alia* at identifying which country needs would be met by regular budget funds and those for which extrabudgetary resources



would be required. The preliminary results of that exercise showed that the European Region would need US\$ 115 million in funding from other sources in 2004–2005; when projections of funds carried over from the current biennium were taken into account, the resulting “funding gap” was calculated to be US\$ 101 million.

47. The Senior Adviser, Programme Management and Implementation, confirmed that the Area of Work structure used in the 2004–2005 programme budget would be retained with minor changes in 2006–2007, and that the trend to include both regular budget funds and those from other sources would be strengthened. The target as set by the Director-General would be to spend 75% of all funds in regions and countries. The framework of the proposed programme budget 2006–2007 should be available by the time of the SCRC’s April 2004 session, and a first draft would be submitted to RC54 for comments.

48. The Eleventh General Programme of Work (GPW), on the other hand, would be quite different from the Tenth. It would cover a period of 10 years (2006–2015), with provision for three-year revisions; it would set strategic directions for both the Organization and Member States; it would include goals and targets (like the Ninth GPW), and it would reflect the Millennium Development Goals and the principles of primary health care and Health for All.

49. The SCRC noted that the Director-General had also pledged to transfer a large number of staff from headquarters to regional offices and field posts, and suggested that European members of the Executive Board should take up that matter at the Board’s forthcoming session.

### **Issues to be taken up with European members of the Executive Board in January 2004**

50. The SCRC agreed that the following documents should be sent to the European members of the Executive Board in preparation for the meeting with the Chairman of the SCRC in January:

- the report of the Eleventh SCRC’s second session (this document);
- a briefing note on arrangements for following up resolution WHA51.31 (see paragraphs 20 and 21 above);
- a briefing note on the arrears of Member States in the European Region (see paragraph 45 above).

51. In the interest of strengthened communications and developing a more coherent regional voice on the Board, the SCRC also felt it would be desirable for European Members of the Board to share their views regarding proposals for new items of future EB business to be raised at the Board’s May session. Discussions to that end could be held at the SCRC’s fourth session and at the meeting of representatives of European Member States held on the eve of the opening of the Fifty-seventh World Health Assembly.