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Organization**

REGIONAL OFFICE FOR **Europe**

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of the Regional Committee for Europe**  
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## **Report of the third session**

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## Introduction

1. The Twentieth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its third session at the WHO Regional Office for Europe in Copenhagen on 18 and 19 March 2013.

## Opening statement by the WHO Regional Director for Europe

2. In her opening statement, Zsuzsanna Jakab, WHO Regional Director for Europe, welcomed the members of the SCRC to the Regional Office. With regard to finding a new host country for the sixty third session of the WHO Regional Committee for Europe (RC63), as previously agreed, she had contacted the two Member States that had offered to host future sessions of the Regional Committee. She was pleased to announce that the Government of Turkey had agreed to host RC63, for which the Regional Office was particularly grateful. The host agreement for the session was currently being finalized. She also announced that the Government of Greece had formally withdrawn from hosting the Regional Office's geographically dispersed office (GDO) on noncommunicable diseases (NCDs) and said that the Regional Committee's decision EUR/RC62(2) could therefore be implemented. Discussions were under way with the Government of the Russian Federation, which, at RC62, had expressed an interest in hosting the centre in Moscow. The SCRC would be informed of further developments at its next session, and the Regional Committee would be briefed on progress made.

3. WHO reform remained high on the agenda. A number of events had taken place since the SCRC's last session, including extraordinary and ordinary meetings of the Programme Budget and Administration Committee of the Executive Board (PBAC), the 132nd session of the Executive Board, three meetings of the Global Policy Group (GPG) and meetings of the WHO task force on resource mobilization and management and the WHO task force on roles and responsibilities of different levels of the Organization. A 10-day Regional Office-wide retreat had been held, with the participation of the heads of the 29 country offices in the WHO European Region, to discuss Regional coherence, focusing in particular on Health 2020 implementation. Many Member States had launched and begun to implement Health 2020, and some had developed national health policies and strategies in line with it. At the recent meeting in Skopje to inaugurate the seat of the secretariat of the South-eastern Europe Health Network (SEEHN), SEEHN countries had reviewed Health 2020 implementation. A country-by-country review of implementation was under way.

4. Close cooperation was continuing with partner organizations; the Regional Director had held consultations with the regional directors for Europe of the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF), both of whom would be invited to attend RC63. She had also invited the new European Union Commissioner for Health and Consumers. The Regional Office was working closely with the Irish Presidency of the Council of the European Union. The Regional Director had participated in an informal meeting of European Union health ministers in Dublin in which ministers had discussed, inter alia, the health impacts of the economic crisis. Among other cooperation efforts, the Regional Office had signed a memorandum of understanding with the Eurasian Economic Community highlighting areas for collaboration on public health.

5. Responding to the SCRC member from Poland, who had recalled that the European Health Report had recently been launched in Warsaw, the Regional Director thanked Poland and said that a number of follow-up activities were being organized.

## Report of the second session of the Twentieth SCRC

6. The report of the Twentieth SCRC's second session (Sofia, Bulgaria, 26–27 November 2012) had been distributed, discussed and adopted electronically. It had been posted on the SCRC's secure website.

## Provisional agenda and main items of the sixty-third session of the Regional Committee (RC63)

7. The Regional Director presented a proposed provisional agenda and programme for RC63, which had been revised in line with comments made by the SCRC at its previous session. Should the Director-General be unable to attend, she would be represented by the Deputy Director-General. With regard to Health 2020, although the Regional Director was not obliged to report to RC63, a discussion on implementation could be useful, and a ministerial panel had been scheduled to that end. The Regional Committee would be called on to finalize the Health 2020 targets and indicators and the monitoring framework. Some rearrangements should be made to the programme to bring the discussion of the outcomes of major conferences forward to the ministerial day; the conferences were on Health 2020-related intersectoral issues, and one would address the impact of the financial crisis, a subject of particular interest to ministers. At its sixtieth session, the Regional Committee had agreed to hold an annual discussion on partnerships. In 2013 that discussion would focus on partnership within the United Nations family; a suitable time for that discussion should be found in the programme.

8. The SCRC commended the proposed agenda and programme. Some members suggested that less time than currently foreseen be allocated to the discussion of the European Environment and Health Process. One member was concerned that the agenda item on matters arising from the World Health Assembly and the Executive Board had been placed late on the programme. Another pointed out that time should be allocated for statements from guest speakers. One member said that since the European Framework for the surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases had links with environment, it should be discussed when members of the European Environment and Health Ministerial Board (EHMB) would be present. The SCRC welcomed the proposal to hold a ministerial panel on the implementation of Health 2020 but cautioned that resolution EUR/RC62/R4 did not request reporting in 2013 and a written report should therefore not be presented. It was agreed that the outcome of the ministerial conferences should be discussed on the ministerial day. One member suggested that one of the ministerial lunches be dedicated to antimicrobial resistance, with focus on the veterinary aspects.

9. The Regional Director said that consideration could yet be given to grouping the agenda items into categories as the SCRC had requested at its previous session. A rolling agenda of items for future sessions of the Regional Committee, which would be continually updated, had been prepared and distributed for the SCRC's information. The placement of matters arising from the World Health Assembly and Executive Board on the RC63 programme could be decided when the outcomes of the World Health Assembly were known. Some of those matters might be accommodated under the agenda item on WHO reform. The discussion on vector-borne diseases would be rescheduled to take place in the presence of the EHMB. It was hoped that invited guests would include the Prime Minister of Turkey and the European Commissioner for Health and Consumers. She noted the suggestion to hold a ministerial lunch on the veterinary aspects of antimicrobial resistance. The subjects of the ministerial lunches and the technical briefings would be discussed further at the SCRC's next session.

## WHO reform – updates following the 132nd session of the Executive Board including key elements of the report of the Joint Inspection Unit

10. The Regional Director briefed the SCRC on developments in the WHO reform process since the 132nd session of the Executive Board. At the most recent GPG meeting in Thailand measures had been taken to include region-specific and country-specific work in the Proposed programme budget 2014–2015 (PB 2014–2015). The WHO task force on roles and responsibilities of different levels of the Organization had developed a matrix of responsibilities of the offices with regard to the six main functions of WHO, which should be aligned with the programme budget. Although that task was complex and could not be achieved fully for PB 2014–2015, efforts were being made to eliminate all inconsistencies in and between categories to ensure that it could be used in full for PB 2016–2017. The matrix would be made available to all Member States on the WHO reform web site. The Director-General would present the Twelfth General Programme of Work (GPW 12) and PB 2014–2015 to the World Health Assembly at its next session for final approval, although Member States' comments on GPW 12 would still be taken into account. The WHO task force on resource mobilization and management had been requested to focus on ensuring the best possible scope, agenda and inclusiveness of the financing dialogues, as well to continue discussion of resource distribution, with emphasis on ensuring holistic investment. The task force had been requested to finish its work by early May 2013.

11. Taking account of the recommendations made by the Joint Inspection Unit (JIU), the GPG was conducting an assessment of the role and staffing of WHO country offices. It was also identifying technical areas for cross-regional cooperation, which would be discussed in regular meetings of “category networks”, involving all regions, and led by a team of assistant directors-general and regional directors. The lack, thus far, of such cooperation and coordination had constituted a gap in WHO governance, the bridging of which would improve consistency significantly. The establishment of similar networks was being discussed by the WHO task force on resource mobilization and management, with regular meetings involving the Director-General, regional directors and assistant directors-general, in order to ensure further consistency.

12. The SCRC welcomed the clarity of the report on WHO reform and commended in particular the acknowledgement that aligning the programme budget with the roles and responsibilities of the three levels of the Organization was a complex, difficult and lengthy task. The SCRC congratulated all those involved in implementing the reform, which constituted a significant shift in the way the Organization was managed. Several members expressed satisfaction that the WHO reform process had identified the need for cross-regional collaboration at the technical level. One member asked what the governance implications would be of finalizing the GPW after the World Health Assembly, while others cautioned that unless the GPW was finalized before the first financing dialogue in June, it would run the risk of becoming donor-driven. Member States would like to see GPW 12 and PB 2014–2015 fully adopted as a result of the World Health Assembly.

13. Measures must be taken to ensure that the financing dialogue led to coherent, centralized fundraising and more rational distribution of funds. A clear accountability mechanism must be in place to ensure that donors were properly informed about how their funding was being used. One member suggested that the first session of the financing dialogue should allow time for likeminded donors to consider innovative funding methods. Another said, with regard to seed money and the strategic use of assessed contributions (AC), consideration should be given to which functions of WHO must be protected against undue influence and should therefore be funded from AC. Some particularly sensitive issues should not be financed using voluntary funds. Consideration should also be given to how to ensure that the priorities set in the GPW

were funded from AC. Care should be taken to ensure that the financing dialogue did not result in an increase in the earmarking of voluntary contributions (VC). A system should therefore be put in place to reward the donation of unearmarked voluntary funds. Information would be welcome on what measures, if any, had been taken since the extraordinary session of the PBAC to find ways of increasing AC for countries that were not in a position to give any extra VC. Information would also be appreciated on how Member States would be informed about the results of the financing dialogue. It would be useful to see the amendments that were being made to the appropriation resolution.

14. The Regional Director said that the willingness to strengthen and improve collaboration between the assistant directors-general and the regional directors constituted considerable progress. She reassured the SCRC that the GPW would be adopted by the World Health Assembly, with Member States' input incorporated, and would not be influenced by donors. The JIU report contained many good proposals with regard to WHO country offices, which would be taken into account, but which would take some time to implement. Regarding the financing dialogue, all support and suggestions from the SCRC would be welcome. Although ultimately the financing dialogue would become the sole fundraising mechanism that would take time and for the time being additional bilateral discussions would still be needed.

15. She welcomed the suggestions made with regard to the strategic use of AC. An accountability framework for financing would be required until the programme budget became a marketable tool for donors. In the meantime, supporting documents would be included in the framework of the programme budget to explain what the Organization hoped to achieve with its funds and other accountability frameworks were being explored. On flexible funding, the fact that core voluntary contributions (CVCA) had decreased was worrying. Pursuant to article 50 (f) of the WHO Constitution, regional committees could request additional regional appropriations by the governments of the region, if the proportion of the central budget allotted to the region was insufficient for the carrying-out of regional functions. The WHO task force on resource mobilization and management was considering the global and regional aspects of the distribution of funds. All governing body meetings would be used to give Member States information on the funding received so far in the European Region, and any funding gaps.

16. The Director, Administration and Finance, said that a consultation would be held with Member States in the first two weeks of April to discuss the draft appropriation resolution and the financial rules and regulations. The World Health Assembly versions of GPW 12 and PB 2014–2015 would be made available to Member States on 19 April, and the supporting documents would be available at the end of April.

## **Governance in the WHO European Region – review of the governance package and feedback from the SCRC governance subgroup**

17. The Vice-Chairperson of the SCRC presented the work of the SCRC working group on governance, which had held three meetings. Although the question of processing the nominations for membership of the SCRC had not been resolved fully, consideration had been given to the procedures used in other regions, and advice had been sought from the legal department at WHO headquarters. Various permutations of the subregional groups had been discussed and the question of creating a separate subgroup for semi-permanent members had also been considered. The general consensus was to retain the current three subgroups, to rotate the semi-permanent members to ensure that they sat on the Executive Board for three of every six years, and to distribute the remaining seats among the other members. A table would be prepared, with a plan for the coming years, indicating which seats were due to become vacant, and which subgroups were to fill them. The semi-permanent members would be identified, but

would remain in the subgroups as currently organized. On the question of the SCRC's transparency, as previously agreed, the list of documentation and the agenda for the current session, as well as the report of the previous session, had been published on the SCRC's password-protected web site. The working group proposed that SCRC members should be designated as focal points for the issues to be discussed by the Regional Committee, to serve as a link between Member States and the SCRC.

18. Regarding the procedure for the submission and amendment of Regional Committee resolutions, the working group suggested that Member States wishing to propose new resolutions or major amendments to existing draft resolutions should submit them to the Regional Director before the first day of the Regional Committee's session, for distribution to all Member States. If a Member State wished to make a proposal based on the Regional Committee's discussions, that rule could be waived. No proposals could be discussed or put to a vote unless they had been distributed among all delegations at least 24 hours previously. The President of the Regional Committee could, however, waive that rule if he or she considered an amendment to be urgent, justified, or not substantive. For the screening of credentials for sessions of the Regional Committee, the working group had agreed that the procedure used at RC62, in which three members of the SCRC had worked with the Regional Office's legal counsel to review the credentials of the attending Member States on the second day of the Regional Committee's session, had been effective, and recommended that the same approach be used again in future. It also recommended that the same members of the SCRC continue to serve on the credentials committee, and be replaced sequentially when their terms of office expired. All resultant amendments to the rules of procedure of the Regional Committee and the SCRC would be presented to the SCRC at its next session.

19. The SCRC welcomed the efforts of the working group and took note of the recommendations made so far. It requested that further discussions be held to clarify the remaining issues, and that an updated report be presented at its next session.

## Communication with Member States and role of the National Counterparts and National (Technical) Focal Points

20. The Executive Manager, Country Relations and Corporate Communications, said that, in line with resolution EUR/RC62/R7, Member States had been requested to appoint a national counterpart (NC) for overall strategic cooperation with WHO, and the Regional Director had been requested to review and update lists of national (technical) focal points (NFPs) to be published on the Regional Office's web site by February 2013. The list of current NFPs, responsible for ensuring collaboration between Member States and the Regional Office on specific technical areas and providing country-specific data, had been distributed to the SCRC. NCs should be appointed by ministries of health and would be asked to follow Member States' collaboration with the Regional Office. They would receive copies of all correspondence and would represent their national governments in activities with the Regional Office. Where relevant, the NC would be involved in developing and monitoring their country's biennial collaborative agreement (BCA) or country cooperation strategy (CCS). The SCRC was invited to comment on the terms of reference for NCs and NFPs, and its guidance was sought on whether and how to publish the details of individuals appointed to those positions. The Secretariat suggested posting the information on a SharePoint site initially, before updating it and publishing it on the Regional Office's external web site, without including the individuals' contact details. The document currently before the SCRC (EUR/RC62/SC(3)/12) also contained a description of the Regional Office's procedures for corresponding with Member States and a list of officials to whom the various types of correspondence should be copied.



21. The SCRC commended the efforts to improve the Regional Office's routines with regard to correspondence with Member States. Several members, while welcoming the publication of the list of NFPs, cautioned that the information in that list could quickly become outdated. To that end, updated information should be requested annually from Member States. The SCRC agreed that the names of the NFPs should be made public, without their contact details. Anyone wishing to contact an NFP could do so through the NC. With regard to the conventions for copying officials on different types of correspondence, it became clear that different Member States had different requirements to which the list of persons to whom official correspondence was copied should be tailored. The appointment of NCs was an important step towards ensuring consistency and continuity in communication between Member States and the Regional Office. NCs should be informed of all invitations to participate in meetings and events, and the officials invited should be requested to inform their NC of their intention to attend. Some clarifications were proposed to the terms of reference of the NCs and the NFPs.

22. The Executive Manager, Country Relations and Corporate Communications, said that the list of NFPs would be made available on a password-protected site, to be checked by Member States. NCs should inform the Regional Office of any necessary corrections.

23. The Regional Director said that letters would be issued requesting the appointment of an NC, and the terms of reference would be amended to take account of the SCRC's concerns. NCs would be copied on all correspondence, including invitations to meetings and other events. Assistance in keeping the lists of NCs and NFPs up to date would be appreciated. A list of annual meetings could also be posted on a password-protected site.

## Technical items

### *Health 2020 implementation*

24. The Director, Policy and Governance for Health and Well-being said that the Regional Office's efforts with regard to Health 2020 implementation had focused on three major areas: using high profile events to launch Health 2020 and raise awareness at national and international level; developing the Regional Office's capacity and aligning its work to support countries in the current and next biennia; and operationalizing Health 2020 by applying a Health 2020 lens to the Office's programmatic work. At the recent retreat with the heads of the WHO country offices in the European Region, consideration had been given to the development of Health 2020-based policies, strategies and plans. Discussions had centred on planning processes for BCAs and CCSs and considering how Health 2020 horizontal governance and key concepts could be applied in the context of the new categories in the GPW. The Regional Office was considering how it could support countries that had already initiated Health 2020 implementation processes in the current biennium. An integrated Health 2020 implementation package was being developed, detailed information about which would be presented to the SCRC at its next session. The package would be available to all Member States to help them introduce Health 2020 to sectors other than health, and develop whole-of-government and life-course approaches.

25. The SCRC welcomed the efforts to promote Health 2020 implementation so soon after its adoption. Many of the "future" events mentioned in the report on Health 2020 implementation had now taken place. Consideration should therefore be given to ensuring that the document remained relevant. Since Health 2020 was broad and ambitious, practical and structured support for Member States was essential, in particular with regard to ensuring a whole-of-government approach, since ministers of health often were not legally in a position to coordinate with other ministers. Particular concern was expressed about the need to increase the numbers, skills and relevance of nursing staff in many European countries, since gaps in nursing were currently hampering the early detection, treatment and surveillance of chronic diseases. Efforts must be



made to ensure Health 2020 was included on curricula for training medical staff. Consideration should be given to whether the question of medical staff shortages, and nursing and midwifery in general, could be placed on the Regional Committee's agenda.

26. The Director, Policy and Governance for Health and Well-being agreed that the report on implementation should be restructured to ensure that it was more accessible and easy to follow, that it contained a more comprehensive list of Health 2020-related events in Member States, and that it remained relevant. The most important challenge for the Regional Office was to help Member States identify the areas in which Health 2020 implementation could benefit them, since the potential benefits varied from country to country. Although the report focused on measures taken in countries, the Regional Office was making considerable efforts to optimize its ability to support Member States and align its work with Health 2020.

27. The Regional Director said that the issue of nursing and midwifery had already been scheduled for discussion at RC65 under the agenda item on human resources for health, and would be introduced in the context of the agenda item on the implementation of the Tallinn Charter: Health Systems for Health and Wealth at RC64. It could also be discussed in the context of the thirty-fifth anniversary of the adoption of the Declaration of Alma-Ata. A task force on the subject had been established, and preparatory work was already in progress. As previously agreed, the Regional Director was not required to report to RC63 on Health 2020. The implementation report would therefore be presented to the Regional Committee as an information document to support the ministerial panel discussion, rather than as a working document. A ministerial lunch could also be planned to discuss whole-of-government and whole-of-society approaches.

### ***Health 2020 – Targets, indicators and monitoring framework***

28. The Director, Information, Evidence, Research and Innovation presented a table of proposed indicators and quantification of targets for the implementation of Health 2020, which had been developed by three working groups. The table would be subject to consultation with Member States after the current session of the SCRC. The working groups had ensured that the indicators were aligned with the NCD Global Monitoring Framework. There were two types of indicators: core indicators and potential additional indicators on which countries could choose to report. Some indicators could be applied to several of the targets. The table also showed the number of Member States for which data was routinely collected on each indicator. Although data on subjective well-being was not routinely collected by Member States, it was collected by others bodies. The European Union (EU) Survey on Income and Living Conditions would include several indicators of subjective well-being in 2013, covering all 27 Member States, members of the EU. Gallup International and the European Bank for Reconstruction and Development (EBRD) collected such information regularly through surveys, and the Regional Office was discussing the possibility of sharing data on life satisfaction. WHO would report Regional data averages, and individual country information where already routinely reported by WHO, through four means: annual reporting in the Core Health Indicators from the Health for All database, the Regional Director's report to the Regional Committee, the European Health Report and the inclusion of a section on Health 2020 indicators in a planned publication of annual European health statistics. WHO collated, analysed and reported the information sent routinely by Member States. The area of objective well-being still required further development and indicators should be proposed. A group of experts would be required to discuss that area, consisting of the existing working group members, supplemented with experts on subjective well-being. Work on the subjective well-being indicator would be completed by the end of 2013. The SCRC was invited to comment on the feasibility, clarity and usefulness of the reporting process and suggested reporting platforms.

29. The SCRC welcomed the progress made and commended the use of indicators as a practical means of supporting implementation. Care must be taken, however, to ensure that the reporting system was used to support Member States, rather than increase the burden on them. One member asked whether the work on reporting would be easily aligned with WHO's work on the global burden of disease. Another member said that the harmonization of concepts with regard to well-being was particularly important in light of the Single Integrated Health Information System for Europe. It could also be useful to include gender in some of the core indicator descriptions. Core indicator 5 on vaccination of children against measles, polio and rubella should refer to the WHO guidance on vaccination at two years of age. Disaggregation by age would also be useful with regard to core indicator 3 on alcohol consumption. She asked whether core indicator 12 referred to the Gini coefficient for wealth or income. Another member asked whether there were geographic imbalances between Member States' abilities to report on the indicators.

30. The Director, Information, Evidence, Research and Innovation, said that the indicators were in line with the global burden of disease estimates. Although gender was not included as an indicator, where possible data would be disaggregated by gender and age. Only some of the indicators, such as on the reduction of premature mortality, could be quantified. Others, such as life expectancy in Europe, would be presented as a weighted average, with the target being a reduction in the difference between the countries with the highest and the lowest figures.

### ***European Mental Health Action Plan***

31. The Director, Noncommunicable Diseases and Life-course introduced the draft European Mental Health Action Plan, which had been developed through a series of technical consultations with all Member States. Outlining a number of priority actions for Member States and the Secretariat, it was in line with Health 2020 and described the multisectoral and whole-of-society approaches required to address mental health issues. An accompanying draft resolution had been prepared.

32. The SCRC welcomed the Action Plan but noted that it focused more on mental health care and services than mental health itself. The importance of specifically tailored mental health care for children and adolescents should be underscored, to ensure that they were not included in general psychiatric care for adults. Attention should be paid to presenting opportunities for mental health promotion through other sectors. The health in all policies approach was particularly relevant with regard to mental health, and the opening "background" section of the Action Plan should include a description of how the Action Plan related to Health 2020. Optimizing the role of primary health care services should be considered; although there was sufficient knowledge and capacity at many levels to promote mental health, coordination in that regard was often lacking. Consideration should be given to whether psychiatric hospital beds constituted a community service. While some of the actions targeted mental health issues specifically, others were more general and they should perhaps be separated into "specific" and "supportive" actions. A greater emphasis should be placed on the role of depression, which constituted 80% of the burden of mental illness.

33. The Director, Noncommunicable Diseases and Life-course said that the Action Plan focussed on mental health care services and on rebalancing mental health promotion by tackling stigma and emphasizing the importance of a human rights-based approach, good governance and mental health and disability under the United Nations Convention on the Rights of Persons with Disabilities. Mental health promotion could fit into many aspects of health, including sexual and reproductive health, and other issues, such as vector-borne diseases. He agreed that a clarification of the links between the Action Plan and Health 2020 would be useful.

### ***Regional Framework for the surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases***

34. The Director, Communicable Diseases, Health Security and Environment said that mosquito vector activity in the European Region was a growing problem, driven mostly by the globalization of travel and trade, as well as urbanization and climate change. Although vulnerability varied across the Region, a Regional framework for surveillance and control was necessary. The proposed Framework aimed to support Member States in detecting and responding promptly to the spread of invasive mosquito species and re-emerging diseases, particularly dengue and chikungunya fever, and to create a Regional platform for facilitating and coordinating activities, including across borders. Entomological surveillance and applied research were necessary to prevent the introduction of viruses and vectors. Awareness-raising measures were being taken jointly with ECDC, the European Mosquito Control Association (EMCA) and VBORNET. It was hoped that the Framework would be endorsed through the adoption of a decision by RC63.

35. The SCRC asked how many vector-borne diseases the Framework intended to target. At its previous meeting the SCRC had asked where funding would come from to support the implementation of the Framework and whether another project would be cancelled in order to accommodate it. One member said that the Framework should make reference to the lack of technical resources in the Region to perform integrated surveillance.

36. The Deputy Director, Division of Communicable Diseases, Health Security and Environment said that the action plan submitted to the SCRC at its previous session had been revised, taking account of the SCRC's comments, to become the Regional Framework, which contained a set of guidelines for Regional action. The Framework listed essential actions for countries that faced problems related to invasive mosquito vectors, and provided a platform to facilitate interaction between countries. The guidelines also provided a link to other WHO regions.

37. The Director, Communicable Diseases, Health Security and Environment added that seed funding and VCs had been received.

38. One member of the SCRC said that in future, when a document had been considered by the SCRC at one session, and subsequently revised and resubmitted at a future session, a summary of the SCRC's previous discussion and decisions should be made, in order to ensure that any new SCRC members were appraised of previous actions taken, and that revised documents were always considered in the context of previous discussions.

### **Progress reports**

#### ***Progress report on the implementation of the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region 2011–2015***

39. The Director, Health Systems and Public Health introduced the progress report on the implementation of the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB) in the WHO European Region and drew attention to the Secretariat's key achievements in that regard. Treatment coverage had increased significantly in the WHO European Region since 2011, and 9 of the 15 countries with high MDR-TB rates had achieved universal coverage. While low case detection was the main challenge remaining, testing coverage had improved considerably. The decision of the Global Fund to fight AIDS, Tuberculosis and Malaria to cancel Round 11 of funding, and the delay in

announcing a new funding mechanism had impacted negatively on some countries. Joint analyses of national TB situations, conducted by the Regional Office and the ECDC, had shown that progress was being jeopardized in some countries by the economic and financial crisis. An eHealth system for the clinical management of difficult to reach patients had been launched and constituted a positive step forward.

40. The Regional Director added that the Regional Office was conducting cross-divisional work focussing on the influences of tobacco and alcohol use on M/XDR-TB and the connections between communicable diseases and NCDs. A compendium of best practices was being developed to advise countries on, among others, the rational use of TB drugs.

### ***Progress report on the European strategic action plan on antibiotic resistance***

41. The Director, Communicable Diseases Health Security and Environment introduced the European strategic action plan on antibiotic resistance and said that many partnership activities were already being carried out between the Regional Office and Member States under the objectives of the action plan, with tangible and positive results. A total of 20 of the 29 Member States with country offices had developed action plans on intersectoral coordination, a number of intercountry workshops had been held on rational use of antibiotics, a training workshop on infection prevention and control would be held in Estonia in May 2013, and European antibiotic awareness day 2013 would focus on self-medication.

42. The SCRC commended the Regional Office's efforts to champion the issue of antibiotic resistance. One member suggested that collaboration with the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE) should be mentioned in the strategic action plan, and another said that a centre for antimicrobial resistance had been established in Bulgaria, which could also be mentioned.

43. The Director, Communicable Diseases, Health Security and Environment took note of the SCRC's suggestions and drew attention to a side event on antimicrobial resistance, which would be held at the next World Health Assembly.

### ***Progress Report on Tobacco Control in the WHO European Region***

44. The Director, Noncommunicable Diseases and Life-course said that despite the mass ratification of the WHO Framework Convention on Tobacco Control (FCTC), worrying trends were emerging in the European Region, such as the use of smokeless tobacco and tobacco companies' interference in the work of ministries of health. While there had been an overall reduction in tobacco use, across the Region, the number of women using tobacco had increased, which would result in an increase in tobacco-related mortality. Considerable efforts had been undertaken in some Member States in the Region, including Norway and the United Kingdom, which had recorded dramatic reductions in tobacco consumption. Finland's intention to become tobacco-free altogether, rather than simply smoke-free in public places, was exemplary. Significant steps had also been taken with the adoption of tobacco control legislation in the Republic of Moldova and the Russian Federation. The SCRC was requested to consider the Health 2020 indicator on tobacco use in line with the Global Monitoring Framework on NCDs, and to advise on how to step up action to promote the comprehensive implementation of the FCTC.

45. The SCRC welcomed the report and asked what measures the Regional Office was taking to promote ratification of the FCTC in Member States that had not yet become party to it. One

member asked whether the Regional Office had commented on the proposed new EU Tobacco Products Directive.

46. The Director, Noncommunicable Diseases and Life-course replied that the Regional Director and the Director-General had written to pledge technical and political support to the proposed new EU directive. Efforts were being made to promote ratification in the remaining four Member States that were not party to the FCTC, taking into consideration the specificities and particular needs of each country. That notwithstanding, of all the WHO regions, the European Region had the highest number of Member States that had ratified the FCTC.

### ***Progress report on implementation of the second European action plan for food and nutrition policy 2007–2012***

47. The Director, Noncommunicable Diseases and Life-course introduced a progress report describing the situation at the culmination of the second European action plan for food and nutrition policy 2007–2012. Further information would be gathered at the forthcoming ministerial conference on nutrition and NCDs in the context of Health 2020, to be held in Vienna in July. Overweight and obesity were affecting an increasing number of adults in the WHO European Region, and 4 out of 10 adults did not engage in any physical activity. A number of new instruments were in place for cooperation with Member States, to analyse issues such as salt reduction and nutrition in the context of marketing foods to children. The Regional Office had an increasingly detailed nutrition policy database, which could be accessed online, and was committed to integrating all of its health databases into one portal by the end of the current biennium. A unique childhood obesity surveillance initiative was also in place, monitoring 160 000 children in the Region. Funding had been secured to continue that initiative into the next biennium, at least in the Member States members of the EU.

### **GDO business profiles (including oral presentation on existing GDOs)**

48. The Strategy and Policy Advisor to the Regional Director explained that the SCRC had before it technical profiles for GDOs on primary health care and preparedness for humanitarian and health emergencies, and a model host agreement. The profiles had been developed in consultation with SCRC Members and had been posted on a SharePoint site. The deadline for expressions of interest had been set at 2 April 2013. Thus far, Kazakhstan had expressed an interest in hosting the GDO on primary health care. The SCRC's advice would be sought on how to proceed if more than one Member State expressed an interest in hosting either of the GDOs. Business cases for the two GDOs would be presented to the SCRC at its next meeting, before being submitted to RC63. The business cases would include a brief summary of the technical profile and justification for the establishment of the GDO, a description of the hosting offer from the Member State, an assessment of how well the offer met the pre-requisites of the GDO strategy and a conclusion. A more detailed summary of the technical profile would be annexed to the business case. The full technical profiles, as approved by the SCRC, and expressions of interest in hosting the GDOs would be submitted to RC63 as information documents. The Russian Federation had been identified at RC62 as a potential new host for the GDO on NCDs, in the event that Greece were to withdraw. The technical profile commented on and approved by the SCRC in January 2013 would be used in negotiations with the Russian Federation. Progress would be reported regularly to the SCRC and presented to RC63 without a business case, in line with the decision taken at RC62 (EUR/RC62(2)).

49. The SCRC commended the work done so far and recommended that the business cases contain an explanation of how the work of the GDOs would fit into the Regional workplan, in

order to avoid any confusion about their role. The added value of the GDOs should be clearly stated. One member asked whether the technical profiles of the GDOs would change over the course of their operation, since all GDOs were required to operate for a minimum of 10 years.

50. The Regional Director said that a mid-term evaluation of GDOs would take place when they had been in operation for five years. Their technical profile would evolve in line with the Regional Office's workplan. When expressions of interest in hosting the two new GDOs had been received the SCRC would be informed, either in writing or through a teleconference. The business cases would include an explanation of the GDO's added value and how it would contribute to the Regional Office's workplan, as requested. With regard to the decision of the Government of Greece to withdraw from hosting the GDO on NCDs, she said that consideration was being given to how to proceed, given that the host agreement had already been ratified by the Greek Parliament.

51. The SCRC member from the Russian Federation said that discussions were under way with the Government of the Russian Federation with regard to hosting the GDO on NCDs, and should a positive decision be made, the relevant procedures would be undertaken to conclude an agreement for establishing the office. That decision would, however, take time. Several members of the SCRC expressed concern that the host agreement with Greece might be put on hold and not terminated altogether. They wished to know what procedures would be undertaken should Greece wish to revive the agreement and offer to host another GDO in future. They also wished to know what would happen in the event that the host countries of either of the two new GDOs were unable to meet the requirements of the host agreements. If a host failed to meet its commitments under the agreement, the agreement should be terminated. One member said that many members of the Regional Committee were not in favour of opening GDOs unless the Regional Office could demonstrate a particular need with regard to certain policy areas. She cautioned that the establishment of GDOs should not be driven by potential hosting offers from Member States. Another member asked about the status of the host agreement with Spain, with regard to the Barcelona office.

52. The Regional Director said that the host agreement between the Regional Office and Greece included a clause enabling to two parties to put it on hold. Consideration was being given to that possibility, in consultation with the Greek authorities. That would not, however, become a precedent for the future. Future host agreements would not contain any such "on hold" clause. Termination was of course the simplest and most straightforward solution. The Government of Greece had gone to great lengths to rectify the situation, and Parliament was still seeking a way to "unratify" the host agreement, as a means of terminating it. The Greek authorities had been informed, in writing, that should they wish to "reactivate" the host agreement in future, they would be obliged to go through the same procedures as all other Member States expressing an interest in hosting a GDO. Any decision to accept a potential offer from Greece would have to be approved by the Regional Committee. Since discussions were still ongoing with Greece, the Regional Director would keep the SCRC apprised of further developments.

53. The Regional Director emphasized that while she understood concerns with regard to the establishment of GDOs, it was important to recognize that under the Regional Office's current funding structure, the GDOs were a substantial source of flexible and sustained funding for their specific technical areas. Considerably more flexible funding would be required from Member States to incorporate the work of the GDOs into the Regional head office in Copenhagen. With regard to Spain, the situation was complex, owing to the Catalonian independence movement. While the Spanish and Catalonian authorities were committed to the GDO and its funding, given the current unique circumstances the Government of Spain was unable to proceed with negotiations on the host agreement until the political situation between Spain and Catalonia became clearer. The lack of a ratified host agreement continued to create difficulties with regard



to the status of the office and the staff and a medium-term solution was therefore currently being sought with the Catalan authorities.

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

54. The former Senior Strategic Adviser, Programme and Resource Management said that the report of the Secretariat on budget and financial issues (the “oversight report”) was intended to support the SCRC in fulfilling its oversight function, ensure that the Secretariat was accountable to Member States and identify issues where the Regional Office might require support from the SCRC or from all Member States in the Region. Giving an overview of the context of the Office’s resources, he said that the Regional Office had received fewer specified VCs than in the previous biennium, and that 74% of VCs were locally mobilized. As European countries were gradually becoming ineligible for official development assistance (ODA), that type of funding was decreasing. The reduction in VC was not, however, evenly distributed, with some SOs having more funds than in previous biennia and others considerably fewer, which led to difficulties in sustaining the technical capacity of the Office. The SCRC’s views were sought on how to ensure a sustainable financial situation in future, with sufficient flexibility in funds to allow the Regional Office to recruit and retain high quality staff in Copenhagen, and the possible role of the SCRC in that regard.

55. Although the working budget for base programmes had been adjusted upwards by US\$ 18 million as a result of programmatic and funding opportunities and large single country projects, the general picture was that resources were tight in most areas. Implementation of available resources varied from high to very high, and staff costs as a proportion of spending were higher than foreseen, owing to a combination of resource shortfall and staff cost increases, slow implementation of activities and long lead times for adjusting staffing levels. The further development of the Regional Office’s business model was therefore a challenge. The SCRC’s advice was sought on how to manoeuvre in those circumstances while maintaining a business model with strong capacity in Copenhagen.

56. A trial of more accurate reporting of staff efforts distributed across outcomes, outputs and locations was being undertaken. Staff had been asked to record the amount of time spent on different outputs and calculations were being done to reflect that effort in monetary terms every six months, with the output coded against WHO’s core functions. Further work was required to guarantee data quality. A similar approach might be needed at global level for the period 2014–2015. Regarding technical implementation, there were 84 Region-wide outcomes, which translated into 982 specific outcomes to be monitored. Most were on track to be accomplished, although some, particularly under SOs 4, 7 and 10, were at risk. A total of 14 Region-wide outcomes had been reported as accomplished by December 2012. An internal review had been conducted to assess impediments and success factors with regard to technical implementation. The SCRC was requested to comment on whether the reporting was useful and what other information, if any, it might require, in order to fulfil its oversight role.

57. On collaboration, a new partnership information system (PARIS) was being rolled out to monitor collaboration at country and Regional level, and to link WHO collaborating centres (WHOCCs) to workplans and outputs. Currently only 24 of the WHOCCs in the Region were linked to 46 outputs. New procedures were therefore being put in place to check the relevance of collaborating centres at the designation stage and ensure complete reporting.

58. The SCRC welcomed the report and thanked the Regional Office for its efforts to improve planning and reporting processes. Most governments in the Region were currently seeking to boost their own performance, scaling down activities and making savings, applying

strict regulations and rules. They expected WHO to do the same. The reporting procedure was key to the WHO reform process and ensuring better coordination and resource mobilization. In the run up to the World Health Assembly, Member States should focus on promoting the funding of the Regional workplan through globally mobilized resources, rather than mobilization at Regional level. One member expressed concern that the report seemed to indicate a passive use of the budget, rather than it being used actively to make changes and improvements. It seemed paradoxical that while at the same time as reporting a serious financial situation the report stated that many of the 982 outcomes were on track to be met. The SCRC would appreciate further information on how the assessment of impediments and success factors was being used to ensure better implementation of future projects. Another member was particularly worried with regard to the shortfall in salary resources. She wished to know whether the Regional Office only used the funds it received reactively, or whether it was genuinely in a position to refuse funds allocated specifically for certain purposes because it required funds for other areas. CVCA funds should be used strategically, rather than to cover gaps. WHOCCs constituted a tremendous network that should be used more as a tool for the Regional Office to fill gaps in its work. The SCRC would be interested to hear how the graduation of countries from eligibility for ODA was affecting the work of the Regional Office. It also wished to know why the European Region received the lowest share of specific voluntary contributions.

59. The former Senior Strategic Adviser, Programme and Resource Management said that the need to increase the working budget was a symptom of resource alignment problems across the Organization. The Secretariat was mostly unable to align the funding it received with the Regional Office's plans and needs. While that might seem to reflect passiveness, it also reflected the reality of the situation in which the Secretariat found itself. In some cases, reporting on progress was distorted by a tendency to report positively, even when a project was struggling. Reporting should therefore be used as a tool for internal management, to change attitudes and ensure timely managerial action. The internal distribution of resources constituted a considerable challenge, and the question of allocations of specified voluntary contributions must be raised with headquarters. Since a key element of the reform process was the division of labour between the three levels of the Organization, funds must be allocated appropriately.

60. The Regional Director welcomed the suggestion that solutions to the Regional Office's problems should be sought in the context of WHO Reform. When the Regional Office approached headquarters for funding it was met with the response that Europe was a rich Region and the Office should therefore approach Member States for more funds. The need for a more holistic view of resources and equitable distribution of globally mobilized funds using the programme budget as a framework should not only be advocated by the Regional Office, but also by Member States. With regard to PB 2014–2015, the Regional Office was the only major office of WHO that had received cuts to its budget allocation under Category 6. Member States' support would be required in contesting that cut. The fact that countries were no longer being eligible for development assistance meant that health priorities in the Region were moving away from communicable diseases and maternal and child health towards a focus on health in all policies, health systems strengthening and policy dialogues. The discrepancy between the budget allocated to the European Region and the number of Member States meant that country offices in the Region must be small. The European Regional Office's budget implementation for the previous biennium had been high, at 95%, and the Office was aiming for a similar implementation rate for the current biennium.

## Financial sustainability and austerity plan of the Regional Office for Europe

61. The Director, Administration and Finance said that overall, the Regional Office had US\$ 10 million less in available funding than had been available at the equivalent time in the

previous biennium. Although it had more funding for base activities than previously, those funds had been unevenly distributed among Strategic Objectives (SOs). Some SOs were underfunded, while resources for others had increased, often owing to large donor-funded projects at country level. Those projects did not allow for the bridging of salary gaps at the Regional head office in Copenhagen, despite the SO in question being “fully” funded. The Regional Office received a low percentage of global VC and was highly reliant on mobilizing its own funds. Since only 15% of VC mobilized by the Regional Office was classified as flexible, the Office was highly dependent on flexible corporate resources for staff salaries. An overall reduction in VC of US\$ 5 million was predicted for 2012–2013 compared to the previous biennium. Despite reductions in staff numbers, salary costs were projected to be US\$ 2.6 million higher. There was therefore a projected salary gap of around US\$ 7 million before the end of 2013.

62. Since the SCRC’s last meeting, the Office’s total resources had increased by US\$ 20.5 million. VC were US\$ 10 million less than at the equivalent time in the previous biennium. While distribution of VC fluctuated from month to month and solid conclusions could not yet be drawn, the total VC received by the Office for the biennium 2012–2013 was expected to be less than had been received for 2010–2011. The Regional Director had met with the assistant directors-general to discuss the level of global VC allocated to the Regional Office. The assistant directors-general were under pressure to cover the salaries of their own staff at headquarters, and until they felt a sense of ownership over the staff at regional level, the distribution of funds would not change. In order to reach sustainability in 2014–2015, measures were being taken to lower staff costs by reducing recruitment, while trying to preserve technical capacity. Particular consideration was being given to how to reduce administrative staff costs without overburdening technical staff. A new donor proposal agreement mechanism had been developed, which aimed to improve the quality of resources and match resources to the priorities approved by Member States. In the short term, measures were being taken to reduce travel costs, particularly by reducing travel to countries without BCAs, and to lower spending on consultant services.

63. The SCRC welcomed the presentation, which demonstrated how the budget could be used as an assertive tool for mobilizing funds. Several members wished to know why it was possible for donors to fund activities without funding staff salaries, and whether programming could be adjusted to reflect the need for salaries within activities. The cost of projects should be calculated to include necessary technical human resources, time for implementation and support costs. Some members asked why travel to countries without BCAs specifically was being reduced, and others particularly wished to know why staff costs were increasing while staff numbers were decreasing.

64. The Director, Administration and Finance said that many Member States, particularly members of the EU, set the Office the mandate for important projects but did not have the resources to fund salaries. While travel to countries with BCAs could not be cut without impacting on the provision of technical assistance, travel to general conferences where the Office did not have a very active role could be reduced. Travel reduction measures would not impact on the Office’s delivery of its commitments to Member States. The recruitment of technical staff had resulted in an increase in staff costs. Efforts were being made to reduce staff numbers, mostly by not filling posts that had become vacant.

65. The Regional Director added that efforts were being made to increase the use of technology for consultations and participation in meetings, in order to reduce travel. The posts of Chief Scientist and Director, Programme Management, had not been filled with a view to saving funds from Category 6 for use in strategic technical areas.

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

66. The President, WHO Regional Office for Europe Staff Association (EURSA) said that regular consultations between EURSA and the management of the Regional Office had greatly facilitated EURSA's work. Most of the discussions in 2012 had centred on the impact of the proposed changes to the Staff Rules on WHO appointment policies, conclusions of the JIU report on staff-management relations, the mandatory age of separation for WHO staff and the move of the Regional Office to its new premises at UN City. EURSA had participated in the annual Global Staff-Management Council meeting, with the other six regional staff associations. Despite the constructive debate, the main agenda item on changes to appointment policies, proposed by the management, had raised serious concerns, and it was with considerable regret that EURSA had learned that the Executive Board had approved those changes.

67. EURSA had finalized a draft cooperation agreement, to be reviewed by the Director, Administration and Finance, to formalize the working relationship between EURSA and the management of the Regional Office. With regard to the mandatory age of separation, EURSA had welcomed the decision of the United Nations Joint Staff Pension Fund to allow continued payment into the Pension Fund for new staff joining from 1 January 2014, following the decision by some United Nations agencies to increase their mandatory age of separation to 65. EURSA would support the possibility for WHO staff to continue their employment until the age of 65 if they so chose. 2012 had also been a year of extensive planning and preparation for the Office's move to its new premises at UN City. EURSA and the human resource services had been actively involved in providing support and career guidance to staff members who had lost their jobs in the establishment of the common services unit for UN City.

68. EURSA was aware of WHO's difficult financial situation. While there had been much discussion about the need to align costs with revenue, insufficient attention had been paid to the implications of staffing reductions for the Organization. EURSA would therefore monitor developments under the WHO reform process. A revision of the selection and recruitment guidelines had been due for some time, and EURSA had suggested a number of amendments in that regard. The Regional Director had approved the establishment of a review committee, including a representative of EURSA, to undertake that work. It was also hoped that the move to UN City might lead to a "cross-fertilization" of working policies and practices between United Nations agencies, including with regard to teleworking. Teleworking policies were already in place in some of the Copenhagen-based agencies, and had been proven to help attract and retain staff, increase motivation and productivity, and contribute to work-life balance.

69. A member of the SCRC asked what approach the Regional Office took to teleworking.

70. The Director, Administration and Finance said that that teleworking was not common practice owing to issues of health insurance and the provision of technical support for staff working from home. Teleworking could be arranged under exceptional circumstances. A considerable amount of the Regional Office's work depended on team work and working together, which required staff to be present at the Regional Office.

71. The President, EURSA said that other agencies' tried and tested policies had proven that teleworking had a positive impact on productivity and working relationships. That evidence was being used as a basis for EURSA's dialogue with the Regional Office's management.

## Membership of WHO bodies and committees

72. The SCRC reviewed, in a closed meeting, the vacancies on WHO bodies and committees and the nominations received. Members from countries that had put forward candidatures for seats on the Executive Board or the SCRC were not present during the discussion of the agenda item, in order to avoid possible conflicts of interest.

## Regional suggestions for elective posts at the Sixty-sixth World Health Assembly (WHA66) and preparations for meetings with Member States in the European Region during the Health Assembly

73. The Regional Director said that over the past year, she had been working with the SCRC to bring greater transparency to the process of electing representatives to the bodies of the World Health Assembly. She had been requested, by the Director-General, to nominate candidates from the European Region, taking due consideration of equitable geographical distribution and nominations from previous years, to the following elective posts at WHA66:

- Vice-President of the World Health Assembly
- Chairperson of Committee B
- Four members of the General Committee and
- Three members of the Credentials Committee.

74. The SCRC reviewed the list of nominations from previous years and geographical distribution, and advised the Regional Director accordingly.

## Other matters

### *Overview and feedback from ministerial and high-level conferences*

75. The Regional Director said that three ministerial conferences would be held in 2013. The first, on nutrition and noncommunicable diseases in the context of Health 2020, would be held in Vienna, Austria, on 4 and 5 July. An outcome document from the conference would be presented to the SCRC at its next session in May for consideration, and submitted to RC63 for endorsement. The second ministerial conference, to review the implementation of the Tallinn Charter over the past five years, would be held in Tallinn, Estonia on 17 and 18 October, and would provide a forum for renewing efforts for health systems strengthening. The third ministerial conference, on the prevention and control of NCDs, would be held in Ashgabat, Turkmenistan on 10 and 11 December. Other high-level meetings in 2013 included a meeting on Health system in times of global economic crisis: an update of the situation in the WHO European Region, to be held in Oslo, Norway on 17 and 18 April, a global conference on health in all policies and health promotion in Helsinki, Finland from 10–14 June, and a conference on primary health care in Almaty, Kazakhstan on 6 and 7 November.

### *Sunset of resolutions*

76. The Deputy Director, Communicable Diseases, Health Security and Environment said that, at its previous session, the SCRC had been presented with a review of resolutions adopted by the Regional Committee over the past five years, some of which would be sunset, and some of which would have their reporting requirements amended. The SCRC had requested that the

Secretariat also consider the resolutions adopted over the previous five years, 2002–2007. That work was currently under way. In order to avoid extensive discussion in the Regional Committee, guidance would be sought through an online consultation process, which would be held to discuss all proposals for revising reporting requirements and sunsetting resolutions. The document on reviewing and sunsetting previous Regional Committee resolutions would be updated in light of that consultation and the SCRC would be informed about progress at its next session. A draft resolution would also be submitted to the SCRC at its next session, for its consideration.

77. Responding to one member of the SCRC, who had warned that the SCRC should be informed of any changes to the text emanating from the consultation process, she said that the SCRC would be informed fully about any major amendments.

### ***Placing health on the post-2015 development agenda***

78. The Deputy Director, Communicable Diseases, Health Security and Environment explained that two processes were under way for setting the post-2015 development agenda: follow-up to the Rio+20 United Nations Conference on Sustainable Development, including the establishment of an open working group to propose sustainable development goals, to report to the United Nations General Assembly in September 2013; and the work of the United Nations Secretary-General's High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, consisting of 27 members, which would report to the Secretary-General in May 2013. The Panel would discuss the outcomes of 11 global thematic consultations, 100 national consultations and a large number of online consultations, all of which would allow a variety of stakeholders to contribute to the development agenda. The WHO Regional Office for Europe was working together with other United Nations agencies in the Region to draft an interagency report focussing on core areas of equality, sustainability and human rights. The organization of a Regional consultation was also being considered.

79. Since health was one of the subjects for thematic consultation, a task team had been established to ensure broad discussions involving a wide variety of stakeholders, including civil society and academia. The thematic consultation had web-based and face-to-face elements. A high-level dialogue had been held in Botswana in March 2013, with 50 high-level representatives of ministries of health, international organizations and the chairpersons of the six WHO regional committees, as well as representatives of civil society, academia and youth groups. A draft report of the meeting was being prepared and plans were under way to prepare a two-page advocacy paper, for presentation to the High-Level Panel of Eminent Persons. The paper would simply be a synthesis of opinions. Taking the lessons learned from the Millennium Development Goals, it had been agreed that the guiding principles for the future health agenda should encompass human rights, equity, gender equality, accountability and sustainability. The goals should be limited in number, clear and specific, with universal relevance and capturing the contribution of the health sector to development, and the contribution of other sectors to health. The overarching goal, however, was still to be agreed, and discussion remained ongoing as to whether universal health coverage constituted a goal or a means. Member States' views on those issues would be sought during the World Health Assembly, and consultations would continue over the coming two years to ensure that the voice of those not involved in high-level meetings was heard thoroughly.

80. Members of the SCRC expressed concern that universal health coverage was losing its status as a priority, and cautioned that a broad definition of universal health coverage must be used, rather than simply referring to health services.