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REPORT OF THE THIRD SESSION

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Opening of the session

1. The Tenth Standing Committee of the Regional Committee (SCRC) held its third session at the WHO Regional Office for Europe in Copenhagen from 9 to 11 April 2003. The Chairman noted that Tajikistan had appointed a new representative. He thanked the Vice-Chairman for chairing, on his behalf, the meeting with European members of the Executive Board in January 2003.

2. The Regional Director noted that, since the previous session of the SCRC, the Regional Office for Europe (EURO) had been working actively to meet Member States' needs, especially in the context of the ongoing war in Iraq and the epidemic of a new disease named "severe acute respiratory syndrome" (SARS). There had been a permanent flow of information both with Member States and with WHO headquarters, and it was clear that the concept of "one Organization" functioned well in an emergency. He had met the Director-General nominate, who had confirmed his intention to effect a transfer of resources from global to regional and country levels.

3. The theme of World Health Day (7 April) in 2003 had been "Healthy environments for children", a subject that would also be discussed by the Regional Committee for Europe at its fifty-third session (RC53) in September, as well as forming the focus of the Fourth European Conference on Environment and Health (Budapest, June 2004). Other conferences for which preparatory work was being done were on mental health (2005) and nutrition and food safety (2006).

4. The SCRC asked the Secretariat to give a detailed briefing on SARS later in the session.

Adoption of the draft report of the second session

5. The draft report of the second session was adopted without amendment.

Final review of the provisional agenda for RC53

6. The SCRC approved the provisional agenda for RC53, noting that it was up to the Secretariat to reach agreement with the host country on the format and topic of the special briefing session.

Matters arising from discussions at EB111

7. Professor Vilius Grabauskas, a European member of the Executive Board, reported on the Board's 111th session. In political terms, the most important issue had been the nomination of the new Director-General, and complicated technical and administrative questions (such as the Organization's proposed programme budget for 2004–2005) had been dealt with rapidly and smoothly.

8. The paper for the SCRC was in a new, tabular format, showing the reference numbers of the background documents for each resolution, listing the summary records of the meetings at which it had been discussed, and giving comments on its subject matter. It was suggested that a similar format (perhaps including a column describing action taken by EURO) might be used for presenting the World Health Assembly's resolutions and decisions at RC53.

9. The SCRC agreed with that suggestion, recommending that a further two columns should be added describing the action taken by Member States and by the Secretariat. In addition, it might be useful to organize the discussion at RC53 in the form of a question-and-answer session.

Update on the proposed programme budget 2004–2005

10. Since RC52, the Director-General had decided to present a proposed programme budget to the World Health Assembly that would include a nominal increase of 3% in the regular budget allocation to substantive operations. That was attributable to a 1% increase in the salary charge and a 2% increase for

inflation. In addition, part of the costs of the Office of the Special Representative of the Director-General in Moscow would be met from global resources. Other positive changes included agreement on the need for transparent distribution of extrabudgetary resources in 2004–2005, and on a revised presentation of the global distribution of the budget to include the share allocated to WHO headquarters.

11. On the other hand, the European Region's expectations at the time of RC52 of receiving some of the US $5 million in unallocated funds had not been fulfilled and, more importantly, there was strong pressure from the four "donating" regions to discontinue the interregional transfers mandated by resolution WHA51.31.

12. The SCRC emphasized that a 3% increase in the budget was not an increase in real terms, but merely a maintenance of the current level in the face of inflation and cost increases. It insisted on the need for a thorough evaluation of the implementation of resolution WHA51.31 before any decision was taken to discontinue its operation. A short paper would need to be discussed at RC53, before the subject was taken up at the World Health Assembly in 2004. Lastly, it voiced concern at the decision not to channel any unallocated funds towards the European Region and called for a clear policy to be established on how to distribute voluntary donations, which currently accounted for some two-thirds of the Organization's budget. The SCRC noted that distribution of extrabudgetary funds was also an important oversight function by the Organization's governing bodies.

Review of outlines of working documents for RC53

Mental health

13. It was proposed that the document to be presented to RC53 would start with an assessment of current needs in European Member States and of the steps taken by WHO to support policy development in the area of mental health. The main strategies followed by the Organization would then be outlined, and the networks, task forces and partners through which it worked would be identified. The challenge to be taken up would be specified: that there could be no public health without mental health. A description of actions taken, ongoing and planned would be followed by consideration of emerging topics. The document would conclude with details of preparations for the European ministerial conference in 2005.

14. Preparations for the conference were already under way: a venue and date had been agreed, a steering committee had been formed, consisting of representatives of interested Member States and co-organizing intergovernmental and nongovernmental organizations, and pre-conference events had been held in February (on human rights and mental health, in cooperation with the European Commission) and in March (on stigma and mental health, in conjunction with Greece's presidency of the European Council). It was hoped to organize further events on suicide prevention, societal stress, and the mental health of children and young people, and to involve more countries in providing case studies of good practice and reforms.

15. The SCRC pointed out that the paper for RC53 and the conference itself should cover both the societal and the individual aspects of mental health: the former related to prevention of mental illness and promotion of mental health, while the latter encompassed treatment and rehabilitation. It also emphasized the vital importance of ensuring the mental health of children and adolescents, and it looked forward to a pre-conference event being organized on that subject.

16. Other topics that should not be overlooked included the need to improve the training of general practitioners and other primary care personnel, and to conduct operational or health service research into ways of involving such staff more fully in tackling mental health problems. Consideration should also be given to the role of the press and media in presenting mental health issues. Case studies of countries' experience would be an appropriate way of taking up those questions.

17. Against a background of very diverse situations in different countries, the aims of the conference should be to help Member States develop all aspects of their own policies on mental health and to pave the way for the adoption of a European action plan in that area.

Children's and adolescents' health in Europe

18. The topic had been chosen by the SCRC at its previous session in view of the alarming deterioration in the health status of certain groups of children and adolescents. The paper for RC53 would begin by reassessing the situation and describing the many initiatives taken or planned. It would then follow the structure of the global document setting out WHO's strategic directions in that area (WHO/FCH/CAH/02.21 Rev.1), which singled out seven areas for priority action: health of mothers and neonates; nutrition; communicable diseases; injuries and violence; the physical environment; adolescent health; and psychosocial development and mental health. In each of those areas, the paper would present trends and patterns, prevalence of occurrence, main interventions and approaches currently used, and links between the priority areas. It would end by describing the action that could be taken and emphasizing the need for comprehensive national strategies. A discussion would accordingly be launched at RC53 and taken forward at the Budapest Conference in 2004, culminating in the presentation of an action plan to the Regional Committee in 2005.

19. The SCRC welcomed the overall structure and thrust of the document, but it noted that some aspects appeared to have been overlooked: noncommunicable diseases, sexually transmitted infections, the role of the mass media and, more generally, the social determinants of health such as illiteracy, poverty and homelessness. The paper should also draw attention to the inherent multisectoral nature of child health and present evidence from the health impact assessment of policy interventions. Lastly, it should be action-oriented; in that connection, the SCRC expressed concern about an action plan not being presented until 2005, and it looked forward to specific proposals being worked out in the interim.

Update of the regional health for all (HFA) policy framework

20. The task of updating the regional HFA policy framework was of the highest political importance. The Regional Director was therefore taking personal responsibility for it, while operational responsibility was located in the Division of Country Support, since the aim was to set down ethical values and transform them into tools or guidelines that would be of use to the Member States in designing and implementing their own policies.

21. The HFA movement had been launched with the adoption of resolution WHA30.43 by the World Health Assembly in 1977 and of the Declaration of Alma-Ata by the International Conference on Primary Health Care the following year. The European Region of WHO had adopted a regional strategy and targets in 1984 (resolution EUR/RC34/R5) and indicators in 1985. An update of the global policy had been endorsed by the World Health Assembly in May 1998. The Regional Committee in September that year had approved the regional HFA policy for the twenty-first century (resolution EUR/RC48/R5) and agreed that the next update of the policy should be submitted to it in 2005.

22. From the discussions he had held, the Regional Director had learned that Member States wished the updated policy to continue to have strong statements of the values enshrined in HFA and HEALTH21. Target-setting, on the other hand, was regarded as a process that should be carried out at country level. He was therefore suggesting that the updated policy should focus on the ethics of health systems, as requested by the SCRC subgroup on bioethics, exploring the rights and duties of the various parties involved, including the system itself.

23. The content of the updated policy might accordingly be divided into four sections: (a) implementation of HEALTH21 and lessons learned; (b) review and update of values; (c) from ethics to policy and action: tools for decision making; and (d) guidelines for Member States. The first section in turn would have three components: a review (but not a formal evaluation) of the use of HFA in Member States' policies, a study on targeting, and presentation of evidence on the use of multisectoral policy. The

research work involved in that section was already being carried out by the European Observatory on Health Care Systems. The second section would be tackled by a "think tank" of approximately 12–15 researchers and decision-makers. The third section would be carried out by the Barcelona Centre. Collection and analysis of case studies would be included in that section. The programme on "Futures Forum" and the Health Evidence Network would also contribute to that part of the work.

24. Since the updated policy had to be submitted to the Regional Committee in 2005, it was envisaged to make an introductory presentation at RC53, followed by consultations with Member States on a first draft of an updated policy during 2004. The document to be prepared for RC53 might accordingly give the background, rationale and history of the HFA movement, contain a preliminary assessment of the implementation of HEALTH21 and the lessons learned, and set out the plan of the updated policy itself and the methodology to be used for elaborating it.

25. The SCRC wholeheartedly endorsed the values underpinning HFA and HEALTH21, drawing attention in particular to the need for the core ones of equity and solidarity to be reaffirmed in the light of changing political and economic circumstances. However, it acknowledged that the task of translating values into guidelines and practical tools would be a complicated one, given the different cultures and developments experienced in different parts of the Region.

26. On the other hand, the SCRC voiced concern about the idea of attempting to review or evaluate the implementation of HEALTH21 in the relatively short time frame since it had been adopted. Furthermore, a number of countries had only recently drawn up their own policies based on its premises, and some members felt it would therefore be inadvisable to introduce a new regional policy framework at present.

27. In response, the Regional Director repeated that the Regional Committee, when endorsing HEALTH21, had agreed that an update (and not a new policy) would be submitted to it in 2005. The question then was whether the update should merely consist of an addition or annex to the existing policy framework (filling in the gaps identified in an evaluation exercise), or whether it should reinvigorate and give more prominence to the basic values advocated by WHO, by raising the broad question of the ethics of health systems.

28. In conclusion, the SCRC agreed that in principle it would not be satisfied with an annex to HEALTH21. A separate document was needed, highlighting such basic values as solidarity, gender equity and access to health care, and approaches such as intersectorality, primary health care and public health. However, in view of the three initiatives currently under way on the three components related to implementation of HEALTH21, as well as the work due to be done by the "think tank", the SCRC requested the Regional Director to report back, at its next session, on the preliminary results in those four areas. It would then be in a position to give more informed advice about the content of the updated policy.

The Regional Office's country strategy

29. A progress report on implementation of the Regional Office's country strategy since 2000 would be submitted to RC53. It was proposed that the report would begin by recalling the background and key principles of the country strategy: servicing all countries in their diversity; strengthening international partnerships for health; being part of WHO's global country strategy; and incorporating the Regional Office's experience in ongoing work. It would go on to review the progress made, illustrated by specific examples for each of those four principles. A description would then be given of the Office reorganization, undertaken to strengthen WHO's country presence and improve its system for management of country work, and the paper would conclude with an outline of future prospects and needs.

30. More specifically, the paper would focus on work with countries of south-eastern Europe under the auspices the Stability Pact, on support to the so-called rapid transition countries, and on collaboration with western European countries, including in a series of "Futures forums". The first category included subregional projects being implemented to give effect to the Dubrovnik Pledge (September 2001), with

support from the Council of Europe and bilateral donors. Among the countries due to accede to membership of the European Union, a survey of perceived health needs had been carried out with more than 150 key stakeholders in the countries and the European Commission, leading to identification of areas where WHO had a competitive advantage and should maximize its operational capacity. Three Futures forums had been held in 2001–2002; the programme had since undergone an initial review, and a new series had been launched, focusing on tools for decision-making in public health.

31. In addition, WHO had been providing emergency and humanitarian assistance in areas such as the southern Balkans, the Russian Federation, Tajikistan and Uzbekistan. It had also responded to countries' needs during health crises and supported them in mobilizing funds from global sources. Apart from drawing attention to the public health implications of violence and contributing to the development of poverty reduction strategies, the Regional Office had established an expert panel on health systems and held workshops on the financing of health care. In all those activities, genuine partnerships were being forged with intergovernmental and national bodies, both on the ground and at a high level.

32. The Regional Office's country strategy had been fully incorporated in the Organization's Country Focus Initiative (CFI), launched by the Director-General in 2002. One of CFI's six components, "enabling effective functioning of country offices", had been implicitly endorsed at RC52 when European Member States had supported shifting a substantial amount of resources in the proposed programme budget for 2004–2005 to a strengthened country presence. Steps were being taken to functionally integrate all of EURO's activities in a given Member State within a single country office, led by an international head of office or a liaison officer with upgraded skills. In addition, a help desk and a country work management system with explicit performance indicators had been established at the Regional Office.

33. The SCRC was impressed by the radical shift in approach that had been set in motion with the adoption of EURO's new strategy for country work. Its members from countries with liaison offices testified to the fact that WHO's operational support had thereby been enhanced, and they were particularly appreciative of the way in which biennial cooperation agreements were worked out and agreed on the basis of each country's needs and WHO's possibilities. The increased cost of WHO's country presence was judged to be money well spent.

34. The Futures Forum was regarded as a very important initiative, *inter alia* for disseminating evidence on mechanisms for handling technological developments in the health field, and considerable interest was expressed in broadening its scope to include participants from outside western Europe. The current members of the Forum and the Regional Director were requested to consider that issue, which would be further discussed at a subsequent session of the SCRC.

35. It was suggested that the paper for RC53 might benefit from more detailed consideration of examples of bilateral partnership between countries facilitated through WHO in different parts of the Region. Apart from that, the SCRC endorsed the proposed outline of the document and the process for presenting it to the Regional Committee.

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

36. The objectives of presenting a paper on the subject at RC53 were to describe the current state of various forms of EURO's physical presence outside Copenhagen, to assess their strengths and weaknesses and the expectations of them, and to identify some options or strategic orientations for the following five years.

37. Two general questions would therefore need to be addressed: how much physical presence already existed and what would be justified in the future; and what balance should be struck between designing a standardized "global" model and building in the necessary flexibility to respond to changing opportunities

and demands? In addition, there were a number of more specific questions to be answered, relating to WHO's centres, on the one hand, and its country offices, on the other.

38. The methodology for preparing the paper would accordingly consist of a review of major policy and strategy documents from WHO headquarters, EURO and other selected organizations; a review of financial, administrative, technical and monitoring/evaluation information; a survey of staff and external stakeholders (including members of the SCRC), focusing on selected examples of country work; and two "brainstorming" meetings, with WHO staff and with selected users or potential users of WHO's work.

39. The paper would begin with a brief description of the existing presence in Member States and of the situation in other regions and organizations. It would then present an analysis of the perceptions and proposals of EURO's stakeholders regarding those issues, and it would conclude with a set of strategic orientations and a list of questions for debate at RC53.

40. With regard to WHO's centres in various countries, the SCRC expressed concern that they had grown up organically, with little discussion of a deliberate structure and few provisions for formal annual reporting. Initially, they had concentrated on technical matters, but they had since expanded into the field of policy guidance, an area where the SCRC believed the Regional Office should play the main role. In addition, it was unclear whether they improved EURO's visibility in the Region as a whole, and there was a risk of imbalance since countries of central and eastern Europe might not be able to contribute to their running costs in the same way as western European ones were doing.

41. SCRC members from countries in which WHO had a country office perceived that arrangement as being beneficial, in that it strengthened the country's capacity to handle its health problems and served as a channel for the exchange of information with other countries and WHO. Other members noted, however, that liaison offices were not needed in every country. The SCRC recognized that there was a fundamental difference between a WHO centre and a country office, but it considered that both could equally well serve as a locus for WHO's presence.

42. Lastly, the SCRC noted that the Organization's collaborating centres were not sufficiently well integrated into arrangements for supporting country work, and it accordingly recommended that their role should be redefined and their details included on web sites maintained by country offices.

43. The SCRC endorsed the outline and methodology for preparing the paper for RC53 and looked forward to receiving a progress report at its next session.

Report of the SCRC subgroup on the evaluation of current arrangements for membership of the Executive Board

44. The SCRC subgroup had held three meetings since the previous session: in Copenhagen on 9 January 2003, to agree on the main outline of its working methods; in Geneva on 21 February, to review the various aspects related to membership of the Executive Board (also attended by representatives of France, the Netherlands and the United Kingdom and by the WHO Legal Counsel, with other parties invited but unable to attend); and in Copenhagen on 8 April, to finalize its report.

45. The subgroup had begun its work by considering the question of "semi-permanent" membership of the Executive Board, i.e. the arrangement whereby the permanent members of the United Nations Security Council had been entitled to a seat on the Board for a three-year term, followed by a one-year break before a further term, an arrangement that had been modified as an interim measure by the Regional Committee in 1999 to a periodicity of three years out of five. The subgroup noted that there was no explicit reference to that practice in WHO's Basic Documents or the Rules of Procedure of any of its organs. Conversely, and in line with the principle of equity for all Member States as embodied in the WHO Constitution, all countries in the Region should have an equal right to a seat on the Executive Board.

46. The subgroup had then proceeded to make a statistical analysis of the chances of a Member State obtaining a seat on the Board under various scenarios. It was observed that even complete discontinuation of the practice of "semi-permanency" would not bring a country's chance of being elected back to the level that had obtained before the increase in the number of Member States in the Region at the beginning of the 1990s. The two measures that would have a significant effect would be (a) to secure ratification and entry into force of the amendments to Articles 24 and 25 of the WHO Constitution, which *inter alia* would give the European Region an eighth seat on the Board; and (b) to increase the periodicity of the semi-permanent members to three years out of six.

47. With regard to criteria for membership of the Executive Board, the subgroup recommended the following for selection of the Member State:

- should appoint a person technically qualified in the field of health, as spelled out in Article 24 of the WHO Constitution;
- never represented on the Board (while being a member of WHO before 1991) or represented more than 20 years ago;
- should not be a member of the Board and the SCRC at the same time;
- having already been a member of the SCRC is an asset;
- having ratified amendments to Articles 24 and 25 of the WHO Constitution should be taken into consideration.

48. The following guidelines were proposed to Member States for the selection of candidates:

- current position in the health administration in his/her country (or position held in the near past) close to the political decision-making level;
- experience of working with international organizations, WHO or other United Nations organizations;
- ability to collaborate, coordinate and communicate within the country and between countries;
- experience in coordinating high-level political and/or technical programmes, nationally (inter-regional, interministerial) or internationally (bilateral or intercountry);
- availability and commitment;
- gender (female candidates encouraged).

49. For practical reasons, and to facilitate equitable geographical distribution of seats on the Board, the subgroup advocated the following informal and voluntary groupings:

- member countries of the European Union and the European Free Trade Association (a total of 32 countries), divided into two subgroups, "North" and "South", with three and two seats, respectively;
- members of the Commonwealth of Independent States and countries in south-eastern Europe (a total of 20 countries, with two seats, or three if the amendments to Articles 24 and 25 came into force).

50. The subgroup felt it would be preferable to adopt a consensus-based approach to the selection of candidates within each grouping, although alphabetical rotation on a voluntary basis might also be considered.

51. Lastly, the subgroup was of the view that the practice of semi-permanency should not apply to elective posts at the World Health Assembly (i.e. on the General Committee and the Committee on Nominations).

52. In conclusion, the subgroup proposed that the experience gained in implementing the above recommendations should be evaluated at the end of the first six-year cycle, and the findings reported to RC60 in 2010.

53. The SCRC warmly congratulated the members of the subgroup on their very thorough work. It fully endorsed the whole set of recommendations, which it wished to be presented to the Regional Committee as a package. To promote their acceptance and to advocate ratification of the amendments to Articles 24 and 25, discussions with representatives of Member States should be held during the World Health Assembly. In view of the considerable amount of time the SCRC had spent on the issue in the previous six years, there would be no further benefit in having the matter referred back to it again if the proposals were unacceptable to the Regional Committee.

Membership of WHO bodies and committees

54. The SCRC was presented with a document EUR/RC53/5 setting out the nominations for membership of various WHO bodies and committees. Further discussions would be held at its next session and during the World Health Assembly, while its recommendations would be elaborated at its session on the eve of RC53.

Follow-up to the external evaluation of the Regional Office's health care reform programmes

55. As requested by the Tenth SCRC at its first session, the Regional Director and the Chairman had met one of the external evaluators the day before the start of the third session and had dispelled any misunderstandings that might have arisen.

56. The paper submitted to the SCRC contained the Secretariat's comments on the recommendations made by the external evaluators. For the purposes of presentation, they could be grouped into two categories: the first nine were addressed to the Regional Committee and the Regional Office as seen from a policy perspective, while the remainder were focused more on organizational or operational aspects. The Secretariat's conclusion was that most of the recommendations related to changes and activities that were already being implemented at the Regional Office, with the approval of the Member States through their acceptance of the underlying policies and budget requirements in the Regional Committee.

57. The SCRC noted that the essential finding underlying the evaluators' report was universal respect for WHO. The full report reflected the wide diversity of activities carried out with professionalism and dedication. Taking the evaluators' recommendations out of context might give the impression that they were critical of the Office's performance, but that was not the case. Similarly, the Secretariat's comments on each recommendation, and its conclusion, might be interpreted as implying that the Regional Office had nothing to learn from the evaluation, but that was not the case, either.

58. As requested by RC52, the SCRC would report to RC53 on this issue, as part of its own report.

Officers of RC53 and regional suggestions for elective posts at WHA56

59. The SCRC endorsed the regional suggestions for elective posts at WHA56 (Vice-President of the Assembly, Vice-Chairman of Committee B, five seats on the General Committee, three seats on the Committee on Credentials and six seats on the Committee on Nominations) and for the President of RC53. It would revert to the question of the other officers of RC53 at its next session. The Regional Director was asked to suggest a replacement for the post of Rapporteur of Committee A, since the original nominee had had to decline the offer.

60. The SCRC noted that, in future, the question of elective posts at the World Health Assembly could be taken up at its December session and would be considered in the context of the recommendations made

by its subgroup on membership of the Executive Board, if those were accepted by RC53 (see paragraph 51 above).

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

61. As was customary, the President of the Staff Association briefed the SCRC on matters of concern to the staff. While the Association had traditionally played a consultative role vis-à-vis the Administration, the recently introduced human resources reform package made it appropriate for the relationship between the two parties to be based in future on a much more equal footing. All the WHO staff associations had therefore agreed on a joint paper to be presented at the next meeting of the Global Staff Management Council, which outlined proposals for a way of working based more on partnership.

62. WHO's contractual reform, implemented in July 2002, was designed among other things to put an end to the unacceptable practice of long-term short-term employment of staff (60% of the staff at the Regional Office were on short-term contracts). During the three-year transitional period, good progress was being made in transferring staff to term-limited contracts.

63. The new performance management and development system (PMDS) had completed its first year of operation. While the Staff Association welcomed the introduction of the new system, believing that it should provide a fairer method of assessing the staff's performance, it was clear that much still needed to be done to improve its implementation.

64. A staff survey carried out the previous year had identified a number of areas of concern, including the quality of management, the challenges of working in a culturally diverse environment, and the existence of unnecessary bureaucratic burdens. The Administration was addressing some of the more critical issues, while the appointment of a Staff Development and Training Officer and the adoption of an SDT policy and programme testified to a more coherent approach to the important question of training.

65. In conclusion, the Staff Association believed that dialogue and transparent discussions were much the preferred way of working, and it intended to continue in that direction in the year ahead.

66. The SCRC welcomed the evidence of good relations between the staff and the Administration, and of progress being made in tackling the problem of excessive numbers of short-term staff. In view of the proposed increase in the programme budget for 2004–2005, it looked forward to a slight alleviation of the budgetary constraints on staffing. With regard to the introduction of PMDS, it agreed that performance evaluation and appraisal were necessary activities, but it felt that continuing professional development was even more important for the long-term health of the Organization. Lastly, it emphasized the vital necessity of continuing to ensure the security, health and safety of the staff.

Other matters

Budgetary implications of Cyprus's reassignment from the Eastern Mediterranean to the European Region of WHO

67. The SCRC advised the Regional Director that he should not request additional funds for the European Region with regard to Cyprus's potential reassignment to the European Region; the additional administrative burden could be absorbed within the current budget provision.

Severe Acute Respiratory Syndrome (SARS)

68. At the SCRC's request, it was briefed on the latest developments with regard to SARS. WHO had issued a global alert on 12 March 2003 and a travel advisory on 4 April; as of 8 April there had been 2601 cases and 98 deaths throughout the world. Definitions of suspect and probable cases had been worked out,

and affected areas were being identified. Probable cases had been reported by eight countries in the European Region.

69. It had been established that SARS could be transmitted from person to person by droplet infection, but large point source outbreaks also indicated other, unknown routes of transmission. The incubation period was 2–12 days, almost all cases developed pneumonia, the majority of cases were hospital workers and household contacts, and the case fatality rate was approximately 4%. A global surveillance network had been set up and the situation was being constantly monitored, with the latest information made available on a special web site (http://www.who.int/csr/sars/en/).

70. Members of the SCRC were appreciative of the opportunity to exchange experiences and obtain guidance on such matters as national travel advisories, the possibility of transmission during the incubation period, and the use of quarantine measures. They acknowledged that, while WHO could provide evidence-based advice, the necessary political decisions had to be taken by national governments themselves.

Counterparts and focal points

71. The SCRC was presented with a document (EUR/RC52/SC(3)/7) and a CD-ROM containing information about the Regional Office’s networks of counterparts and focal points.