



World Health  
Organization

REGIONAL OFFICE FOR Europe

REGIONAL COMMITTEE FOR EUROPE  
65TH SESSION

Vilnius, Lithuania, 14–17 September 2015



# Report of the Twenty-second Standing Committee of the Regional Committee for Europe



Working document



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

**Regional Committee for Europe**  
65th session

**Vilnius, Lithuania, 14–17 September 2015**

Provisional agenda item 4

EUR/RC65/4 Rev.1  
+ EUR/RC65/Conf.Doc./2 Rev.1

20 August 2015  
150472

ORIGINAL: ENGLISH

## **Report of the Twenty-second Standing Committee of the Regional Committee for Europe**

This document is a consolidated report on the work carried out by the Twenty-second Standing Committee of the Regional Committee for Europe (SCRC) at the four regular sessions held to date during its 2014–2015 work year.

The report of the Twenty-second SCRC's fifth and final session (to be held in Vilnius, Lithuania, on 13 September 2015, before the opening of the 65th session of the 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-second-standing-committee-of-the-regional-committee-for-europe-20142015>).

## Contents

	page
Introduction .....	4
Reflections on the 64th session of the WHO Regional Committee for Europe .....	4
SCRC subgroups .....	5
Subgroup on implementation of Health 2020.....	5
Subgroup on governance .....	5
Subgroup on strategic resource allocation .....	6
Preparations for the 65th session of the WHO Regional Committee for Europe.....	6
Draft provisional agenda and programme .....	6
Main technical and policy topics on the provisional agenda of RC65 .....	7
Promoting intersectoral and interagency action for health and well-being in the European Region – a framework for action .....	7
Priorities for health systems strengthening in the European Region 2015–2020: walking the talk on people-centredness .....	7
Final report on implementation of the Tallinn Charter on health systems for health and wealth .....	8
Proposed physical activity strategy for the WHO European Region 2016–2025 .....	8
Roadmap of actions to fully comply with the WHO Framework Convention on Tobacco Control in Europe 2015–2020.....	9
Final report on implementation of the Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015 and the proposed tuberculosis action plan for WHO European Region 2016–2020 .....	9
Environment and health in the European Region: reflections on implementation since the fifth ministerial conference and future directions ....	10
European health report 2015: Targets and beyond – reaching new frontiers in evidence.....	10
Enhancing evidence-informed policy-making in the WHO European Region.....	11
Migration and health .....	11
Women’s health .....	11
Review of draft resolutions for RC65.....	11
Governance issues .....	11
“Rolling” agenda of future Regional Committee meetings .....	11
Future sessions of the SCRC .....	12
WHO reform: progress and implications for the European Region .....	12
Budgetary and financial issues .....	12
Report of the Secretariat on budget and financial issues .....	12
Regional plan for implementation of the programme budget 2016–2017 .....	13
Progress reports .....	14
Membership of WHO bodies and committees .....	14

Health in the post-2015 development agenda .....	15
Address by a representative of the WHO Regional Office for Europe Staff Association .....	15
Ministerial conferences and high-level meetings .....	16
Other matters .....	16
Portuguese mortality information system .....	16
Update on the Ebola virus disease outbreak in West Africa.....	16
Update on national counterparts and technical focal points .....	17
Annex. Membership of the Twenty-second Standing Committee of the Regional Committee for Europe 2014–2015 .....	18

## Introduction

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

- WHO Regional Office for Europe, Copenhagen, Denmark, 18 September 2014;
- Helsinki, Finland, 9–10 December 2014;
- WHO Regional Office for Europe, Copenhagen, Denmark, 17–18 March 2015;
- WHO headquarters, Geneva, Switzerland, 16–17 May 2015.

2. In accordance with Rule 14.2.4 of the Rules of Procedure of the Regional Committee for Europe, Ms Taru Koivisto (Finland), as Deputy Executive President of the WHO Regional Committee for Europe at its 64th session (RC64), is *ex officio* Chairperson of the Twenty-second SCRC. At its first session, Professor Benoît Vallet (France) was elected Vice-Chairperson of the Twenty-second SCRC. The member of the WHO Executive Board from the Russian Federation agreed to act as the link between the Executive Board and the SCRC in 2014–2015.

## Reflections on the 64th session of the WHO Regional Committee for Europe

3. At its first session, the Twenty-second SCRC observed that RC64 had been a smoothly organized and productive session. The extensive consultations with Member States before the session were welcomed, and the technical briefings during the session had been greatly appreciated. The weighting system for use when considering candidates for elections, which had been developed by the SCRC subgroup on governance, had been piloted.

4. At its second session, the SCRC agreed that since its fourth session in May would be open to the public and SCRC focal points had been appointed for liaison with Member States on each item of the Regional Committee's forthcoming agenda, subregional preparatory meetings prior to the Regional Committee had become superfluous. Pre-session meetings on complex topics for discussion during the Regional Committee had, on the other hand, proved very useful for consensus-building and should be continued.

5. The heavy agenda of RC64 had resulted in time constraints on some items. Problems remained with regard to the layout of the conference hall at UN City, in particular the seating arrangements, which were not conducive to communication within delegations. The SCRC also noted that the current approach to ministerial panels was not conducive to dialogue and further consideration should therefore be given to how to engage ministers and make more space for ministerial participation in the Regional Committee's programme of work.

## **SCRC subgroups**

6. At its first session, the Twenty-second SCRC decided to continue the subgroups on Health 2020, governance and strategic resource allocation.

### ***Subgroup on implementation of Health 2020***

7. The subgroup on implementation of Health 2020 met twice in 2014–2015: in Helsinki, Finland, on 8 December 2014 and in Copenhagen, Denmark, on 17 March 2015. The subgroup's terms of reference were reviewed, with one addition – subgroup members would support the promotion and implementation of Health 2020 at the request of the Secretariat. At its first meeting, discussions focused on the importance of increased availability of comparative data to assess the impacts of Health 2020 implementation, and on promoting intersectoral collaboration. At its second meeting, the subgroup contributed suggestions to a Secretariat paper on intersectoral action, including the need for a definition of the term “intersectoral action”, the importance of including national examples of good practice, such as from the Healthy Cities initiative, and the need to bridge gaps in collaboration in certain areas, such as for social determinants of health.

### ***Subgroup on governance***

8. At its second session, the SCRC approved a revised version of the subgroup's terms of reference. The subgroup advised that the working methods of the SCRC, including the frequency of meetings, should be discussed regularly by the Standing Committee as a whole, rather than by a subgroup. The SCRC was informed that the tool for assessing candidatures to the Executive Board and to the SCRC had been refined to include an explanation of the scoring procedure. Further revisions might be made in due course in the light of experience and lessons learned. The subgroup had considered three suggestions made by the Regional Evaluation Group and had requested that the Secretariat propose appropriate action. It had also asked the Secretariat to draft a document detailing options to further improve the participation of nongovernmental organizations in sessions of the Regional Committee.

9. The SCRC was informed at its third session that the subgroup on governance had discussed the SCRC's input to the next meeting on the framework for engagement with non-State actors. It had also discussed the amendments to Rule 47 of the Rules of Procedure of the Regional Committee for Europe and of the Standing Committee of the Regional Committee for Europe, and recommended that they be adopted. The SCRC requested the subgroup to look further into the reporting requirements for Regional Committee resolutions.

10. At the SCRC's fourth session, the subgroup proposed four criteria for the submission of conference declarations to the Regional Committee for endorsement. The SCRC decided to continue to discuss those criteria further. The subgroup had asked the Secretariat to prepare an overview of definitions of the types of policy papers used by WHO, including resolutions, decisions, declarations, charters, strategies, action plans, roadmaps and frameworks. The Secretariat would also map existing global and regional action plans for the fifth session of the Twenty-second SCRC, focusing on their

alignment as a consequence of WHO reform for further discussion by the Twenty-third SCRC. In the absence of a global action plan, a progress report on a regional action plan should normally be submitted to the Regional Committee after three years, and the topic should be taken up as a full agenda item after six years. The subgroup further agreed that changes to reporting requirements for resolutions already in force should be dealt with on a case-by-case basis, drawing upon the mapping being done for the alignment of existing global and regional action plans. Work on the issue should be continued by the Twenty-third SCRC.

### ***Subgroup on strategic resource allocation***

11. At its second session, the SCRC agreed to keep the subgroup “dormant”, to be reconstituted if the SCRC deemed it necessary, since strategic resource allocation was still under discussion at the global level.

## **Preparations for the 65th session of the WHO Regional Committee for Europe**

### ***Draft provisional agenda and programme***

12. At its first session, the Twenty-second SCRC reviewed a preliminary outline of the proposed agenda for RC65. The Secretariat then prepared concept notes on those items, which were considered by the SCRC at its second session.

13. The Regional Director presented a proposed programme of work for RC65 to the SCRC at its second session. The SCRC welcomed the provisional agenda and programme, and suggested some changes. The question was raised as to whether any time would be devoted to discussing the response to the Ebola virus disease outbreak.

14. At its third session, the SCRC considered and commented on a revised provisional agenda and programme. Further revisions were made on the basis of those comments, and the updated versions of the provisional agenda and programme were discussed at the Standing Committee’s fourth session. The SCRC welcomed the focus of the discussion on WHO reform on the first day of RC65 and the overall theme of intersectoral action on the second day of the session. Time should be set aside to discuss WHO reform in emergencies. The item on matters arising from resolutions and decisions of the World Health Assembly and the Executive Board could be usefully taken up while the Director-General was present. The SCRC recommended that an informal discussion on WHO reform be held on the Sunday morning before the opening of the session, focusing on governance reform. That said, care should be exercised in taking the conclusions of such a discussion back to the global level, since an overactive approach might be counterproductive.

**Action by the Regional Committee**

**Review and adopt the “Provisional agenda” (EUR/RC65/2) and the “Provisional programme” (EUR/RC65/3) of RC65.**

## ***Main technical and policy topics on the provisional agenda of RC65***

### **Promoting intersectoral and interagency action for health and well-being in the European Region – a framework for action**

15. At its second session, the Standing Committee was informed that to assist Member States, the Regional Office had elaborated policy briefs, which could be used from both a sectoral and a thematic perspective, for work with other sectors, which would be presented to RC65 as an information document. A working document and accompanying draft decision would also be prepared. The SCRC agreed that an intersectoral approach was essential for Health 2020 implementation, and emphasized that care should be taken to ensure that the working document under preparation had a clear structure. Caution should be exercised when organizing the ministerial day during Regional Committee sessions to ensure that the discussions were relevant and interesting not only to ministers but to all participants.

16. At its third session, the SCRC was informed about preparations for a strategic framework for action on intersectoral and interagency action for health and well-being, which it reviewed at its fourth session. Members of the SCRC recommended that WHO should organize further technical meetings with representatives of sectors such as foreign affairs, education and social services, ideally with more stable representation. Informal networks could usefully be set up. The WHO training course on health diplomacy could be broadened to bring in issues of intersectoral work. The SCRC was informed that a revised draft of the working document for RC65 would be available for a web-based consultation with Member States.

#### **Action by the Regional Committee**

**Review “Promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice” (EUR/RC65/16).**

**Consider the corresponding draft decision (EUR/RC65/Conf.Doc./8).**

### **Priorities for health systems strengthening in the European Region 2015–2020: walking the talk on people-centredness**

17. At its second session, the SCRC was briefed on the health systems performance assessment, which it deemed a very useful tool to demonstrate transparency and accountability, address the sustainability of financing, identify gaps in health systems performance and make decisions. The Standing Committee emphasized the lead role of the European Region in encouraging a broader understanding of the concept of universal health coverage.

18. The Standing Committee reviewed a draft working document for RC65 at its third session, which it considered to be in line with Member States’ needs with regard to health systems strengthening. Several suggestions were made for improving the draft, including by referring to relevant aspects of health information, such as data harmonization, standardization and quality improvement, and adding a glossary of



terms. The document was revised to take account of the SCRC's suggestions and reviewed and approved at its fourth session.

**Action by the Regional Committee**

**Review “Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness” (EUR/RC65/13).**

**Consider the corresponding draft resolution (EUR/RC65/Conf.Doc./7) and its financial implications (EUR/RC65/13 Add.1).**

**Final report on implementation of the Tallinn Charter on health systems for health and wealth**

19. At its second session, the SCRC commented on a questionnaire that had been circulated to all Member States on implementation of the Tallinn Charter on health systems for health and wealth, and was briefed on a final implementation report, which was being prepared for submission to RC65.

**Action by the Regional Committee**

**Review the “Final report on implementation of the Tallinn Charter – summary” (EUR/RC65/8).**

**Proposed physical activity strategy for the WHO European Region 2016–2025**

20. The Standing Committee reviewed the proposed physical activity strategy for the WHO European Region 2016–2025. It welcomed the strategy, which even at the early stages of drafting was balanced and applicable to all levels of society. At its second session, the SCRC gave guidance with regard to improving the draft, particularly by ensuring a balanced view of the different types of physical activity, promoted low-cost outdoor activities and included evidence-based information to raise public awareness about the importance of physical activity and the detrimental effects of spending long periods of time in front of computer and television screens. At its third and fourth sessions, the SCRC considered revised versions of the proposed strategy and made further suggestions, such as the inclusion of physical activity for people with disabilities. The Standing Committee commended the open and transparent consultative process followed in drawing up and revising the strategy.

**Action by the Regional Committee**

**Review the “Physical activity strategy for the WHO European Region 2016–2025” (EUR/RC65/9).**

**Consider the corresponding draft resolution (EUR/RC65/Conf.Doc./4) and its financial implications (EUR/RC65/9 Add.1 Rev.1).**

## **Roadmap of actions to fully comply with the WHO Framework Convention on Tobacco Control in Europe 2015–2020**

21. The Standing Committee was briefed on the efforts to develop a roadmap of actions to bridge gaps in implementation of the WHO Framework Convention on Tobacco Control (FCTC) in the European Region. The roadmap was being drafted in close cooperation with the FCTC Secretariat and with a senior advisory group comprising representatives of Member States, experts and civil society. The SCRC reviewed the proposed roadmap at its second, third and fourth sessions, and provided guidance on its improvement. The suggestion was made to include a simple checklist of actions required to implement each article of the FCTC, and emphasis was placed on the importance of involving civil society to change attitudes at the societal level. Particular attention should be paid to trade agreements, which were problematic.

### **Action by the Regional Committee**

**Review the “Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025: making tobacco a thing of the past” (EUR/RC65/10). Consider the corresponding draft resolution (EUR/RC65/Conf.Doc./6) and its financial implications (EUR/RC65/10 Add.1).**

## **Final report on implementation of the Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015 and the proposed European action plan for tuberculosis prevention and control 2016–2020**

22. At its second session, the SCRC welcomed the final report on implementation of the Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015 and commended the work being done to prepare a European action plan for tuberculosis prevention and control. The Standing Committee suggested some revisions to the draft plan, underscoring the need to emphasize integrated care and comorbidities, including social support for tuberculosis patients with addiction problems and those in detention, and the importance of incorporating tuberculosis in discussions on migration and health.

23. During the intersessional period, consultations were held on the revised draft, which was approved by the SCRC at its fourth session and deemed ready for adoption by the Regional Committee.

**Action by the Regional Committee**

**Review the “Tuberculosis action plan for the WHO European Region 2016–2020” (EUR/RC65/17 Rev.1).**

**Consider the corresponding draft resolution (EUR/RC65/Conf.Doc./5 Rev.1) and its financial implications (EUR/RC65/17 Add.1 Rev.2).**

**Environment and health in the European Region: reflections on implementation since the fifth ministerial conference and future directions**

24. The Standing Committee discussed environment and health in the European Region at its second and fourth sessions, where it was briefed on the drafting of an information document for RC65 on implementation of the Parma Declaration on Environment and Health, and on preparations for a panel discussion involving members of the European Environment and Health Ministerial Board and the European Environment and Health Task Force. The outcome of the Mid-term Review of the European Environment and Health Process would also be reported to the Regional Committee. The Standing Committee agreed that two separate documents should be presented to RC65, one on the progress of the European Environment and Health Process and implementation of the Parma Declaration and the other on the outcome of the Mid-term Review and preparations for the next Ministerial Conference on Environment and Health, and that no resolution or decision was required.

**Action by the Regional Committee**

**Review the report on “Environment and health in the WHO European Region: progress, challenges and lessons learned” (EUR/RC65/11) and the “Progress report on the European Environment and Health Process” (EUR/RC65/18).**

**European health report 2015: Targets and beyond – reaching new frontiers in evidence**

25. At its second and fourth sessions, the SCRC was informed about developments with regard to the European health report 2015, which would be a scorecard for the European Region, underpinned by the Health 2020 monitoring framework. The Standing Committee welcomed in particular the report’s focus on the cultural determinants of health, which should be clearly defined in the report. The SCRC was pleased that the European Advisory Committee on Health Research had peer-reviewed the report. It was suggested that, in future, composite indicators be considered and that future reports could look at progress made in the European Region with regard to strategic plans adopted at the global level.

## **Enhancing evidence-informed policy-making in the WHO European Region**

26. At its second session, the SCRC's guidance was sought on how to proceed with regard to bridging the gaps between evidence and policy that persisted in the European Region. The European Advisory Committee on Health Research had formed a subcommittee on evidence-informed policy-making and had requested the Regional Director to draft a regional action plan. The SCRC agreed that evidence-informed policy-making was important, yet difficult to achieve in practice, often because policies were formulated and decisions taken at times of uncertainty or compromise. It agreed that the preparation of a roadmap for accelerated action would be the most reasonable approach, with the possibility of developing a regional action plan or framework for action at a later date. The roadmap should support Member States and provide a platform for cooperation and the exchange of experiences and best practices.

27. The SCRC agreed that evidence-informed policy-making should be the topic of a technical briefing at RC65, with a view to a substantive agenda item at a future session of the Regional Committee.

### **Migration and health**

28. At its second session, the SCRC agreed that a discussion on migration and health should be included on the agenda for RC66. Problems of large-scale migration in the Region meant that health systems in receiving countries must be strengthened. Preparations for the Regional Committee's discussion on the issue should take account of Member States' experiences. A preliminary discussion could be held in the form of a ministerial lunch at RC65, after which consultations could be held with Member States to prepare the documentation for RC66.

### **Women's health**

29. The SCRC considered a report on women's health at its second session, and agreed that discussions on this topic at RC65 should take the form of a technical briefing and should include sexual and reproductive health and rights.

### ***Review of draft resolutions for RC65***

30. At its fourth session, the Standing Committee reviewed and commented on draft resolutions for presentation to RC65.

## **Governance issues**

### ***"Rolling" agenda of future Regional Committee meetings***

31. At its second session, the SCRC was presented with a "rolling" agenda for future Regional Committee meetings until RC72 in 2022. The Regional Director informed the SCRC that the rolling agenda was a work in progress. The SCRC welcomed it as a useful tool for Member States' preparations for future sessions of the Regional Committee. Discussions took place on how to best deal with time-bound action plans

that required renewal: the SCRC requested that the Secretariat provide further information on those plans, with details on whether they would be redrafted or simply extended; the SCRC could then consider the approach to take for each action plan on a case-by-case basis.

32. The results of the requested review were presented to the Standing Committee at its third session. The SCRC proposed that each action plan be reviewed separately to establish whether they should be revised or updated when they reached their completion date. With regard to reporting, the Region should not be obliged to adhere to the global pattern.

### ***Future sessions of the SCRC***

33. At its third session, the SCRC discussed the possibility of reducing the number of face-to-face meetings in order to limit the workload and costs. The Secretariat presented various proposals, including the possibility of a virtual, paperless second session, which the SCRC rejected, considering that while teleconferences could be useful for discussing specific issues, they were not suitable for full meetings. SCRC members underscored the benefits of face-to-face interaction during sessions. No changes were therefore made to the schedule for SCRC sessions.

## **WHO reform: progress and implications for the European Region**

34. At its fourth session, the SCRC considered a draft working document for RC65 on WHO reform, which focused on three key areas: strategic budget space allocation; the framework of engagement with non-State actors; and an overview of reform implementation with particular emphasis on governance reform. The paper would be updated in the light of discussions at the twenty-second meeting of the Programme, Budget and Administration Committee of the Executive Board, the Sixty-eighth World Health Assembly and the 137th session of the Executive Board and would be expanded to cover human resources reform, in particular the implications of the introduction of the Organization's staff rotation and mobility policy in 2016.

<b>Action by the Regional Committee</b>	<b>Review the report on “WHO reform: progress and implications for the European Region” (EUR/RC65/15).</b>
---	--

## **Budgetary and financial issues**

### ***Report of the Secretariat on budget and financial issues***

35. At its second session, the Standing Committee was briefed on the financial situation of the Regional Office as of 6 November 2014. Even though overall funding was good, uneven funding persisted, particularly at the programme level, since some programmes were more popular with donors than others, which meant that “pockets of

poverty” existed, alongside the need for a ceiling increase in some categories. Implementation of the allocated programme budget 2014–2015 was slightly below the level expected, although that situation was likely to change during the second year of the biennium. Most of the funding for the Ebola crisis response had been programmed; there had been no diversion of funds at the regional level in the European Region.

36. An update on the situation was provided to the SCRC at its third session. By December 2014, the second tranche of corporate funding had been made available to the Regional Office by WHO headquarters, and it was hoped that the third tranche would help to make up for deficits that persisted especially in categories 2 and 3. The number of staff at the Regional Office had been reduced and the cost of salaries had therefore fallen by 20% in comparison with the previous biennium. Reductions had been made primarily in programme support and administrative functions to allow for increases in the Regional Office’s technical capacity. The influence of exchange rates on the budget had also contributed and the strength of the US dollar against the euro had helped to reduce staff costs. The unpegging of the Swiss franc to the euro could have implications for staff costs at WHO headquarters.

37. In a further update at its fourth session, the SCRC was informed that the programme budget 2014–2015 as approved by the World Health Assembly was funded at 98%. Funding had been unevenly distributed across technical categories of the budget, and 21 of 30 programme areas had secured more than 80% of their allocated budgets. There were no significant gaps expected in the funding of staff and activities. Technical implementation was good, while financial implementation was below the linear expected figure, and implementation of available funds was within the expected range. Compliance and risk management had been strengthened through the imposition of stricter controls on non-staff contracts, the establishment of administrative officer posts in some country offices, and the introduction of a “responsibility matrix” and target performance indicators for heads of country offices.

<b>Action by the Regional Committee</b>	<b>Review the “Midterm overview of technical implementation of programme budget 2014–2015 (EUR/RC65/Inf.Doc./2).</b>
---	--

### ***Regional plan for implementation of the programme budget 2016–2017***

38. At its second session, the SCRC was informed that all regional committees had contributed to the global process for drafting the programme budget 2016–2017. A budget validation exercise had been conducted and the draft programme budget had been adjusted at the regional and global levels. A regional implementation plan was being drawn up, which the SCRC welcomed and considered to be an excellent tool for accountability.

39. At its fourth session, the SCRC was presented with the first draft of the regional implementation plan, which would be the principal means of ensuring the programmatic and budgetary accountability of the Regional Office to Member States in the Region for the implementation of programme budget 2016–2017. The plan described the process of developing the programme budget through a bottom-up planning approach; it took

account of the budgetary implications of Regional Committee resolutions in force during the biennium; and it recalled the overarching strategic direction of work in the European Region provided by the Health 2020 policy framework and its accompanying targets and indicators.

<b>Action by the Regional Committee</b>	<b>Review the “Regional plan for implementation of programme budget 2016–2017” (EUR/RC65/14 and EUR/RC65/Inf.Doc./1).</b>
---	---

## Progress reports

40. At its fourth session, the Twenty-second SCRC reviewed and commented on progress reports that would be submitted to RC65 on implementation of the Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015, progress towards achieving the health-related Millennium Development Goals, behaviour change strategies and health: the role of health systems, stewardship and governance of health systems in the WHO European Region, and implementation of the International Health Regulations (2005).

<b>Action by the Regional Committee</b>	<b>Review “Progress reports” (EUR/RC65/12).</b>
---	---

## Membership of WHO bodies and committees

41. The Twenty-second 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 RC65.

- Executive Board 2 seats
- Standing Committee of the Regional Committee for Europe 4 seats
- European Environment and Health Ministerial Board 2 seats

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

<b>Action by the Regional Committee</b>	<b>Review the report on “Membership of WHO bodies and committees” (EUR/RC65/7, EUR/RC65/7 Add.1 Rev.1 and EUR/RC65/7 Add.2).</b>
---	--

## **Health in the post-2015 development agenda**

43. At its second session, the Twenty-second SCRC was briefed on the post-2015 development progress, with emphasis on key milestones, including the finalization and presentation to the United Nations General Assembly of the work of the Open Working Group of the General Assembly on Sustainable Development Goals. The Working Group's proposal included a set of 17 goals and 169 targets, with health addressed in Goal 3, entitled "Ensure healthy lives and promote well-being for all at all ages". The final stage in the preparations for the post-2015 development agenda would involve open, inclusive and transparent consultations and intergovernmental negotiations. The SCRC expressed concern with regard to the brief reference to health in the Secretary-General's report and said that health systems and health security were underrepresented in the new agenda.

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

44. At the SCRC's third session, a representative of the WHO Regional Office for Europe Staff Association said that the Association and the management of the Regional Office were on opposite – not opposing – sides, with the same aspirations and goals but different perspectives. Collaboration had always been excellent. In the past year, a cooperation agreement had been signed by the Regional Director and the President of the Staff Association, which formally established and laid the ground work for continued positive cooperation to create a productive, forward-looking, successful, positive workplace. The agreement was the first of its kind in WHO, and other regions would use it as a model for similar agreements. The priorities addressed by the Staff Association in 2014 had been work–life balance and teleworking, the internal justice system and mobility.

45. Teleworking was linked to high job satisfaction, as staff working from home were shielded from office distractions and sometimes unnecessary meetings. A basic agreement had been reached on the occasional use of teleworking, but implementation of the policy should be monitored. The current internal justice system was overly bureaucratic, with inadequate safeguards; a charge of harassment, for example, could take six to eight years to be settled. WHO headquarters had recommended greater awareness and prevention, and the Regional Director had instituted a focal point for reporting mobbing, harassment or bullying. The Staff Association would continue to work towards strengthening and improving the internal justice system.

46. The Staff Association considered that the draft geographical mobility policy of the Organization failed to guarantee protection of staff rights. Mobility must be a career opportunity that allowed for promotion and provided all the necessary support for relocated staff members and their families; the impact of the policy on gender balance at different grades and the diversity of staff assigned to duty stations at which discrimination persisted must be considered. The requirement for specific expertise in some locations should be taken into account and the budget must be adequate to ensure that there was no detrimental effect on WHO's activities and programmes. Member States were advised to follow the evolution of the policy closely to ensure that the Organization attracted and retained the best staff. The representative thanked the SCRC



for the valuable opportunity to address members. The Staff Association recognized that the work it did would not be possible without the continued support and cooperation of the SCRC.

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

47. At its fourth session, the SCRC was addressed by the Minister of Health of Belarus, who briefed members on the preparations for the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, to be held in Minsk, Belarus, on 21–22 October 2015. Three key themes would run through the Conference: the need to act early, act on time and act together. It would be the first meeting of ministers of health after the United Nations summit for the adoption of the post-2015 development agenda.

48. The Minister of Health and Medical Industry of Turkmenistan informed the SCRC about preparations for an international health forum, to be held in Ashgabat, Turkmenistan, in July 2015. Five high-level panel discussions would be held during the forum.

## **Other matters**

### ***Portuguese mortality information system***

49. The Standing Committee was briefed at its fourth session on the electronic death certification system that had been introduced in Portugal in 2014 and the resulting online tool for real-time mortality surveillance. The SCRC requested the Secretariat to engage in a mapping exercise of the European Region to document the existence of similar electronic systems currently in use.

### ***Update on the Ebola virus disease outbreak in West Africa***

50. At its second session, the SCRC was given an update of the Ebola disease outbreak in West Africa and was briefed about the Regional Office's contribution to the global response to the Ebola virus disease outbreak in West Africa through staff deployments, assistance with medical evacuations from affected countries to European countries, and mapping and building preparedness and response capacity in Member States in the European Region. A regional Ebola team had been established; technical assistance was being provided to Member States on request; and country missions had been conducted.

51. At its third session, the Standing Committee was informed about progress with regard to bringing the Ebola virus disease outbreak under control. The Regional Office had deployed 30 staff members to West Africa for a total of more than 1000 working days. While their functions had been covered by colleagues remaining in Copenhagen, no increase in funding had been provided. The risk that the Ebola virus disease would spread to Europe was low, and most countries in the Region had robust health systems that were well prepared. WHO was grateful for support from all Member States and for

their support, including direct deployments of medicines and personnel during the epidemic.

### ***Update on national counterparts and technical focal points***

52. The SCRC was informed at its second session that 90% of national counterparts and 80% of national technical focal points had been nominated. The names of national counterparts and national technical focal points on the Regional Office's website were up to date. Efforts were being made to encourage Member States to include their national counterparts in their delegations to the Regional Committee.

## **Annex. Membership of the Twenty-second Standing Committee of the Regional Committee for Europe 2014–2015**

### **Members and advisers**

#### **Austria**

Professor Dr Pamela Rendi-Wagner  
Director-General for Public Health and Chief Medical Officer, Federal Ministry of Health

#### *Alternate*

Dr Verena Gregorich-Schega  
Head of Department I/A/6, Coordination International Health Policy and WHO,  
Federal Ministry of Health

#### *Adviser*

Dr Flora Haderer  
Project and international coordinator, Project Coordination for the Director General  
of Public Health, Federal Ministry of Health

#### **Belarus**

Dr Vassily Zharko  
Minister of Health

#### *Advisers*

Mr Anatoli Hrushkouski  
Head, Foreign Relations Department, Ministry of Health

Ms Maryna Sachek  
Director, Scientific and Practical Center for Medical Technologies, Informatization,  
Administration and Management of Health

#### **Estonia**

Dr Ivi Normet  
Deputy Secretary General on Health, Health Policy, Ministry of Social Affairs

#### *Advisers*

Dr Liis Roováli  
Head, Health Information and Analysis Department, Ministry of Social Affairs

Dr Maris Jesse  
Director, National Institute for Health Development

Mr Jürgen Ojalo  
Chief Specialist, Ministry of Social Affairs

Mr Taavo Lumiste  
Third Secretary, Permanent Mission of the Republic of Estonia to the United  
Nations Office and other international organizations in Geneva

**Finland**

Ms Taru Koivisto<sup>1</sup>  
Director, Ministry of Social Affairs and Health

*Advisers*

Ms Outi Kuivasniemi  
Ministerial Adviser, Ministry of Social Affairs and Health

Ms Satu Leino  
Senior Officer, Ministry of Social Affairs and Health

**France**

Professor Benoît Vallet<sup>2</sup>  
Director General of Health, Ministry of Social Affairs and Health

*Alternate*

Dr Amélie Schmitt  
Head, Department of European and International Affairs, Ministry of Social Affairs and Health

*Advisers*

Ms Katell Daniault  
Officer-in-Charge, International Health, Delegation for European and International Affairs, Ministry of Social Affairs and Health

Ms Emmanuelle Jouy  
International Officer, Ministry of Social Affairs and Health

**Germany**

Ms Dagmar Reitenbach  
Head of Section, Global Health Policy, Federal Ministry of Health

**Israel**

Professor Alex Leventhal  
Director, Department of International Relations, Ministry of Health

**Latvia**

Professor Viesturs Šiliņš  
Director, Institute of Postgraduate and Continuing Education

*Advisers*

Ms Agnese Rabovica  
Director, Department of the European Affairs and International Cooperation

---

<sup>1</sup> Chairperson

<sup>2</sup> Vice-Chairperson

Ms Liga Serna  
Health Counsellor, Permanent Mission of the Republic of Latvia to the United  
Nations Office in Geneva

Ms Iveta Šķiliņa  
Senior Officer, Department of the European Affairs and International Cooperation,  
Ministry of Health

**Malta**

Dr Ray Busuttil<sup>3</sup>  
Consultant, Public Health, Health Promotion and Disease Prevention Directorate

**Portugal**

Dr Francisco George  
Director-General of Health, Ministry of Health

*Adviser*

Ms Eva Falcão  
Director of International Relations at the Directorate-General of Health, Ministry of  
Health

**Republic of Moldova**

Dr Andrei Usatii  
Director, Republican Clinical Hospital

*Alternate*

Dr Svetlana Cotelea  
Deputy Minister of Health, Ministry of Health

**Romania**

Professor Alexandru Rafila  
President of Consultative Committee of Ministry of Health for Microbiology, Vice-  
president of National Committee of Vaccinology, Ministry of Health

**Turkmenistan**

Dr Leyli Shamuradova  
Deputy Minister, Ministry of Health and Medical Industry; Head, State Sanitary and  
Epidemiological Service; Chief Medical Officer, Ministry of Health and Medical  
Industry

---

<sup>3</sup> Executive President, WHO Regional Committee for Europe, 64th session

## **Link between Executive Board and Standing Committee of the Regional Committee for Europe**

### **Russian Federation<sup>4</sup>**

Professor Veronika Skvortsova  
Minister of Health

#### *Alternate*

Dr Svetlana Axelrod  
Deputy Director, Department of International Cooperation and Public Relations,  
Ministry of Health

#### *Advisers*

Mr Pavel Esin  
Consultant, Department of International Cooperation and Public Relations, Ministry  
of Health

Dr Anna Korotkova  
Deputy Director of International Affairs, Central Research Institute for Public  
Health, Ministry of Health

### **Countries sending observers to the open meeting in May:**

Belgium  
Czech Republic  
Denmark  
Greece  
Iceland  
Kazakhstan  
Latvia  
Luxembourg  
Monaco  
Netherlands  
Poland  
Spain  
Sweden  
Tajikistan  
Turkey  
United Kingdom  
Uzbekistan

EU Delegation

= = =

---

<sup>4</sup> Russian Federation – link between Executive Board and Standing Committee of the Regional Committee for Europe