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Report of the Twenty-first Standing Committee of the WHO Regional Committee for Europe

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This document is a consolidated report on the work done by the Twenty-first Standing Committee of the Regional Committee for Europe (SCRC) at the four regular sessions held to date during its 2013–2014 work year.

The report of the Twenty-first SCRC's fifth and final session (to be held at the WHO Regional Office for Europe in Copenhagen, Denmark, on 14 September 2014, before the opening of the 64th 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 (http://www.euro.who.int/en/about-us/governance/standing-committee/twenty-first-standing-committee-of-the-regional-committee-for-europe-2013-2014).

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Introduction

1. The Twenty-first Standing Committee of the WHO Regional Committee for Europe (SCRC) has held four regular sessions to date:

- Çeşme Izmir, Turkey, 19 September 2013
- Floriana, Malta, 16 and 17 December 2013
- WHO Regional Office for Europe, Copenhagen, Denmark, 19 and 20 March 2014
- WHO headquarters, Geneva, Switzerland, 17 and 18 May 2014.

2. In accordance with Rule 9 of the SCRC's Rules of Procedure, Dr Raymond Busuttil (Malta), as Deputy Executive President of the 63rd session of the WHO Regional Committee for Europe (RC63), is ex officio Chairperson of the Twenty-first SCRC. At its first session, Ms Taru Koivisto (Finland) was elected Vice-Chairperson of the Twenty-first SCRC. The member of the WHO Executive Board from Switzerland agreed to act as the link between the Executive Board and the SCRC in 2013–2014.

Reflections on the 63rd session of the WHO Regional Committee for Europe

3. At its first session, the Twenty-first SCRC agreed that RC63 had been a successful event, owing in particular to the detailed preparatory work done by the Secretariat and the Standing Committee. Nonetheless, further efforts should be made to promote active participation of delegations at all times, especially in ministerial panel discussions. Nongovernmental organizations (NGOs) should be allowed time to take the floor, rather than submitting their statements in writing. The timely availability of documents and the presentation of resolutions at the May session of the Standing Committee were appreciated; however, documents should be more concise and contain less background. The nomination of SCRC members to serve as focal points for Member States on each technical item on the agenda had been a useful procedure.

4. Evaluating RC63 at the SCRC's second session in December 2013, the Regional Director stressed that care must be taken to ensure that countries offering to host sessions of the Regional Committee are fully aware of the financial implications of their offer. Only after receiving written confirmation would the offer be put forward in a resolution to the Regional Committee.

SCRC subgroups

Subgroup on governance

5. At its first session, the Twenty-first SCRC decided that its subgroup on governance should continue its work, given that WHO reform was still going on. The subgroup consisted of the SCRC members from Estonia, Finland, France, Israel, Latvia, Malta (chairperson) and the Russian Federation. At the SCRC's second session, the terms of reference of the subgroup had been updated in line with discussions during RC63, as follows:

- consider options for formulating future Regional Committee resolutions;
- consider appropriate ways and means of involving Member States more closely in the work of the Regional Office and the SCRC, including through their permanent missions;
- consider options for improving the nominations procedure;

- consider methods to improve Member States' preparations for Regional Committee sessions; and
- enhance the participation of non-state actors in those sessions, taking into account the global discussion that was still under way.

6. At the SCRC's third session, the chairperson of the subgroup reported that it had drawn up two templates: one for Regional Committee resolutions and one for their financial and administrative implications. Suggestions for enhancing the participation of NGOs included encouraging them to: submit written statements, make short, pre-cleared oral interventions, and engage in technical briefings and panel discussions. The subgroup had developed a proposal for a more transparent, objective system for the nomination of members of the Executive Board and the SCRC, including the submission of a statement or "manifesto" by nominating countries and the use of a tool to give numerical values to the nomination criteria agreed in the resolution on governance. The Standing Committee agreed that shortlisting of the nominations for membership of the Executive Board and the SCRC should proceed as usual and that the tool could be piloted in May 2014 for further discussion and refinement by the Twenty-second SCRC.

7. At the Standing Committee's fourth session, the SCRC approved the subgroup's proposals with regard to the transparency of governing bodies and closer involvement of Member States in their preparatory work. As a result, the entire open part of the fourth SCRC session was webcast and the Secretariat was developing the necessary infrastructure to webcast the mission briefing for RC64. The Secretariat was also asked to plan for regular, proactive training of national counterparts. The SCRC noted that, at the global level, a framework of engagement with non-state actors was currently being developed and discussed with Member States; it had therefore limited itself to ways of enhancing the involvement of NGOs in Regional Committee sessions and proposed the following actions: holding one meeting between officers of the Regional Committee and NGOs; operating a strict "traffic light" system to limit the length of NGO interventions; posting NGO statements and pre-recorded interventions on the Regional Committee website; and involving NGOs more actively in panel discussions and technical briefings during Regional Committee meetings.

8. With regard to the procedure for nominating candidates for membership of the Executive Board and the SCRC, the views of members of the Standing Committee had been sought on the initial draft of the tool that had been developed; their responses had been discussed at a meeting of the subgroup held just before the SCRC's fourth session and a revised draft of the tool was being submitted to the SCRC for comments. Members of the SCRC said that the tool appeared to be useful and represented a promising step forward in terms of transparency. The SCRC emphasized that the Twenty-second SCRC should continue to discuss the proposed tool in the light of the results of the current pilot exercise.

Subgroup on Health 2020 implementation

9. At its first session, the Twenty-first SCRC established a subgroup on Health 2020 implementation, consisting of its members from Austria, Belarus, Bulgaria, Finland, Israel (chairperson) and Latvia. The terms of reference of the subgroup, as agreed by the Twenty-first SCRC at its second session, were to regularly review developments and progress with regard to implementation of Health 2020 and to develop proposals that would be presented to and further discussed with the SCRC. The role of the subgroup was to report to the SCRC on specific issues that could arise in implementation of Health 2020 and on the means of mobilizing populations to implement the strategy. The subgroup's mandate was limited to that of the Twenty-first SCRC and, if further work was needed, the Twenty-second SCRC could establish a new subgroup and elaborate new terms of reference. It was decided that, in 2014, the subgroup

would concentrate on engaging other sectors and civil society to promote whole-of-government, whole-of-society and health-in-all-policies approaches.

10. At the SCRC's third session, the chairperson of the subgroup recognized the work of the Secretariat in developing a range of Health 2020 concepts, tools, targets and indicators. The Commonwealth of Independent States had recently decided to adopt the Health 2020 approach as the basis for health strategies in its member countries and Health 2020 had been integrated into the development strategy of the South-eastern Europe Health Network. The Health 2020 implementation package contained tools and services from different divisions of the Regional Office, informed by country experiences; national biennial cooperative agreements offered a variety of entry points for initiating or developing particular aspects of Health 2020 policy. An expert meeting would be convened to propose indicators of objective well-being (see paragraph 25).

11. At the Standing Committee's fourth session, the chairperson of the subgroup reported that a number of Member States had begun developing and implementing national Health 2020 policies. A first training course for Health 2020 policy consultants in January 2014 had brought together public health policy experts from across the European Region, including several former health ministers; a second course was planned for spring or summer of 2014. A questionnaire had been sent to countries about monitoring implementation of Health 2020 policies.

Subgroup on strategic resource allocation

12. At its first session, the Twenty-first SCRC had decided that the terms of reference of its subgroup on strategic resource allocation would be revised to take into account recent global developments and that the group would consist of its members from Belgium (chairperson), Estonia, Finland, Israel, the Republic of Moldova and the Russian Federation. At its second session, the SCRC decided that the main tasks of the subgroup were to identify potential resource allocation principles and mechanisms that could be applied globally; review the progress of the global planning process for 2016–2017; and report recommendations to the SCRC for inclusion in its report to RC64. The chairperson of the subgroup said that its remit was to ensure continuous, stable allocation of funding for implementation of the Organization's Twelfth General Programme of Work 2014–2019.

13. At the SCRC's third session, it was reported that the Executive Board had requested further discussion on strategic resource allocation (SRA) before making a submission to the World Health Assembly. A global working group on SRA, comprising one Member State per region, had been formed, which was consulting all Member States in preparation for a meeting in April 2014, the outcome of which would be presented to the Health Assembly in May 2014. As the European member of the global working group, the chairperson of the SCRC subgroup had considered it important that the SCRC provide additional input regarding SRA along with the responses he had received from Member States across the Region.

14. The SCRC subgroup had met twice and had decided to draft guiding principles at three levels that could inform the global SRA process, with a view to formulating a pragmatic approach for programme budget 2016–2017. The first level constituted overall guiding principles for the global process and could incorporate some new concepts such as absorption capacity and the "added value" of WHO. The second level comprised the principles of the main budget segments for regional budget allocation. The third level constituted core principles or criteria to be applied in all regions for country budget allocation. The SRA mechanism should be transparent, stable and capable of being updated.

15. The subgroup recommended that regional committees be responsible for deciding how to allocate the regular budget among countries in their respective regions. Regional budget

allocation should take account of population size and the number of countries in the region, the efficiency of health systems and emerging health challenges. It recalled that technical cooperation should not be limited to developing countries or those with WHO country offices. Other recommendations by the subgroup concerning the provision of global and regional public goods, administration and management and the response to emergencies would also be relayed to the global working group. The SCRC agreed to submit the report of the subgroup to the Programme, Budget and Administration Committee (PBAC) working group as an input to the global process.

16. At the Standing Committee's fourth session, the chairperson of the subgroup reported that the subgroup had modified its approach to take account of the division of WHO's work as suggested in the report submitted to the Executive Board in January 2014: individual country technical cooperation, provision of global and regional public goods, administration and management functions and response to emergency events.[1] Further documents from WHO headquarters on strategic resource allocation were expected for discussion at the next meeting of the Regional Committee and the subgroup intended to analyse them and provide comments to the Secretariat. The revised strategic budget space allocation, taking into account comments from all the regional committees, would be presented to the Executive Board at its 136th session in January 2015. The regional committees would also review and discuss the proposed draft programme budget 2016–2017, giving their input for a revised version to be submitted to the Executive Board in January 2015. The Secretariat would then endeavour to apply the revised strategic budget space allocation method (as well as defining the roles and functions of the Organization at all three levels, the costing of outputs and bottom-up planning) in finalizing the budget document for submission to the Sixty-eighth World Health Assembly in May 2015.

17. The members of the SCRC commended the work done by the subgroup. The slow pace of work in PBAC was regrettable as there was a danger that the strategic budget space allocation method would not be ready in time to be applied to the proposed programme budget 2016–2017.

Preparation for the 64th session of the WHO Regional Committee for Europe

18. At its first session, the Twenty-first SCRC had reviewed proposed agenda items for RC64 and emphasized that three items (health information strategy, partnership strategy and country strategy) on its programme of work for the year would require careful consideration at a future SCRC meeting.

19. The Regional Director informed the SCRC at its second session that the main topics proposed for consideration by RC64 were: a report on progress made on Health 2020 implementation, a European health strategy for children and adolescents, a European vaccine action plan, a European action plan on food and nutrition, a health information strategy, a country strategy and a partnership strategy. The SCRC made an initial review of the proposed topics and, in particular, of their distribution during the session and the time allocated for each. In view of the many high-level conferences that had been held during the year (see paragraphs 26–31), it suggested that the outcome of the Tallinn high-level meeting be the subject of a technical briefing rather than a formal agenda item; it would be on the agenda of RC65.

20. At the Standing Committee's third session, the Regional Director presented a proposed provisional agenda and programme of work for RC64. It was hoped to organize a panel on partnerships, focusing on coordination with the United Nations system at both regional and

[1] Document EB134/10.

country levels. As the discussions on involvement of non-state actors were in progress at the global level, it was proposed that an information document rather than a regional strategy on partnerships be submitted. Bearing in mind the fact that the global country strategy would not be presented to the Organization's governing bodies, the SCRC agreed that the country strategy at regional level be the subject of a technical briefing rather than a formal agenda item. It also suggested that there be one discussion on health systems that included the outcomes of both the Tallinn high-level meeting and the Almaty conference. The Regional Director said that efforts would be made to cluster technical topics according to programme budget categories.

21. At the SCRC's fourth session, the Regional Director presented revised drafts of the provisional agenda and provisional programme for RC64 and confirmed that the items had been grouped into categories. Two ministerial lunches (Millennium Development Goals and health in the post-2015 development agenda and early childhood development) would be held on the first two days of the session, while five technical briefings (migration and health, nursing and midwifery, a country focus for the WHO Regional Office for Europe, health information and women's health) would be organized.

Action by the Regional Committee **Review and adopt the "Provisional agenda"** (document EUR/RC64/2) **and the "Provisional programme"** (document EUR/RC64/3) **of RC64.**

Implementing Health 2020

22. A structure for the report to RC64 on implementation of Health 2020 was presented to the Twenty-first SCRC at its second session. Members said that the report should describe the Secretariat's responses to countries' requests for support to improve intersectoral and health systems governance and to strengthen their institutional capacity. It should explain how the Secretariat had reorganized its structure, work and allocation of resources. Concrete examples of interventions for raising awareness should be given. Lastly, it should indicate how progress in implementation was being evaluated with indicators and targets.

23. At its fourth session, the SCRC was informed that the major headings in the report for RC64 were: raising awareness of Health 2020 and the main studies on which it was based, integrating Health 2020 into the work of the Regional Office, responding to country requests and exploring and supporting new partnerships. The paper also gave an overview of country progress and illustrations of good practice in the adoption and implementation of Health 2020-inspired policies. Health 2020 was proving to be a concrete example of how to work across divisions in the Regional Office and a paradigm for more integrated, horizontal activities in Member States.

24. The Standing Committee recommended that a few case studies might be presented at RC64. More prominence should be given in the paper to the health-in-all-policies approach, which (with whole-of-government and whole-of-society initiatives) should be seen as the guiding principle behind all Health 2020-related work. The paper should also mention the subregional events being organized to launch the European review of social determinants of health and the health divide.[2]

25. The Standing Committee was informed that, pursuant to Regional Committee resolution EUR/RC63/R3, the Secretariat had reconvened expert groups on indicators of well-being and

[2] Review of social determinants of health and the health divide in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2013.

Health 2020. The experts had recommended that four domains of objective well-being be covered; core indicators relevant to two of those domains had already been adopted in 2013. For the remaining areas – social connections and the natural and built environment – the experts had proposed two new core indicators, namely "social support available" and "percentage of population with improved sanitation facilities"; data on those indicators were routinely collected, and they therefore imposed no additional reporting burden on Member States. In addition, the experts had proposed three optional indicators: "percentage of persons aged 65 years and above living alone" (for which data were available for 28 countries), "total household consumption" (48 countries) and "educational attainment: at least completed secondary education" (32 countries). Countries' responses concerning those indicators could be reviewed either by the SCRC's subgroup on Health 2020 implementation or by the SCRC itself at a videoconference in the summer of 2014.

Action by the Regional Committee **Review the report on "Implementing Health 2020: 2012–2014"** (EUR/RC64/8).

Outcomes of high-level conferences

26. At its second session, the Twenty-first SCRC was informed that three major events had been held since RC63. The first had been a high-level meeting in Tallinn, Estonia (17–18 October 2013), on the fifth anniversary of the signing of *The Tallinn Charter: Health Systems for Health and Wealth*, at which participants had reviewed the progress made in strengthening people-centred health systems, reducing inequalities and the way forward beyond 2015. The second had been an international conference in Almaty, Kazakhstan (6–7 November 2013), to mark the 35th anniversary of the adoption of the *Declaration of Alma-Ata* on primary health care, at which consensus had been reached on advancing the vision, values and principles of the Declaration while adapting them to changed conditions. The third had been the WHO European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020, held in Ashgabat, Turkmenistan (3–4 December 2013), at which the *Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020* had been adopted, reinforcing prevention and control of noncommunicable diseases, expediting the establishment of national people-centred health systems and accelerating full implementation of the *WHO Framework Convention on Tobacco Control*.

27. At its third session, the SCRC welcomed the Ashgabat Declaration. Given that parts of the policy agenda in the Declaration were ambitious, the Secretariat was urged to take care in preparing the draft resolution for consideration by the Regional Committee. Any draft resolution that touched on tobacco-related issues should take into account existing legal obligations.

28. The draft resolution for submission to RC64 was reviewed by the SCRC at its fourth session. Some members questioned the added value of requesting the Regional Director "to develop a European action plan for achieving the global target on noncommunicable diseases related to tobacco use in the European Region", when the *WHO Framework Convention on Tobacco Control* was a legally binding instrument that was already in force. They suggested that those areas of interest that were not covered by the Framework Convention (such as new tobacco products) be identified and that the Secretariat then prepare a report justifying an action plan for those areas. Other members considered that action plans should be prepared for all four major risk factors for noncommunicable diseases, to build on the discussions at the Ashgabat Ministerial Conference about redoubling efforts to make Europe a tobacco-free region.

29. In response, the Regional Director noted that, while nearly all European Member States had ratified the Framework Convention, implementation lagged behind as the Region still had

the highest prevalence of smokers in the world. The approach being proposed would clarify the respective roles of the WHO and the Convention secretariats. The action plan would be elaborated during the coming year and could therefore take account of the conclusions of the sixth session of the Conference of the Parties to the *WHO Framework Convention on Tobacco Control* (Moscow, Russian Federation, 13–18 October 2014).

30. At its fourth session, the SCRC was briefed about the outcome of the international conference in Almaty, Kazakhstan. There had been broad agreement at the conference that six specific actions were essential to reinvigorate primary health care:

- invest in human resources, with an appropriate skill mix and organizational scale;
- strengthen the coordination and integration of health service delivery;
- ensure strong governance and financing, including incentives for improved performance;
- optimize primary health care technologies and innovations;
- create a "learning" primary health care system through standardization, monitoring and feedback; and
- promote evidence generation and the translation of research findings into innovative service delivery models.

31. The Standing Committee welcomed the fact that major conferences on noncommunicable diseases and primary health care had been held in the eastern part of the European Region. One member emphasized the need for integrated health services at local or community level.

Action by the Regional Committee	**Review the reports on the "Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020"** (EUR/RC64/11) **and the "International anniversary conference marking 35 years of the WHO and UNICEF *Declaration of Alma-Ata* on primary health care"** (EUR/RC64/10). **Consider the corresponding draft resolution and its financial implications** (EUR/RC64/Conf.Doc./6 and EUR/RC64/11 Add.1).

Investing in children

32. A proposal for a renewed European strategy on child and adolescent health and an action plan on preventing child maltreatment were presented to the Twenty-first SCRC at its second session. Members commented that the strategy should include measures to prevent marginalization (which could lead to health problems and suicide), to promote health literacy and multidisciplinary services and to tackle the social determinants of health; goals for the strategy should also be formulated. For the prevention of maltreatment, awareness should be raised among all people working with children and adolescents.

33. At the SCRC's third session, the strategy and the action plan, which had been extensively revised following input from Member States, an interdivisional working group and a technical expert meeting, were discussed. A startling fact that had become apparent was that children in Europe were not covered by health information systems after the age of five years. Another subject of concern was the persistently high rate of child mortality from preventable diseases in some parts of Europe. The Standing Committee expressed its satisfaction with the revised

versions of the documents but suggested that the next iteration of the draft strategy expand the definition of protective factors, give greater prominence to infancy, look at networks of services and elaborate the section on mental health programmes. Some of the proposed timelines for meeting the targets were too short, and the role of local authorities and of WHO should be spelt out in greater detail.

34. At its fourth session, the Standing Committee was informed that extensive comments on the strategy and the action plan had been received during a consultation held in March 2014. Respondents had supported the rights- and population-based approach of the strategy, which translated well into a focus on high-risk groups in the action plan. The Standing Committee welcomed the improved strategy and the action plan but suggested that a target be set with regard to making children's lives more visible (the first priority in the strategy), that mention be made of health literacy and the *Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020* and that more emphasis be placed on a health-in-all-policies approach. In addition, more prominence should be given to children aged 0–3 years and to mental health, including the situation of orphans. Lastly, the Standing Committee noted a discrepancy between the end dates for the strategy (2025) and the action plan (2020). The Regional Director agreed that the end date for both the strategy and the action plan would be 2020.

35. Reviewing the draft resolution for submission to RC64 and its financial and administrative implications, the Standing Committee requested that the reporting dates in operative paragraph 3(e) be corrected to 2021 and 2026. It noted that the estimated financial implications of the draft resolution were considerable and that the costs for the current biennium were not fully funded. In response, the Secretariat explained that the financial implications covered the life of both the strategy (to 2025) and the action plan (to 2020). If the former were aligned with Health 2020, as the Standing Committee had requested, the costs would be reduced. The financial implications would be recalculated accordingly.

Action by the Regional Committee	**Review "Investing in children: the European child and adolescent health strategy 2015–2020"** (EUR/RC64/12) and "**Investing in children: the European child maltreatment prevention action plan 2015–2020"** (EUR/RC64/13). **Consider the corresponding draft resolution** (EUR/RC64/Conf.Doc./5) **and its financial implications** (EUR/RC64/12 Add.1).

Food and nutrition action plan

36. The first draft of a European food and nutrition action plan 2015–2020, based on the *Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020*, was presented to the Twenty-first SCRC at its second session. Members called for a set of concrete objectives and a timetable for implementation with a multisectoral approach. The SCRC was informed that several consultations would be held before the document was finalized.

37. The action plan was redrafted and presented to the SCRC at its third session. While Member States had reacted positively to nutrient profiling as a precursor to the regulation of marketing, there was continuing debate about the effectiveness of using fiscal measures to control demand. The SCRC emphasized that attention should be drawn to the continuing existence of pockets of undernutrition in the WHO European Region. Subsequent iterations of

the action plan should refer to a range of health promotion measures and give more prominence to an intersectoral "nutrition-in-all-policies" approach and to the joint work with the European Commission. Greater effort would be made to integrate tools for collecting age-specific data into the overall framework for monitoring noncommunicable diseases.

38. At its fourth session, the Standing Committee noted that a number of different viewpoints (including with regard to fiscal policies, the "obesogenic environment", "healthy food" and traditional diets) still needed to be reconciled. Further efforts would be made to reach a consensus on language for the final version of the action plan. The SCRC looked forward to a further informal consultation, to be held in the Regional Office at the end of May 2014.

39. Reviewing the draft resolution for submission to RC64, the Standing Committee asked that the phrase "to promote healthy diets and" be inserted into operative paragraphs 2(c) and 2(e). Evaluation of the Action Plan should be the subject of a separate subparagraph in operative paragraph 3.

Action by the Regional Committee	**Review the "European food and nutrition action plan 2015–2020"** (EUR/RC64/14).
	Consider the corresponding draft resolution (EUR/RC64/Conf.Doc./8) **and its financial implications** (EUR/RC64/14 Add.1).

European vaccine action plan

40. A first draft of the European vaccine action plan 2014–2020, with its five strategic objectives, was presented to the Twenty-first SCRC at its second session. Members said that cost–benefit analyses should be conducted before deciding to introduce new vaccines; vaccination coverage should be extended to vulnerable and hard-to-reach groups and communication about the benefits of vaccination should be improved.

41. At its fourth session, the Standing Committee was informed that successive drafts of the action plan had been reviewed and "pre-endorsed" at meetings of the European Technical Advisory Group of Experts on Immunization (ETAGE), most recently in March 2014. A consultation with Member States took place during the regional meeting of national immunization programme managers held in Antalya, Turkey, from 18–21 March 2014. Comments from Member States, partners and the SCRC would be incorporated into the revised version to be presented to RC64. The Standing Committee found the action plan to be relevant yet ambitious, particularly in relation to the measles–rubella elimination target. Members called for systematic scientific reviews to be undertaken before the introduction of new vaccines, not merely on their efficacy but also on their cost-effectiveness in comparison with other public health interventions. Communication was seen as the core of the action plan; the Regional Office was accordingly urged to give Member States guidance on communication, especially with high-risk and anti-vaccination groups. The SCRC endorsed the goals and strategic objectives, while recommending that the "strategies" in the action plan be relabelled "actions". It looked forward to the elaboration of quantified targets and indicators by ETAGE.

42. Reviewing the draft resolution for submission to RC64, the Standing Committee called for a new operative paragraph 3(b bis) to be inserted, requesting the Regional Director to provide guidance on targeting specific groups and communicating with high-risk and vaccine-hesitant groups, as well as with health care personnel. It was informed that the final document for RC64 would include the monitoring and evaluation framework as an attachment.

Action by the Regional Committee

Review the "European vaccine action plan 2015–2020" (EUR/RC64/15).

Consider the corresponding draft resolution (EUR/RC64/Conf.Doc./7 **and its financial implications** (EUR/RC64/15 Add.1).

Partnerships for health

43. An outline of a paper describing the Regional Office's existing relationships with partners and NGOs was presented to the Twenty-first SCRC at its second session. Members commented that it was important not to pre-empt the discussion at the forthcoming session of the Executive Board on the role of non-state actors.

44. At its third session, the SCRC reviewed a draft of the report on partnerships for health in the European Region and commented that it was clear and concise and that hosted and other partnerships had been clearly distinguished. Representatives asked that more detail be annexed to the information document about the various types of partnership and their respective areas of engagement and requested information on the financial aspects of collaboration with partners, if available. The Standing Committee agreed that the report be taken forward as an information document for RC64, adjusted to reflect the evolving global discussion on partnerships. Members considered the Secretariat's proposal to organize a panel discussion on partnerships at RC64 an interesting one.

Action by the Regional Committee

Review the report on "Partnerships for health in the European Region" (EUR/RC64/Inf.Doc./2).

Budgetary and financial issues

Programme budget 2012–2013

45. At its second session, the Twenty-first SCRC was informed that the regional programme budget for 2012–2013 had been almost fully funded, although persistent "pockets of poverty" had affected some programmes. Budget ceilings had been raised by US$ 39 million during the biennium (18% of the regional budget), with funds used mainly for emergencies, polio and partnerships.

46. At its fourth session, the SCRC was informed that the Regional Office's performance assessment report 2012–2013[3] was the main instrument for ensuring the Secretariat's accountability to European Member States. Following guidelines that had been endorsed by the Regional Committee,[4] it provided an assessment of performance against objectives applicable to the Secretariat (outputs) and Member States (outcomes). A draft was being presented to the SCRC so that their comments could be incorporated into the version to be presented to the Regional Committee. For 2012–2013, 27 key priority outcomes (KPOs) had been identified, and a target of achieving 85% of them had been set; the proportion actually achieved had been 65%. A similar picture was seen in terms of the proportion of planned outputs delivered under those KPOs, with a target of 95% and 72% achieved. Implementation of available resources had been

[3] Document EUR/SC21(4)/12 Rev.1.
[4] The programme budget as a strategic tool for accountability. Copenhagen: WHO Regional Office for Europe. 2011 (document EUR/RC61/Inf.Doc./10).

at a level of 91–93% across all budget segments. Although the Regional Office had reduced its administrative staff to allow an increase in technical staff, the low level of technical capacity had been a challenge in some programme areas.

47. The Standing Committee called for an executive summary of the performance assessment report 2012–2013 to be prepared giving details of, inter alia, the proportion of expenditure on regional and country work and containing an accessible, articulated text on the lessons learnt from that biennium.

Programme budget 2014–2015

48. A report was presented to the Twenty-first SCRC at its second session on the outcome of the Organization's second "financing dialogue", held in November 2013. At that time, the funding gap for the European Region for 2014–2015 had stood at US$ 107.2 million, with US$ 15.5 million expected from the core voluntary contributions account; a total of US$ 91.7 million would accordingly have to be raised through coordinated, targeted Organization-wide resource mobilization. Members regretted that donors had not welcomed the introduction of a post occupancy charge and that it was therefore difficult to use tightly earmarked funds to meet staffing costs.

49. At the SCRC's fourth session, the Director, Division of Administration and Finance, reported that the budget approved by the World Health Assembly for the 2014–2015 biennium was currently funded at 59%. The Regional Office had received 30% fewer corporate resources (assessed contributions, core voluntary contributions and administrative support funds) than at the same time in the previous biennium; 57% of the Office's funding was in the form of highly specified voluntary contributions. "Pockets of poverty" therefore persisted; well-funded programmes had tightly earmarked resources, which could not be used to bridge gaps in underfunded areas. Dealing with budget "space" problems could well require further adjustments of the approved programme budget by programme area.

50. The Standing Committee expressed concern about underfunding of the category of noncommunicable diseases; the Regional Office was engaged in fund-raising for that category, and the establishment of a geographically dispersed office in Moscow, Russian Federation, was at an advanced stage. The remaining assessed contributions were expected to be distributed by WHO headquarters in the near future.

Proposed programme budget 2016–2017

51. The Twenty-first SCRC was informed at its second session that the proposed programme budget 2016–2017 would be prepared with a "bottom-up" approach, in which needs were identified at country level, with a strengthened role of programme area and category networks, full costing of Secretariat inputs and discussion of priorities by regional committees.

52. The Regional Director informed the SCRC at its third session that she intended to write to ministers of health requesting them to identify their priorities for the next biennium. The 10–12 priority areas should be distributed across the five programme budget categories. In parallel, it would be necessary to identify the global and regional public goods and commitments (the "top-down" component) and thereafter reconcile the two processes. Under the proposed budget reform, funding for administration and management would be split into an infrastructure and administration component (to be funded directly from projects) and a leadership and governance component (to be funded completely from assessed contributions). The Standing Committee made it clear that, notwithstanding the short timelines, Member States would expect a proposed programme budget 2016–2017 that included budget figures for discussion at RC64.

53. At its fourth session, the Standing Committee was reassured that, although the timetable for preparation of the proposed programme budget 2016–2017 presented several challenges, there would be opportunities for Member States to give input into budget preparation. Members agreed that the SCRC should review the first draft of the proposed programme budget in the summer, preferably by videoconference, and asked that the Secretariat prepare a paper giving the regional perspective on the proposed budget to be submitted to RC64.

Action by the Regional Committee	**Review the draft proposed programme budget 2016–2017** (EUR/RC64/23) **and the regional perspective on it** (EUR/RC64/17).

Progress reports

54. At its third and fourth sessions, the Twenty-first SCRC reviewed and commented on progress reports that would be submitted to RC64, on implementation of the European action plan for HIV/AIDS 2012–2015, harmful use of alcohol in the WHO European Region, prevention of injuries in the WHO European Region, the European environment and health process, the European strategy for child and adolescent health development and the European strategic action plan on antibiotic resistance.

Membership of WHO bodies and committees

55. The Twenty-first SCRC was informed at its second session that the nominations or elections for membership of the following WHO bodies and committees would take place at RC64:

- Executive Board (four vacancies);
- SCRC (four vacancies);
- Special Programme of Research, Development and Research Training in Human Reproduction (one vacancy);
- Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases (one vacancy).

56. In private meetings during its third and fourth sessions, the Twenty-first SCRC reviewed the vacancies on WHO bodies and committees and the candidatures received.

Action by the Regional Committee	**Review the report on "Membership of WHO bodies and committees"** (EUR/RC64/7 and EUR/RC64/7 Add.1). **Consider the draft resolution on nomination of the WHO Regional Director for Europe** (EUR/RC64/Conf.Doc./4).

Country focus

57. At its second session, the Twenty-first SCRC was informed that a global country strategy was being developed, with the involvement of the Regional Office Secretariat, and would be discussed at the meeting of the Global Policy Group in March 2014. Members of the SCRC drew attention to the importance of the concept of "one WHO" at global, regional and country levels.

58. At its third session, the Standing Committee reviewed documentation on the role of WHO country offices and their relations with national governments, including an annotated concept note on a proposed information document for RC64, which would serve as a substitute for a formal country strategy should the Standing Committee so decide. The Secretariat gave a presentation of the key roles and functions of WHO country offices (small, medium and large). In accordance with the Regional Director's recommendation, SCRC agreed that a technical briefing should be held at RC64.

Health information

59. A concept note outlining a proposed health information strategy for Europe was presented to the Twenty-first SCRC at its second session. It would set out the roles of the Secretariat, Member States and partners in the areas of data collection, analysis and interpretation, and evidence-informed policy-making, taking into account their respective institutional, legal, technical and budgetary contexts. Members considered that the purpose of the document should be to promote harmonization of definitions and collection of the necessary information for implementation of Health 2020. The Regional Director suggested that the SCRC should decide at its following session on the type of document to be presented to RC64.

60. At its third session, the Standing Committee welcomed the framework of a support tool for national health information strategies and proposed that it be discussed in some form by the Regional Committee. Acting on a proposal by the Regional Director, the SCRC accordingly decided not to include a health information strategy on the agenda of RC64 but to consider the possibility of holding a technical briefing on the subject. It further agreed that a meeting with the European Commissioner should be arranged in the autumn of 2014 to decide on the most important milestones for the coming five years.

Health in the post-2015 development agenda

61. At its second session, the Twenty-first SCRC was briefed on progress made in ensuring the place of health in the post-2015 development agenda. The United Nations Development Group had led a "global conversation" on the post-2015 agenda, which had included health as one of the thematic topics. Between September 2012 and March 2013, WHO and the United Nations Children's Fund (UNICEF) had led a broad consultation on health throughout the world. The outcome of the report, *Health in the post-2015 agenda: report of the global thematic consultation on health*, had been presented to the Sixty-sixth World Health Assembly. The President of the United Nations General Assembly had hosted a special event in September 2013 to review progress made in meeting the Millennium Development Goals, at which world leaders had called for a summit to be held in September 2015. Countries attending the United Nations conference on sustainable development held in Rio de Janeiro, Brazil, in June 2012 had established a working group to prepare a set of goals for sustainable development, to be presented to the Sixty-ninth United Nations General Assembly in September 2014. In the European Region, a United Nations interagency report was being prepared on post-2015 and on progress achieved, for which a document on health had been provided by WHO. A regional

consultation on the post-2015 agenda had been held in Turkey, where participants had recognized the importance of Health 2020 and placed emphasis on achieving universal health coverage. Members of the SCRC stressed that the prominent role of health should be maintained in the post-2015 era, with at least one goal specific to health.

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

62. At its third session, the President of the WHO Regional Office for Europe Staff Association (EURSA) informed the Twenty-first SCRC that the Regional Office had developed a human resources plan to ensure financial sustainability and to realign staffing in accordance with the priorities agreed in the Organization's Twelfth General Programme of Work 2015–2019. EURSA had worked closely with management to minimize the impact on affected staff and to strengthen transparency and communication. Abolition of posts had meant an increased workload and more stress for remaining staff. There had also been an increase in non-staff contracts; care should be taken to ensure that contractors were not employed to perform core functions or to manage the corporate services of the Organization.

63. Both management and staff agreed that the WHO system of internal justice should be reformed, shifting the focus from conflict resolution to conflict prevention. Some administrative practices persisted that EURSA considered discriminatory, notably with regard to same-sex unions. On the subject of the work–life balance, steps had been taken to introduce occasional teleworking for staff at WHO headquarters, and EURSA strongly supported the adoption of a similar policy at the Regional Office for Europe. In addition, there were occasional contradictions between the Organization's administrative practices and its stated policies, such as the four months' maternity leave allowed by the Regional Office and the period of six months' exclusive breastfeeding advocated by WHO to the world at large.

64. Finally, at global level, the compensation package for both nationally and internationally recruited staff was due to be reviewed in 2014. Staff morale and their sense of security might be negatively affected by any potential reductions in the package, coupled with the loss of security occasioned by changes in appointment policies and the fact that staff were generally not covered by their respective national social security schemes.

65. The Regional Director thanked EURSA for its constructive collaboration in reducing the number of administrative and support staff at the Regional Office for Europe, which had thereby ensured the financial viability of the Office and strengthened its technical capacity. Overall, there had been a decrease in the number of non-staff contracts in 2013. She fully supported extending maternity leave for staff from the current four months to the recommended six months. With regard to teleworking, it should be borne in mind that much of the work of the Regional Office is team-based and necessarily involves direct, immediate consultation with colleagues.

Other matters

SCRC focal points for agenda items at RC64

66. The SCRC assigned each RC64 agenda item to a member of the SCRC, to act as a focal point for interaction with Member States as needed:

- General governance matters – Malta
- Health 2020 implementation – Israel

- Tallinn high-level meeting – Estonia
- Almaty conference – Belarus
- Ashgabat conference – Russian Federation
- Investing in children – Finland
- Food and nutrition action plan – Austria
- Regional vaccine action plan – Republic of Moldova
- Partnerships – Latvia
- Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board – Switzerland
- Technical briefings and ministerial lunches – Bulgaria
- WHO reform matters, specifically strategic budget space allocation – Belgium and France.

National counterparts and technical focal points

67. At its first session, the Twenty-first SCRC was informed that a list of 40 national counterparts was available and would be published shortly. Following consultation with the SCRC, a list of national technical focal points (NTFPs) would be sent to national counterparts for verification and updating, if necessary.

68. At its second session, the SCRC was presented with a new template listing the areas for which national technical focal points were requested. Members commented that the proposed number of focal points (38 for each country) appeared to be unmanageable. The Regional Director suggested that the template might be simplified by further streamlining the areas requiring national focal points.

69. At its third session, the Standing Committee was informed that the Regional Office had managed to reduce the number of NTFPs as contacts for cooperation in specific programme areas from 38 to 20 per country. Some members of the SCRC asked that the number be reduced still further, to 15. The Chairperson of the Standing Committee proposed that the Secretariat be asked to explore the possibility of reducing the number of NTFPs to below 20 and that the Member States that had requested that reduction themselves identify programme areas in which they considered that functions could be merged.

Annex. Membership of the Twenty-first SCRC 2013–2014

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Attaché, International Relations, Public Federal Health Services

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Adviser
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[1] Executive President, WHO Regional Committee for Europe, 63rd session

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Chief Specialist, Ministry of Social Affairs

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Advisers
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Ministerial Adviser, Ministry of Social Affairs and Health

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Countries sending observers to the open meeting in May:

Andorra

Denmark

Germany

Greece

Italy

Netherlands

Norway

Poland

Spain

Sweden

Turkey

United Kingdom

EU Delegation

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