



EUROPE

**Seventeenth Standing Committee
of the Regional Committee for Europe
Third session**

Copenhagen, 1–2 March 2010

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Report of the third session

Introduction

1. The Seventeenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its third session at the WHO Regional Office for Europe in Copenhagen on 1 and 2 March 2010. Apologies were received from the member from Slovakia, Montenegro was represented by its alternate member, Dr Zoran Vratnica, and Dr Oleg Chestnov, Deputy Director, Department of International Cooperation, Ministry of Health and Social Development of the Russian Federation, was invited to attend as an observer.
2. Ms Zsuzsanna Jakab, attending her first formal session of the SCRC since she took office as WHO Regional Director for Europe on 1 February 2010, described the ceremony organized on 29 January 2010 to mark the handover from her predecessor, Dr Marc Danzon, which had been attended by another Regional Director emeritus, Dr Jo Asvall. Sadly, that had been Dr Asvall's last public appearance, since he had passed away on 10 February 2010. A condolence book was open for signature in the lobby of the Regional Office.
3. Immediately following her assumption of duties, the Regional Director had written to all European Member States of WHO, calling for their assistance during the transition period (notably through the secondment of staff) and launching a working group on the strategic partnership between WHO and the European Commission (EC), and she had convened a general staff meeting to initiate a consultation with them. Considerable positive feedback had been given, and a new organizational chart for the Regional Office would be announced later in the week.
4. The Seventeenth Standing Committee adopted without amendment the reports of its second session and its informal brainstorming meeting with the Regional Director designate in Ohrid, the former Yugoslav Republic of Macedonia on 9 and 10 November 2009, and took note of the summary report of the informal consultation held in Glion/Montreux, Switzerland, on 13–15 January 2010.

Matters arising out of the 126th session of the WHO Executive Board

5. Professor Tomica Milosavljevic, European member of the Executive Board attending the SCRC session as an observer, reported on the outcome of the 126th session of the Executive Board (Geneva, 18–23 January 2010). In particular, he drew attention to the need to strengthen efforts to build capacity in the Balkan countries and newly independent states (NIS) in the area of surveillance of foodborne diseases and monitoring of contamination of the food chain (to give effect to resolution EB126.R7), and he commended the measures taken to improve the method of work of the Executive Board (resolution EB126.R8).
6. Following a broad consultation with Member States and stakeholders, the Sixty-third World Health Assembly in May 2010 would adopt a global strategy to reduce the harmful use of alcohol. In that connection, the Regional Office would organize a meeting with national counterparts for alcohol policy in the WHO European Region in June 2010, to discuss the global strategy and the implications for the Regional Office (resolution EB126.R11).
7. The Executive Board's resolution on the availability, safety and quality of blood products (EB126.R14) had been adopted as a result of an initiative by European Member States, in response to the need to delineate tasks with other international stakeholders (such as the Council of Europe). Similarly, an initiative by a European Member State had led to the adoption of resolution EB126.R15, on prevention and treatment of pneumonia as part of efforts to attain Millennium Development Goal (MDG) 4.
8. The SCRC recognized that its role, and that of the Regional Committee, was to examine the regional implications of global issues, to suggest how the European Region could contribute to global

developments, to identify and tackle specifically regional problems and, lastly, to consider areas where the European Region had a global role to play. Nonetheless, it was concerned to strive for a more structured and coherent choice of topics to be taken up by the Regional Committee, on the one hand, and the Executive Board and World Health Assembly, on the other.

9. As an example of one area where the European Region had a global role to play, the SCRC singled out the question of health workforce migration. It noted with satisfaction that, following discussion at the fifty-ninth session of the Regional Committee in September 2009, the Regional Office had organized a European regional consultation on the draft WHO code of practice on the international recruitment of health personnel (Geneva, 8 December 2009). The topic had been further discussed at the 126th session of the Executive Board. Additional comments and/or proposed amendments to the draft code had been accepted by the WHO Secretariat until 23 February 2010 and would be incorporated in a separate information document for the Sixty-third World Health Assembly. A meeting of the Health Workforce Migration Global Policy Advisory Council would be held in Madrid in May 2010, before the World Health Assembly, and it would be important for the European Region to develop an implementation strategy once the voluntary global code of practice had been adopted.

Review of the provisional agenda and programme of the sixtieth session of the Regional Committee (RC60)

10. The Regional Director informed the SCRC that she intended to focus each day of RC60 on a specific theme. The first day, looking at the future of the Regional Office, would begin with the customary address by the Regional Director (in which she would set out her vision of the Office's future), to be followed by a tribute to Dr Jo Asvall. After considering the report of the Seventeenth SCRC and its Working Group on Health Governance, and matters arising from resolutions adopted at the World Health Assembly and the Executive Board, the Regional Committee would then analyse the challenges for health governance in the WHO European Region. The first day would conclude with endorsement of the outcome of the Fifth Ministerial Conference on Environment and Health (Parma, Italy, 10–12 March 2010) and a ministerial panel discussion on the future of the European Environment and Health Process.

11. The second day, a “ministers’ day” concentrating on the place of the Regional Office in the world, would start with addresses by a high-level official from the host country (the Russian Federation) and the WHO Director-General. Another ministerial panel discussion (also involving representatives of development agencies) would then be held on health in foreign policy and development cooperation, building on the United Nations General Assembly's 2009 resolution 64/108 on global health and foreign policy. Equally, the next proposed agenda item, on challenges to health and health policy in the twenty-first century, would be taken up in the form of a ministerial panel discussion; one aim of the discussion was to provide the rationale for updating the European regional Health for All (HFA) policy framework. The second day would conclude with the usual private meeting on elections and nominations (to the Executive Board, the SCRC and the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases).

12. The third day would focus on the Regional Office as a networked organization. The context would be set by the Regional Committee's consideration of public health instruments in the twenty-first century; the Committee would then discuss the strategic partnership between the Regional Office and the EC to the benefit of all Member States in the WHO European Region. The afternoon of the third day would be devoted to the proposed programme budget 2012–2013, and plans for measles and rubella elimination and the prevention of congenital rubella syndrome.

13. The fourth and final day of the session would begin with a dedicated opportunity for participation by representatives of partner organizations, before the Regional Committee proceeded to adopt the report of its sixtieth session. Lunchtime briefings during RC60 would be held on global

health and health diplomacy, on evaluation of the H1N1 2009 pandemic and on social determinants of health. Technical visits could be organized by the host country on the day after the close of the session.

14. The SCRC welcomed the ambitious programme that had been presented. It would be important to ensure wide participation in the ministerial panels, not only from countries in both the western and eastern parts of the Region but also from sectors other than health (such as foreign affairs and the environment). The programme was sufficiently broad to allow for inclusion of a range of additional issues, such as noncommunicable diseases under the agenda item on challenges to health. In that connection, the SCRC was informed that the Regional Director intended to submit to RC61 an action plan to give impetus to the European Strategy for the Prevention and Control of Noncommunicable Diseases that the Regional Committee had endorsed in 2006 (resolution EUR/RC56/R2). Work currently being done by the WHO European Office for Investment for Health and Development in Venice on developing a monitoring system and building capacity in the area of social determinants of health would be described in the technical briefing at RC60; at the same time, a new and wider-ranging study of the subject would be commissioned, to feed into the updated regional HFA strategy that would also be presented to RC61.

15. With regard to the section of the programme on the strategic partnership between the Regional Office and the EC, the SCRC called for it to include a progress report from the new joint WHO Regional Office for Europe/EC working group that had recently been established. Other questions to be taken up in that discussion might include how to link the funding possibilities afforded by the European Union (EU) in all countries of the WHO European Region with the technical competence and expertise available from WHO; how WHO could draw on the risk assessment capacity of the European Centre for Disease Prevention and Control (ECDC); and how the EU's Early Warning and Response System and ECDC's Emergency Operating Centre could be extended to cover the whole WHO European Region. Lastly, the SCRC recommended that consideration should be given to the question of national implementation of EU legislation by non-EU countries.

Update by the Working Group on Health Governance in the WHO European Region

16. The Working Group had met twice, and its terms of reference had been formally approved. Because there were no rules of procedure governing the period of transition before a new regional director took office, no official WHO funding had been available to the Regional Director nominee. The situation was the same throughout the Organization, the Director-General herself having experienced the problem. The Swiss government had kindly provided financial support during the transition period for the work of the Global Health Programme of the Graduate Institute of International and Development Studies in developing a paper to contribute to the RC60 discussions exploring a vision for the future of the Regional Office, and for the informal consultation held in Glion/Montreux, which had been attended by a geographically balanced group of representatives of Member States in the European Region. The Graduate Institute had also met the travel costs of the two SCRC Working Group members to attend the consultation.

17. The chairman of the Working Group introduced the issues discussed on which it wished to hear the Standing Committee's comments. Modifications to the rules of procedure of the Regional Committee and the SCRC were being considered: there was some need to align the role and functions of the Standing Committee with those of the Executive Board. An increase in membership of the SCRC would be useful, and the possibility could be considered of inviting an EC representative to attend sessions of the SCRC.

18. To allow more time for debate on issues related to health policy, procedural tasks currently dealt with by the Regional Committee could be delegated to the SCRC. Moreover, to take advantage of the presence of ministers, issues that would, in the past, have been the subject of ministerial conferences

could be included in Regional Committee discussions or gatherings held back-to-back with the Regional Committee sessions. Separate conferences should be organized only when sectors other than health were also involved.

19. The nature of the Regional Search Group for candidates for the post of Regional Director needed reviewing, to decide whether it should be retained, abolished or modified to include more input from the Director-General. Small changes to election procedures were proposed. There was also a need for discussion on the place and role of the geographically dispersed offices (GDOs) and the country offices.

20. The SCRC noted that the increase in the number of Member States in the Region in recent years did justify an increase in membership of the SCRC. However, that should be done with care: current practice in the Executive Board meant that it seemed to have become a smaller version of the World Health Assembly. One possibility could be to return to the previous practice of the Regional Committee nominating the chairperson in addition to the nine elected members.

21. To ensure transparency, sessions could be open and webcast, so that Member States could attend as observers, with clear rules on their rights, or follow them even if they could not be present. Such openness could also be a way of allowing the EC to attend. A further possibility was to make the SCRC session prior to the World Health Assembly open to all Member States.

22. The members agreed that, on joining the SCRC, it took some time to fully understand its way of working; thus it could be useful to provide more guidance, including on the work of the Regional Office and its strategic directions, to new SCRC members, and possibly to increase the length of their mandate from three to four years. Current members were not fully aware of the role and function of the GDOs; communication and partnership with them also needed to be seen in the context of the United Nations reform, whereby United Nations agencies were called on to work more closely together, and the need for partnership with the EC.

23. The Regional Director noted that, as the Office should have a strong role in Europe, and the GDOs were an important part of that, there ought to be clarity in the relationship between them. The Office in Copenhagen should assure the core functions, and the GDOs contribute to policy-making and implementation. The situation should be reviewed before the forthcoming session of the Regional Committee. Professor Silano of Italy had been asked to conduct a first review of their role and functions, including proposals for an exit strategy. While strong country offices were still necessary in the newly independent states of the former Soviet Union and the south-east European countries, their staff should engage in strategic development rather than provide individual technical expertise. The initial review was intended to lead on to a discussion of the role of WHO in the Member States, and the country strategy in general, at the sixty-first session of the Regional Committee.

24. The SCRC agreed on the need to strengthen the Regional Committee as the policy-making governing body, and hence on the delegation of procedural functions to the Standing Committee. Priority should be put on making the sessions more attractive to ministers, and thus giving the Regional Committee more political weight, through greater inclusion of policy discussion; it agreed that ministerial conferences should be organized only where issues were of an intersectoral nature.

25. Participation of the Director-General in the regional director election process and the Regional Search Group would be welcomed. However, it was noted that, since Europe was the only WHO region where a regional search group was involved in the appointment of the regional director, any such change could have implications for the other regions. Although the European Region could decide to adopt a different approach, which might prompt others to follow its lead, it was proposed that the Director-General be consulted on the issue. A role for the SCRC in the process could also be positive, one suggestion being that it provide two of the Group's five members.

26. The Working Group chairman noted that there was a global process going on within WHO concerning the future of its financing; headquarters would be posting information on a recent

consultation on the subject, with the intention that it should be discussed at the different regional committee sessions.

Review of draft documents for RC60

27. The chairman explained that there had been understandable delays in the production of draft documents for RC60 because of the change of regional directors, and thus the papers to be presented were early drafts. The Regional Director added that a first draft of the vision document on the future of the Office and its work, developed after the discussions in Ohrid and Glion and discussions with staff, and which had not yet been included on the list of documents, would be ready for distribution to the SCRC within the coming fortnight, with a view to formal consultation.

Social determinants of health

28. The paper on social determinants was being coordinated by the Regional Adviser, Noncommunicable diseases and environment. The WHO Commission on social determinants of health had produced a global review, and a national review had been published recently in the United Kingdom. Otherwise, experience and data were uneven through the European Region, and a mapping exercise was needed to collate existing knowledge, evidence and experience to make it possible to address health inequalities, the biggest public health challenge in the Region. The mapping work would be done by the WHO European Office for Investment for Health and Development in Venice. Following that, Professor Sir Michael Marmot had agreed to chair a group that would look in depth at the root causes of the differences across the Region and fill in gaps in information. That work would inform the preparation of a new European health strategy, referring to the Region's specificities.

29. The first deliverables of the work would thus be a report on the situation in respect of the divide across the Region, together with the results of the mapping exercise. RC60 was to include a technical briefing on social determinants of health, which were also to be addressed in one of the ministerial panel sessions.

30. The Venice centre and the Organisation for Economic Co-operation and Development had participated in a conference in Oslo the previous week where an intersectoral approach had been taken to consider the importance of education to the future health of the population. The SCRC agreed on the importance of education, not only of the population in general, but also of health professionals, in improving health. Much progress had been made, but political statements still needed to be translated into curricula. Attempts had been made in the past to collaborate with the education sector but universities had not been ready at that time. However, the European Commissioner for Health and Consumer Policy had placed education high on his agenda, indicating that there was a possibility of linking with the Commission's work.

Proposed programme budget 2012–2013

31. The Regional Director had been asked to submit comments to headquarters on the programme budget 2012–2013 within two days; thus the proposals were necessarily preliminary. Rather than the 2010–2011 programme budget, the starting point for the analysis had been the modified programme budget approved by the Director-General in October 2009 that had reallocated funding between strategic objectives (SOs). The current proposals were intended to put greater focus on noncommunicable diseases (NCDs), which represented 80% of the disease burden in the Region, and to increase efficiency, reducing the proportion of funding for SOs 12 (governance) and 13 (support functions) in the total budget. Significant increases had been made to SOs 3 (NCDs), 6 (risk factors), 7 (social and economic determinants) and 9 (nutrition and food safety), as priority areas of work that were being gradually built up. SO 8 (environment) would experience greater activity after the Parma Conference and thus had also seen its budget increased. Figures for the different SOs had been set keeping in mind, among other factors, their capacity to attract and spend funding. However, while

SO 4 (lifecycle) generally did experience resource mobilization challenges, it included ageing, an area that would require significant strengthening in the coming years. Its budget had therefore been maintained. All changes would be applied with caution, in recognition of the need to maintain a balance between change and continuity, and the time necessary to change staffing patterns.

32. The SCRC requested more detailed figures representing the division of income and expenditure between the GDOs, the country offices and the Copenhagen office, so that Member States might understand the flexibility or lack thereof in the budget. The country component represented approximately half of SOs 12 and 13 and it would thus be difficult to make any rapid change to those items. The Director, Administration and Finance also noted that any increase in SCRC membership would necessitate an increase in funds for those SOs.

Governance of the WHO Regional Office for Europe

33. Most of the issues related to governance had been considered during the update by the Working Group on Governance of Health in the Region. The question of whether to maintain the practice of semi-permanency was raised, as the members recognized the advantages of the countries concerned participating in the work of the SCRC. The chairman of the Working Group responded that it had discussed the matter, and considered that it could be resolved by increasing membership of the SCRC from 9 to 12, which would make it possible for those countries to be members, and possibly inviting the EC to attend as a regular observer with the right to speak.

Public health and health systems challenges in the twenty-first century

34. Emphasizing the key role of the SCRC in the Regional Office, the Senior Strategic Adviser to the Regional Director noted the significant health gaps and inequalities across and within countries in the very diverse European Region. The challenges facing the Region consisted of major health threats, notably NCDs and lifestyle determinants, the need to ensure the sustainability, quality and efficiency of health systems, and the complex social and environmental determinants of health. The scope of public health needed to be widened to include all social determinants of health (environment, lifecycle and gender), and to ensure attention to equity, as well as health, in all policies. The inclusion of health in the policies of other sectors had to be approached realistically, through dialogue and an understanding of their influence on health, rather than imposing ideas on them. WHO's mission – to promote and protect health and prevent disease – must be kept in mind, the individual, family and community kept at the centre of attention and empowered, and the challenge of communication taken up, making use of the new possibilities such as social networking sites.

35. The Standing Committee welcomed the draft paper, considering it ambitious and capable of stimulating an interesting ministerial debate, while noting the preferability of using more practical terms such as financing or primary health care rather than "health systems". There had been much discussion over the years but little implementation of the concept of health in all policies; WHO needed not only to clearly define and advocate implementation of the idea, but also to show how it could be translated into practice.

36. Demographic shift was as great a challenge as NCDs, with the changing ratio of young to old in the general population. People, including those employed in the health sector, would have to work for longer: a target of retirement at the age of 70 in 10 years' time was desirable to maintain the sustainability of society.

37. The Regional Director welcomed the combined approach that covered both health care and public health; the paper would go beyond health systems alone, to include demographics, health technology, the private sector and prevention. Prevention, in particular, would bring a return on investment, although usually only in the longer term, which could be problematic for governments. A new European health policy and methodology needed to be developed jointly with other sectors, based on a careful analysis of the impacts of non-health sectors on health, and vice versa. She agreed that all

the papers for RC60 would contain a short executive summary, laying out the key conclusions and recommendations.

Public health instruments in the twenty-first century

38. The Senior Strategic Adviser to the Regional Director explained that the term “public health instruments” covered both legally binding and voluntary agreements, conventions and frameworks. The RC60 paper, to be developed by a small internal team, was intended to form the basis of an agenda for discussion by senior policy-makers on the impact of public health instruments in the twenty-first century. The paper would assess how existing instruments on specific areas of public health had been implemented, and how they addressed the changing landscape of public health at global level, and the particular challenges in the European Region, together with the need for intersectoral actions. The policy-makers’ forum would consider the activities likely to be most effective and cost-effective, the target being to achieve a consensus and a vision on the development of instruments across the Region, with defined aims and means of evaluation. It was hoped that chief medical officers, rather than politicians, would participate.

39. The SCRC members highlighted the real need for dialogue to help national authorities to perceive issues in the same way, to identify their needs and wishes, and then to find solutions appropriate to their contexts. Education was particularly important in that process.

Strategic partnership between the WHO Regional Office for Europe and the European Commission

40. The Regional Director explained that the short “process paper” submitted to the SCRC set out a vision of more effective collaboration between the Regional Office and EC on three levels: political, strategic and operational. To put that vision into practice and develop a strategic partnership, a process had been set in motion that would be driven by a joint working group. The objectives and methods of work of the working group were set out in Annex 2 to the paper, while the body of the paper contained an indicative timetable of events during 2010. The goal of the first phase of work was to draw up a joint political statement that would be presented for signature by the WHO Regional Director and the European Commissioner for Health and Consumer Policy at RC61. Annex 1 to the process paper was an annotated outline of the working document for RC60; sections in that document would cover areas of cooperation to date and lessons learned; main objectives of future collaboration; main partners in collaboration; details of the collaborative plan at the three levels; and a description of the way forward in the short, medium and long terms.

41. The SCRC noted that strategic partnerships with the EU (including accession, neighbourhood and “eastern partnership” countries) could include other policy fora such as the regular meetings of chief medical officers of EU member countries; however, any expansion of participation in such groups could only come at the invitation of the EU countries themselves. In any case, a distinction should be made between EU-based partnerships and those with other organizations such as the World Bank, the Council of Europe or the Organisation for Economic Co-operation and Development. Similarly, partnerships with other EU bodies such as the European Food Safety Agency, the European Environment Agency and the European Monitoring Centre for Drugs and Drug Addiction) would be considered in a second phase, after RC60.

Health in foreign policy

42. The ministers of foreign affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand had launched the Global Health and Foreign Policy Initiative in 2006. Their joint statement, issued in Oslo in March 2007, had underlined the urgent need to broaden the scope of foreign policy in an era of globalization and interdependence. They had agreed to make the impact on health a point of departure and a defining lens that each of their countries would use to examine key elements of

foreign policy and development strategies, and to engage in a dialogue on how to deal with policy options from that perspective. The discussion at RC60 would accordingly focus on the implications for European Member States and the Regional Office of the United Nations General Assembly's 2009 resolution 64/108 on global health and foreign policy.

43. The SCRC welcomed the initiative to place the topic on the proposed agenda of RC60, noting that funding for WHO came through countries' ministries of foreign affairs (whose mandates were distinct from those of health ministries). It would be beneficial to explore the triangular relationship between health, foreign affairs and development cooperation, possibly drawing on the good case studies that were available in a number of countries.

Measles and rubella elimination and prevention of congenital rubella syndrome

44. The Team Leader, Targeted Diseases and Immunization recalled that the Regional Committee had in 1995 (by resolution EUR/RC55/R7) urged Member States to commit themselves to achieving measles and rubella elimination and congenital rubella infection prevention targets by 2010. At its fifty-eighth session in 2008 the Regional Committee had noted that, while the Region was on track to reach its goal, countries needed continued political commitment and advocacy, sustained financing, more aggressive efforts in western Europe to increase routine immunization coverage to 95%, and services to reach susceptible populations.

45. A recent assessment concluded, however, that measles elimination by the target date of 2010 was not feasible, or at best only probable, in 30 of WHO's Member States in the European Region, accounting for 70% of the population of the Region. There were still pockets of under-immunized or unimmunized populations, together with a slow decline in routine immunization coverage in some countries. A weakened public health system in the central and eastern parts of the Region, together with cultural, religious and philosophical objections to vaccinations, were continuing challenges to measles and rubella immunization. The Regional Office believed, however, that the goals were technically feasible and that if appropriate action was taken they could be achieved by 2015, although not by the target date of 2010. Such action by Member States would include strengthening routine immunization programmes and focusing on low-coverage pockets of the population, as well as establishing national verification commissions to document progress. The Regional Office, for its part, could provide strategic direction and technical guidance, routinely monitor progress towards the goal and establish a regional verification commission. The SCRC was accordingly requested to provide feedback on modifying the target date to 2015, in order to sustain countries' motivation to attain it and to strengthen immunization and accelerate other disease control initiatives.

46. The SCRC strongly supported the proposal to include the topic on the proposed agenda of RC60, in order to secure political commitment to attainment of the goal by the revised target date. It suggested that one section of the document for RC60 might consist of a series of "questions and answers" for political leaders on the justification for immunization, in part to counter some of the concerns raised by the rapid development of pandemic (H1N1) 2009 vaccine. Activities during European Immunization Week each year could be focused on reaching out to groups that were ambivalent about vaccination, bringing in technical expertise to communicate the benefits of immunization and the high costs of treatment. For the longer term, efforts could also be directed towards influencing the curricula of medical and nursing schools and promoting in-service training.

Selection of SCRC members to introduce the RC60 agenda items

47. The SCRC agreed that the following members would introduce agenda items at RC60:

<i>Agenda item</i>	<i>SCRC member</i>
Proposed programme budget 2012–2013	Professor Zita Kucinskiene
Challenges for health governance in Europe	Dr Gaudenz Silberschmidt

<i>Agenda item</i>	<i>SCRC member</i>
The future of the European Environment and Health Process	Professor Oktay Shiraliyev
Health in foreign policy and development cooperation	Dr Gaudenz Silberschmidt
Public health instruments in the twenty-first century	Dr Boban Mugosa
Public health and health systems challenges in the twenty-first century	Dr Josep Casals Alís
Strategic partnership between the WHO Regional Office for Europe and the European Union	Dr Lars-Erik Holm
Measles and rubella elimination and prevention of congenital rubella syndrome	Professor Olesya Hulchiy

48. The Chairman of the Seventeenth SCRC, Dr Vladimir Lazarevik, would present its report to RC60.

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

49. The Vice-President of the WHO Regional Office for Europe's Staff Association (EURSA) congratulated the Regional Director on her election and said that the Staff Association looked forward to working with her and her management team. One of the Regional Director's first initiatives on taking office had been to meet with representatives of the EURSA Staff Committee, while another had been to convene a general staff meeting to talk about her vision for the Regional Office and encourage all staff to come forward with ideas and involve themselves fully in the process of bringing about the changes she envisaged. The response from staff had been enthusiastic and supportive.

50. The Organization's Global Management System (GMS) had "gone live" at the Regional Office in January 2010. Despite the lessons learned at the Regional Office for the Western Pacific and WHO headquarters, the system appeared to be unpredictable and to have increased transaction times and thus costs, in addition to generating persisting problems with payrolls (which were being handled by the Global Service Centre in Kuala Lumpur). Staff in country offices and geographically dispersed centres in the European Region were finding the system even more challenging, and EURSA therefore welcomed the Regional Director's intention to set up a GSM steering group to examine those practicalities. The Staff Association encouraged efforts to make GSM a more efficient and user-friendly management tool.

51. While the contractual reform implemented throughout the Organization had brought more security to staff and their employment conditions, the ongoing global financial crisis and WHO's increasing reliance on earmarked voluntary contributions could again jeopardize that sense of stability. The implementation of new human resource funding mechanisms in the past biennium was generating some uneasiness among staff. Sources of funding for staff contracts should be clearly set aside or earmarked from regular budget funds, rather than being identified on an ongoing basis.

52. To retain staff and attract the best candidates, WHO needed to be able to offer career opportunities and possibilities for personal on- and off-job development in an environment that actively fostered learning. EURSA looked forward to working with the Regional Director within the Learning Board to map out the route that could be taken in that regard. That was related to performance management, which should be conceived more in terms of teamwork and collective efforts to improve the work of the Organization. Performance assessment would also be of crucial importance in any strategy to promote staff rotation and mobility. In terms of staff retention, the retirement policies of WHO and other specialized agencies and bodies of the United Nations system did not correspond to the norm, as both the International Civil Service Commission and the Chief Executives Board had acknowledged and were addressing. EURSA would like to see greater flexibility in the staff's age of retirement, with the separation age increased to 65 years or at least an across-the-board increase to 62 years.

53. Lastly, EURSA had been pleased to see the revitalization of the Regional Office's committee to promote a healthy and safe workplace, where issues related not only to the health of staff but also to corporate well-being were being discussed. The Staff Association welcomed the invitation of the Regional Director to work in a close partnership with her to keep WHO as a happy and healthy workplace where staff could give of their very best in serving the Member States.

54. The SCRC was encouraged to hear the optimism expressed by representatives of the staff but acknowledged the problems that were being faced. It would be important for the staff to work hand-in-hand with management on ensuring that the skills mix matched the needs of the Organization, with training and development carried out on a voluntary basis. Similarly, the Standing Committee recognized that joint efforts would be needed in order to manage the uncertainty arising from the financial crisis and the increasing proportion of earmarked voluntary contributions. It wholeheartedly endorsed moves to increase the retirement age, noting that there were no data showing that people's health improved once they left the workforce.

55. The Regional Director agreed that more stability should be sought in terms of paying the salaries of core staff without relying on voluntary contributions. Rotation and mobility of staff were important in a global organization: with the agreement of the Director-General, she was reassigning some staff from WHO headquarters and she looked forward to increased movement of staff from the Regional Office to the field. Continued retirement at the age of 60 years was no longer acceptable, when all trends were pointing in the opposite direction. While the whole of WHO should move towards raising the age of separation, there was nothing to stop the Regional Office for Europe from leading the way.

Membership of WHO bodies and committees – nominations received to date

56. The SCRC was informed of nominations received to date for membership of the Executive Board, the Standing Committee and the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases. The deadline for receipt of nominations was 12 March 2010. It was clarified that renomination to the latter body was possible, and that the procedures for election and nomination as set out in the Rules of Procedure of the Regional Committee and the resolutions it had adopted would continue to apply in 2010.

Preparations for the Sixty-third World Health Assembly and the 127th session of the Executive Board

57. The Regional Director informed the SCRC of her proposals concerning individuals and countries from the WHO European Region to serve as officers of the Sixty-third World Health Assembly (Vice-President of the Assembly, Vice-Chair of Committee A, Rapporteur of Committee B) and on the General Committee and the Committee on Credentials. The Standing Committee endorsed those proposals.

58. It was planned to hold a whole-day (09:00–15:00) session of the SCRC on Sunday 16 May 2010, the day before the opening of the Sixty-third World Health Assembly. The aim of that meeting would be to brief members about topics to be considered by the Health Assembly and the further preparation of agenda items for RC60. That session would be followed by a meeting (15:30–19:00) with representatives of all European Member States; in addition, a further meeting would be organized in the middle of the week while the World Health Assembly was in session.

Other matters

59. The SCRC accepted with thanks the invitations by the Government of Sweden to hold an additional session in Häckerberga Slot near Malmö, southern Sweden, on 14 and 15 June 2010 and by the Government of Andorra to meet in that country on 18 and 19 November 2010.

60. Following the closure of the session, the Director, Administration and Finance gave a briefing on budgetary trends and the first iteration of the Organizations 2012–2013 proposed programme budget.

Annex

TERMS OF REFERENCE OF THE SCRC WORKING GROUP ON HEALTH GOVERNANCE IN THE WHO EUROPEAN REGION

1. The WHO Regional Committee for Europe at its fifty-ninth session (RC59) discussed the questions of governance under agenda items 7(b) Towards improved governance of health in the WHO European Region and 8 Future of the WHO Regional Office for Europe. The discussion was based on document EUR/RC59/8 Governance of health in the WHO European Region. The debate did not lead to a resolution but was intended to provide guidance and food for thought for the new Regional Director and lead on to discussion and adoption of a resolution at RC60 in 2010.
2. The Seventeenth Standing Committee of the WHO Regional Committee for Europe (SCRC) at its second session in Ohrid, the former Yugoslav Republic of Macedonia, on 9 November 2009 decided, in accordance with Rule 13 of its Rules of Procedure, to set up an ad hoc working group on health governance in the WHO European Region, composed of members from Switzerland (Gaudenz Silberschmidt, chair of the working group), the former Yugoslav Republic of Macedonia (Vladimir Lazarevik, chair of the SCRC), Sweden (Fredrik Lennartsson) and Lithuania (Viktoras Meizis).
3. The mandate of this working group started in November 2009 and ends at RC60 in September 2010, subject to any decision by the Regional Committee on further work.

Objective

4. The main objective of the SCRC Working Group on Health Governance in the WHO European Region is to advise the Regional Director, through the SCRC, on the process of elaborating background documents and developing proposals on how to address the question of health governance in the Region. Initial proposals will be submitted by the Regional Director to RC60 in September 2010 in Moscow. RC 60 will also decide on continuation of this work after that date.

Tasks

5. The SCRC Working Group on Health Governance shall address the following issues in its work:
 - a) Interaction between WHO and other international organizations in health governance in Europe, including:
 - (i) relations between WHO and the European Union (EU);
 - (ii) relations between WHO and other international organizations;
 - (iii) relations between WHO and other major international actors;
 - (iv) formal partnerships of the WHO Regional Office for Europe.
 - b) Role and governance of the WHO Regional Office for Europe:
 - (i) methods of work and Rules of Procedure of the Regional Committee;
 - (ii) composition, size, role, mandate and rules of procedure of the SCRC;
 - (iii) functions of the SCRC and relationship with the Regional Committee (including possible future delegation of tasks from the Regional Committee to the SCRC);
 - (iv) election processes (criteria for membership, subregional groupings of countries, semi-permanency, procedural issues, role of the Regional Search Group);

- (v) relations between the Regional Office and Member States and groups of Member States;
 - (vi) the Regional Office as a networked organization.
- c) Ways in which the international context influences health governance at the national level.
- d) Europe's role and voice in global health governance.
6. This work should be based on but not limited to the issues addressed in the following earlier documents and resolutions:
- Regional Committee resolution EUR/RC53/R1 – Membership of the Executive Board;
 - Regional Committee document EUR/RC54/Inf.Doc./3 – *Partnerships for health: Collaboration within the United Nations system and with other intergovernmental and nongovernmental organizations*;
 - Document EUR/RC56/11 and resolution EUR/RC56/R3 – *The future of the WHO Regional Office for Europe*;
 - Document EUR/RC58/9 and resolution EUR/RC58/R4 – *Stewardship/governance of health systems in the European Region*;
 - Document EUR/RC59/8 – *Governance of health in the WHO European Region*;
 - Document EUR/RC59/SC(2)/7 – *Governance of health in the WHO European Region – documentation for proposed working group*.
7. It should also fulfil as far as possible the reporting requirements set out in those documents and resolutions.

Outputs

8. Acting on the advice of the Working Group, the Regional Director will submit an interim report to the Seventeenth SCRC at its third session on 1–2 March 2010 and a final report to its fifth session in June 2010. The Working Group will continue to advise the Regional Director during final elaboration of the report on health governance for RC60, according to decisions taken by the Seventeenth SCRC at its fifth session.
9. The report will provide an analytic overview of all the issues mentioned in paragraph 5 above. For issues 5a) and 5b), the report will identify those items where the Regional Director, acting on the advice of the Working Group and the SCRC, can make concrete proposals for decisions at RC 60 and those requiring more work, where a proposal for a follow-up process can be submitted to RC 60.

Method of work

10. The Working Group can draw on background work mandated to the Secretariat and external independent consultants.