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Report of the Eleventh 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-third session of the Regional Committee. It covers sessions of the SCRC held in September and November 2003 and in April and May 2004.

The report of the SCRC's September 2004 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/20031204_1).

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Contents

Page

Introduction 1

Follow-up to the fifty-third session of the Regional Committee 1

Tuberculosis 1
Mental Health 1
Update of the regional Health for All policy framework 1
External evaluation of the Regional Office's health care reform programmes 2

Technical subjects 2

Environment and health 2
Noncommunicable diseases 3
Framework Convention on Tobacco Control 5

Managerial questions 5

The Regional Office's Country Strategy 5
Strategic orientations of the Regional Office's work with geographically dispersed organizational entities, including WHO country offices 7
Proposed programme budget 2006–2007 and Eleventh General Programme of Work 7
Eleventh General Programme of Work 9
Partnerships for health 9

Procedural matters 10

World Health Assembly 10
Ratification of amendments to Articles 24 and 25 of the WHO Constitution 11
Executive Board 11
Regional Committee for Europe 12
Membership of WHO bodies and committees 13

Other matters 13

Address by a representative of the WHO European Region's Staff Association 13

Annex 1. Membership of the Eleventh SCRC 2003–2004 15

Introduction

1. The Eleventh Standing Committee of the Regional Committee (SCRC), chaired by Dr Božidar Voljč, held its first session in the Redoutensäle at the Hofburg Congress Centre in Vienna, immediately after the closure of the fifty-third session of the WHO Regional Committee for Europe (RC53). Dr Godfried Thiers was unanimously elected Vice-Chairman of the Eleventh SCRC at its second session, held at the Hotel Metropol in Yerevan, Armenia on 24 and 25 November 2003. Participants in that session were welcomed by Dr Haik Darbinyan, First Vice-Minister of Health of Armenia. The third session of the SCRC was held at the WHO Regional Office for Europe in Copenhagen from 31 March to 2 April 2004, and the fourth at the Palais des Nations in Geneva on 16 May 2004.

Follow-up to the fifty-third session of the Regional Committee

2. The SCRC made a very preliminary review of the outcome of RC53 at its first session, followed by a more detailed review, at its second session, of follow-up action taken by the Secretariat.

Tuberculosis

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

4. The SCRC noted that tuberculosis often occurred in conjunction with HIV/AIDS, and that more money was needed to control both diseases. It looked forward to receiving a detailed update on the situation at RC54.

Mental Health

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

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

Update of the regional Health for All policy framework

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

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

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

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

Action by the Regional Committee	**Review the report of the Regional Director** (EUR/RC54/6) **and the paper on follow-up to previous sessions of the Regional Committee** (EUR/RC54/12)

Technical subjects

Environment and health

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

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

12. In addition, the Director, Division of Technical Support, Health Determinants briefed the SCRC at its second session on preparations for the Budapest Conference. The third intergovernmental preparatory meeting was to take place in Evora (Portugal) on 27 and 28 November 2003, the third meeting of the ad hoc working group on the Children's Environment and Health Action Plan for Europe would be held in Brussels on 15 and 16 December 2003, and the final (pre-conference) intergovernmental meeting was scheduled for 25 and 26 March 2004 in Malta. The subject would need to be included on the agenda of RC54 in order to endorse the documents adopted at the Conference, to consider the future of the environment and health process, and to explore the implications for the overall strategy on children's and adolescents' health.

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

14. At the third session, the Director, Division of Technical Support, Health Determinants recalled the process leading up to the Budapest Conference. The first conference (Frankfurt, 1989) had laid down the principles for work in that area, as embodied in the Frankfurt Charter, and had led to the establishment of the European Centre for Environment and Health. The second (Helsinki, 1994) had reviewed the results of a comprehensive survey of environmental health in Europe and created a process for drawing up national environmental and health action plans (NEHAPs). The third conference (London, 1999) had focused on action in partnership, resulting in a legally binding Protocol on Water and Health and a

Charter on Transport, Environment and Health, as well a continued mandate for the European Environment and Health Committee (EEHC).

15. The fourth conference, under the slogan "The future for our children", had been preceded by four intergovernmental preparatory meetings during which the main outcomes, the Conference Declaration and the Children's Environment and Health Action Plan for Europe (CEHAPE), had been negotiated on a line-by-line basis. The Declaration would ensure a strong political commitment to tackling the impact of the environment on children's health, taking up new issues such as extreme weather events or housing and health, and adopting new tools for policy-making (e.g. an environment and health information system). It would also give a renewed and extended mandate to the EEHC, with an increase in Member States' representation. The CEHAPE would be structured around four regional priority goals, accompanied by a table of actions that countries could take to attain those goals.

16. The document to be presented to RC54 would accordingly describe the process leading up to the Conference, highlight the Conference outcomes and focus on the directions for WHO's work on environment and health in the coming five years. It would place emphasis on partnerships with other intergovernmental bodies. The accompanying draft resolution would urge Member States to implement the Declaration and the CEHAPE; identify the main directions for WHO's work; endorse the new EEHC; and call on WHO to maintain its leadership in that area.

17. The SCRC acknowledged the extensive work that had been done to finalize the Conference documents and bore witness to the results that had been achieved through the lengthy process since the first conference in 1989. The member from Austria, as the lead country for preparation of the CEHAPE, regretted that the table of actions would not be an integral part of the Action Plan, and recommended that declarations at future conferences should be limited to two or three pages in length, to capture the public's imagination.

18. Concern was expressed about potential overlaps with the United Nations Economic Commission for Europe's "Environment for Europe" process and it was suggested that the cycle of the two organizations' forthcoming conferences should be harmonized. The SCRC recognized, however, that some Member States were reluctant to proceed further in that direction, wishing to keep health aspects separate.

19. The new, clear mandate proposed for the EEHC was welcomed, but the SCRC was concerned that there would be very little time between the Budapest Conference and RC54 for Member States to submit candidates for membership of the expanded Committee. The Regional Director was therefore asked to include, in his letter of invitation to RC54, a statement giving advance notice of the likelihood of an extraordinary election of members of the new EEHC at RC54 and requesting Member States to also submit candidatures for that body.

Action by the Regional Committee	**Review the paper on Environment and health: follow-up to the Budapest Conference** (EUR/RC54/10) **Consider the corresponding draft resolution** (EUR/RC54/Conf.Doc./5) **Elect new members of the EEHC**

Noncommunicable diseases

20. The Director, Division of Technical Support, Reducing Disease Burden, explained to the SCRC at its second session in November 2004 that the European Region of WHO needed to develop a strategy for the control of noncommunicable diseases (NCD) that took account of the specific and diverse features of the Region, provided a coherent framework for current and future work, and adopted an approach focused on the needs of countries. Building on a number of existing "pillars" (such as the global strategy on NCD and work towards a similar instrument on diet, physical activity and health, European action plans on

alcohol and on food and nutrition, and regional initiatives and consultations on tobacco, mental health, violence and health, etc.), the Regional Office intended to present a discussion paper at RC54 and a proposal for a European strategy on NCD at RC56.

21. The regional strategy would be drawn up in consultation with Member States, with expert advice provided by a "reference group". The aims would be to provide countries with the tools they needed to control common risk factors in an integrated way, to stimulate and empower them to develop their own NCD policies, to influence non-health sector policies that had an impact on health (such as trade, agriculture and urban development) and to promote health care system reform.

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

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

24. At the SCRC's third session, the Director, Division of Technical Support, Reducing Disease Burden presented a draft outline of the paper that would be submitted to RC54. He recalled that the global strategy for the prevention and control of NCDs had been reaffirmed by the World Health Assembly in 2000 (resolution WHA53.17). At RC52 in 2002, the Regional Director had proposed the development of a European strategy. A global strategy on diet, physical activity and health was to be submitted to the Health Assembly in May 2004.

25. The rationale for a European strategy was that NCDs were the main disease burden in the Region, accounting for more than 75% of all deaths in 2000. The Regional Office needed a coherent framework for its current and future work on NCDs and chronic diseases. It required a European dimension to the global strategies that took account of the Region's specificity and diversity, and it wished to promote a country-based approach that capitalized on existing knowledge, experience and practice.

26. The European strategy would therefore aim to control common risk factors in an integrated manner; to stimulate and empower NCD policy development in Member States; to influence non-health sector policies that had an impact on health; to foster health system reform, in order to better meet the long-term care needs of those with chronic disease; and to establish a database relevant to NCD prevention and control.

27. The draft paper for RC54 accordingly started by making the case for a European NCD strategy, detailing the burden (especially in economic terms) of NCDs in Europe. It then emphasized the multifactorial determinants of those diseases, highlighted the challenges faced and pointed to the need for integrated approaches. Following an inventory of commitments made and activities currently under way, it set out a limited number of key messages and focused on priority areas for WHO.

28. The Office-wide exercise and preparatory meetings held to date would be supplemented by an expert meeting in early May 2004, and a revised paper (taking account of the SCRC's comments) would be drawn up in early June 2004, for submission to RC54. The second phase of preparation, covering the period 2004–2005, would include consultation with Member States, development of modelling techniques and practical tools, mapping the European picture and strengthening the evidence base, and drawing on the outcomes of ministerial conferences. A third phase in 2006 would entail drawing up the final version of the strategy for submission to RC56.

29. The SCRC agreed with the concept of the RC54 paper as outlined, as well as with the steps suggested for further development of the European strategy on NCDs. It was opportune to review the place of disease prevention in European health systems, and it would be important to have extensive consultations with Member States to that end. Emphasis would need to be placed on secondary and tertiary, as well as primary, prevention.

30. The SCRC also drew attention to the need to include children in the NCD strategy, and to involve health system personnel in secondary and tertiary prevention. Lastly, it noted that the national level was the critical place for implementation of the strategy, and it acknowledged the need to tailor its different components to tackling the risk factors prevalent in each country.

31. At the SCRC's fourth session, the Regional Director noted with satisfaction the support given by European Member States to the Global Strategy on Diet, Physical Activity and Health, and the emphasis placed by them on the problem of obesity.

Action by the Regional Committee	**Review the paper on the European strategy on noncommunicable diseases** (EUR/RC54/8) **Consider the corresponding draft resolution** (EUR/RC54/Conf.Doc./3)

Framework Convention on Tobacco Control

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

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

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

35. At its April 2004 session, the Regional Director informed the SCRC that the FCTC had been ratified by nine countries, including two Member States in the European Region (Malta and Norway).

Managerial questions

The Regional Office's Country Strategy

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

37. The SCRC confirmed that the assessment should cover the period 2002–2003, and that it should be confined to judging how the Strategy had affected the way in which WHO worked in countries. In other words, it should not attempt to evaluate the Strategy's impact on health status in a given country. The

SCRC also recommended that the country reports (for all countries in the European Region) should be cleared at national level before being presented to RC54.

38. At the SCRC's third session, the Director, Division of Country Support noted that the approach adopted had therefore been to take process improvements as a proxy measurement, determining the effect of WHO activities on such parameters as the identification of needs, the decision-making process and the knowledge base in Member States. The baseline was the evaluation of the Regional Office's EUROHEALTH programme carried out in 2000. Quantitative data had been used where available, supplemented by narrative descriptions and qualitative information from the "closure reports" on BCAs and other sources. Each country report therefore listed the priority areas for collaboration in the biennia 2002–2003 and 2004–2005, the main results achieved during 2002–2003, the main products delivered and lines of activity developed by EURO in the country, and other relevant aspects of EURO's country presence. One initial conclusion from the exercise was that WHO had not yet set up systems to assess how it performed in countries and whether Member States felt they were now better served by WHO.

39. The SCRC welcomed the draft document. For the first time, a detailed picture was given of the diversity of WHO's work in the European Region, albeit focusing on activities carried out by the Regional Office. In the version to be submitted to RC54 the introductory section on methodology should be retained, since it informed the technical debate that still surrounded the findings of the *World Health Report 2000*. It was suggested that future BCAs should include specific goals and indicators, to facilitate subsequent evaluations.

40. The structure and length of the country-specific reports were endorsed. More information should be provided about WHO's role as a normative technical agency. A note should be added to each report specifying whether a WHO country office existed in the Member State in question. While Member States should be consulted about the content of their respective country-specific reports, the SCRC emphasized that WHO should retain the final responsibility for authorship, as was the practice in other international organizations.

41. With regard to the conclusions from the exercise, the SCRC acknowledged that it was perhaps more difficult to measure impact in countries that were long-standing members of WHO than in newly independent states, and on health as a whole rather than in specific areas of the health system. Nonetheless, the conclusions should be couched in more positive terms: there was evidence that WHO was making a difference to the decision-making process in countries, and hence ultimately to health outcomes.

42. The Director, Division of Country Support concluded the discussion at the SCRC's third session by presenting a case study of WHO's collaboration with Bosnia and Herzegovina. From being obliged to comply with donor-driven planning during the complex emergency in the 1990s, the Organization and the government had at the beginning of the current decade jointly assessed the country's health needs, identified its priorities and preferences, and engaged in a process of negotiation leading to the signature of a BCA for 2004–2005.

43. WHO was currently well placed to be a leading stakeholder and strategic partner in the health sector, with a results-based plan of work and a clear role and functions. In consequence, the European Commission had awarded WHO a €2 million grant for implementation of a health care reform project in the country, and donor agencies such as the Canadian International Development Agency, the Japanese International Cooperation Agency and the World Bank were coordinating their activities closely with those of the Organization.

Action by the Regional Committee

Review the paper on implementation of the Regional Office's country strategy
(EUR/RC54/Inf.Doc./2)

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

44. The Regional Director informed the SCRC at its November 2003 session that he had convened a "brainstorming group" on the Regional Office's geographically dispersed offices (GDOs), which was due to meet in Rome on 8 and 9 January 2004. The topic might also be taken up at a forthcoming meeting of the Futures Forum. The SCRC recommended that participants in the Rome meeting should be briefed about the difference between GDOs and WHO collaborating centres, but that they should concentrate on drawing up proposals about the former.

45. At its third session, the Regional Director informed the SCRC that the brainstorming group had held two meetings, and that the draft RC54 document before the Committee had been drawn up in the light of its discussions. The paper was confined to GDOs, defined as technical entities located outside Copenhagen but otherwise fully integrated with the Regional Office, which had the mission of serving all countries of the Region in a specific technical area. They were therefore clearly different from WHO's country offices, which covered the whole range of WHO activities in a single country; and they were also quite different from WHO collaborating centres, which were not part of the structure of the Regional Office and whose staff were not WHO employees.

46. The WHO European Centre for the Environment and Health (ECEH) had been set up following the Frankfurt Conference in 1989, and the Region currently had five centres (in Barcelona, Brussels and Venice, as well as the two locations of ECEH in Rome and Bonn). GDOs were doing high-quality technical work in a number of areas that would not otherwise be tackled. They were financed from the Organization's regular budget (US$ 4.3 million in 2002–2003) and from other sources such as agreements with host countries and voluntary donations (US$ 20 million). They had a total staff of 97 people.

47. The current balance between the various centres and the Office in Copenhagen was considered to be acceptable. However, a new centre could be established if work needed to be done in a specific technical field, if the Regional Office did not have sufficient resources and if a Member State offered to host it. The RC54 paper contained guidelines for the establishment and management of a GDO and confirmed that the SCRC and the Regional Committee would be consulted before any centre was established or discontinued.

48. The SCRC commended the working group on an excellent and practical document that set out clear guidelines for the future. It confirmed that Copenhagen should not become a small core office charged mainly with coordinating external entities. It agreed that the Organization obtained added value from the GDOs in the European Region, but (like the EUR Staff Association) it was concerned at the sense of isolation which staff employed there might feel and the possible adverse effects on internal staff mobility and, ultimately, on the efficiency of operating a decentralized structure. It was of course necessary for staff in GDOs to have the same conditions of service as in other parts of the Organization. In conclusion, the SCRC recommended that in future a GDO should be referred to as the "WHO/EURO Office for…".

Action by the Regional Committee	**Review the paper on the European strategy on geographically dispersed offices** (EUR/RC54/9) **Consider the corresponding draft resolution** (EUR/RC54/Conf.Doc./4)

Proposed programme budget 2006–2007 and Eleventh General Programme of Work

49. The Director, Division of Administration and Finance, informed the SCRC at its November 2003 session that the Regional Office was currently engaged in detailed planning for the 2004–2005 biennium, aimed inter alia at identifying which country needs would be met by regular budget funds and those for which extrabudgetary resources would be required. The preliminary results of that exercise showed that the European Region would need US$ 115 million in funding from other sources in 2004–2005; when

projections of funds carried over from the current biennium were taken into account, the resulting "funding gap" was calculated to be US$ 101 million.

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

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

52. At the SCRC's third session, the Director, Division of Administration and Finance outlined the key features of the proposed programme budget for 2006–2007. It would continue to be structured by areas of work, it would include resource mobilization requirements, and it would set out new corporate priorities while keeping the regular budget allocation frozen. Most importantly, it would embody an explicit commitment to results at country level.

53. The milestones for preparation of the 2006–2007 proposed programme budget were similar to those applied in previous biennia, and included discussion of a draft at Regional Committee sessions in 2004, review of a revised draft by the Executive Board in January 2005, and approval by the Fifty-eighth World Health Assembly in May 2005.

54. The SCRC was then informed of the European Region's proposed budget for each area of work in 2006–2007, compared with the approved budget for 2004–2005. While the total integrated budget was scheduled to rise only slightly (from US$ 204 million to US$ 210 million), significant increases were proposed in the following areas: Child and reproductive health; Communicable disease prevention and control; and Evidence. The areas of Environment (including Food safety) and Global Fund diseases (malaria, tuberculosis and HIV infection/AIDS) were scheduled for a decrease in funds, in the latter case from US$ 40 million to US$ 27 million.

55. A comparison of projected funding by source of funds for 2004–2005 and 2006–2007 showed slight increases in the levels of resources available from the regular budget and other sources. Total unmet needs were calculated to remain approximately the same in both biennia, at US$ 106 million. In view of the projected significant increase in funds to be received from other sources at WHO headquarters, it was important for the European Region to secure its fair and timely share of voluntary donations.

56. The SCRC expressed concern at the projected decrease in funding for HIV/AIDS in 2006–2007, but was informed that the estimate of funding from other sources in 2004–2005 was being revised downwards, and that much of that funding was required for (one-off) infrastructure development.

57. A question was raised about the 13% charge that was levied on voluntary donations to meet "programme support costs". In reply, it was noted that the Director-General had decided to reduce that charge to 5% for activities related to poliomyelitis eradication, so a degree of flexibility was possible. The administrative support funds released at the beginning of each biennium alleviated the cash flow problem being faced by the Regional Office, and they enabled some staff costs to be met from voluntary donations.

58. The SCRC suggested that the Organization should look at its country presence in the light of practices in other agencies in the United Nations system, to see whether economies of scale could be achieved.

59. The main issue, however, was acknowledged to be the need to strike the right balance between the regular budget and funds from other sources, and to secure an adequate level of voluntary donations for the European Region. The SCRC welcomed the steps taken by the Secretariat to draw up a "supplementary budget", in the form of a detailed list of requirements in the latter category. In the absence of a written policy on voluntary donations throughout the Organization, its members agreed to continue to advocate for the adoption of a specific mechanism to compensate for the decision, the previous year, to discontinue implementation of the provisions of resolution WHA51.31 (on regular budget allocations to regions) (see also paragraphs 68–70 below).

60. At its fourth session, the members of the SCRC again welcomed the increase in transparency and accountability represented by an explicit supplementary budget for 2004–2005, which quantified EURO's requirements for voluntary donations at US$ 116 million.

Action by the Regional Committee

Review the papers on the proposed programme budget 2006–2007 (EUR/RC54/11, EUR/RC54/Inf.Doc./4) **and its regional perspective** (EUR/RC54/11 Add.1)
Consider the corresponding draft resolution (EUR/RC54/Conf.Doc./6)

Eleventh General Programme of Work

61. The Senior Adviser, Programme Management and Implementation informed the SCRC at its second session that the Organization's Eleventh General Programme of Work (GPW11) would be quite different from the Tenth. It would cover a period of 10 years (2006–2015), with provision for three-year revisions; it would set strategic directions for both the Organization and Member States; it would include goals and targets (like the Ninth GPW), and it would reflect the Millennium Development Goals and the principles of primary health care and Health for All.

62. At its third session a second draft outline was distributed and the SCRC was informed that a full draft of GPW11 was not yet available, but that the process and content were being elaborated. A full draft would be reviewed by RC55 in September 2005 prior to submission of the final draft to the Executive Board and the World Health Assembly in 2006. The level and timing of possible regional consultations had not yet been decided.

63. In the context of a changing world, GPW11 would place emphasis on health in its own right and set it within the broader development agenda. Prominence would be given to moral values such as solidarity and ethics, and to the need for good governance in the health sector. GPW11 would articulate different routes to health goals, lay out different scenarios and explore the role of WHO and Member States in each. The key challenges would be identified; they included redressing inequalities in health, meeting the needs of the poor and vulnerable, expanding the potential of health systems and making use of existing and new knowledge. WHO's role in that endeavour would be to exercise global leadership, serve countries, influence development policies, foster close relationships with governments and set clear priorities.

Partnerships for health

64. During its preliminary review of the outcome of RC53 at its first session, the SCRC noted that one striking feature had been the increased participation by representatives of WHO's partner organizations and Member States. Their willingness and interest had made it difficult to keep to the programme, however.

65. Unlike previous practice, representatives of partner organizations had been invited to take the floor under each agenda item at RC53. That had reduced the time available for interventions by representatives

of Member States and, more particularly, of nongovernmental organizations. The SCRC suggested that this new arrangement should be evaluated.

66. At the SCRC's third session, the Regional Adviser, External Cooperation and Partnerships described the proposed format for presenting to RC54 the Regional Office's main partnerships in the field of health. That would accordingly include interventions by one or two strategic partners in two different technical areas (noncommunicable diseases and environment and health) and under the item on the Regional Director's report. In addition, a short paper would spell out the Regional Office's policy on partnerships, giving successful examples (particularly in the areas of NCDs and the environment and health) and discussing relations with NGOs in the light of new global guidelines.

67. The Executive President of RC53 pointed out that relating the interventions as closely as possible to the topic being discussed would increase their interest and usefulness.

Action by the Regional Committee	**Review the paper on partnerships for health** (EUR/RC54/Inf.Doc./3)

Procedural matters

World Health Assembly

Implementation of resolution WHA51.31

68. The Regional Director informed the SCRC at its November 2003 session that other WHO regional committees had adopted resolutions calling for discontinuation of the implementation of resolution WHA51.31, on regular budget allocations to regions. Many countries in the east of the European Region, however, were undergoing a period of transition and therefore needed continuing and increasing support in the immediate future. The Regional Office had quantified its total budgetary needs in a format that could be presented to potential donors and looked forward to developing a transparent regional policy on fund-raising and implementation.

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

70. At its fourth session the SCRC reconfirmed the view expressed by RC53 with regard to the need to make a full evaluation of the implementation of resolution WHA51.31. Furthermore, the SCRC recommended that European Member States should be made aware that the Fifty-seventh World Health Assembly might decide to discontinue implementation of that resolution. If that proved to be the case, European Member States would be well advised to take an active part in drawing up alternative proposals.

Regional suggestions for elective posts at the World Health Assembly

71. At the SCRC's November 2003 session, the alternate representative of a European member of the Executive Board expressed the belief that neither resolution EUR/RC53/R1 nor resolution EUR/RC53/R6 explicitly covered the question of applying the practice of "semi-permanency" to nominations for elective posts in committees of the World Health Assembly. The Executive President of RC53, however, was of the opinion that the Regional Committee, by resolution EUR/RC53/R6, had adopted the whole report of

the Tenth SCRC, including the recommendation from its subgroup that the practice of "semi-permanency" should not apply to those nominations.

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

73. Following receipt of the opinion of the Organization's Legal Counsel, to the effect that the practice of "semi-permanency" was not the object of a legal obligation or a legal entitlement, the SCRC agreed at its third session that it was free to make a decision as it saw fit. It accordingly put forward France, the Russian Federation and the United Kingdom for membership of the Assembly's General Committee and Committee on Nominations, but wished to make it clear that those countries had been chosen on an individual basis, and not in their capacity as permanent members of the United Nations Security Council. In future years, therefore, other countries might well be selected to serve on those committees.

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

74. The SCRC agreed at its second session that its Chairman should write to ministers of health of those European Member States that had not yet ratified the amendments to Articles 24 and 25 of the WHO Constitution, urging them to do so. In addition, the SCRC recommended that WHO liaison offices should be used as a channel of communication on the subject.

Executive Board

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

76. The SCRC accordingly agreed at its second session that the following documents should be sent to European members of the Executive Board, in preparation for the meeting with the Chairman of the SCRC just before the Board's January 2004 session:

- the report of the Eleventh SCRC's second session;
- a briefing note on arrangements for following up resolution WHA51.31;
- a briefing note on the arrears of Member States in the European Region.

77. At the SCRC's third session, the Director, Division of Administration and Finance reported on matters arising out of the 113th session of the Executive Board.

78. The alternate representative of a member of the Executive Board briefly described the salient issues discussed by the Executive Board. The Regional Director informed the SCRC that the Regional Office was giving high priority to two: diet and physical activity, and health systems' quality and ability to respond to health threats. The aim was to support global initiatives while also addressing the Region's specific needs.

79. The Executive President of RC53 asked whether any progress had been made in resolving the situation of Member States that had lost their voting rights in the World Health Assembly owing to being in arrears of their assessed contributions: about 25 in total, with 7 in the European Region. The situation of each of the 25 was different, although most were burdened with debts arising from political changes, and the epidemiological situation was more severe in those in the European Region. The SCRC agreed on the importance of finding a solution as quickly as possible, before that acute problem became chronic.

80. At its fourth session, the SCRC again noted that the Executive Board session immediately following the World Health Assembly was now a four-day business meeting, at which substantive items were discussed, and confirmed that it would be useful for European Member States to give prior warning (at the meeting to be held immediately after the SCRC session) of any issues which they intended to raise on that occasion.

Action by the Regional Committee

Review the paper on matters arising out of decisions and resolutions of the World Health Assembly and the Executive Board (EUR/RC54/7)

Regional Committee for Europe

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

81. The Regional Director informed the SCRC at its November 2003 session that to date only Romania had confirmed its invitation to host the session of the Regional Committee in 2005.

Action by the Regional Committee

Consider the draft resolution on the date and place of future sessions of the Regional Committee (EUR/RC54/Conf.Doc./8)

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

82. The SCRC at its November 2003 session also reviewed a list of items proposed for inclusion on the agenda of RC54. At the third session, the Regional Director outlined the draft provisional agenda and programme for RC54. The SCRC welcomed the new agenda item on follow-up to issues discussed at previous RC sessions and suggested that it should be extended to two hours.

83. At its fourth session, the SCRC was informed that the new item would cover follow-up to (a) the European Health Report, (b) the update of the European regional policy framework for health for all (HFA), (c) the Regional Office's country strategy, (d) tuberculosis and (e) mental health, which would be reported on in an RC working paper. The SCRC agreed with the proposal that the oral presentation to RC54 would focus on three major issues: (a), (b) and (c).

84. It also agreed that the Regional Director's biennial report on the work of WHO in the European Region could be structured in terms of the various processes that EURO was engaged in (such as country work, partnerships, or maintaining technical competence), rather than by individual programme activities, as had previously been the practice.

85. Lastly, the SCRC recommended that technical discussions should be organized at RC54 on the subject of "The health system's response to health crises".

Action by the Regional Committee

Review the provisional agenda (EUR/RC54/2 Rev.1) **and provisional programme** (EUR/RC54/3) **of RC54**

Review of draft resolutions to be presented at the fifty-fourth session of the WHO Regional Committee for Europe

86. The SCRC reviewed the draft resolutions to be submitted to RC54 and made a few comments that would be incorporated in the final drafts.

Membership of WHO bodies and committees

87. At the SCRC's November 2003 session the Executive President of RC53, who had also been Chairman of the Tenth SCRC's subgroup on membership of the Executive Board, recalled that the Regional Committee had unanimously adopted resolution EUR/RC53/R1, but he noted that some practical questions might arise when the resolution came to be implemented for the first time.

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

89. The SCRC held a preliminary discussion at its third session on candidatures for membership of the Executive Board, the SCRC and the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases.

90. The Executive President of RC53 recalled that the Regional Committee the previous year had adopted resolution EUR/RC53/R1, whereby geographic groupings should be applied when selecting Member States in the European Region of WHO to submit candidatures for membership of the Executive Board. The Secretariat was accordingly asked to prepare a list of the candidatures received, arranged according to those geographic groupings.

91. The SCRC at its fourth session made an initial review of the list of candidatures, with a view to assisting its Chairman in his discussions with Member States' delegations during the forthcoming World Health Assembly. One member suggested that, other things being equal, gender balance should be taken into account when the SCRC came to make its proposal to RC54.

Action by the Regional Committee	**Review the paper on elections to various committees** (EUR/RC54/5 and EUR/RC54/5 Add.1)

Other matters

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

92. The President of the EUR Staff Association, speaking on behalf of more than 600 staff spread across more than 30 countries, informed the SCRC at its third session that progress was being made on a number of issues that had been highlighted in previous years' addresses. A joint paper from all the WHO staff associations on partnership working had been well received at the 2003 meeting of the Global Staff Management Council, and a set of guiding principles on staff-management relations had been agreed. Other questions addressed at the Council (and on which recommendations had been submitted to the Director-General) included career development opportunities, and rewards and recognition. Meanwhile, a number of issues identified in a staff survey carried out at the Regional Office the previous year were being addressed in a serious manner.

93. On the matter of contractual reform, however, the Regional Office was faring less well, with over 60% of staff employed on short-term contracts. Steps still needed to be taken to reduce the number of long-serving staff on short-term contracts, and to prevent staff being recruited for core functions on inappropriate contracts. The Performance Management Development System (PMDS) had been taken up with enthusiasm across the Office, but much still needed to be done to improve its implementation and the Staff Association was looking forward to the long-awaited evaluation of the system.

94. One of the current objectives of the Staff Association was to increase support to outposted offices and field staff. Locally recruited staff should have adequate representation on local salary and post adjustment surveys, improvements to the fabric of the Copenhagen office should be replicated elsewhere, and serious attention should be paid to security at all WHO sites. Overall, however, the Staff Association was pleased to report that many aspects of the staff's conditions had improved in the past year.

95. The SCRC shared the Staff Association's concerns about the excessive use of short-term contracts and was interested to learn where matters stood with evaluation of the PMDS. In response, the Director, Division of Administration and Finance noted that 60 new posts had been created in the previous 12 months and pointed out that not all short-term staff should ultimately be on permanent contracts. It was hoped to complete the process of contractual reform by the summer of 2004. A revised version of the PMDS was currently being prepared by WHO headquarters.

96. The Regional Director acknowledged that one shortcoming of the PMDS was that it did not offer genuine incentives or recognition of devotion and professionalism. To help solve the problem of excessive use of short-term contracts, he urged Member States to make additional voluntary donations and to release them in a timely fashion.

Annex 1

Membership of the Eleventh SCRC 2003–2004

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
Chief Medical Officer and Director-General, National Board of Health

Advisers

Mr Mogens Jørgensen
Head, Division of International Affairs, Narcotic Drugs and Communicable Diseases
Ministry of the Interior and Health

Ms Marianne Kristensen
Senior Adviser, National Board of Health

Greece
Professor Jenny Kourea-Kremastinou
Dean, National School of Public Health

Latvia
Dr Viktors Jaksons

[1] Vice-Chairperson of the Eleventh SCRC

Chairman of the Board, Children's University Hospital

Slovenia
Dr Božidar Voljč[2]
Director, National Blood Transfusion Centre

Uzbekistan
Professor Feruz Nazirov
Minister of Health

Alternate

Dr Abdunumon Siddikov
Head, Foreign Economic Relations
Ministry of Health

Observers

Dr Jarkko Eskola[3]
Consultant, Ministry of Social Affairs and Health
Finland

Mr Antony Kingham[4]
Head, International Public Health Team
Department of Health
United Kingdom

[2] Chairperson of the Eleventh SCRC
[3] As Executive President of the fifty-third session of the Regional Committee
[4] As an alternate to a member of the Executive Board from the European Region