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Report of the Twelfth Standing Committee of the Regional Committee

This document contains a consolidated report on the work done by the Standing Committee of the Regional Committee (SCRC) since the fifty-fourth session of the Regional Committee. It covers sessions of the SCRC held in September and November 2004 and in April and May 2005.

The report of the SCRC's September 2005 session will be submitted to the Regional Committee as an addendum to this document.

The full report of each SCRC session is available on the Regional Office's web site (http://www.euro.who.int/governance/scrc/20041208_1).

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Introduction

1. The Twelfth Standing Committee of the Regional Committee (SCRC), chaired by Dr Godfried Thiers, held its first session at the WHO Regional Office for Europe in Copenhagen, immediately after the closure of the fifty-fourth session of the WHO Regional Committee for Europe (RC54). Dr Jens Kristian Gøtrik was unanimously elected Vice-Chairman of the Twelfth SCRC at its second session, held at the Hotel Intercontinental in Tashkent, Uzbekistan on 25 and 26 November 2004. Participants in that session were welcomed by Professor Rustam Kasimov, Deputy Prime Minister and Minister of Higher and Special Secondary Education of Uzbekistan. Professor Feruz Nazirov, Minister of Health of Uzbekistan, was appointed vice-chairman of the session. The third session of the SCRC was held at the WHO Regional Office for Europe in Copenhagen from 21 to 23 March 2005, and the fourth at the Palais des Nations in Geneva on 15 May 2005.

2. The functions of the SCRC are set out in Rule 14.2.10 of the Rules of the Procedure of the Regional Committee for Europe. It is responsible for:

- ensuring that effect is given to the decisions and policies of the Regional Committee;
- advising the Regional Committee on questions referred to it by that body, and counselling the Regional Director as and when appropriate between sessions of the Regional Committee;
- submitting advice or proposals to the Regional Committee and to the Regional Director on its own initiative;
- proposing items for the agenda of Regional Committee sessions;
- submitting to the Regional Committee for consideration and approval the regional component of WHO's general programme of work.

Follow-up of decisions taken by the Regional Committee at its fifty-fourth session

3. At its first session the SCRC made a preliminary review of the outcome of RC54. The members agreed that the Regional Committee session had been well prepared and efficiently run, and that the agenda had been well balanced and of the right length. They welcomed the briefings that had been organized outside the formal session and suggested that similar briefings could usefully be organized at future sessions, as well as with representatives of nongovernmental organizations (NGOs) before technical items were taken up or during separate meetings. In conclusion, the Chairman noted that two subjects of major importance had been raised at RC54 and would need to be followed up throughout the year: the long-term strategic vision of the role and position of the Regional Office, and the situation of WHO collaborating centres in the European Region (see paragraphs 8–12 and 15–18, respectively, below).

4. At its second session, the SCRC made a more detailed review of action taken by the Secretariat. It agreed with the suggestion that, in future, evaluations of the Regional Office's country strategy could be carried out at intervals of two or three years. At RC55, the corresponding agenda item might therefore focus on a European strategy for health system development (see paragraphs 43–44 below).

5. It was confirmed that, in addition to the provisions set out in resolution EUR/RC54/R6, the Regional Director would consult with and inform the SCRC concerning the establishment or closure of a geographically dispersed office.

6. Following the Fourth Ministerial Conference on Environment and Health (Budapest, 23–25 June 2004), the Regional Office had set up a task force to work with countries on implementation of the Children's Environment and Health Action Plan for Europe and, more generally, was concerned to help countries meet the many commitments they had made during the Conference. To monitor

progress, the SCRC recommended that the Chairperson of the reconstituted European Environment and Health Committee should be invited to address the SCRC at regular intervals.

7. Other items reviewed by the SCRC in detail at its second session were then taken forward at subsequent sessions. They are described separately below.

Strategic vision of the role and position of the Regional Office

Working Group

8. In order to assist the Regional Director in developing a long-term strategic vision of the role and position of the Regional Office for Europe, as called for following the adoption of resolution EUR/RC54/R2, the SCRC at its second session agreed that a working group should be constituted, with members drawn from the SCRC itself and other European Member States and organizations. The SCRC recommended that the working group might work out specific European scenarios and should in any case take account of the Eleventh General Programme of Work as one of its background documents. It should also look at the Regional Office's relationship with the European Union (EU), notably in the light of the respective mandates and competencies of the two bodies, in order to see what the Office could offer to Member States and other organizations over a period of ten to fifteen years.

9. At its third session the SCRC endorsed the aim of the working group, which was to answer the question "What will be the functions, responsibilities and priorities of the Regional Office around 2020?". It also agreed with the proposed scope of work of the working group, although it recommended that analysis of the Regional Office's collaboration should extend to other organizations apart from the EU.

10. So far as membership was concerned, it suggested that the core of the working group should consist of a maximum of 12 people (members of the SCRC, WHO staff and external experts). The core group could invite representatives of other organizations (such as the EU, the Council of Europe, the World Bank and the Organisation for Economic Co-operation and Development – OECD) to attend meetings as required.

11. The SCRC agreed at its fourth session that the working group should consist of four of its members who had expressed an interest in being part of the working group (the current Chairman and Vice-Chairman and the members from Austria and Hungary), as well as six experts (to be invited by the Regional Director) in the areas of sociology, journalism, health economics, epidemiology, futurology and politics and two WHO staff members. An attempt would be made to strike a balance among the invited experts in terms of geography, gender and familiarity with WHO. If required, other experts could be asked to attend meetings of the working group.

12. The working group would submit progress reports to the SCRC at its scheduled meetings in 2005 and 2006. Its final report should be presented to the SCRC at its session in May 2006, for subsequent submission to RC56.

Relations with the European Union

13. The SCRC was briefed at its second session on the existing relationships between WHO and the EU in the field of health; the Secretariat presented a number of proposals on possible mechanisms to further develop their collaboration. A number of collaborative activities and initiatives between WHO and the EU, and between the EU and other relevant international organizations, were increasingly being undertaken but there was a need for better coordination. The SCRC's advice was sought on the best ways of ensuring coherence and coordination among all partners, in order for the Regional Office

to strengthen the support it gave to its 52 Member States and to involve them (both those that were members of the EU and those that were not) in EU mechanisms where health was at stake.

14. The SCRC agreed that the relationship between WHO and the EU was an extremely complex one. There was good cooperation between the two bodies, but mainly on an ad hoc basis; what was needed was to formalize the arrangement and to make clear what the Regional Office could offer within the area of its public health expertise. To that end, the SCRC recommended that the working group on the long-term strategic vision of the Regional Office (see paragraphs 8–12 above) should also look at the office's relationship with the EU, notably in the light of the respective mandates and competencies of the two bodies.

WHO collaborating centres

15. The SCRC was informed at its second session that, following a review in the late 1990s, new criteria had been established for the designation and redesignation of WHO collaborating centres. A new administrative procedure had also come into effect in 2001, whereby responsibility for managing the process of designation/redesignation was clearly assigned to the region in which collaborating centres were located. The first phase of a "clean-up" operation had resulted in the number of collaborating centres in the European Region being reduced, and a second phase was currently under way. On the other hand, there was still no overall strategy and plan for WHO's interactions with its collaborating centres. The SCRC agreed that the process of managing WHO collaborating centres should be a global one and that an overall strategy was needed; Executive Board members could usefully be involved in drawing up such a strategy.

16. The Senior Adviser, Programme Management and Implementation updated the SCRC at its third session on the situation of WHO's collaborating centres and in particular on the discussion on this subject at the Global Screening Committee (GSC) which had met in Geneva in January 2005. New centres were being designated, and closures were proceeding as part of the second phase of the clean-up process. It was proposed that management of WHO's collaborating centres would be financed from the regular budget as from the biennium 2006–2007. The total cost of maintaining WHO collaborating centres, as submitted to the GSC, was estimated at **US$ 1.5 million per biennium**. The Regional Office would ideally need a sum of US$ 124 000 to manage the centres in the European Region.

17. Apart from the question of remuneration of the regional secretariat, the remaining challenges included the lack of a clear and commonly agreed strategic role for WHO collaborating centres linked to WHO's overall objectives; the lack of systematic evaluation of the impact and relevance of the centres; and the absence of a global information strategy to support their work. To take up those challenges, it was hoped that the Executive Board would consider establishing a new committee, consisting of representatives of the Organization's governing bodies and Secretariat as well as of the institutions themselves, to agree on a policy for WHO's collaborating centres. The centres were likely to be evaluated in 2006 as part of WHO's global thematic evaluation, and a global information policy was being worked on.

18. The SCRC agreed that the issue seemed likely to pose a continuing problem; one possible solution would be for the Regional Office to focus on the relatively small group of successful centres with whom it could engage in really productive work. It agreed that the Secretariat should prepare an information paper on the subject for RC55.

Action by the Regional Committee

Review the relevant section in the paper on follow-up to issues discussed at previous sessions of the Regional Committee
(EUR/RC55/13)

Programme and budget

Proposed programme budget 2006–2007

19. At its second session, the SCRC was informed that discussions within the Organization following RC54 had resulted in a downward revision of the funds expected from sources other than the regular budget, with corresponding adjustments to planned expenditure by major public health themes. Nonetheless, country-based activities were scheduled to have their funding significantly increased, and any additional resources received would be channelled towards countries. The SCRC recognized that, should there be a smaller increase in regular budget allocations than expected, that would place more pressure on the Regional Office to fund a greater proportion of its posts from voluntary contributions.

20. At the SCRC's third session, the Director, Administration and Finance presented the latest information received from WHO headquarters on the proposed programme budget 2006–2007. Following discussion at the 115th session of the Executive Board (EB115), the proposed increase in regular budget funds for the Organization as a whole (compared with the 2004–2005 biennium) had been revised to 4%, while the corresponding figure for voluntary contributions had been adjusted upwards from 15% to 23%. For the European Region, the proposed increase in regular budget funds had also been adjusted to 6%. In terms of proposed expenditure in the European Region by public health themes, the areas of communicable disease prevention and control and of child and reproductive health were to receive substantial increases, while most other areas would remain at their 2004–2005 levels.

21. The members of the SCRC were concerned to learn that the proposed budget to be presented to the Fifty-eighth World Health Assembly would still be insufficient to cover all the needs of the Region for 2006–2007 and felt that it might be necessary to seek additional funding from donors, should the budget shortfall be maintained in the programme budget as adopted by the World Health Assembly.

22. At its fourth session, the SCRC was informed that the final draft of the Organization's proposed programme budget 2006–2007 provided for an increase of 4% in the regular budget for the Organization as a whole. Given that those additional funds would be shared equally between the regions, the expected result would be an increase of 6% in the total budget for the European Region. The Regional Director thanked the SCRC for the firm position it had adopted during preparation of the proposed programme budget and he hoped that an objective analysis would be made, before 2008, of the tools used to apportion the budget between the regions and headquarters.

Budget allocations to regions

23. The SCRC was informed at its second session that, pursuant to World Health Assembly decision WHA57(10), an Executive Board consultation document (EB115/CD/1) had been prepared, setting out draft guiding principles for strategic resource allocation. That document had been made available for comments by Member States. Countries responding had broadly expressed support for the seven guiding principles but had noted that the paper was somewhat vague as to their application.

24. Following a workshop held at WHO headquarters in November 2004, at which the principle of reinforced regional autonomy had been emphasized, it had been clarified that the regional funding envelope would consist of three parts:

(a) a relatively uniform allocation to each regional office;

(b) needs-based country allocations, calculated to take account of countries' socioeconomic status, health status and population; and

(c) a small financial engagement component for each country, which would compensate regions having many Member States in the high income group and therefore not qualifying for the needs-based component.

25. The SCRC reiterated that the provisions of World Health Assembly resolution WHA51.31 remained in force, pending the adoption of new guiding principles as from the biennium 2008–2009. It endorsed the work being done on those principles and noted that any needs-based formula that was adopted would result in an increase in the budget for the European Region. It called for clarification of the question of whether those guiding principles would apply to both regular budget funds and those from other sources. It urged those Member States that had not yet done so to comment on the draft principles. Lastly, it emphasized that the Regional Committee retained responsibility for distribution of the regional budgetary envelope.

26. At the SCRC's third session, it was confirmed that the new approach would be based on three components: a core component covering statutory normative functions; an engagement component, and a component (covering the majority of resources) that would reflect the relative health and socioeconomic needs of countries. The Regional Director indicated that the increase in the proposed programme budget 2006-2007 was being apportioned equally among the regions, testifying to the fact that the provisions of resolution WHA51.31 no longer applied.

Eleventh General Programme of Work

27. The SCRC was informed at its second session that the Eleventh General Programme of Work (GPW11) was the first that would cover a ten-year period (2006–2015). As a document for the whole public health community, it would aim to reposition health in the development agenda, lay out strategic directions and different routes towards health, and identify the respective roles of WHO, its Member States and other partners. Scenarios based on a coherent set of assumptions about key driving forces and relationships were currently being developed within WHO. The SCRC emphasized that it was important for Member States to be involved at an early stage in the drafting process, so that they felt “ownership” of the resulting document.

28. The responsible Task Manager at WHO headquarters briefed the SCRC at its third session on preparation of GPW11. Consultations were ongoing within WHO, with the Executive Board and with Member States and other partners. A draft of GPW11 would be presented to regional committees in September 2005 and to the Executive Board in January 2006. The final draft would be submitted for adoption by the Fifty-ninth World Health Assembly in May 2006.

29. The SCRC reviewed a preliminary draft prepared following discussions at EB115. The main components of that draft (which would correspond to the four main chapters in the final version) were: (a) health in the new global environment, looking in particular at supporting and hindering factors; (b) challenges and opportunities in the next 10 years; (c) a global health agenda for improvements and reform; and (d) the roles, responsibilities and strategic choices for WHO.

30. The SCRC welcomed the broad understanding of health as set out in the preliminary draft but suggested that more emphasis should be placed on the increasing differences in health status between countries and on the notion of health as an investment. It was concerned to ensure that all Member States in the Region had the opportunity to comment on the draft that would be presented to regional committees in September 2005 and accordingly proposed that a regional consultation should be organized in October or November 2005, if appropriate.

Action by the Regional Committee — **Review the paper on the Eleventh General Programme of Work 2006–2015** (RC/2005/2)

Preparations for the fifty-fifth session of the Regional Committee

Provisional agenda

31. The SCRC agreed at its second session that the inclusion of an agenda item at RC54 on follow-up to issues discussed at previous sessions had been a successful initiative, which should be continued in future years. It noted that two items had to be included on the agenda of RC55: an update of the regional Health for All (HFA) policy framework (pursuant to resolution EUR/RC48/R5), and a European strategy on the health of children and adolescents (as called for by resolution EUR/RC53/R7). Following discussion, the SCRC also recommended that three further technical items should be included on the agenda: health systems, alcohol, and injuries and traffic accidents. Measles and immunization would be taken up as part of the discussion on the health of children and adolescents. Two technical briefings should be organized, one on the subject of obesity, diet and physical activity and the other on influenza.

32. At its third session, the SCRC was presented with a draft provisional agenda and programme for RC55. It endorsed the proposed programme and agreed with the suggestion that a formal paper on cooperation with other organizations should only be prepared in alternate years. However, partners' representatives should be invited to speak throughout the session.

Action by the Regional Committee	**Adopt the provisional agenda** (EUR/RC55/2) **and provisional programme** (EUR/RC55/3)

Outlines of working papers

Update of the regional Health for All policy framework

33. At the SCRC's third session, the Regional Director reported that a draft of the updated regional Health for All (HFA) policy framework (in the four official working languages of the Region) had been placed on the Regional Office's website in January 2005. Member States had been asked to submit comments on the draft. In general, they approved of the approach adopted and welcomed the broad vision of health systems and health determinants that the framework embodied. Questions had been raised, however, about the cost of undertaking a full policy review, and about whether the framework was perhaps too sharply focused on western European conditions.

34. The SCRC paid tribute to the whole HFA philosophy but recognized that its achievements to date were perhaps less apparent at the regional level than in countries and communities and among individuals. It was right that the new framework gave prominence to the HFA values and the whole question of governance, but a process might be needed to benchmark and monitor progress along those lines, especially in the Region as a whole. The SCRC welcomed the inclusion of tools to give effect to the HFA values but regretted that the timing of the HFA update precluded making detailed references to GPW11 that was currently being drafted.

35. The Regional Director informed the SCRC at its fourth session that, by 11 May 2005, 14 Member States had submitted comments on the draft of the 2005 update. All respondents wholeheartedly approved of the policy framework's insistence on the values underpinning the HFA movement, the practical tools it proposed for giving effect to them, the broad view of health that it took and the importance it attached to health systems. A number of recommendations had been made with the aim of further improving the policy framework; some of them could be incorporated in the text that would be submitted to RC55, whereas others would need further work as part of an open-ended process of refinement and implementation.

Action by the Regional Committee	**Review the update of the regional Health for All policy framework** (EUR/RC55/8) **and consider the corresponding draft resolution** (EUR/RC55/Conf.Doc./4)

European strategy for child and adolescent health

36. The Director, Division of Technical Support, Reducing Disease Burden informed the SCRC at its third session that the main aim of the European strategy was to help Member States clarify their own priorities and formulate appropriate policies and programmes that would help European children and young people (from 0 to 18 years of age) achieve the highest possible level of health, encourage their healthy growth and development, and reduce illness and mortality. A number of external and internal consultations had been held in 2004 and 2005, as well as a ministerial conference on environment and health with a special focus on children (Budapest, June 2004), and a meeting (Luxembourg, September 2004) on the mental health of children and adolescents in preparation for the ministerial conference in Helsinki (January 2005). A toolkit for implementation of the strategy was being pilot tested in three countries (Armenia, Iceland and Slovenia), and the draft strategy would be further discussed at a workshop in Turkey in April 2005, before being finalized in May.

37. On the question of measles and rubella, the Secretariat proposed to submit a draft resolution to RC55 setting a revised target of 2010 for the elimination of measles and congenital rubella in the European Region. That would facilitate the Regional Office's work on strengthening immunization systems as a whole in the Member States.

38. The SCRC suggested that the draft strategy should also include some consideration of the costs and benefits of the various interventions being advocated. It recognized that the revised target for elimination of measles and congenital rubella would be likely to attract considerable attention from the media, and it therefore recommended that the two topics should be considered separately within the programme of RC55.

Action by the Regional Committee

Review the European strategy for child and adolescent health and development (EUR/RC55/6) **and the paper on strengthening national immunization systems** (EUR/RC55/7) **and consider the corresponding draft resolutions** (EUR/RC55/Conf.Doc./2 and /Conf.Doc./3)

Alcohol policy in the WHO European Region

39. The Director, Division of Technical Support, Reducing Disease Burden reminded the SCRC at its third session that the European Region had the highest alcohol intake in the world, with the majority of production located in EU countries. The European Alcohol Action Plan (endorsed by the Regional Committee in 1999) would expire at the end of 2005 and needed to be revived. There had been a lengthy debate on the subject at EB115, culminating in the adoption of resolution EB115.R5, which had subsequently been confirmed by the Fifty-eighth World Health Assembly through resolution WHA58.26.

40. The SCRC drew attention to the role of alcohol as a risk factor (e.g. for injuries) and to its importance in terms of co-morbidity with tobacco and other harmful substances. It accordingly endorsed the approach that had also been adopted by the Executive Board, namely of focusing on the harmful use of alcohol, and agreed that the Secretariat should continue with preparation of a draft framework for submission to RC55.

Action by the Regional Committee

Review the paper on alcohol policy in the European Region – current situation and next phase (EUR/RC55/11) **and consider the corresponding draft resolution** (EUR/RC55/Conf.Doc./7)

Injuries

41. The Director, Special Programme on Health and Environment reported to the SCRC at its third session that injuries were responsible for 800 000 deaths a year in the European Region (8.3% of total deaths) and for 21 million disability-adjusted life years (DALYs) lost (14% of total DALYs). The three leading causes of injury-related deaths were self-inflicted injuries, road traffic injuries and poisoning. There were a number of existing political commitments related to injuries and traffic accidents, including World Health Assembly resolutions WHA56.24 on implementing the recommendations of the World Report on Violence and Health and WHA57.10 on road traffic safety and health. The Children's Environment and Health Action Plan for Europe (CEHAPE), endorsed by the Regional Committee in resolution EUR/RC54/R3, included a regional priority goal on accidents and injuries, and the subject had also been taken up by the European Commission, the Council of Europe and the United Nations Economic Commission for Europe. A first draft of a working paper for RC55 had been prepared by the Secretariat, and consultations had been held not only within the Regional Office and with WHO headquarters but also with the relevant WHO collaborating centres and the network of focal points nominated by ministries of health.

42. The SCRC welcomed the outline of the paper and the proposal for the draft resolution, noting that injuries in the home environment alone imposed a considerable financial burden on Member States and that preventive measures could yield significant savings in a relatively short time. It called for more prominence to be given to the role of partner organizations (such as the European Conference of Ministers of Transport and OECD), in view of the need for a multisectoral approach to the problem.

Action by the Regional Committee — **Review the paper on injuries in the WHO European Region** (EUR/RC55/10) **and consider the corresponding draft resolution** (EUR/RC55/Conf.Doc./6)

Strengthening health systems

43. The Director, Division of Country Support, pointed out to the SCRC at its third session that building effective, sustainable and efficient health systems in the countries was a fundamental part of WHO's support to Member States. It was therefore appropriate to expect that the next phase of WHO's country strategy in the European Region would focus on strengthening health systems.

44. The SCRC welcomed the outline of the paper, drawing attention to the importance of focusing on the comprehensive approach to strengthening health systems. The overriding aim should be to manage change in the desired direction, with particular emphasis on areas such as primary health care and a population-based approach, including not only treatment and care but also promotion and prevention services. While it was important to focus on population-based approaches, personal care and specialized hospital services should not be neglected. Specific approaches would need to be advocated in different countries, in order to help them achieve the ultimate goal of improving people's health in their particular context. The SCRC supported the proposal to organize a ministerial conference dedicated to the strengthening of health systems in the European Region in 2007 or 2008.

Action by the Regional Committee — **Review the paper on the next phase of the WHO Regional Office's Country Strategy: strengthening health systems** (EUR/RC55/9) **and consider the corresponding draft resolution** (EUR/RC55/Conf.Doc./5)

Review of draft resolutions

45. At its fourth session, the SCRC reviewed and made detailed comments on the eight draft resolutions that would be presented to RC55.

Action by the Regional Committee	**Consider the draft resolution on the date and place of future sessions of the Regional Committee** (EUR/RC55/Conf.Doc./9)

Membership of WHO bodies and committees

46. At its third session, the SCRC was presented with the list of candidatures received by the statutory deadline and confirmed that candidatures received after that deadline were inadmissible owing to their late submission, as provided for by the Rules of Procedure of the Regional Committee.

47. At its fourth session, the SCRC made an initial review of the candidatures for membership of the Executive Board, the SCRC and the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction in the light of the provisions of Regional Committee resolution EUR/RC53/R1. Following consultations with Member States who had submitted candidatures, the SCRC would draw up its short list of candidates at its fifth session on the eve of RC55.

Action by the Regional Committee	**Review the paper on membership of WHO bodies and committees** (EUR/RC55/5) **and nominate or elect members**

Ministerial conferences

Outcome of the WHO Ministerial Conference on Mental health

48. The Director, Division of Technical Support, Reducing Disease Burden briefed the SCRC at its third session on the WHO Ministerial Conference on Mental Health, held in Helsinki, Finland from 12 to 15 January 2005. The conference had covered not only the prevention and care of mental health problems but also the promotion of mental wellbeing, measures to tackle stigma and discrimination, and recovery and integration into society. A total of nearly 500 participants from all countries in the Region had attended the conference, including 28 ministers of health, 19 deputy ministers or secretaries of state and, notably, a considerable number of representatives of service users and their families, as well as of nongovernmental organizations (NGOs). The conference had adopted a declaration and action plan, which had been the subject of detailed negotiations at a pre-conference meeting in Brussels, Belgium in November 2004.

49. Priorities for the coming decade were to foster awareness of the importance of mental wellbeing, to empower and support people with mental health problems, to design and implement comprehensive, integrated and efficient mental health systems, and to address the need for a competent workforce. Lead agencies were currently being identified in each of the corresponding development areas, and networks were being built up around them. Much of the work would be carried out in partnership with the European Commission, the Council of Europe, professional organizations, NGOs, users' and carers' groups, and WHO collaborating centres.

50. The SCRC commended the Secretariat on the successful organization of the conference. It particularly welcomed the involvement of service users, an initiative which it suggested should be built on during the implementation phase and taken as a model for future conferences in other areas. It also drew attention to the need for an evidence-based approach to mental health and underscored the importance of avoiding overlaps with other partners active in the field. Lastly, it approved the proposal

to submit a draft resolution to RC55 in order to obtain its endorsement of the Declaration and Action Plan.

Action by the Regional Committee

Review the paper on follow-up to issues discussed at previous sessions of the Regional Committee (EUR/RC55/13) **and consider the draft resolution on the WHO European Ministerial Conference on Mental Health** (EUR/RC55/Conf.Doc./8)

Obesity

51. The Deputy Director, Division of Technical Support, Reducing Disease Burden noted that in recent years levels of obesity had risen dramatically in Europe, especially among children. The Regional Office's work in the area of nutrition was linked to other developments such as the implementation of WHO's Global Strategy on Diet, Physical Activity and Health, the recent launch of an EU "platform" in the same area, and the forthcoming WHO European strategy on noncommunicable diseases. Collaboration was ongoing with the Council of Europe, and other partners such as OECD and the Food and Agriculture Organization of the United Nations (FAO) would be invited to join the process.

52. The Food and Nutrition Action Plan for the European Region of WHO, endorsed by the Regional Committee in 2000 (resolution EUR/RC50/R8), had envisaged a ministerial conference being held at the end of the five-year period covered by the plan. It was therefore proposed to organize a conference in Turkey in November 2006 focusing on obesity and physical activity, with the aims of fostering high-level political awareness of the problem, encouraging intersectoral action, and promoting cooperation between WHO, Member States, other international partners and civil society. In parallel, preparation of a second action plan (covering the whole field of nutrition) would start late in 2005. Another expected outcome of the conference would be to mobilize support for that plan, which would then be submitted to the Regional Committee for endorsement in 2007. Progress made to date included the establishment of an internal Regional Office task force and the organization of a first meeting of an external expert group in March 2005.

53. The SCRC strongly supported the concept of a conference on obesity and the proposed focus on children and schools. A multisectoral approach was essential, involving not only the health sector but also education, agriculture, economics and trade, etc.

Other matters

Influenza preparedness

54. The Director, Division of Technical Support, Reducing Disease Burden reported to the SCRC at its third session that a joint WHO/EU workshop on influenza preparedness had been held in Luxembourg on 2 and 3 March 2005. In preparation for that meeting, the Regional Office had sent out a questionnaire to European Member States. All 52 countries had responded, and 48 had sent participants to the workshop. In addition to studying good examples of national preparedness plans, participants had been briefed on the latest situation with regard to avian influenza in Vietnam. Human-to-human transmission had yet to be convincingly proven. It was also important to note that to date the total number of human cases of avian influenza was very low. WHO did not consider avian influenza to be threatening to humans at present (despite erroneous media reports to the contrary), but there was a risk of a new mutation of the virus to which humans might be susceptible. Therapeutic measures included vaccines and antivirals; given the lead-in time required to develop a specific vaccine, the likelihood of resistance and the possibility of neurological side-effects, the workshop had concluded that efforts should be focused on the use of antivirals.

55. A website had been set up for those attending the workshop, in addition to the ones maintained by the Regional Office and WHO headquarters. Follow-up visits were being made to those Member States that required more input in order to finalize their national plans, and a further questionnaire would be distributed in six months' time.

56. The SCRC noted that pharmaceutical companies in some central European countries had developed manufacturing processes based on cell culture techniques that could markedly reduce the lead-in time for development of new vaccines. It also emphasized the crucial importance of providing the public with balanced information at an early stage, well before the beginning of a pandemic, and looked to WHO as a source of objective information.

Millennium Development Goals in the WHO European Region

57. The Director, Division of Country Support informed the SCRC at its third session that the Regional Office had recently made an intensive review of the European Region's progress towards the Millennium Development Goals (MDGs). It had found evidence of increasing poverty, even in high-income countries, and high rates of maternal and child mortality, especially in central Asian and Caucasian countries. Rates of infection with HIV and tuberculosis were also increasing sharply. Countries in the European Region received the least official development assistance, and there was a need for a substantial increase in resources in order to meet those goals.

58. A special task force on MDGs in the European Region had been set up at the Regional Office, chaired by the Regional Director. It had recommended that efforts should be concentrated on improving the MDG indicators in countries and on contributing to mechanisms such as poverty reduction strategies. Work on data collection and analysis would continue, in cooperation with WHO headquarters, and progress would be monitored in all 52 European Member States.

Action by the Regional Committee

Review the paper on the Millennium Development Goals in the WHO European Region (EUR/RC55/Inf.Doc./1)

Address by a representative of the WHO European Region's Staff Association

59. As was customary, the President of the WHO European Region's Staff Association (EURSA) addressed the SCRC at its third session, following up on some matters raised in previous years and highlighting some areas of current concern. On the question of staff and management working in partnership, a principle that had been reaffirmed by the Global Staff Management Council (GSMC) in 2004, the Regional Office had been congratulated in global fora for its constructive approach to staff-management relations. While there was mutual respect between the Regional Director and the Staff Association, EURSA's perception was that there were opportunities for further progress towards the shared goal of overall partnership working. The Regional Office was encouraged to retain its position as a leader in that area.

60. Over the past year, significant steps had been taken to regularize the contractual situation of short-term staff at the Regional Office, with top priority given to the group of staff who had served four years or more by the end of 2004. However, the situation of other staff members who could be affected by the global rule on short-term employment beyond 44 months remained a concern. Similarly, EURSA reiterated its request that the use of short-term contracts be discouraged in preference for more stable fixed-term contracts. In order to achieve that, obstacles to the creation of posts needed to be removed, human resource planning should be improved, and there had to be a cultural change within the Organization vis-à-vis the use of that type of contract.

61. The staff associations throughout the Organization had been actively involved in the introduction and assessment of the Performance Management and Development System (PMDS). EURSA was pleased to see that additional training had been arranged, and that personal development

was being taken more seriously as part of the system. On the question of rewards and recognition, however, EURSA and its counterparts on the GSMC had been concerned at the Director-General's decision to suspend the provisions in the Staff Rules that allowed for the award of meritorious within-grade increases, and at the uneven way in which service appointments had been granted throughout the Organization. Together with its colleagues in GSMC, EURSA was looking forward to those issues being settled.

62. Throughout the year, EURSA had also highlighted the issue of occupational health and safety, an area where it was perhaps surprising that the Organization had no clear policy or strategy in place. Some good efforts had been made in relation to the physical environment, but more information was needed in order to make a proper assessment of psychosocial risk, and EURSA had therefore carried out staff surveys on workplace stress and harassment. The Staff Association had also sought training for newly appointed members of the Harassment-Grievance Panel and the Regional Board of Appeal.

63. In conclusion, the President reiterated that the staff had high standards and high expectations, and that EURSA would continue to strive towards the goal of creating a secure and healthy working environment.

64. Responding on behalf of the SCRC, the Chairman believed that the EURSA President's assessment of the situation had been quite positive. The staff's performance was generally recognized as excellent, and they could continue to count on the support of the SCRC.

Annex 1

Membership of the Twelfth SCRC 2004–2005

Members, alternates and advisers

Armenia
Professor Ara Babloyan
Chairman**,** "Arabkir" Joint Medical Centre
Institute of Child and Adolescent Health

Austria
Dr Hubert Hrabcik
Director-General of Public Health
Federal Ministry for Health and Women

Adviser

Dr Verena Gregorich-Schega
Director, International Health Relations
Federal Ministry for Health and Women

Belgium
Dr Godfried Thiers[1]
Director, Louis Pasteur Public Health Research Institute

Croatia
Professor Marija Strnad
Deputy Director, National Institute of Public Health

Denmark
Dr Jens Kristian Gøtrik[2]
Chief Medical Officer and Director-General, National Board of Health

Adviser

Ms Marianne Kristensen
Senior Adviser, National Board of Health

Estonia
Dr Katrin Saluvere[3]
Deputy Secretary-General for Health Policy
Ministry of Social Affairs

Estonia
Mrs Triin Habicht[4]
Head, Health Policy Unit, Public Health Department
Ministry of Social Affairs

[1] Chairman of the Twelfth SCRC
[2] Vice-Chairman of the Twelfth SCRC
[3] First, second and third sessions
[4] Fourth session

Hungary
Ms Zsuzsanna Jakab[5]
Secretary of State
Ministry of Health, Social and Family Affairs

Dr Mihály Kökény[6]
Government Commissioner for Public Health Coordination
Ministry of Health, Social and Family Affairs

Slovenia
Dr Božidar Voljč[7]
Director, National Blood Transfusion Centre

United Kingdom
Dr David Harper
Director, Health Protection, International Health and Scientific Development
Department of Health

Uzbekistan
Professor Feruz Nazirov
Minister of Health

Alternate

Dr Abdunumon Siddikov
Head, Foreign Economic Relations
Ministry of Health

Observers

Dr Serguei Furgal[8]
Adviser, Federal Service on Consumer Rights Protection and Human Well-Being
Ministry of Health and Social Development
Russian Federation

[5] First and second sessions
[6] Third and fourth sessions
[7] Member *ex officio*, participating in his capacity as Executive President of the Regional Committee
[8] As an alternate to a member of the Executive Board from the European Region