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of the Regional Committee for Europe**

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Introduction

1. The Twentieth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its second session in Sofia, Bulgaria, on 26 and 27 November 2012.

Opening statement by the WHO Regional Director for Europe

2. In her opening statement, Zsuzsanna Jakab, WHO Regional Director for Europe, welcomed new members of the SCRC and thanked the host country, Bulgaria, for its hospitality. The WHO Regional Office for Europe had been involved in many activities since the last meeting of the SCRC, including a number of events around the Region to launch the new European policy framework for health and well-being, Health 2020. A launch event for the review on the social determinants of health would be planned in 2013, with the participation of Sir Michael Marmot. The Regional Office was working actively with Member States in the Region. A joint mission to Romania had been conducted with the European Commissioner for Health and Consumer Policy to promote efforts to address drug-resistant tuberculosis. Several high-level and ministerial delegations had visited the Regional Office. The Office was continuing its close collaboration with Cyprus, which currently held the presidency of the Council of the European Union (EU). The third meeting of the European Environment and Health Ministerial Board (EHMB) had been held in Azerbaijan, and the Regional Director had also conducted visits to Kazakhstan and Tajikistan.

3. The Regional Office was continuing its close cooperation with the European Union and had held its biennial joint coordination meeting with the European Centre for Disease Prevention and Control. The Regional Director had attended the biennial meeting of United Nations Regional Directors in Geneva to discuss, inter alia, the post-2015 development process. The Regional Office had presented its final comments on the proposed programme budget for 2014–2015 to WHO headquarters, and the first meeting of the taskforce on resource mobilization and distribution had been held. That meeting had focussed on existing difficulties with mobilization and distribution, and the second meeting, which would be held in Copenhagen in March 2013, would focus on how to rectify those difficulties. A retreat had taken place to discuss how the Regional Director and Secretariat would honour the commitments made during the sixty-second session of the WHO Regional Committee for Europe (RC62). Other discussions during the retreat had included how to ensure that the Office's priorities were in line with those set out in the twelfth General Programme of Work (GPW12); how to redress the gap in the Regional Office's income for 2014–2015; whether any activities could be "sunset"; and how to ensure the long-term financial sustainability of the Office.

Report of the first session of the Twentieth SCRC

4. The report of the Twentieth SCRC's first session (St Julian's, Malta, 13 September 2012) had been distributed electronically and had been the subject of extensive discussion. Although members of the SCRC agreed that the report was a good record of the session, they were concerned that a solution must be found in order to avoid the late submission of major amendments to draft resolutions, which had occurred during RC62. The report was adopted with one editorial amendment.

Follow-up to the sixty-second session of the Regional Committee (RC62): evaluation and review of actions by the SCRC and the Secretariat

5. The Regional Director said that RC62 had been a positive, constructive and forward-looking session, with the adoption of strategic documents that represented a milestone for the Region. The adoption of Health 2020 had been the result of a two-year participatory process. The agenda and workload for RC62 had been particularly heavy. Although working documents had been issued on time, information and background documents had been late and particularly long, resulting in a considerable burden for Member States when preparing for the session. In future, only working documents would be posted on the Regional Committee's web page, while background and information documents would be posted under technical items on the Regional Office's web site. Member States had particularly welcomed some elements of the session, such as the new format of the discussion on matters arising from the World Health Assembly and Executive Board. The chairpersons of all regional committees would report back to the Executive Board for the first time in January 2013. Members of the Regional Committee had also welcomed the fact that a full day had been devoted to discussing WHO reform, although they had felt that while the two parallel working groups had provided a good opportunity to discuss budget issues, they had not had sufficient meeting time to achieve their full potential.

6. The increasing interest of high-level delegates and ministers in the sessions of the Regional Committee was particularly encouraging. The ministerial lunches had been useful, and the Regional Director said she would welcome suggestions on ways of engaging ministers further. The high-level meeting for selected Member States (members of the Commonwealth of Independent States (CIS), Georgia and the South-eastern Europe Health Network (SEEHN)) before the beginning of the session had not been well attended. Views on why that had been the case and how to increase attendance at future meetings would be appreciated. While consultations with Member States throughout the year had enabled the smooth discussion and adoption of working papers, the same could not be said for the resolutions. The draft resolutions had been felt to be too long and had not been reviewed sufficiently by the SCRC. The Regional Committee had not had sufficient time to consider proposed amendments, which had resulted in tensions arising between Member States. The SCRC could consider recommending to the Regional Committee the introduction of a rule similar to rule 50 of the Rules of Procedure of the World Health Assembly, which stated that "no proposal shall be discussed or put to the vote at any meeting of the Health Assembly unless copies of it have been circulated to all delegations at least two days previously". Since the Regional Committee's sessions were shorter than those of the World Health Assembly, the SCRC might consider introducing a 24-hour rule, rather than a 48-hour rule, to be applied to the Regional Committee. If such a rule was adopted, there would be implications for the Regional Committee's programme of work, and care must therefore be taken to ensure that there would be sufficient time to discuss items and submit proposed amendments within the 24-hour timeframe.

7. The members of the SCRC agreed that RC62 had been particularly significant and successful, owing to the adoption of Health 2020, the European Action Plan for strengthening public health capacities and services, and the action plan on healthy ageing, which, together, should be used to guide all health policies in the future. Several members of the SCRC commended the working documents and discussion on the European Regional Office's perspective on the proposed programme budget 2014–2015. One member suggested that, in future, ministerial lunches throughout the session should focus on one subject, such as universal coverage. A clearer scope and purpose of the high-level meeting for selected Member States would encourage attendance.

8. One member of the SCRC expressed concern that during RC62, the introductions to policy and technical subjects given by the Secretariat had been too long. In some cases the introductions

made on behalf of the SCRC had overlapped with the Secretariat's presentation. Care should be taken to avoid duplication and to ensure that the SCRC only made presentations on the subjects of which it had ownership: it should not introduce items handed down to the Regional Committee by WHO headquarters. In order to avoid the late submission of major amendments to draft resolutions, all stakeholders had a role to play. The SCRC must be in a position to take ownership of those drafts, to approve them in a timely manner, and communicate with Member States and/or subregional groups as necessary. It was agreed that the Secretariat should prepare draft resolutions much earlier, allowing the SCRC to discuss and approve them in advance, if possible before the SCRC's May session. A 24-hour rule would be preferable to a 48-hour rule, owing to the time constraints of Regional Committee sessions. Member States and subregional groups must abide by that rule, while the Regional Director or the President of the Regional Committee should have the authority to waive it if necessary. Member States must notify the Secretariat at the earliest opportunity in the event that they had any substantial concerns regarding a draft resolution. Particular consideration should be given to how the SCRC could improve its communication with subregional groups, such as the EU and the SEEHN, in order to ensure maximum transparency, while taking care not to exclude any other Member States from the channels of communication. At the same time, the SCRC's role must not be undermined: certain members of the SCRC were also member countries of the EU, and had therefore found themselves in a position whereby they had, in their capacity as members of the SCRC, proposed a resolution for adoption, while, in their capacity as member countries of the EU, disagreed with it.

9. The Regional Director agreed that more consideration should be given to how SCRC presentations could be linked to Secretariat presentations when introducing agenda items, in order to avoid overlaps. Although the adoption of resolutions was rarely problematic, she agreed that draft resolutions should be discussed in greater detail in the SCRC. The discussion on the draft resolution on the geographically dispersed offices (GDOs) had given rise to new dynamics in the Regional Committee, as new donors had emerged. The issue would likely occur again in future, and must therefore be considered carefully. The amended resolution on the country strategy (EUR/RC62/R7) was particularly worrying, since it requested, in paragraph 4 (e), that the Regional Director "develop [...] criteria for setting up and closing country offices". Those criteria should, in fact, be developed through the WHO reform process, not by the Regional Director. Earlier submission of the amendments to that resolution would have afforded the Secretariat time to explain that issue. Efforts should be made to increase transparency in subregional consultations and to improve outreach by the SCRC, to ensure that the role of the SCRC was not undermined. Better consultation was required with regard to draft resolutions, which should be discussed in more detail at the open meeting of the SCRC in May each year.

Provisional agenda of the sixty-third session of the Regional Committee (RC63)

First draft and review of main technical/policy subjects and consultation process on the provisional agenda of RC63

10. The SCRC made an initial review of the subjects for inclusion in the provisional agenda of RC63. The agenda was generally considered to be heavy. Proposals were made to include certain issues, such as feedback from high-level conferences where action from the Regional Committee was not required, in the report of the Regional Director or in technical briefings, in order to free more time for plenary discussions on other items. Consideration should be given to how to group agenda items together in a more coherent manner and whether they could be organized to reflect the five categories of the twelfth General Programme of Work (GPW 12). In that regard, mental health could, for example, be included under the umbrella of noncommunicable diseases (NCDs). Consideration should be given to the possibility of inviting

representatives of other ministries, such as agriculture and environment, to discussions on issues that related to those sectors, such as vector-borne diseases and environment and health. Discussions on the targets and indicators for Health 2020 should be held early in the session, since Health 2020 would affect many of the other subjects under discussion. One member said that the ministerial lunches should not simply be a briefing on technical matters, but rather should provide support for politicians with regard to policy implementation, in order to effectively promote the whole-of-government approach. The time required to discuss the update on GDOs would depend on progress made with regard to GDOs before the session. An update on the present and future situation of the GDOs was critical for the consideration of the Office's financial situation, and should therefore feature early on in the programme for RC63.

Review of the European Environment and Health Process

11. The Coordinator, Environment and Health, Division of Communicable Diseases, Health Security and Environment, presented the European Environment and Health Process thus far, and said that the Secretariat proposed an item to be included on the agenda of RC63, comprising a report submitted by the EHMB and consideration of the election of four new Board members. The report would present the achievements made in the Environment and Health Process, as well as the areas in which further efforts were still required; it would outline the activities undertaken by the EHMB and the European Environment and Health Task Force (EHTF), as well as their work plans and financial requirements. The discussion at RC63 would include a ministerial panel discussion, with panellists including the co-Chairs of the EHMB, representatives of the United Nations Economic Commission for Europe (UNECE) and the United Nations Environment Programme. A resolution would be presented for adoption in order to allow the Regional Committee to endorse the report of the EHMB and adopt decisions to guide the Secretariat.

12. One member of the SCRC pointed out that in electing new members, it was important to bear in mind the continuity of health representation on the EHMB, with staggered terms of office.

The WHO European Mental Health Action Plan

13. The Deputy Director, Division of Communicable Diseases, Health Security and Environment introduced the new European Mental Health Action Plan, which would signify a renewal of the Region's commitment to the Action Plan adopted in Helsinki in 2005. The European Mental Health Action Plan would be in line with Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases, the European action plan to reduce the harmful use of alcohol and the values and priority areas enshrined in the new European policy for health and well-being, Health 2020. It would also be informed by the global mental health action plan, which was currently being developed by WHO headquarters. The action plan would be centred on three axes: well-being, rights, and services and care. It would contain seven objectives (three core and four cross-cutting), with suggested actions for Member States and WHO. The drafting process was under way, and was being overseen by a working group comprising representatives of Member States, the European Commission and nongovernmental organizations (NGOs), as well as experts and patient and family representatives. A high-level consultation with Member States had been held in September 2012. Further consultations with Member States and other stakeholders would continue and a revised version of the Action Plan would be submitted to the SCRC for consideration at its next session in March 2013.

14. One member of the SCRC expressed concern that the Regional Office lacked resources to implement its activities. He wondered whether an action plan at regional level could be presented as part of the implementation of the global plan, in order to secure more resources for its implementation. Another member suggested that one of the discussions on WHO reform on

the agenda for RC63 could be dedicated to the topic “One WHO”; the European Mental Health Action Plan could be discussed in that context, as a demonstration of how the Regional Office’s work dovetailed into efforts at global level.

Regional Action Plan for surveillance and control of invasive vectors and re-emerging vector-borne diseases, 2014–2018

15. The Deputy Director, Division of Communicable Diseases, Health Security and Environment said that the incidence of vector-borne diseases in the Region was on the rise and that their distribution was widening, as evidenced by the recent outbreak of dengue fever in Madeira, Portugal. In the absence of effective treatment or vaccines, early detection of human cases of those pathologies was particularly important if vulnerable populations were to be protected. The new Regional Action Plan for surveillance and control of invasive mosquitoes and re-emerging vector-borne diseases would target the two types of mosquitoes that transmitted chikungunya and dengue: *Ae. Albopictus* and *Ae. Aegypti*, the presence of which was increasing in certain countries in the Region as a result of travel, trade and climate change. The plan had six strategic directions for which core actions had been defined, to be undertaken by Member States and WHO. In preparing the draft action plan, a regional partnership had been established between WHO, the European Mosquito Control Association (EMCA) and the European Centre for Disease Prevention and Control (ECDC), with the involvement of the VBORNET network of medical entomologists and public health experts, and a meeting of the partners had been held in the Netherlands in June 2012. The first draft of the action plan had already been circulated among partners and donors for review. The second draft would be prepared on the basis of the results of that review, and would be submitted to the SCRC for its consideration at its next session in March 2013.

16. While some members of the SCRC said that vectors and vector-borne diseases were not a significant risk in their countries, others said that, since incidences of vector-borne disease were on the increase in some countries in the Region and vectors had already been identified, early preventive action would be essential in order to avert a potential Region-wide crisis. Some members expressed concern about the financial implications of adopting a regional action plan, particularly given the current financial climate. It was suggested that vectors and vector-borne diseases could be included in a more general topic for discussion, such as communicable diseases, or future health threats to the Region. Alternatively, rather than an action plan, the Regional Office could draft a regional framework, or a set of guidelines to help Member States develop national action plans, according to their needs. WHO could also play a crucial role in facilitating coordination between countries, since vectors and vector-borne diseases could only be addressed using a holistic approach involving other sectors and the Eastern-Mediterranean Region of WHO.

17. It was agreed that the Secretariat would consider the development of either a regional framework or guidelines for the development of national action plans, rather than a regional action plan, after consultation with the relevant Member States on how to proceed. The SCRC would be informed of developments at its next meeting.

Progress report: measles and rubella elimination

18. The Deputy Director, Division of Communicable Diseases, Health Security and Environment said that in 2010, the Regional Committee had set 2015 as the target date for the elimination of measles and rubella. Although progress had been made since 2010, significant challenges to elimination persisted, with more than 95,000 cases of measles reported between January 2010 and October 2012, and large outbreaks in a number of countries, particularly in western Europe. Young adults were at particular risk of contracting measles and rubella, owing to an erosion of trust in vaccines, immunization and health systems, and inequities in health service delivery to marginalized communities. As part of the drive to meet the 2015 target, the

Regional Office was proposing to develop, through a consultative and inclusive process, a new “package for accelerated action”, to strengthen and boost its technical support to Member States as they sought to eradicate measles and rubella.

19. Members of the SCRC expressed their support for the reintroduction of communicable diseases onto the Regional Committee’s agenda and said that careful consideration must be given to how to bridge immunization gaps and ensure adequate protection for vulnerable groups.

20. The Deputy Director, Division of Communicable Diseases, Health Security and Environment said that the Secretariat would develop a set of tools that could be used to promote immunization coverage for vulnerable and hard-to-reach groups. European Immunization Week afforded good opportunities for awareness-raising.

Business cases for new geographically dispersed offices (GDOs): Proposed outline and process

21. The Senior Strategy and Policy Adviser introduced the proposed outline and process for developing business cases for new GDOs, which had been requested by Regional Committee decision EUR/RC62(2). The SCRC’s guidance was sought on how to consult with Member States about the development of the business cases. The decision stated that account must be taken of the expression of interest made by Kazakhstan to host the GDO for primary health care; no such expressions of interest had been received with regard to the GDO on emergency and humanitarian assistance and the Office must therefore sound out Member States’ level of interest in hosting the new GDO.

22. In the ensuing discussion, members of the SCRC said that GDOs should only be established when a gap in the Regional Office’s technical capacity had been identified. Specific business cases stipulating the need for a GDO to work on a particular area were therefore very important. Terms of reference for GDOs should be established before calling for expressions of interest from potential host countries. Countries expressing an interest should ensure that the funds required for hosting the GDO for the coming 10 years had been secured. The Secretariat must also be given the mandate to act swiftly to halt the preparations for setting up a GDO if it became apparent that those funds could not be secured. Consideration should be given to whether the system of GDOs was in fact the most economical, or whether strengthening the Regional Office in Copenhagen would be a more effective approach in the long term. One member asked who would be responsible for drafting the business cases and inquired as to the status of the GDO strategy, which had not been adopted at RC62. Some members suggested that, despite the fact that Kazakhstan had expressed an interest in hosting the GDO on primary health care, for the sake of transparency the terms of reference for that GDO should be drafted and sent to all Member States with a request for expressions of interest. Others said that there had been implicit approval of Kazakhstan’s offer at RC62. Kazakhstan had consistently strengthened its experience in primary health care and was therefore a good candidate to host the new GDO. One member asked what was being done to seek a new host country for the GDO on NCDs. It was agreed that the Secretariat should compile a technical profile for the proposed new GDOs, setting out the Region’s needs in respect of the technical area concerned, and describing the measures already being taken by the Regional Office, as well as the Regional Office’s potential should more resources become available. The SCRC wished to consider those profiles before calling for hosting offers from Member States.

23. The Regional Director said that, at RC63, the Secretariat would give its regular annual update on the situation of existing GDOs. With regard to NCDs, the Greek Government had not sent an official statement to the effect that it would be unable to host the GDO. Should the Greek Government pull out of the commitment, the Russian Federation would be approached. GDOs were funded by the host country, and therefore played a very important role in bridging

gaps in the Regional Office's technical capacity, for which it did not have sufficient financial resources. Since Kazakhstan's offer to host the GDO on primary health care had been understood, by some, to have been approved by the Regional Committee, should the SCRC wish to call for expressions of interest from other Member States to host that GDO, it should include a statement to that effect with the business case. Technical profiles, as requested by the SCRC, would be prepared and circulated electronically to all SCRC members for their review and comments in an electronic consultation process, to be completed in January 2013, after which the call for offers to host the two new GDOs would be made. The first draft of the business cases would be prepared in time for the SCRC's next meeting.

Proposed meetings and high-level conferences in 2013

24. The Deputy Director, Division of Communicable Diseases, Health Security and Environment said that the first high-level conference in 2013 would be on health systems in times of fiscal austerity and economic crisis, and would be held in Oslo, April 2013. The first conference on the financial crisis had been held in 2009, since which time the global financial crisis had deepened. The meeting, which was being coordinated by the WHO Barcelona Office for Health Systems Strengthening, would review the latest information on how the crisis and policy response measures were affecting health systems. A ministerial conference on nutrition and NCDs would be held in Vienna in July 2013, as follow-up to the ministerial conference on counteracting obesity, which had been held in Istanbul in 2006, in order to renew the European Action Plan for food and nutrition, which had expired in 2012. The third high-level conference would be on health systems for health and wealth. It would be held in Tallinn in October 2013, in follow-up to the adoption of the Tallinn Charter in 2008. A report on the implementation of the Tallinn Charter would be submitted to the Regional Committee at its session in 2015. Responding to a question raised by a member of the SCRC she said that the meeting would be linked to the meeting on fiscal austerity, since the financial crisis had affected Member States' capacity to implement the Tallinn Charter. The fourth high-level conference in 2013, on NCDs, would be held in Ashgabat, Turkmenistan in December and would involve a midterm review of the European strategy for the prevention and control of NCDs. The regular five-year commemoration of the adoption of the Declaration of Alma Ata would also be held in 2013.

25. The SCRC requested that the following ministerial and high-level conferences, which would result in the issuing of a declaration or other outcome to be endorsed by the Regional Committee, should be included on the agenda of RC63: the conference in Oslo on the economic and financial crisis, the Vienna conference on nutrition and the Helsinki conference on health in all policies. The outcomes of other high-level and ministerial conferences due to be held in 2013 should either be the subject of a progress report included in the Regional Director's report to RC63, or should be the subject of a technical briefing.

26. A video presentation was made on behalf of the Ministry of Health of Turkmenistan, showing developments in health care facilities in Turkmenistan, in preparation for the high-level conference on NCDs.

Using the Proposed programme budget 2014–2015 as a strategic tool for accountability: "Contract 2014–2015"

27. The Senior Strategic Adviser, Programme and Resource Management introduced the concept of the "contract" between the Regional Committee and the Secretariat, which could be presented to RC63. The "contract", which had been requested by Member States, would not be legally binding, but rather an expression of mutual commitment, would be developed on the basis of the results obtained from the trial for using the Programme Budget as a strategic tool for accountability, described document EUR/RC61/Inf.Doc./10. The aim was to link agreed outcomes with resources, thereby encouraging donors to provide more flexible funding and in-kind contributions. Although the trial had been postponed pending certain decisions in the WHO

reform process, it had since resumed, and its results would be evaluated in February 2013. Initial findings obtained over the first six months of 2012 had brought to light three main impediments to the tool's implementation: lack (or shortage) of funds, lack (or shortage) of human resources, and lack of political will.

28. The Secretariat proposed that, at its current session, the SCRC should provide guidance on the concept of priorities within priorities, or key priority outcomes (KPOs). Members should also offer their views on the usefulness and feasibility of the accountability framework presented. The Secretariat would evaluate the trial, as scheduled, in February 2013, and would present the results, together with a proposed draft "contract 2014–2015" to the SCRC at its third meeting in March 2013. The SCRC would be requested to review the draft. Should the SCRC decide, at that meeting, to proceed with the preparation of the "contract", the Secretariat would prepare the penultimate draft for the SCRC's final review at its fourth session in May, before finalizing the draft for inclusion in the documentation to be considered and adopted at RC63 in September 2013.

29. Members of the SCRC asked how the performance indicators had been set, since the target for the proportion of total spending on staff in base programmes was only 55%, with a baseline of 60%, which seemed low. They also asked how the commitment of Member States with regard to the implementation of resolutions and strategies could be measured. One member requested a simplified explanation of the contract for the uninitiated. Others said that the contract would be a means of showing, on the one hand, whether the Secretariat was carrying out the Regional Committee's instructions and Member States were getting value-added for the money they invested, and, on the other, whether Member States understood and were meeting the commitments they undertook in the context of the Regional Committee. The quality and use of voluntary contributions (VC) must be improved and rationalized, since they constituted 85% of the Regional Office's budget. Both the Regional Office and WHO headquarters should stop willingly accepting everything donors offered, and, when relevant, refuse heavily earmarked donations. The "contract" approach could also be applied between the Regional Office and WHO headquarters.

30. The Senior Strategic Adviser, Programme and Resource Management explained that the baseline proportions for performance indicators had been set using the actual spending at the time when the table had been drawn up (spring 2011). Member States' implementation of their commitments would not be measured as such; under the "contract" there were three actors accountable for the results of WHO's activities: the Secretariat, Member States and resource providers. The contract would indeed lead to an assessment of the Secretariat's performance, under the caveat that the Secretariat's work was funding-dependent and earmarking of VC could therefore impact on performance. Particular consideration should be given to why donors earmarked their funds so strictly, and whether they might be of the mind that, in its organization of unearmarked funds, WHO was either not doing the right things, or not doing things right. The issue of a "contract" between the Regional Office and WHO headquarters should be raised with the Programme Budget and Administration Committee (PBAC) of the Executive Board.

31. The SCRC agreed to the timeframe proposed for developing the "contract". It requested the Secretariat to provide a short guide to the "contract" for policy-makers who were not necessarily conversant with the progression of concepts and ideas that had led to "contract" being developed. The Secretariat was also encouraged to consider holding briefing sessions in the context of future governance meetings, and to expand the glossary included in the Oversight Report.

Health governance in the WHO European Region

32. The Executive Manager, Partnership said that, following the adoption of decision WHA65(9) by the World Health Assembly to align and harmonize the practices of WHO's

regional governing bodies, the Regional Office for Europe had implemented all of the governance-related provisions of that decision, and the relevant amendments would be made to the Rules of Procedure of the Regional Committee. The question of the transparency of SCRC procedures had been under discussion for some time. Although the May meeting of the SCRC had been opened to observers, many Member States still felt there was a lack of transparency in the SCRC's procedures. Consideration should also be given to how the SCRC could reach out to Member States, and how its links with regional subgroups could be strengthened, in order to ensure a more coordinated approach to preparations for the Regional Committee. Regarding the nomination of representatives of the SCRC to the Executive Board, a request had been made to review the current subgroup procedure and rotating seat. The SCRC should also decide whether a 48-hour or 24-hour rule on the submission of amendments to draft resolutions at the Regional Committee (similar to that in the Rules of Procedure of the World Health Assembly) should be added to the Regional Committee's Rules of Procedure.

33. Regarding the transparency of its work, the SCRC agreed to publish on its web site, well in advance of each session, its agenda and a list of the documents to be discussed, and subsequently to publish the report of the session. While some members were in favour of also publishing the documents for discussion, others cautioned that those documents were changed, often beyond recognition, before being presented to the Regional Committee and it was not necessary to make them public in the early stages of drafting. It was suggested that each member of the SCRC could represent a number of other Member States, in order to ensure that the SCRC reached out to all Member States effectively during the preparations for the Regional Committee. Links with the presidencies of the Council of the EU should be strengthened. It was agreed that a 24-hour rule for submission of amendments to draft resolutions should be added to the Regional Committee's Rules of Procedure, on the understanding that minor editorial amendments could be made to draft resolutions at a later stage. Care must be taken to ensure that the SCRC did not lose control of draft resolutions during the preparatory stage. On the question of nominations to the Executive Board, consideration should be given to whether changing the number of subregional groupings to two or four could solve the difficulties. Some members suggested that nominations should be made on merit only, not on the basis of geographic rotation. It was agreed that a working group should be established to consider the governance question in more detail and to draft proposed solutions to the issues in question, for the SCRC's consideration at its next meeting in March 2013. The working group would comprise representatives of Finland, Israel, Malta (Chairperson), Poland, the Russian Federation, Turkey and the United Kingdom.

34. The Regional Director agreed that, for the purposes of transparency, the agenda, list of documents and report of each session of the SCRC, at the very least, should be published on the SCRC's secured website. All Member States in the European Region would be invited to comment on the proposed agenda for RC63 before the next session of the SCRC. She reiterated that transparency with regard to the proposal of amendments to draft resolutions during sessions of the Regional Committee was crucial and, to that end, it was important to establish a mechanism for consultation to ensure that all Member States, were kept abreast of all proposed amendments and given sufficient time and opportunity to consider them in detail. Lastly, she welcomed the decision to establish a working group to discuss governance issues.

A review of the status of resolutions adopted by the Regional Committee at previous sessions, and recommendations for sunseting

35. The Deputy Director, Division of Communicable Diseases, Health Security and Environment said the Secretariat had presented RC62 with a study reviewing existing Regional Committee resolutions as part of the evidence to support Health 2020. The Regional Committee had requested that the Secretariat identify resolutions that were no longer relevant and could be "sunset", and propose end dates and reporting schedules for others, where appropriate. In follow-up to document EUR/RC58/11, endorsed by RC58, which aimed to streamline

requirements for reporting on past resolutions, the Secretariat had reviewed all the resolutions identified in document EUR/RC58/11. On the basis of that review, the Secretariat proposed that three resolutions be sunset, since new resolutions had since been adopted, rendering them obsolete. Two others would be revised. The Secretariat had also considered all the resolutions adopted by the Regional Committee over the past five years, eight of which would be sunset, and 18 would be revised. The SCRC should advise whether the resolutions adopted over the previous five years (2003–2007) should also be revised, or whether all those without reporting requirements should be sunset automatically.

36. The SCRC pointed out that future resolutions should come under the umbrella of Health 2020. The World Health Assembly had agreed to group the Organization's activities into five categories. Regional Committee resolutions could be grouped under the same categories, in a spirit of harmonization. Some members expressed concern that some of the newly proposed reporting requirements would require discussion at national level. One member asked when the new reporting cycle for the resolution on governance of the Regional Office (EUR/RC60/R3) would begin.

37. The Deputy Director, Division of Communicable Diseases, Health Security and Environment said that while an attempt might be made to group resolutions according to the categories set by the World Health Assembly, that approach could be problematic in the case of cross-cutting resolutions. The outcome of SCRC's discussions on GDOs would be incorporated into plans for the resolution on governance. Further consideration would be given to whether all resolutions adopted before 2003 should be considered obsolete and therefore be sunset.

Health 2020 update

38. The Regional Director explained that a plan was being developed to support the implementation of Health 2020, which would cover all technical items and would be linked with efforts to promote health systems strengthening. The Regional Office would work with Member States on a one-to-one basis to promote the implementation of Health 2020, since each Member State was beginning from a unique starting point. Particular efforts were required to ensure liaison with Member States that did not have a country office.

39. The SCRC looked forward to receiving a more detailed Health 2020 implementation plan at its next session.

Membership of WHO bodies and committees

40. The SCRC was informed that the customary nominations or elections for membership of the following WHO bodies and committees would take place at RC63:

- Executive Board 2 seats
- Standing Committee of the Regional Committee for Europe 4 seats
- European Environment and Health Ministerial Board 4 seats
- Joint Coordination Board of the Special Programme for Research and Training in Tropical Diseases 1 seat
- Regional Evaluation Group 3 seats; 3 alternates.

41. The terms of office of the members of the EHMB could be staggered to ensure better rotation of membership. Letters calling for nominations to those bodies and committees would be sent to Member States in early 2013.

Report of the Secretariat on budget and financial issues (oversight function of the SCRC)

42. The Director, Division of Administration and Finance, informed the SCRC about the financial situation of the Office: VC availability was currently US\$ 6 million less than at the equivalent time in the previous biennium, with income for the current biennium projected to US\$ 228 million, as opposed to US\$ 236 million in 2010–2011. At the same time, spending on staff was projected to amount to US\$ 135–140 million, compared with US\$ 130 million during the previous biennium. As a consequence and despite measures taken to reduce spending, a considerable salary gap was foreseen. Thus far in the current biennium, the Regional Office had received fewer globally mobilized funds than at the equivalent time in the previous biennium. The Regional Office for Europe was the WHO regional office that mobilized the most of its resources locally. Unfortunately, however, locally mobilized resources tended to be heavily earmarked and tied to activities, and therefore could not be used to pay staff salaries. Measures were being taken to reduce staff costs in the longer term. In the short term, measures were being taken to cut costs, such as reducing staff duty travel to internal meetings and conferences and visits to countries without biennial collaborative agreements (BCAs), cutting back consultant contracts and reviewing retirements and short-term contracts. While those measures might, in the short term, cover part of the foreseen salary gap, a better balance between commitments and corporate funds would be required.

43. In order to ensure longer-term sustainability of financing, the Secretariat was currently updating its portfolio of KPOs and other priority outcomes (OPOs) on the basis of commitments undertaken at RC62. Voluntary and corporate funds envelopes would be defined for each division and the divisions would have to “rightsize” their staffing for 2014–2015 to sustainable levels. Efforts would be made to mobilize more flexible resources, together with more targeted fundraising, and to ensure a more equitable allocation of globally mobilized resources. The quality of locally raised funds should be improved, to ensure, among other things, full recovery of staff-related costs and greater flexibility. The procedure for making donor proposals was therefore being revised.

44. Members of the SCRC encouraged the Regional Office to make its austerity measures known to all Member States. The Offices’ proposals for streamlining spending were welcomed, and similar measures should be encouraged at global level, as part of the overall WHO reform process. The SCRC wished to know why globally mobilized funds were not distributed to the Regional Office for Europe. While the oversight report was welcomed, it could be simplified. It would be beneficial, in the table of outcomes (Annex II), to add a further column showing the resources allocated to each outcome. A full review was required, not only of the Regional Office’s funding situation, but also of the funding situation of the whole Organization. Some members expressed an interest in knowing where contributions came from, and how resources were mobilized: they wished to understand why funding was not being received from Member States to implement the programmes and activities that they themselves had agreed were required, and why funding that was intended for activities at the Regional Office was not always received from headquarters. One member pointed out that in most countries the agencies that paid VC tended to earmark their funds very specifically. It could be difficult for Member States to keep track of their total contributions to the Organization, which originated from different sources and agencies within the Member State. It would be interesting to know what proportion of capacity-building activities was funded from assessed contributions and CVCA, and what proportion was funded through other VC funds. Another member expressed particular concern about NCD-related work, which seemed to be particularly underfunded.

45. The Regional Director said that Member States were in a unique position to call for a more equal distribution of funds from WHO headquarters. It was particularly difficult to fundraise for areas such as country presence and the administration and management of the

Regional Office. A different business model was required to protect current staffing at the Regional Office. The only long-term funding commitment to core technical areas came from countries hosting GDOs. It would be impossible, given the current financial circumstances, to incorporate the functions of the GDOs into the work of the head office in Copenhagen. WHO's Global Management System (GSM) ensured transparency, meaning that there was readily available evidence of decisions made at headquarters level about funding distribution. Greater corporate spirit was required in resource mobilization.

46. The Director, Division of Administration and Finance added that WHO's resources were currently mobilized in a decentralized manner, with technical programme directors and managers negotiating contributions for the Organization, meaning that the Director General was not in control of negotiations. Managers tended to negotiate funds that were tightly earmarked to their area of expertise, to guarantee that those funds could not be used elsewhere. The problem must be addressed at both global and regional levels. The Regional Office generally received any globally raised funds that were specifically earmarked to it, but did not tend to receive more loosely earmarked funds. When considering the allocation of corporate funds for the coming biennium, more could be allocated to NCDs. Unfortunately, however, that would mean reducing the allocation of corporate funding to another area.

47. The Senior Strategic Adviser, Programme and Resource Management said that members might wish to raise the issue of budget allocation to the Regional Office when the programme budget was discussed by the Executive Board in January 2013 and ask why the proportion of the budget allocated to headquarters had remained constant when focus on country support was supposed to have been increased.

Issues to be taken up with European members of the Executive Board in January 2013, and collaboration with its Programme, Budget and Administration Committee

48. The Director of Finance informed the SCRC that five main issues had been identified to be raised with PBAC: misalignment between the programme budget and its funding; unpredictability of financing; transparency of financing and efficiency of resource management; vulnerability of WHO; and inflexibility of financing. Five proposals would also be put forward: Assessed contributions (AC) should be increased; the World Health Assembly should approve the programme budget in its entirety; a structured and transparent financing dialogue should be established including dialogue after the approval of the programme budget, a meeting of all donors and interested parties to discuss reprogramming of funds, and lastly, targeted fundraising to bridge the remaining gap; WHO's coordination of resource mobilization, resource management, internal financial controls and reporting should be strengthened; and avenues for broadening the donor base should be explored. Issues to be taken up with the Executive Board included the proposed programme budget 2014–15, which was not based on costed outputs, but rather on projected expenditures from 2012–2013. The issues raised in the document from RC62, on the perspective of the WHO Regional Office for Europe remained relevant. The European Region had submitted strong comments on the programme budget 2014–2015, as had other regions. It was hoped that the programme budget to be presented to the Executive Board in January 2013 would be one on which all members could agree. The issue of WHO's arrangements for hosting health partnerships and proposals for harmonizing work with hosted partnerships (document EB132/5 Add.1) would also be discussed.

49. The Senior Strategic Adviser, Programme and Resource Management said that the European Members of the Executive Board might wish to raise the issue, suggested by the Regional Committee, of moving the start of the financial year to 1 July and approving the programme budget closer to the time of its implementation.

Regional suggestions for elective posts at the sixty-sixth World Health Assembly and preparations for meetings with Member States in the European Region during the Health Assembly

50. The SCRC was informed that the European Region was required to submit candidatures for the posts of the Vice-President of the World Health Assembly, the Chairperson of Committee B of the World Health Assembly, four members of the General Committee and three members of the Committee on Credentials. Member States should express their interest in submitting their candidatures for those posts. The Secretariat would compile a list of potential candidates.

Other matters

51. The SCRC agreed to be briefed by e-mail on the process for the post-2015 development agenda.

52. The Regional Director announced that she had been informed by the Ministry of Health of Portugal that it was no longer in a position to host the sixty-third session of the Regional Committee. In seeking a new venue, the Regional Office would first approach the two Member States that had offered to host previous sessions of the Regional Committee. Should they be unable to host the session, a request for expressions of interest would be sent to all Member States in the Region. In the event that no other Member State was able to host the Regional Committee at such short notice, arrangements would be made to hold the session in Copenhagen, either at the Regional Office, provided the new premises were fully equipped with the necessary conference technology, or at another location to be decided. She would ensure that the SCRC remained informed of further developments in the situation.