



World Health  
Organization

REGIONAL OFFICE FOR  
Europe

REGIONAL COMMITTEE FOR EUROPE  
SIXTY-THIRD SESSION

Çeşme Izmir, Turkey, 16–19 September 2013



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# Report of the Twentieth Standing Committee of the WHO Regional Committee for Europe





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Organization**

REGIONAL OFFICE FOR **Europe**

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**Regional Committee for Europe**

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## **Report of the Twentieth Standing Committee of the WHO Regional Committee for Europe**

This document is a consolidated report on the work done by the Twentieth Standing Committee of the Regional Committee (SCRC) at the four regular sessions held to date during its 2012–2013 work year.

The report of the Twentieth SCRC's fifth and final session (to be held in Çeşme Izmir, Turkey, on 15 September 2013, before the opening of the sixty-third session of the WHO Regional Committee for Europe) will be submitted to the Regional Committee as an addendum to this document.

The full report of each SCRC session is available on the Regional Office's website ([www.euro.who.int/en/who-we-are/governance/standing-committee/twentieth-standing-committee-of-the-regional-committee-for-europe-2012-2013](http://www.euro.who.int/en/who-we-are/governance/standing-committee/twentieth-standing-committee-of-the-regional-committee-for-europe-2012-2013)).

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## Introduction

1. The Twentieth Standing Committee of the WHO Regional Committee for Europe (SCRC) has to date held four sessions in its 2012–2013 work year:

- at the Hilton Hotel in St Julian's, Malta, on 13 September 2012, the last day of the sixty-second session of the Regional Committee (RC62);
- at the National Palace of Culture in Sofia, Bulgaria, on 26 and 27 November 2012;
- at the WHO Regional Office for Europe in Copenhagen, Denmark, on 18 and 19 March 2013; and
- at WHO headquarters in Geneva, Switzerland, on 18 and 19 May 2013.

2. At the Standing Committee's first session, it was confirmed that, in accordance with Rule 9 of the SCRC's Rules of Procedure, Ms Dessislava Dimitrova (Bulgaria) would become the Chairperson of the Twentieth SCRC. Dr Ray Busuttil (Malta) was elected Vice-Chairperson.

3. Following the success of previous open meetings of the SCRC, the fourth session was conducted in accordance with Rule 3 of the Executive Board's Rules of Procedure and was attended by 9 Member States and a European Union delegation.

4. As well as attending the SCRC's statutory meetings during year, SCRC members also participated in three intersessional teleconferences and one electronic consultation. The first teleconference was held in December 2012 to consider and discuss profile documents for the Regional Office's new geographically dispersed offices (GDOs). During the second, in February 2013, GDO profile documents were given further consideration, a model host agreement for GDOs was discussed and the SCRC reviewed the text of the call for expressions of interest from potential host countries before it was published. That teleconference was followed by an electronic consultation on the revised profile for the GDO on preparedness for humanitarian and health emergencies. The third teleconference was convened in July 2013, to consider applications received for nominations to the Environment and Health Ministerial Board and finalize the shortlist of candidates, and to review applications received for hosting a GDO on preparedness for humanitarian and health emergencies. Both discussions concluded with consensus decisions.

## Follow-up to the sixty-second session of the WHO Regional Committee for Europe

5. The SCRC considered 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. Some members expressed serious concern, however, about the practice followed by member countries of the European Union (EU) during RC62 with regard to draft resolutions, whereby new or heavily amended texts had been drawn up and introduced at the last minute, often in plenary. The SCRC called for clear channels of communication to be established between the country holding the presidency of the Council of the European Union, SCRC members from EU countries and the Secretariat. Member States should notify the Secretariat at the earliest opportunity in the event that they had any substantial concerns regarding a draft resolution. There was also a view that Standing Committee members' presentations repeated those of the Secretariat. Statements to be made by members of the SCRC

should therefore be circulated in advance of the Regional Committee session, to allow for consultation and secure consensus among SCRC members and to avoid overlaps with presentations by the Secretariat.

## **Preparation for the sixty-third session of the Regional Committee**

6. At the Standing Committee's second session, 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 RC63. At the third session, she informed the SCRC that the Government of Turkey had generously offered to host RC63 in Çeşme, Izmir. The Regional Director and the Regional Office were particularly grateful to the Turkish authorities for offering to host the Regional Committee at such short notice.

### ***Provisional agenda and programme***

7. The Regional Director informed the SCRC that RC63 would focus on reviewing the implementation of the policies, strategies and action plans adopted by the Regional Committee at its past three sessions. There would be two new initiatives on the agenda: the European Mental Health Action Plan and the Regional Framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases. The Regional Committee would be called on to finalize the Health 2020 targets and indicators and the monitoring framework. It would also consider the outcomes of major conferences, a report on the work of the European Environment and Health Ministerial Board and Task Force, health governance in the WHO European Region, a review of the status of resolutions adopted by the Regional Committee at previous sessions and a review of the work of the GDOs. The agenda item on matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board would be used to report on WHO reform-related initiatives. The Regional Committee would also be briefed on progress made in the establishment of, and inclusion of health in, the post-2015 United Nations development agenda. The partnership panels, which had been introduced at RC60, would continue with a panel on the United Nations Family. The SCRC suggested that items on the agenda be organized to reflect the five categories of the Twelfth General Programme of Work (GPW12).

<b>Action by the Regional Committee</b>	<b>Review and adopt the provisional agenda (EUR/RC63/2 Rev.1) and provisional programme (EUR/RC63/3 Rev.1) of RC63</b>
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### ***Technical items***

#### **Review of the European Environment and Health Process**

8. The SCRC was presented, at its fourth session, with a draft report on the work of the European Environment and Health Ministerial Board (EHMB) and Task Force, which would be submitted to RC63 and to the nineteenth session of the Committee on Environmental Policy (CEP) of the United Nations Economic Commission for Europe (UNECE). The EHMB had spent time discussing and developing its own role as the political face of the European Environment and Health Process (EHP), while the Task Force provided a high level of technical competence to promote the implementation of the Parma commitments and served as a forum for discussions involving representatives of all Member States in the European Region. The

SCRC commended the work of the EHMB, which had been an evolutionary process. When electing new members of the EHMB it was important to bear in mind continuity of health representation. Staggered terms of office should therefore be introduced.

**Action by the Regional Committee**      **Review the report of the European Environment and Health Ministerial Board to the WHO Regional Committee for Europe and the United Nations Economic Commission for Europe Committee on Environmental Policy**  
(EUR/RC63/10)

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

9. At its second session, the SCRC was presented with an overview of the new European Mental Health Action Plan, the adoption of 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 the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases and the European action plan to reduce the harmful use of alcohol. It would also be informed by the global mental health action plan. It would be centred on three axes: well-being, rights, and services and care, and contain seven objectives (three core and four cross-cutting), with suggested actions for Member States and WHO.

10. Following several consultations with Member States, civil society, including patient and family representatives and nongovernmental organizations (NGOs), and the SCRC at its third session, a revised draft Action Plan was presented to the SCRC at its fourth session. The SCRC welcomed the comprehensive and inclusive drafting process, and underscored the importance of a Regional Action Plan, given that different countries in the Region still had very different approaches to mental health care. A balance must be struck between focussing on primary prevention and ensuring the appropriate level of care for all. The Action Plan would draw attention to the needs for a rights-based approach to mental health care, while being adaptable to the specific needs and contexts of individual Member States.

**Action by the Regional Committee**      **Review the European Mental Health Action Plan**  
(EUR/RC63/11)  
**Consider the corresponding draft resolution**  
(EUR/RC63/Conf.Doc./8)

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

11. At its second session, the SCRC decided that it would be preferable for the Regional Office to develop a Regional framework for the surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases, rather than an action plan. The framework should provide guidance to Member States for developing plans at national level, and should be adaptable to the specific needs and contexts of individual countries while encouraging a holistic approach with neighbouring countries and regions.

12. In its subsequent sessions, the SCRC was presented with a draft of the Regional Framework, which 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.

**Action by the Regional Committee**

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

(EUR/RC63/9)

**Consider the corresponding draft resolution**

(EUR/RC63/Conf.Doc./6)

## **Health 2020**

### *Implementation*

13. The SCRC was briefed, at its third and fourth sessions, on efforts to launch and implement Health 2020 by the Regional Office and at national level. An integrated Health 2020 implementation package was presented, which 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. It would consist of nine interconnected components, centred on the development of Health 2020-based national health policies, strategies and plans. The package would be developed in consultation with Member States, whose input with regard to effective know-how and best practices would be a vital contribution towards ensuring that it was practical, appropriate and adaptable to different country contexts. Although only recently adopted, there was a clear and increasing interest in implementing Health 2020, which was already being used to shape biennial collaborative agreements (BCAs) and country cooperation strategies (CCSs) between Member States and the Regional Office. A report on Health 2020 implementation would be presented to RC63 as an information document.

14. The SCRC welcomed efforts to promote Health 2020 implementation so soon after its adoption. Since Health 2020 was broad and ambitious, practical and structured support for Member States was essential, in particular with regard to ensuring whole-of-government and Health in All Policies approaches. The SCRC advised that the package supporting Health 2020 implementation should emphasize both public health and health services strengthening. Health 2020 implementation should be linked to the implementation of the 10 essential public health operations (EPHOs) set out in the European Action Plan on Strengthening Public Health Capacities and Services (EUR/RC62/12 Rev.1).

### *Targets, indicators and monitoring framework*

15. At its third and fourth sessions, the SCRC was updated on progress made towards setting indicators for monitoring the implementation of Health 2020. The initial set of indicators, developed by three working groups, consisted of core indicators and potential additional indicators on which countries could choose to report. Some of the indicators could be applied to several of the implementation targets. The Regional Office would report Regional data averages, and individual country information, where already routinely reported by WHO, by four means: annual reporting of 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. For data not routinely collected by Member States, such as on subjective well-being, the Regional Office was discussing the possibility of sharing information collected by other bodies. As many as 30 Member States in the Region had participated in a country consultation to revise the indicators, resulting in suggestions for developing the indicators further, including through the disaggregation of data. Discussion was ongoing on the indicators for subjective well-being, which two Member States did not consider within the mandates of

ministries of health or WHO. The objective well-being domains would be finalized by an expert group by the end of 2013.

16. The Standing Committee commended the use of indicators as a practical means of supporting Health 2020 implementation and welcomed the process to develop them, which had been collaborative and inclusive. Members commended the focus on routinely collected data, which would not add to the burden on Member States. The SCRC also emphasized the importance of ensuring that the development of Health 2020 indicators would be an organic process; the indicators could be subject to further development as lessons were learned. Care should be taken to minimize the financial burden of publishing statistics on the Regional Office.

**Action by the Regional Committee**      **Review the report on Health 2020 targets, indicators and monitoring framework**  
(EUR/RC63/8)  
**Consider the corresponding draft resolution**  
(EUR/RC63/Conf.Doc./7)

### ***Progress reports***

17. The SCRC was briefed on progress on technical issues, reports on which would be collated into a working document on progress reports to be considered by RC63.

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

18. The SCRC, at its third session, took note of a report on efforts to implement the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB) in the WHO European Region and the Secretariat's key achievements in that regard.

### **European strategic action plan on antibiotic resistance**

19. The SCRC was informed about partnership activities between the Regional Office and Member States under the objectives of the European strategic action plan on antibiotic resistance. The SCRC commended the Regional Office's efforts to champion the issue of antibiotic resistance and 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.

### **Tobacco control in the WHO European Region**

20. The SCRC was told that despite mass ratification of the WHO Framework Convention on Tobacco Control (FCTC), worrying trends were emerging in the European Region, including the use of smokeless tobacco. The number of women using tobacco had increased. That notwithstanding, some countries had made concerted efforts; policies for becoming completely tobacco-free were exemplary. The SCRC encouraged the Regional Office to take measures to promote the ratification of the FCTC in Member States that were not yet parties to it. The Standing Committee commended the Regional Office's efforts and welcomed new achievements in tobacco reduction in some Member States.

## **Implementation of the second European action plan for food and nutrition policy**

21. The SCRC reviewed a progress report describing the situation at the culmination of the second European action plan for food and nutrition policy and was informed about the Office's data collection methods. Further information on the situation in the Region would be gathered at the ministerial conference on nutrition and noncommunicable diseases in the context of Health 2020 in Vienna in July 2013. The progress report would be updated before presentation to RC63.

## **Measles and rubella elimination by 2015 and sustained support for polio-free status in the WHO European Region**

22. The SCRC was updated on the situation of measles and rubella elimination; significant challenges to elimination persisted and large outbreaks had occurred in several countries in the Region. Young adults were at particular risk of contracting measles and rubella, owing to an erosion of trust in vaccines, immunization and health systems, as well as inequities in health service delivery to marginalized communities. The SCRC was informed about the Regional Office's efforts to develop, through a consultative and inclusive process, a "package for accelerated action" to boost its technical support to Member States. With regard to the Region's polio-free status, several Member States in the Region had been identified as still at risk of transmission following an importation of wild poliovirus. Supplementary immunization activities were therefore being encouraged.

23. The SCRC expressed its support for the reintroduction of communicable diseases onto the Regional Committee's agenda and advocated the use of the media and anecdotal evidence, which had an immediate and powerful impact on public opinion, as a means of encouraging parents to immunize their children.

## **Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016**

24. The SCRC was briefed on the Regional Office's efforts to promote the prevention and control of noncommunicable diseases (NCDs) through a Health in All Policies approach; Member States had been encouraged to use fiscal policies and marketing controls to influence demand for tobacco, alcohol and foods high in saturated fats, salt and sugar. The WHO European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases, which would be held in Ashgabat, Turkmenistan in December 2013, would be an opportunity to encourage ministers to take account of NCD prevention and control in policy making. The SCRC commended the Regional Office's work on NCDs.

## **Meeting health-related Millennium Development Goals in the WHO European Region: 2013 update**

25. The SCRC was informed about the progress made in the European Region towards meeting Millennium Development Goal (MDG) 4 on child and infant mortality, MDG5 on maternal health and MDG6 on TB, HIV and malaria. Information was also presented on the establishment of the new, post-2015 United Nations development agenda, which could be viewed on the United Nations "World We Want" web site ([www.worldwewant2015.org](http://www.worldwewant2015.org)). Members of the Standing Committee expressed particular concern with regard to the TB and HIV situations in the European Region. Targeted, specific measures were essential, in particular to ensure improved access to first line drugs and non-interrupted therapies. Direct support from WHO to Member States was important. Efforts to maintain a health focus in the new development agenda were commended and the emerging consensus on universal health coverage as a potential new development target was particularly welcome.

## **Implementation of the International Health Regulations (2005)**

26. The Secretariat reported on the implementation of the International Health Regulations (IHR) (2005) in the European Region and informed the SCRC that the majority of challenges related to points of entry, which were outside the remit of ministries of health. The SCRC was informed about the Regional Office's efforts to support Member States in their IHR (2005) implementation at national and subregional levels. The SCRC welcomed the report, which highlighted important progress. Particular attention should be paid to cooperation with the European Commission, and it was important to ensure proper implementation of the IHR in border areas between the European and Mediterranean regions.

**Action by the Regional Committee**      **Review the working document on progress reports**  
(EUR/RC63/18, EUR/RC63/18 Corr.1)

## ***Resolutions and decisions***

27. At its fourth session, the SCRC considered 10 draft resolutions and 1 draft decision to be presented to RC63 for adoption. Members welcomed the new procedure for consideration of draft resolutions and decisions, which would improve efficiency at Regional Committee level by avoiding major amendments to, or wholesale revisions of, conference documents at short notice. Care should be taken to ensure that when the Regional Office undertook to develop any new action plans efforts were made to avoid duplication or fragmentation of work. Health 2020 could be a useful tool in that regard. Consideration could be given to reducing the reporting burden on the Secretariat, by producing one report per category of work. The SCRC took note of the 12 conference documents and suggested some minor amendments.

## **Groundwork for future sessions of the Regional Committee**

### ***Governance in the WHO European Region***

28. At its second session, the SCRC was informed that the Regional Office for Europe had implemented all of the governance-related provisions of World Health Assembly decision WHA65(9) to align and harmonize the practices of WHO's regional governing bodies and that the relevant amendments would be made to the Rules of Procedure of the Regional Committee and of the SCRC. Transparency of SCRC procedures had been under discussion for some time. Although the May meeting of the SCRC had been opened to observers, Member States had requested a review of the lack of transparency of the SCRC's procedures. The SCRC should also decide whether a 48-hour or a 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. Regarding the nomination of SCRC representatives to the Executive Board, a request had been made to review the current rotating seat and subgroup procedures.

29. It was suggested that the SCRC should reach 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. The SCRC agreed that a working group should be established to consider the question in more detail. The working group would comprise representatives of Finland, Israel, Malta (Chairperson), Poland, the Russian Federation, Turkey and the United Kingdom.

30. The Chairperson of the working group reported back to the SCRC at its third and fourth sessions, outlining the working group's conclusions. On nominations to the SCRC and Executive Board, the working group had come to the conclusion that the subregional groupings should be maintained. It had considered various possibilities and proposed to keep the current procedure of the alternating seat between groups A and B and to reinstitute the participation of the semipermanent members of the Executive Board in three out of six years, as previously. In order to increase the transparency of SCRC proceedings and improve communication between the SCRC and Member States, SCRC members would be appointed as focal points for the items on the Regional Committee's agenda. Draft resolutions prepared by the Secretariat would be reviewed by the SCRC at its open session in May. The Chairperson and Vice-Chairperson of the SCRC should liaise with the subregional groups, in order to strengthen coordination. At the request of the SCRC at its third session, the working group prepared a draft code of conduct on the nomination of the Regional Director, for presentation to RC63. In response to the working group's proposals, relevant amendments would be made to the Rules of Procedure of the Regional Committee and of the Standing Committee of the Regional Committee, for approval by RC63.

**Action by the Regional Committee**      **Review the working document on governance reform in the WHO European Region (EUR/RC63/16)**  
**Consider the corresponding draft resolution (EUR/RC63/Conf.Doc./5)**

### ***Review of the status of resolutions adopted by the Regional Committee and recommendations for sunseting and reporting requirements***

31. At its second session, the SCRC discussed the fact that henceforth, all resolutions adopted by the Regional Committee should come under the umbrella of Health 2020. In that light, previously adopted resolutions should be reviewed, with a view to sunseting any that had been rendered obsolete, and setting end-dates for periodic reporting on those that were still relevant. The Secretariat subsequently reviewed all resolutions adopted since 2002 – a total of 46 resolutions – and proposed that some be sunset, and that specific reporting dates be set for the others. The resolutions would be categorized in line with the five categories of work set out in GPW12. The SCRC, at its fourth session, commended the Secretariat's efforts, and suggested that a comprehensive database of resolutions be established, which could be easily searched and which might include hyperlinks to any relevant major documents, decisions or other resolutions. Further discussion on future resolutions would be required when programme budget (PB) 2014–2015 had been adopted in full. The SCRC was informed that, prior to RC63, a web-based consultation would be held to further discuss the review of resolutions and clarify the sunseting procedure for those Member States that had not been party to the SCRC's discussions.

**Action by the Regional Committee**      **Review the working document on the status of resolutions adopted by the Regional Committee during the past ten years (2003–2012), and recommendations for sunseting and reporting requirements (EUR/RC63/17 Rev.1)**  
**Consider the corresponding draft resolution (EUR/RC63/Conf.Doc./12 Rev.1)**

## ***Communication with Member States and the role of the national counterparts and national (technical) focal points***

32. The SCRC was informed, at its third session, that 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). The SCRC was presented with 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. 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.

33. 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. 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.

## **WHO reform**

### ***Budgetary and financial matters***

34. The SCRC was informed, at its fourth session, that the Twelfth General Programme of Work (GPW12) had been finalized and had received strong support from the Programme, Budget and Administration Committee of the Executive Board (PBAC). It was envisaged that the World Health Assembly would approve the PB 2014–2015 in its entirety, with the aim of being fully funded. The appropriation of AC would not be included in the budget resolution, and the budget allocation formula had been disestablished; the financial rules and regulations would therefore be amended. Allocation for the period 2014–2015 was thus in the hands of the Secretariat, while an internal working group would establish a new allocation mechanism for 2016 onwards. The PBAC would be fully involved in that process. RC63 would afford a good opportunity to discuss the regional standpoint on resource allocation. The most significant development would be the introduction of a structured and transparent financing dialogue, which would constitute the main mechanism for resource mobilization. Some time would be required for the dialogue to become fully functional; in the meantime, traditional resource mobilization efforts would continue, but in a more corporate spirit than previously.

35. Taking account of the recommendations made by the United Nations Joint Inspection Unit (JIU), the Global Policy Group 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.

36. The SCRC agreed that, while forming a Regional standpoint on the strategic allocation of resources was very important, care must be taken to ensure that discussions at Regional level remained in line with developments at global level; a spirit of global solidarity should be maintained. With regard to the financing dialogue, Member States must be given the opportunity to share information on how they had donated in the past and how they intended to donate in future. 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.. At the same time, 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. The current period was one of transition, in which old processes had been abandoned and new ones not yet developed. The reform process was an opportunity to use the global financial crisis to a positive end, to revise the financial structure of the Organization.

37. The SCRC decided to establish a working group to discuss the allocation of resources. The group would comprise SCRC members from Belgium (Chairperson), Finland, Israel and the United Kingdom, as well as the representative of Norway as the Executive Board focal point and the representative of Sweden as an ex officio observer. It was agreed that the discussion on WHO reform during RC63 should include an overview of the reform and its implications for the Region, the Regional Office’s implementation of and operation planning for PB 2014–2015, feedback from the first financing dialogue, the process for developing PB 2016–2017 and reflections on the principles for resource allocation.

**Action by the Regional Committee**      **Review the report on the launch of WHO’s financing dialogue**  
(EUR/RC63/19) and **Preparation of the proposed programme budget 2016–2017** (EUR/RC63/20)

### ***The European perspective***

38. At its second session, the Director of Finance informed the SCRC that five main issues had been identified to be raised with PBAC: misalignment between the PB 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: AC should be increased; the World Health Assembly should approve the PB in its entirety; a structured and transparent financing dialogue should be established including dialogue after the approval of the PB, 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.

39. Issues to be taken up with the Executive Board included the proposed PB 2014–2015, 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 PB 2014–2015, as had other regions. It was hoped that the PB 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.

40. At its second and third sessions, the SCRC was presented with oversight reports from the Secretariat on budgetary and financial matters. The SCRC welcomed the reports and thanked the Regional Office for its efforts to improve planning and reporting processes. Most governments in the Region were 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.

41. The SCRC was also informed about austerity measures, in particular efforts 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. The SCRC encouraged the Regional Office to make its austerity measures known to all Member States. The Office's proposals for streamlining spending were welcomed, and similar measures should be encouraged at global level, as part of the overall WHO reform process. Concern was expressed regarding the possibility for donors to fund activities without funding staff salaries. Programming should be adjusted to reflect the salary needs within each activity.

**Action by the Regional Committee      Review the report on the programme budget in the  
European Region  
(EUR/RC63/21)**

## **Ministerial and high-level conferences**

42. The SCRC was informed, at its second session, 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, in follow-up to the first conference on the financial crisis in 2009. A ministerial conference on nutrition and NCDs in the context of Health 2020 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. 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. 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, and a global conference on Health in All Policies would be held in Helsinki in June, with one day dedicated to the situation in Europe.

43. At its fourth session, the SCRC heard a report on the outcome of the High-level meeting on health systems in times of global economic crisis: an update of the situation in the WHO European Region, which had taken place in Oslo in April 2013. The SCRC was also briefed on the preparations under way for the ministerial conference on nutrition and NCDs in the context of Health 2020, which was due to take place in July. The SCRC recommended that the Regional Committee be briefed on the outcomes of those two conferences.

<b>Action by the Regional Committee</b>	<b>Review the report on the outcome of the High-level meeting on health systems in times of global economic crisis: an update of the situation in the WHO European Region (EUR/RC63/13)</b> <b>Consider the corresponding draft resolution (EUR/RC63/Conf.Doc./9)</b> <b>Review the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020 (EUR/RC63/14)</b> <b>Consider the corresponding draft resolution (EUR/RC63/Conf.Doc./10 Rev.1)</b>
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## **Work of the WHO Regional Office for Europe geographically dispersed offices (GDOs)**

### ***GDO business cases***

44. At its second session, the SCRC was presented with a proposed outline and process for developing business cases for new GDOs, which had been requested by the Regional Committee, through its decision EUR/RC62(2). The decision stated that account must be taken of the expression of interest made by Kazakhstan to host the proposed GDO for primary health care; no such expressions of interest had been received with regard to the GDO on preparedness for humanitarian and health emergencies.

45. 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. 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.

46. At its third session, the SCRC was informed that technical profiles for the two proposed new GDOs on primary health care and preparedness for humanitarian and health emergencies, and a model host agreement, had been drafted and were available on a secure web site. Business cases would be drafted for the SCRC's consideration at its fourth session. 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.

47. At its fourth session, the SCRC heard that the Government of Kazakhstan had offered to host the GDO on primary health care. The SCRC had before it, for its consideration, a draft business case for the new GDO. The full technical profile would be submitted to RC63 as an

information document. Kazakhstan's offer met the basic requirements for hosting a GDO. Written clarification was still required on three issues: the international status of the GDO staff, the precise location of the GDO and whether Kazakhstan would confirm a staff secondment to the Regional head office in Copenhagen. When those issues had been clarified, Kazakhstan's offer would be submitted to RC63 for approval. The establishment of the GDO was a unique opportunity to strengthen cooperation in the Regional Office's work on health systems and NCDs and to strive towards achieving universal health coverage.

48. The SCRC welcomed Kazakhstan's offer to host the new GDO on primary health care. Given the importance of the Declaration of Alma-Ata, it was particularly significant that the new GDO would be located in Kazakhstan. The GDO would be the first to be set up outside the western part of the Region. Steps must be taken to ensure that the requisite funding was indeed guaranteed and that the GDO would operate as an integral part of the Regional Office.

49. The SCRC also agreed that a one-month extension to the call for expressions of interest in hosting the new GDO on preparedness for humanitarian and health emergencies would be appropriate, given that as yet no hosting offers had been received. Members underscored the importance of striking a balance between allowing Member States to plan and enabling the Office to prepare for RC63. Member States must be given sufficient time to consider thoroughly the implications of hosting a GDO and to submit their offers.

### ***WHO European Centre on Noncommunicable Diseases***

50. At its third session, the SCRC was informed that Greece had withdrawn its offer to host the new WHO European Centre on Noncommunicable Diseases. Consideration was being given to how to revoke the host agreement, which had already been ratified by the Greek Parliament. The Russian Federation had been identified at RC62 as a potential new host, in the event that Greece should withdraw. The technical profile commented on and approved by the SCRC in January 2013 would be used in negotiations with the Russian Federation.

51. At its fourth session, the SCRC was updated on the situation; efforts had been made to cancel the host agreement concluded with the Government of Greece and pursuant to the Regional Committee's decision EUR/RC62(2), the Regional Office had the mandate to establish a GDO on NCDs in a candidate country, taking into account the expression of interest made by the Russian Federation. The Regional Office was thus discussing with the Russian Government the practicalities of opening a GDO on NCDs in Moscow, which, thanks to the cooperation of the Russian authorities, could hopefully be achieved by January 2014.

52. The SCRC advised that further details on the scope of the GDO's work should be presented to the Regional Committee. The SCRC member from the Russian Federation added that the ministries of health and finance of the Russian Federation had made considerable efforts to expedite the opening of the GDO. The Government was considering a draft decision on the opening of the GDO, steps would be taken to prepare a host agreement and the budget for the GDO would then be established.

### ***Report on the work of the existing GDOs***

53. At its fourth session, the SCRC was briefed on the work of the Regional Office's three operational GDOs. Updated written reports on the work of each GDO would be presented to RC63 as information documents (EUR/RC63/Inf.Doc./5,6,7).

### **WHO Barcelona Office for Health Systems Strengthening, Spain**

54. The SCRC welcomed the update on the Barcelona Office and commended the training courses that the Office organized. More information would be welcome on how the Office collaborated with the Organisation for Economic Co-operation and Development (OECD), which also gathered information on health economics. Health financing was particularly important in the current context of global economic and financial crisis; population needs must be met, while not overspending. Prevention was therefore particularly important. Members wished to know what events the Office would be involved in organizing over coming months. It would be useful if the Barcelona Office were involved in health systems strengthening efforts in the context of Health 2020.

55. Some concern was expressed with regard to the lack of a host agreement. Further information on the Office's funding would be welcome, including a breakdown of how AC were used, in comparison with how they were used in Copenhagen. The SCRC also wished to know whether there was any flexibility in funding to strengthen the Barcelona Office during times of financial crisis, when demands on the Office would be particularly high.

### **WHO European Centre for Environment and Health, Bonn, Germany**

56. The SCRC received a full report on the work of the European Centre for Environment and Health. It commended the work of the Centre, which was well integrated into the activities of the Regional Office and made valuable contributions at global level.

### **WHO European Office for Investment for Health and Development, Venice, Italy**

57. The SCRC was updated on the work of the European Office for Investment for Health and Development. Members of the Standing Committee welcomed the update on the work of the Venice Office and expressed its support for the Office's activities, commending in particular its spirit of adaptability, which enabled it to meet Member States' needs. Information would be appreciated on how the Office planned to meet the predicted increase in requests for technical assistance, resulting from the growing focus on social determinants of health in countries, and on how it prioritized those requests. The SCRC also wished to know how the Office's costing figures were calculated, why staff costs were separate from activity costs and whether the GDOs used the same basis for their calculations as were used for the costing of the Regional Office as a whole.

## **Membership of WHO bodies and committees**

58. The SCRC was informed, at its second session, that, with regard to the Sixty-sixth World Health Assembly, the European Region was required to submit candidatures for the following posts:

- Vice-President of the Assembly
- Committee B Chairperson
- General Committee 4 seats
- Committee on Credentials 3 seats.

59. The SCRC subsequently reviewed the list of nominations, with due consideration for nominations from previous years and the principles of geographical distribution, and advised the Regional Director accordingly.

60. The SCRC was also informed at its second session 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
- Regional Evaluation Group 3 seats; 3 alternates.

61. 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 had been sent to Member States in early 2013.

62. At its third and fourth sessions the SCRC reviewed, in closed meetings, the above-mentioned vacancies and the nominations received. It reached agreement by consensus on the candidates that it would recommend to RC63 for membership of the four bodies.

**Action by the Regional Committee**      **Review Membership of WHO bodies and committees**  
(EUR/RC63/7 Rev.1 and EUR/RC63/7 Add.1)  
**Consider the corresponding draft resolution**  
(EUR/RC63/Conf.Doc./4)

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

63. The President, WHO Regional Office for Europe Staff Association (EURSA), addressed the SCRC at its third session and 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 WHO 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.

64. EURSA had finalized a draft cooperation agreement, to be reviewed by the Director, Administration and Finance, that formalizes the working relationship between EURSA and the management of the Regional Office. With regard to the mandatory age of separation, EURSA had welcomed the proposal by the United Nations Joint Staff Pension Board to increase the age of normal retirement to 65 years for new staff joining from 1 January 2014 onwards and commended the decision by some United Nations agencies to increase their mandatory age of separation to 65. EURSA would support the possibility for all 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 Regional Office's move to its new premises at UN City. EURSA had been actively involved with human resources services 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.

65. 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 proposed 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 of the United Nations and had been proven to help attract and retain staff, increase motivation and productivity and contribute to work-life balance. That evidence was being used as a basis for EURSA's dialogue with the Regional Office's management.

## Annex: Membership of the Twentieth SCRC 2012–2013

### Members and advisers

#### **Austria**

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<sup>3</sup> Former Chairperson, SCRC; Executive President, WHO Regional Committee for Europe, sixty-second session

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