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Opening of the session

1. The Twenty-fourth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its second session in Berlin, Germany, on 1 December 2016. The Chairperson welcomed members and other participants and noted that the report of the first session of the Twenty-fourth SCRC, which had taken place in Copenhagen, Denmark, on 15 September 2016, had been circulated and approved electronically.

2. In her opening address, which was video-streamed in accordance with Annex 4 of resolution EUR/RC63/R7, the WHO Regional Director for Europe summarized some important global and regional events that had taken place since the first session of Twenty-fourth SCRC: with the election of Mr António Guterres as the new Secretary-General of the United Nations, there would be a strong European leader heading the United Nations. With regard to the election of the WHO Director-General, in November 2016, the six candidates had presented their views and replied to questions during the first candidates' forum, which had been very successful. Furthermore, some 200 additional questions had been submitted through the online forum, resulting in even more information about the candidates for Member States to consider. The next stage of the election process would take place at the 140th session of the Executive Board in Geneva, Switzerland, from 23 January to 1 February 2017, when Board members would shortlist five candidates to be interviewed. A vote would then be held to identify up to a maximum of three final candidates for the election of the Director-General to be held during the Seventieth World Health Assembly in May 2017.

3. During a meeting at WHO headquarters on 3–4 November 2016, the WHO Global Policy Group (GPG) discussed the 2016–2017 programme budget, which had a major funding gap of US$ 500 million, and agreed on steps to reduce the funding gap, including by delaying recruitment of staff. WHO's strategic approach to the implementation of the Sustainable Development Goals (SDGs) was also discussed, along with implementation of the Framework of Engagement with Non-State Actors (FENSA), implementation of the Global Vaccine Action Plan 2011–2020, and progress in post-poliomyelitis eradication transition planning. The GPG had received an update from the Executive Director of the WHO Health Emergencies Programme, which was fully operational at all levels of the Organization; the alignment process had been completed at the regional level and recruitment of senior staff was under way. The GPG also addressed the proposed steps to increase the capacity of country offices and the link between preparedness and core capacity under the International Health Regulations (IHR) (2005) and the Essential Public Health Functions. The summary report of the GPG meeting was available for the first time on the WHO website,[1] for the sake of transparency.

4. The first meeting of the United Nations Issue-based Coalition on Health was hosted by the Regional Office for Europe in Copenhagen, Denmark, on 10 November 2016, with participants from several United Nations agencies involved. Four areas of United Nations work had been identified for strong collaboration to support Member States: health throughout the life-course; communicable diseases; universal health

[1] Summary report. WHO Global Policy Group Meeting, 3–4 November 2016, http://www.who.int/dg/global-policy/en/.

coverage; and migration; lead agencies had been identified for each area. A meeting of United Nations Regional Directors would be held in Copenhagen, Denmark, on 12–14 December 2016 to discuss the next steps.

5. Two forthcoming meetings would tie in with the Regional Office's work on the SDGs. The High-level conference on promoting intersectoral and interagency action for health and well-being, due to take place in Paris, France, on 7–8 December 2016, would mobilize participants from the health, education and social sectors. The conference would issue a set of policy recommendations and actions on addressing social determinants of health and identifying common policy objectives for the health, education and social sectors for European, national and local authorities. Preparations were also under way for the Sixth Ministerial Conference on Environment and Health, to be held in Ostrava, Czech Republic, on 13–15 June 2017.

6. The third High-level meeting of the Small Countries Initiative took place in Monaco on 11–12 October 2016, culminating in the adoption of a declaration of commitment of the eight members of the Initiative to undertake coordinated efforts to protect people's health against the adverse effects of climate change. The WHO Regions for Health Network had its annual meeting in Kaunas, Lithuania, on 22–23 September 2016, which focused on the engagement of regions in Health 2020 implementation and attaining the SDGs. The policy dialogue for Nordic and Baltic States was conducted in Stockholm, Sweden, on 26–27 October 2016, bringing together representatives of various sectors to discuss the SDGs and, in particular, how to tackle health inequities through cross-sectoral policies. The European Knowledge Hub on Health and Migration was launched in Sicily, Italy, on 15 November 2016, to support work on the health aspects of migration and to serve as a repository of scientific evidence. A memorandum of understanding was signed between the Regional Office for Europe and the European Committee of the Regions in Brussels, Belgium, on 21 November 2016, focusing on health equities, environment and health and healthy cities.

7. A biennial collaboration agreement for 2016–2017 had been concluded with Bosnia and Herzegovina on 6 October 2016, and a country cooperation strategy had been signed with Belgium on 21 November 2016. The Regional Director visited Moldova with Her Royal Highness, Crown Princess Mary of Denmark, on 23–25 November 2016, to discuss immunization, action against antimicrobial resistance (AMR), and maternal and child health. The Regional Director had also held a meeting with the European Commissioner for Health and Food Safety to discuss WHO's collaboration with the European Commission.

8. One member of the Standing Committee thanked the Regional Director for her briefing on activities since the SCRC's previous session and drew attention to the 7th European Alcohol Policy Conference, held in Ljubljana, Slovenia, on 22–23 November 2016, which had included two side events organized with substantial assistance and support from the WHO Regional Office. The efforts by members of the Secretariat to make those events a success had been greatly appreciated.

Follow-up to the 66th session of the WHO Regional Committee for Europe: evaluation and review of actions by the Standing Committee and the Secretariat

9. The Technical Officer, Regional Governance Office, presenting an evaluation of the 66th session of the WHO Regional Committee for Europe (RC66), said that the preparatory work and consultations with Member States throughout the year prior to RC66 had facilitated the smooth running of the session and had resulted in the adoption of all draft resolutions. A more streamlined approach for consultations with Member States would be taken for RC67, with one technical focal point in the Regional Office per agenda item to be available to Member States for questions and comments. As requested by the SCRC, 90 minutes had been allocated for the discussion of each technical item on the RC66 agenda. That had proven sufficient for discussion purposes, but had required the cancellation of coffee breaks. Those breaks had been reinstated in the proposed programme for RC67, taking account of Member States' feedback regarding the importance of time for informal discussions and networking at breaks. The new procedure for adopting the report of the session electronically after the closure of the session had proven successful and the Secretariat proposed that it should be maintained for RC67.

10. Engagement by nongovernmental organizations (NGOs) had increased at RC66. Partners had been actively involved in discussions from the floor during relevant agenda items, which was a more effective and integrated way of working than in previous years when their participation had been limited to a separate panel discussion. The Secretariat was exploring how to involve technical experts as keynote speakers at the next Regional Committee. Ministerial lunches had been interactive and well attended. There had been a high number of parallel side events, which had proven challenging for Member States with small delegations. The layout of the UN City auditorium had posed a challenge. A "fish bone" seating arrangement had been substituted for the usual "u-shaped" format used in previous years, as a space-saving measure. Registration and submission of credentials had been modernized, with an online registration form, which included a mobile application. Feedback from users was welcome and would be reviewed. Every effort had been made to ensure that the Regional Committee sessions were as smooth-running for delegations as possible, to allow them to focus on the technical work being done.

11. In the discussion that followed, members of the SCRC agreed that RC66 had been a successful session. They welcomed the efforts that had been made to improve efficiency, particularly consultation processes through the SCRC to facilitate discussions of technical items and the post-sessional electronic adoption of the report. The pre-session briefing for delegations had been useful and the timely distribution of documentation should be commended. Involvement of academics, experts and high-level participants would be welcome in future Regional Committee sessions, and since discussions of country experiences were useful, these should be considered for inclusion in the future. The interactive nature of the ministerial lunches had been a welcome development, making them entertaining and informative. While the "fish bone" seating arrangement was not optimal for facilitating discussion, it was the best solution for optimizing the available space considering the physical shape of the auditorium. Coffee breaks had afforded an important opportunity for networking and informal discussions.

12. The Regional Director, responding to the points raised, said that coffee breaks would certainly be reinstated for the next Regional Committee session. Efforts would also be made to reduce the number of documents for RC67. The large number of side events at RC66 had put pressure on delegations and would therefore be reduced for future sessions. Participation of high-level speakers, experts and academics would be encouraged, while preserving the focus on policy-making. The session on in-country work had been very positive. Member States' views on lunchtime activities would be useful. She thanked the SCRC for its guidance and support, which had been crucial to the success of RC66.

Provisional agenda of RC67

13. The Regional Director presented the provisional agenda and programme for RC67. She sought the Standing Committee's guidance on whether a pre-meeting, to brief delegations the day before the opening of the session, would be useful. Monday, the first day of the session, would take the usual format. There was no need for a separate agenda item on WHO reform as reform issues would be included under other items. The discussion on governance would cover the issues addressed by the SCRC subgroup on governance. The Standing Committee would be updated on developments in that regard over the course of the year. On Tuesday, the second day of the session, the new Director-General of WHO would address the Regional Committee. Later in the day, discussions would focus on Health 2020 and the 2030 Agenda for Sustainable Development, which would be a good opportunity to engage speakers from other sectors, partners and representatives from the local level with a focus on national implementation. Discussion of technical items would continue on Wednesday morning. Elections and nominations would take place, as usual, in a closed session. Thursday, the fourth and final day of the session, would include an important discussion on partnerships for health with reference to the implementation of FENSA, and the consideration of progress reports.

14. The SCRC's guidance was sought with regard to the topics to be selected for technical briefings and ministerial lunches. Suggestions for technical briefings included: challenges for mental health, with a focus on persons with intellectual disabilities; health literacy; progress in the implementation of the Regional Framework for Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases in the WHO European Region; preparations for a regional strategy on men's health; the achievements and challenges in combating the major public health threat of AMR in the European Region; and big data, which would be considered further, with a view to focusing the topic for discussion. Suggestions for topics for discussion at ministerial lunches were: investments in health equity and tobacco control, with a special emphasis on electronic cigarettes. It would also be useful to know whether the SCRC would advocate holding two ministerial lunches or if one would suffice.

15. In the ensuing debate, members of the Standing Committee welcomed the proposed provisional agenda and programme for RC67. They agreed that tobacco control was a particularly serious issue and it should be included in RC67 discussions. Tobacco consumption rates among young people had not decreased, and in France, for example, the number of tobacco-related deaths per day was the equivalent of a commercial aircraft crashing daily. The topic should be broadened to include

consideration of alternatives to tobacco smoking, in particular combusting or vaporizing tobacco, which had not yet received sufficient attention and about which there was a lot of contradictory and misleading information. WHO should take a firm position on the issue. Several members of the SCRC welcomed the proposal to hold a ministerial lunch on mental health and suggested that dementia be included as a topic for discussion, particularly since joint action on the issue by WHO and the European Commission was due to be launched in 2017.

16. Several members emphasized the importance of discussing AMR, in particular multidrug-resistant tuberculosis (MDR-TB), as a threat to health systems. They also underscored the need to draw attention to immunization, since vaccination coverage was decreasing across the WHO European Region. Consideration could be given on how to harmonize vaccination schedules. Health literacy, in particular, vaccine literacy, was an issue of importance to some Member States and might also merit discussion. Vaccine coverage could be linked to the issue of migration and health, and could take into account the need to provide cross-border prevention, as well as cross-border assistance. The topic of big data was welcomed and four Member States took the floor in its support, particularly given the amount of information available due to increasing use of electronic health records. It would be important, however, that consideration be given to which aspects of big data would be discussed; it could be useful to link big data to an emerging issue, such as genomics.

17. One member suggested that one of the lunchtime sessions could be used as an opportunity for an informal meeting with the new WHO Director-General. Other members suggested including discussions on climate change and the increased risk of vector dissemination in the European Region, in line with the issue being included on the agenda of the forthcoming G7 Summit in Sicily in May 2017. Access to high-priced medicines was also a serious issue for some Member States in the Region, which warranted further discussion. Primary health care strengthening could be promoted as a form of public health investment with a strong link to the health workforce issue that would be discussed as a technical item on the agenda. Training and the reform of medical education could be discussed within the health workforce topic.

18. The Regional Director thanked Committee members for their suggestions and took note of the request to discuss the issue of tobacco control, including alternatives to smoking, namely, combusting and vaporizing. Big data would be considered further, with a view to focusing the topic for discussion. Consideration would be given to include primary health care in the discussions on the health workforce. Suggestions on the harmonization of the vaccination schedule were interesting and would be useful to keep for an informal discussion. Much was being done to expand AMR surveillance in the eastern part of the Region and consideration could be given to including the issue as one of the lunchtime discussions. The suggestion to hold an informal exchange with the new WHO Director-General was particularly welcome and an opportunity to that effect would be pursued further.

Concept and review of main technical and policy topics and consultation process

Roadmap to scale up Health 2020 and to position public health in the implementation of the 2030 Agenda for Sustainable Development

19. The Director, Division of Policy and Governance for Health and Well-being presented the proposed plan for the roadmap to scale up Health 2020 and to position public health in the implementation of the 2030 Agenda for Sustainable Development (document EUR/SC24(2)/8) and said that the roadmap, as requested by RC66, would place health at the heart of implementation of the 2030 Agenda. The SCRC's guidance was sought on the structure of discussions under the item on the agenda of RC67, along with views on the proposed roadmap itself and the planned consultation process.

20. The Coordinator, Vulnerability and Health said that the documentation submitted to the Regional Committee would comprise a working document, a conference document (draft resolution) and an accompanying costing, and a number of information and background documents and other supporting documentation. The SCRC's guidance was sought on the content of the roadmap and how to prioritize the content of the roadmap. Internal discussions were still ongoing about the actions required under the focus areas and supporting areas. There was much to take into consideration to ensure that the roadmap would be useful and implementable for all Member States in the European Region. More than one year had passed since the adoption of the 2030 Agenda and changes were already under way at the national level in many Member States. Consultations with Member States would be conducted through formal and web-based formats.

21. In the discussion that followed, members of the SCRC agreed that preparing the roadmap would be a complex task. The document would guide the work of all Member States in the European Region for the coming 15 years, so consultations must be thorough, while the final document should be concise. The large number of background documents could perhaps be restricted in order not to detract from the roadmap. Member States were committed to the 2030 Agenda, Health 2020 and the NCD Global Monitoring Framework, all of which were interlinked. It was therefore important to harmonize reporting under those three frameworks to alleviate the burden on Member States: options for a joint framework would be presented for consideration by Member States in 2017. Two members of the SCRC said that online questionnaires posed problems with regard to intersectoral consultations, since they could not be filled out jointly. A Word file that could be passed between the relevant ministries for their input would be preferable.

22. The Director, Division of Information, Evidence, Research and Innovation confirmed that the consultation process would include a detailed document and drew the SCRC's attention to the Central Asian Republics Health Information Network (CARINFONET), which was an excellent example of a system to pool reporting and develop sets of common indicators from multiple monitoring frameworks. The joint framework which would be proposed by the Regional Office would be modelled on that approach.

23. The Director, Division of Policy and Governance for Health and Well-being said that the working document would be the priority, but that the supporting documentation would inform it. Many of those documents, in particular the information documents on investment for health and well-being and policies to address the social determinants of health, had been planned for some time and would constitute important guidance.

24. The Regional Director agreed that the roadmap was complex. Discussions on the SDGs were taking place at all levels and would need to be taken into account. A preliminary draft of the working document would be circulated to the Standing Committee for consultation in mid-February. The information document on the social determinants of health would be informed by the large amount of evidence gathered by Professor Michael Marmot and the team at the WHO European Office for Investment for Health and Development in Venice, Italy. There was a great deal of evidence on the economic benefits of investing in health, which would be brought together in one document to support efforts to advocate investing in public health to finance ministers and heads of state. The third information document would address public health challenges in light of the SDGs and Health 2020 and would integrate horizontal issues, such as equity, human rights and gender, in a coordinated manner. Considerable investment had gone into the preparation of these documents, and it was particularly important to have all the information and evidence together as a complete set.

Improving environment and health in the context of Health 2020: outcomes of the Sixth Ministerial Conference on Environment and Health

25. The Director, Division of Policy and Governance for Health and Well-being said that preparations for the Sixth Ministerial Conference on Environment and Health had been ongoing for some time. The draft declaration of the Ministerial Conference had been recently discussed at the sixth meeting of the European Environment and Health Task Force (EHTF) in Vienna, Austria, on 29–30 November 2016. The EHTF session had coincided with the International Youth Conference on Environment, Health and Mobility, which took place in Vienna on 27–28 November. This prompted positive joint discussions on environment and health issues and the involvement of young people in decision-making.

26. The Coordinator, Policy and Governance for Health and Well-being presented document EUR/SC24(2)/9, which contained a proposed scenario for a substantive discussion at RC67 on environment and health in the context of Health 2020, a proposed working document on the outcomes of the Ministerial Conference and a draft outcome document (ministerial declaration) for the Ministerial Conference. The Conference was expected to culminate in a ministerial declaration, an implementation plan and agreement on revised institutional arrangements for the European Environment and Health Process. The ministerial declaration would support policy development and implementation at the national and subnational levels, linking them to the international agenda; promote the implementation of existing commitments and decisions; and encourage the development of partnerships between sectors, Member States, civil society, academia and youth. In that regard, efforts were being made to foster collaboration with the United Nations Economic Commission for Europe (UNECE) to economize effort and maximize impact. The ministerial declaration would identify seven thematic priorities, which would be mapped to the 169 targets of the SDGs and would link directly to the Health 2020 roadmap.

27. At its meeting in Vienna, the EHTF had discussed streamlining the institutional arrangements of the European Environment and Health Process. Priorities would be to strengthen intersectoral coordination at the national level, ensure a strong and clear linkage to the governing bodies of WHO and UNECE, and establish a single coordinating body, the European Environment and Health Forum. Another meeting of the EHTF would be convened before the Ministerial Conference to further discuss the new governance modalities. The Standing Committee's guidance was sought on the proposed new structure, and on how to proceed with the call for nominations for members of the European Environment and Health Ministerial Board, pending the adoption of a decision on the new structure at the Ministerial Conference.

28. One member of the SCRC said that since the Ministerial Conference would take place shortly after the G7 Summit, coherence between the two forums should be ensured. The outcome document should contain a list of strategic objectives rather than a list of technical issues. Consideration could be given to short-, medium- and long-term approaches. Air pollution should be included as a fifth risk factor. Water-related issues should be discussed. Consideration could be given to amending the environmental assessment procedures to include the essential health impact assessment. The implementation plan could include a monitoring and reporting framework. The sharing of good practices and experiences should make an effort to include the use of new technologies. He pointed out that *The Lancet* had called for the establishment of a global environmental health commission. The new governance structure of the European Environment and Health Process could propose reporting by Member States, to enable a quantitative understanding of the connections between environment and health. Consideration could be given to establishing unified customs regulations to address the entry of chemicals and contaminants to the European Region.

29. The Coordinator, Policy and Governance for Health and Well-being agreed that other global processes could have direct and practical relevance to the Ministerial Conference. The Regional Office was working closely with headquarters to harmonize regional processes with initiatives at the global level. Major thematic consultations had been held over recent months in an effort to gather information about environment and health in the 21st century, from scientific, technical and political angles. Regarding reporting, a monitoring framework for the SDGs was already in place and other reporting mechanisms could also be used. Coordination between sectors was crucial, and analytical capacity building would be particularly useful, with a focus on the priority areas agreed at the Ministerial Conference. The complexity of the European Environment and Health Process should be embraced.

30. The Director, Division of Policy and Governance for Health and Well-being said that while process was important, the technical work being done was crucial. The work being done by the WHO European Centre for Environment and Health in Bonn, Germany, was critical for developing actions and providing tools for Member States.

31. The Regional Director added that the European Environment and Health Process should be linked to policy and strategic discussions in the European Region. It should also be linked to the Regional Committee and the SCRC. Member States should carefully consider nominations to the EHTF to ensure that their "ideal" representatives were present. A substantial discussion on the institutional arrangements for the European Environment and Health Process should be held at RC67. Partnerships were

crucial, especially at the level of the European Commission. Interagency partnerships were working well, and civil society participation was positive. The WHO European Centre for Environment and Health was doing valuable technical work. The aim was to make the European Environment and Health Process as efficient and action-oriented as possible. All the necessary instruments were in place; implementation was needed at the national level.

32. With regard to the potential new institutional structure, a decision should be taken as to whether to continue with the nomination of members of the EHMB in the interim period, before the new structure was approved. She advised that the EHMB should not be included in the list of bodies for elections and nominations.

33. The SCRC agreed that it would be prudent not to make any further appointments to the EHMB. Convening eight ministers had always been problematic for organizational and logistical reasons, which had diminished the EHMB's added value. One member said that the degree of involvement of the governing bodies should be decided by the EHTF.

34. The Regional Director said that, at its meeting in Vienna, the EHTF had discussed the general principles of renewing the governance structure of the European Environment and Health Process and agreed that WHO and UNECE governing bodies should establish a joint Secretariat for the European Environment and Health Process. There seemed to be general agreement on the new structure, which would eliminate duplication of effort and streamline the European Environment and Health Process.

Towards a sustainable health workforce in the WHO European Region: framework for action

35. The Programme Manager, Human Resources for Health introduced the proposed plan for the framework for action towards a sustainable health workforce in the WHO European Region (document EUR/SC24(2)/10) and said that the document would be aligned with the Global Strategy on Human Resources for Health: Workforce 2030 and the recommendations issued by the United Nations High-Level Commission on Health Employment and Economic Growth in its report, *Working for health and growth: investing in the health workforce*, published in September 2016. The European framework for action would align with the health systems strengthening approach to translate the four main objectives of the Global Strategy into the specific context of the WHO European Region. It would provide Member States with policy options and implementation modalities, define the responsibilities of the Regional Office, and include a toolkit to support stakeholders with strategic and operational implementation.

36. The draft framework would be prepared taking into consideration a five-year action plan to be launched at the High-Level Ministerial Meeting on Health Employment and Economic Growth jointly convened by the Organisation for Economic Co-operation and Development, WHO and the International Labour Organization in December 2016, and the discussion at the 140th session of the Executive Board in 2017. It would open for online consultation on 17 February 2017 and would be considered by the SCRC at its third session in March 2017. Further consultations would then be held, and a dedicated issue of *Public Health Panorama* would be published. The final draft of

the framework and the draft resolution would be presented for consideration by the fourth session of the SCRC in May 2017, prior to submission to RC67.

37. The Standing Committee welcomed the proposal to prepare a framework for action on a sustainable health workforce, a critical issue that required a coordinated response within and between countries, and with support from various international organizations and partners. A clear definition of the term “health worker” would be required. Consideration should be given to the importance of promoting decent employment by the health sector, to manage migration of health workers seeking better work conditions elsewhere. Domestic finance was crucial in that regard. Decent work required consideration of the impact of working hours and relevant regulations.

38. Investment in education and training for health workers was the key to building the workforce, and innovative measures, such as e-learning platforms, were required to make training accessible, in particular to those in remote areas. University capacities should be enhanced. High-level political involvement was essential to promote understanding of the importance of investment in health workers. In that regard, the work of the High-Level Commission, with its emphasis on investment in the health workforce, was particularly important and the report it had issued was excellent. The challenge would be to adapt it to the European situation. Ministries of health should be encouraged to develop human resources plans, based on the needs of the population. Particular consideration should be given to the role of women in the health workforce. Some European countries should consider their responsibilities towards their former colonies, and the legacies that had been left. If countries did not have the health services in place to cope with potential crises, the whole world would be at risk. A health workforce at full capacity was crucial for emergency preparedness.

39. The Programme Manager, Human Resources for Health thanked the SCRC for its positive feedback and said that over the years an evidence base of appropriate tools had been developed on health workforce policy and planning. Health workforce data remained the greatest challenge. Data limitations prevented a full understanding of the situation in Member States, particularly with regard to statistics on education and migration flows. Each country’s health workforce was composed differently. Strengthening information systems, generating evidence and improving statistics on the health workforce was a strategic objective of the technical programme. The global strategy on health workforce has established a set of indicators, including milestones to be achieved by 2020: all countries should (a) strengthen/create registers of health professionals in line with WHO guidelines on a minimum data set; (b) have national accreditation systems for education of health professionals. The toolkit which would be developed alongside the framework for action would provide technical guidance and support to Member States.

Partnerships for health in the WHO European Region

40. The Executive Manager for Strategic Partnerships and WHO Representative to the European Union presented the outline for the draft strategy on partnerships for health in the WHO European Region (document EUR/SC24(2)/13), the development of which had previously been postponed pending discussions at the global level on FENSA. The strategy would describe progress made, analyse needs in the European Region, consider the transition of several countries from donor-funding to domestic funding, and describe

the various types of partnerships. An overview of collaboration with main partners would be annexed. A second annex would describe an accreditation system for regional non-State actors, in addition to those in official relations with WHO, including the criteria and procedures for granting accreditation based on FENSA. The SCRC's agreement was sought on the structure of the document, on the proposal, timeline and criteria for granting accreditation to regional non-State actors, and on whether applications for accreditation by regional non-State actors should be sent to the Regional Committee or should be addressed at the open session of the SCRC in May in its stead.

41. Several members of the SCRC welcomed the proposed document, and the application process for accreditation, which was in line with FENSA. It was suggested to clearly highlight that the criteria for accreditation were aligned with FENSA. There should be some indication in the criteria that sources of funding and financial records would be made public. The applications should be forwarded to the Regional Committee following review by the SCRC. The Executive Manager for Strategic Partnerships and WHO Representative to the European Union replied that if non-State actors requested accreditation, they must be in the registry of non-State actors, and have provided all the details required under FENSA.

Governance in the WHO European Region

42. The Executive Manager for Strategic Partnerships and WHO Representative to the European Union said that governance issues remained under discussion in the SCRC subgroup on governance. The item would be presented to the Twenty-fourth SCRC at its next session.

Reports by the chairpersons of the Twenty-fourth SCRC subgroups

Subgroup on governance

43. The chairperson of the subgroup on governance, presenting the subgroup's work thus far, said that on nomination procedures for the Executive Board and the SCRC, the subgroup considered that no changes were necessary to the weighting of the scoring tool or the handbook. It proposed updating the criteria for the two options for submitting conference declarations to the Regional Committee – through a resolution or in an information document – and had agreed on the importance of assessing declarations on a case-by-case basis to choose the most appropriate of the two options. Most of the elements for WHO reform as set out in decision WHA69(8) were already in place in the European Region. The rolling agenda should be reviewed in light of the global agenda. The Secretariat had been asked to prepare a revised draft of the rolling agenda for the May meeting of the SCRC. Further consideration was required on how to include reporting on country presence in the next session of the Regional Committee.

44. Discussions on the elaboration of a proposal for the adoption of new policy documents had been facilitated by a "non-paper" prepared by the Secretariat, which would be further developed to include aspects on the criteria for submitting documents

to the Regional Committee, the proposed consultation process, and to consolidate the work of the previous SCRC subgroup on the titles and types of documents. The non-paper would then be submitted to Member States for consideration. With regard to harmonizing the consultation process for technical documents prepared for RC67, any documents needing consultation would be submitted to Member States on 17 February 2017, with a one-month timeframe for comments. They would be distributed to Member States by the Regional Governance Office, and would include a contact point in the relevant technical unit. The finalized documents, taking account of all comments from the consultation and the SCRC, would be presented to the open session of the SCRC in May. Procedures for consulting on draft resolutions would remain unchanged.

45. One member of the SCRC said she wished to participate in the work of the subgroup on governance. The chairperson responded that all those who wished to participate would be welcome.

Subgroup on migration and health

46. The chairperson of the subgroup on migration and health said that following the adoption by RC66 of the strategy and action plan for refugee and migrant health in the WHO European Region, the subgroup's mandate and membership had been revised. The Secretariat was developing an implementation plan for the strategy and action plan, taking account of synergies with other documents adopted by the Regional Committee. The European Knowledge Hub for Health and Migration had been launched in Sicily, Italy, which would serve as a repository of evidence and lessons learned, and would offer training opportunities, and summer schools, and facilitate access to a broad network of experts. The Regional Office was due to host a global meeting on migration and health in December 2016, with the aim of developing an Organization-wide internal strategy that was in line with the regional action plan. The delegations of Argentina, Italy and Sri Lanka were preparing to request an additional related item to be placed on the agenda of the Seventieth World Health Assembly. Side events on migration and health had been held at the United Nations General Assembly, organized by, among others, WHO, the International Organization for Migration (IOM) and the Italian delegation.

47. He drew particular attention to the need to address the issue of testing migrants for communicable diseases on arrival, in particular for MDR-TB, HIV, vaccine-preventable diseases and sexually transmitted diseases, and ensuring continuity of care and monitoring. A delicate balance must be struck, to prevent stigma and discriminatory attacks.

48. One member of the SCRC underscored the importance of engaging in partnerships to deal with migration flows and ensuring that there was a strategy in place to promote the health of refugees and migrants. The WHO European Region had taken a lead role on the issue and could serve as an example to others. Equitable access to treatment and services for refugees and migrants could only be achieved through universal health coverage. The argument that influxes of migrants put host population health at risk contradicted the humanitarian and human rights approaches to migration. The inclusion of refugee and migrant children in education systems was key to promoting good health outcomes. While he argued that the terms "migrant" and "refugee" should always be

used together, another member of the SCRC disagreed, saying that “migrants” and “refugees” had different rights and responsibilities under the national legislation in some countries and were therefore not interchangeable terms.

49. The Director, Division of Health Emergencies and Communicable Diseases said that WHO issued a joint statement in collaboration with relevant United Nations agencies providing guidance for access of refugees and migrants to services related to immunization and communicable diseases. The Secretariat is currently reviewing newly available data, particularly on MDR-TB, and welcomed the experiences of Member States and input from the subgroup. A balanced message was absolutely crucial: while testing and treatment must be advocated, every effort must be made to guard against discrimination. WHO was assisting countries in preparing influxes of migrant populations or mass movements of displaced people. That work would become more prominent in the months to come. The Regional Director added that the subgroup should be engaged in all global processes on migration and health. Greater internal consultation was required on the issue of communicable diseases. Clarity was required, without raising concerns among the general population. Partner organizations, such as the United Nations Development Programme, the United Nations Children’s Fund and the Global Fund, should be included in these discussions.

Subgroup on implementation of International Health Regulations (IHR) (2005)

50. The chairperson of the subgroup on implementation of IHR (2005) said that the subgroup had held a teleconference with the Director, Division of Health Emergencies and Communicable Diseases, who had presented the global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (IHR) in the Ebola Outbreak and Response. The Regional Office was preparing a regional document taking into account the European context, for discussion at RC67, under the guidance of the subgroup. Regarding the joint external evaluations, feedback from the subgroup had been generally positive, although some concerns had been raised that the four-year timeframe was short. The evaluation was one of four components proposed under the new IHR Monitoring and Evaluation Framework, which also included after-action reviews, simulation exercises and annual reporting on IHR core capacities. The European Region’s contribution could include examples of measures to promote networking among national focal points. Such information could be compiled quickly and would constitute a positive indication of the work being done in the European Region.

51. Thus far, three Member States in the European Region had completed joint external evaluations. The interest by Member States was increasing and several more evaluations were planned for 2017. The first pilot of the after-action review methodology would be conducted in Sweden in early 2017. Work was being done to accelerate finalization of the other tools, including the simulation exercise. A pool of external experts for the joint external evaluations was being compiled at the regional level by the Secretariat for input to the global roster; Member States were being asked for national nominations.

52. The Director, Division of Health Emergencies and Communicable Diseases outlined the lessons learned from the external evaluation process, which proved to be a very positive process for identifying strengths and gaps in IHR core capacities, as well as linkages with health systems and the importance of multisectoral collaboration. European Region IHR focal points would convene for a meeting in February 2017 to review progress in the Region, identify major actions for implementation and improve collaboration, and requested input from the subgroup. She emphasized the importance of Member States to nominate national experts for the regional pool to ensure a transparent and inclusive process under WHO leadership.

53. Members of the SCRC agreed that the joint external evaluation was particularly useful. Consideration should be given to how to harmonize the IHR and the Global Health Security Agenda. It was particularly important to consider how countries could ensure that gaps identified through the evaluation process would be filled. Some Member States were concerned that although they had competent candidates to nominate, they did not have the requisite financial resources to fund an expert to take part in external evaluations. One member said that joint external evaluations were particularly useful for assessing a country's strengths and weaknesses. A simulation exercise should be conducted after the evaluation.

54. The chairperson of the subgroup on implementation of IHR (2005) said that the joint external evaluation was a very valuable tool and catalyst for action in Member States that were not involved in IHR implementation. The assessment would shed light on strengths and weaknesses in core capacities. The process could be strengthened by expediting coordination between national focal points, which could be done relatively easily in the European Region and would give an immediate signal that the Region was engaged in IHR (2005) implementation and that core capacities were in place.

Oversight report

55. The Director, Division of Administration and Finance presented the report of the Secretariat on budget and financial issues (oversight function of the SCRC) contained in document EUR/SC24(2)/11. With regard to the technical and financial implementation of programme budget 2016–2017, while the budget of the Regional Office was 91% funded and thus "on track", there was some misalignment in funding with pockets of poverty persisting, which meant that some programmes were underfunded when compared to the approved budget. While available funds were being implemented successfully, the programmes were lagging behind when it came to meeting targets under the approved budget. Category 3 was the least funded. The outputs of some 932 activities had been tracked through coordinated self-assessments over six months: 94% of outputs had been reported as being "on track"; 2% had been reported as having difficulties; and 4% had not been reported. Reported success factors were: strong collaboration, especially at the national level; dedicated resources; and political commitment. Impediments included: changes at national and local levels; resource constraints in areas where pockets of poverty existed; and high levels of demand at the country level that made it difficult to prioritize the work.

56. The Regional Office for Europe was the third best funded major office (at 63%), after headquarters and the Regional Office for Africa. In the European Region,

10 programme areas were funded at less than 50%. Shifts in funding – such as the increase in funding to category 2 in the European Region – tended to correlate with shifts in the interests of Member States. Health emergencies remained severely underfunded. The Regional Office still relied heavily on voluntary contributions, many of which were rigorously earmarked. The Regional Office for Europe and the Regional Office for the Western Pacific Region were vulnerable owing to considerable dependence on locally generated voluntary contributions.

57. With regard to strengthening accountability, progress was continuing with key performance indicators setting compliance benchmarks with targets for senior management. Efforts were being made to strengthen managerial and administrative capacities at the country level, and to better equip the Office in the area of business intelligence. The expansion of the risk register was continuing, as was work on transparency and accountability for the whole Organization, with preparations under way for the implementation of the International Aid Transparency Initiative Standard.

58. With regard to the proposed programme budget for 2018–2019, the guidance provided by all WHO regional committees had been taken into account in the revised version to be submitted to the Executive Board at its 140th session. Compared to previous bienniums, several changes had been made.

- The overall envelope had increased by US$ 3 million.
- AMR had moved to category 1 on communicable diseases and would maintain its own budget envelope and specific activities.
- Food safety had moved to category 2 on noncommunicable diseases.
- The envelope for the health and environment programme had increased by US$ 2.7 million.
- No allocations had been made to category 5.
- Transparency and accountability had increased through an internal shift in category 6.

59. After the Executive Board's 140th session in January 2017, a revised version of the proposed programme budget for 2018–2019 would be prepared for presentation to the World Health Assembly, taking stock of the midterm review of the programme budget 2016–2017, fine-tuning the results structure particularly in areas connected with the SDGs, and with due consideration for funding projections, which would be critical for the European Region in 2018–2019.

60. Members of the SCRC welcomed the report and commended successful efforts to secure an increase in funding through the Financing Dialogue. Opportunities could be sought to approach Member States to secure funding to cover pockets of poverty.

61. The Regional Director said that the Office was on a more stable financial footing than in recent years, thanks to Member States' efforts through the financing dialogue. Progress had been made with regard to coordinated and integrated resource mobilization. The European Region had held a strong position in the strategic budget space allocation discussion, which had borne fruit. The most important aspect for the Regional Office was to secure stable funds to be able to pay staff salaries. AMR and

environment and health were priority areas for European Member States; efforts were made to match the available funding with the budget envelope for each programme. The possibility of increasing funding for environment and health had been raised in the GPG and discussions were ongoing. The Regional Office provided a good example to the rest of the Organization when it came to compliance and accountability. The regional experience in that regard was being considered by headquarters as it established a new compliance mechanism. Lastly, the GPG was considering the role of country offices in fundraising, and whether they ought to have a role in resource mobilization. A balance needed to be struck between the budget priorities set by Member States at the World Health Assembly and resource mobilization at the regional level.

Membership of WHO bodies and committees

Vacancies for election or nomination at RC67

62. The SCRC was informed that the customary nominations or elections for membership of the following WHO bodies and committees would take place at RC67:

- Executive Board — 4 seats
- Standing Committee of the Regional Committee for Europe — 4 seats
- Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction — 1 seat

63. The Standing Committee had considered the nomination process and had decided to revise Annex 2 of resolution EUR/RC63/R7 on governance in the WHO European Region. Members of the SCRC expressed concerns about the periodicity of return of semi-permanent members of the Executive Board and wanted to ensure that the “three years in – three years out” rule was fully respected. The SCRC would submit a revised draft resolution in that regard for consideration by RC67.

Elective posts at the Seventieth World Health Assembly

64. The SCRC was informed that the European Region was required to submit candidatures for the posts of President of the World Health Assembly, Vice-Chairman of Committee B, Rapporteur of Committee A, five members of the General Committee, three members of the Credentials Committee, and Rapporteur of the Executive Board.

Issues to be taken up with European members of the Executive Board in January 2017 and collaboration with the Programme, Budget and Administration Committee

65. The Regional Director said that the 140th session of the Executive Board would focus largely on the election of the Director-General. The Executive Manager for Strategic Partnerships and WHO Representative to the European Union added that possible issues for consideration proposed by European Member States would include

draft resolutions on migration and health (Italy and Argentina), dementia (Switzerland), and sepsis under the agenda item on AMR (Germany).

Closing of the session

66. The Chairperson, thanking participants, the Regional Director and the Secretariat of the Regional Office for a productive meeting, congratulated the Standing Committee on having completed its programme of work in one day, well ahead of schedule, and declared the session closed.

Annex 1. Agenda

1. Opening by the Chairperson and the Regional Director

2. Adoption of the provisional agenda and the provisional programme

3. Follow-up to the 66th session of the WHO Regional Committee for Europe: evaluation and review of actions by the Standing Committee of the Regional Committee for Europe (SCRC) and the Secretariat

4. Provisional agenda of the 67th session of the WHO Regional Committee for Europe (RC67)
   - concept and review of the main technical and policy topics and consultation process on the provisional agenda of RC67

5. Report of the chairpersons of the Twenty-fourth SCRC subgroups

6. Oversight report

7. Membership of WHO bodies and committees
   (a) vacancies for election or nomination at RC67
   (b) elective posts at the Seventieth World Health Assembly

8. Issues to be taken up with European members of the Executive Board in January 2017, and collaboration with the Programme, Budget and Administration Committee

9. Other matters, closure of the session

Annex 2. List of documents

Working documents

EUR/SC24(2)/1 Rev.1	Provisional list of documents
EUR/SC24(2)/2	Provisional agenda
EUR/SC24(2)/3	Provisional programme
EUR/SC24(2)/4	Provisional list of participants
EUR/SC24(2)/5 Rev.1	Draft provisional agenda of the 67th session of the WHO Regional Committee for Europe
EUR/SC24(2)/6 Rev.1	Draft provisional programme of the 67th session of the WHO Regional Committee for Europe
EUR/SC24(2)/7	Follow-up to lessons learned from the 66th session of the WHO Regional Committee for Europe
EUR/SC24(2)/8	Roadmap to scale up Health 2020 and to position public health in implementation of the 2030 Agenda for Sustainable Development
EUR/SC24(2)/9	Improving environment and health in the context of Health 2020: outcomes of the Sixth Ministerial Conference on Environment and Health
EUR/SC24(2)/10	Towards a sustainable health workforce in the WHO European Region: framework for action
EUR/SC24(2)/11	Report of the Secretariat on budget and financial issues (oversight function of the SCRC)
~~EUR/SC24(2)/12~~[1]	~~Governance for health in the WHO European Region~~
EUR/SC24(2)/13	Partnerships for health in the WHO European Region

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[1] Document EUR/SC24(2)/12 has been withdrawn.