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Report of the Eighteenth Standing Committee of the WHO Regional Committee for Europe

This document is a consolidated report on the work done by the Eighteenth Standing Committee of the Regional Committee (SCRC) at the four regular sessions held to date during its 2010–2011 work year, as well as at two teleconferences held in June 2011.

The report of the Eighteenth SCRC's fifth and final session (to be held in Baku, Azerbaijan on 11 September 2011, before the opening of the sixty-first 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 web site (<http://www.euro.who.int/en/who-we-are/governance/standing-committee/eighteenth-standing-committee>).

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Introduction

1. The Eighteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) has to date held four sessions in its 2010–2011 work year:

- at the Holiday Inn Sokolniki, Moscow, Russian Federation on 16 September 2010, immediately after the close of the sixtieth session of the WHO Regional Committee for Europe (RC60);
- at the Congress Centre in Andorra La Vella on 18 and 19 November 2010;
- at the WHO Regional Office for Europe in Copenhagen on 30 and 31 March 2011; and
- at WHO headquarters on 14 and 15 May 2011.

2. At its first session the incoming Chairperson noted that, in accordance with the provisions of Regional Committee resolution EUR/RC60/R3, the composition of the SCRC had been increased to 12 members and he welcomed the new members from Bulgaria, Croatia, Poland, Spain, Turkey and the United Kingdom. The Standing Committee unanimously selected Dr Lars-Erik Holm (Sweden) as Vice-Chairperson of the Eighteenth SCRC.

Follow-up to the sixtieth session of the WHO Regional Committee for Europe

3. The SCRC noted the very strong support for the Regional Director (on governance issues, among others) that had been expressed by representatives of all Member States attending RC60, and the large number of ministers of health who had been present. Other positive aspects included the renewed importance attached to public health, the close relationship that had been formalized with the European Commission, and the sustained presence of the WHO Director-General. On the other hand, the very large panels of speakers brought together to discuss certain agenda items had perhaps been difficult to handle, and the introductory statements by SCRC members had become so routine as to risk being devalued. Steps should be taken to ensure greater coherence between the agendas of sessions of the Regional Committee, on the one hand, and the Executive Board and World Health Assembly, on the other.

4. The Standing Committee suggested drawing on the experience of other international organizations in order to find ways of involving civil society more fully in the work of the Regional Committee, perhaps by organizing a pre-session day of discussion with their representatives, the conclusions of which could be fed into the Regional Committee's deliberations. In addition, nongovernmental organizations (NGOs) should be fully engaged in the process of developing the new European health policy, Health 2020, and in consultations on other strategies and action plans.

5. At the SCRC's second session, the Regional Director reported that a high-level forum was being established to secure country ownership of strategic developments such as the new European health policy (Health 2020), while working groups had looked at the Regional Office's work in countries and its geographically dispersed offices (GDOs). The joint declaration between the Regional Office and the European Commission was being put into effect. At its seventeenth session (Geneva, 2–5 November 2010), the Committee on Environmental Policy of the United Nations Economic Commission for Europe (UNECE) had appointed four ministers of the environment or their high-level representatives to serve on the European Environment and Health Ministerial Board (EHMB) that had been established at the

Fifth Ministerial Conference on Environment and Health (Parma, Italy, 10–12 March 2010). The newly constituted eight-member Board held its first meeting in France in April 2011.

6. At its third session, the SCRC suggested that its members could be designated as focal points for discussion of given agenda items, and the appropriate form of their involvement could then be agreed. The Regional Director was also urged to balance the membership of ministerial panels and to foster interaction with all participants.

Preparation of the sixty-first session of the Regional Committee

Provisional agenda and programme

7. Introducing the first draft of the provisional agenda for RC61 at the SCRC's second session, the Regional Director suggested that items could be brought together into blocks of issues:

- the overarching health policy framework (Health 2020, the European review of the social determinants of health, and a study of governance for health);
- strengthening of health systems (including public health and health care);
- noncommunicable diseases (NCDs), including an alcohol action plan;
- communicable diseases, covering areas such as antimicrobial resistance, multidrug- and extensively drug-resistant tuberculosis (M/XDR TB) and HIV/AIDS;
- a renewed strategy for the Regional Office's work with countries, including its geographically dispersed offices (GDOs);
- partnerships; and
- the Organization's programme budget as a strategic tool (including the SCRC's oversight of the work of the Regional Office).

8. The Standing Committee agreed that Health 2020, the European review of the social determinants of health and the public health strategy were core items for inclusion on the agenda of RC61. The Tallinn Charter and follow-up to the WHO European Ministerial Conference on Health Systems could be included in the section of the programme on strengthening of health systems. Similarly, action plans on NCDs and alcohol should be presented for endorsement by RC61, as should a strategy on antibiotic resistance and action plans on M/XDR TB and on HIV/AIDS.

9. It would be valuable to have an initial discussion at RC61 of the use of the programme budget as a strategic tool for accountability. The reports of the working groups on GDOs and strategic relations with countries could be considered together. The subject of partnerships could be covered in the address of the Regional Director, with a formal strategy presented to RC62.

10. At its third session, the SCRC member from Azerbaijan reported that all arrangements for RC61 were well in hand. The SCRC commended the host country on its preparations and expressed a clear preference for a "face-to-face" seating plan for representatives, ideally with provision made for all members of each country's delegation to sit together.

11. The provisional programme of RC61 would extend over four full days and would include extensive discussion of strengthening health systems on the second day (Tuesday 13 September 2011), a "ministerial day"; a partnership panel on the third day; and a new item on strategic coherence of the Regional Office's work, as well as the strategic aspects of technical items (antibiotic resistance, tuberculosis and HIV/AIDS), on the last day. The Director-General would

presumably touch on the questions of financing and reform of WHO in her address on Tuesday morning, so it might be appropriate to take up the item on “The proposed programme budget as a strategic tool for accountability” immediately afterwards.

12. At the SCRC’s fourth session, it was confirmed that discussions on the first day of RC61 would focus on the new European health policy, Health 2020. The second day would be devoted to various aspects of the strengthening of health systems, while a wide range of technical items, as well as a number of managerial and procedural items, would be considered on the third and fourth days. Ministerial lunches would be held on the first two days, and technical briefings would be organized throughout the session.

13. The SCRC recognized that the provisional programme of RC61 was very heavy and that efforts should be made to ensure a more manageable programme for future Regional Committee sessions. The Standing Committee agreed that its members would not necessarily present its views during the introduction of every agenda item. Instead, they could be called on to participate in different ways, such as joining discussion panels.

14. In two teleconferences held in June 2011 the SCRC was informed that, by decision EB129/8, the Executive Board at its 129th session on 25 May 2011 had requested Regional Committees “on the basis of [three] updated concept papers, to engage in strategic discussions regarding the WHO reform process and to report on these discussions” at a special session of the Executive Board to be held in November 2011. The Standing Committee accordingly agreed that the topic of WHO reform would be formally placed on the agenda of RC61. Discussion of that topic could also encompass the use of the proposed programme budget as a strategic tool for accountability. In order to make space in the programme of RC61, the SCRC also agreed that discussion of a WHO health communication strategy for the European Region should be deferred until RC62, when it could be considered in conjunction with a regional information strategy. During the teleconferences, the Eighteenth SCRC also identified which RC61 agenda items its members would be involved in, and reviewed arrangements for its fifth and final session in Baku on 11 September 2011.

Action by the Regional Committee

Review and adopt the provisional agenda (EUR/RC61/2 Rev.1) and provisional programme (EUR/RC61/3) of RC61

Working documents

Health 2020: the new European health policy

15. At its second session, the SCRC was informed that Health 2020 would be developed through a participatory process that would engage diverse communities of practitioners, stakeholders, sectors and partners. It would be informed by two key scientific studies: a European review of the social determinants of health and the health divide (led by Professor Sir Michael Marmot) and a study of governance for health (led by Professor Ilona Kickbusch). The process would culminate in the launch of the new policy at the Regional Committee session in 2012. A steering group to guide the process had held its first meeting in mid-October 2010, and the two studies were currently being commissioned.

16. The Regional Director explained that the intention behind establishing a high-level forum was to involve Member States in the elaboration of policy documents such as Health 2020, the alcohol action plan and the public health strategy, and to ensure that the work done on them did not end with the adoption of a resolution by the Regional Committee but was carried through into implementation at national level. The forum would be constituted for a two-year period (during which most of the major policy documents would be drawn up), after which the initiative would be evaluated.

17. The Standing Committee emphasized that it would be important for the Regional Office to engage in a sustained communication campaign around Health 2020 at an early stage, disseminating clear definitions of key concepts and terms. One member said that lessons might be learned from the experience of his country: “engagement events” had been organized with representatives of stakeholders such as NGOs, industry, the public health profession, and families and children. The Regional Director confirmed that, in addition to setting up the forum of high-level representatives of all 53 European Member States of WHO, she intended to engage in consultations with bodies such as the European Public Health Association (EUPHA), the Association of Schools of Public Health in the European Region (ASPHER), the European Forum of Medical Associations (EFMA) and the World Medical Association (WMA). It would be important to underpin the stewardship role of ministries of health in leading on a whole-government approach to improving people’s health.

18. The concept paper on Health 2020 submitted to the SCRC at its third session in March 2011 had also been reviewed by the European Health Policy Forum in Andorra earlier in the month. On that occasion, members of the Forum had acknowledged the need for a vision for a new era, regarding Health 2020 as the overall framework for all WHO’s work. They had recognized that Health 2020 called for a “whole-of-government” approach, and that governance for health was the key overarching issue. They had supported the idea of targets for the WHO European Region, and they had called for a concise policy document that was relevant to all Member States. The policy was being elaborated in the light of those comments.

19. The Standing Committee agreed that Health 2020 would provide the overarching policy framework but expressed concern about the need to identify the key actors, to specify whether goals and targets would be set for Member States or for the Regional Office, and to link them to the MDGs. In response, it was pointed out that the time frame of Health 2020 extended beyond that of the MDGs, while the subject matter of the latter was encompassed by the former. Health 2020 would place emphasis on partnership with sectors other than health; representatives of other sectors could be invited to the next meeting of the European Health Policy Forum in November 2011. Non-binding targets would be proposed for the European Region as a whole, which it was hoped would inspire Member States to develop their own. Indicators and a monitoring process could be discussed at RC61.

20. At its fourth session, the Standing Committee was asked to give guidance on the “package” of Health 2020-related documents that it was proposed to present to RC61. The main component of the package would be a working paper (accompanied by a draft resolution) that would set out the vision, values, main directions and approaches of the new European policy for health. Three information documents would accompany the working paper:

- a first working draft of the Health 2020 policy;
- the final report of the study on governance for health;
- an interim report on the review of the social determinants of health and the health divide.

21. The Standing Committee commended the Secretariat on the work done to date and endorsed the values, principles and outline structure of the new policy. It was keen to foster the Regional Committee’s “ownership” of Health 2020.

22. Professor Ilona Kickbusch reported at the SCRC’s fourth session that the governance study, initiated in January 2011, was currently in its final phase. The study defined governance for health and well-being as “the attempts of governments or other actors to steer communities, whole countries or even groups of countries in the pursuit of health and well-being as a collective goal”. Initial findings were presented under five headings:

- governance;

- governance for health;
- good governance;
- smart governance; and
- the roles of ministries of health.

23. The SCRC was also informed that targets could be established in the five areas covered by the policy (governance for health; addressing inequalities; healthy people; environments conducive to health and well-being; and noncommunicable and communicable diseases, mental health and injuries), as well as for health system performance. It was proposed to form a small working group, including SCRC members, that would present an outline of targets and indicators for discussion at RC61; the finalized targets would form part of the Health 2020 policy submitted to RC62.

24. The SCRC endorsed the approach suggested. One member, however, cautioned against setting targets that might result in “over-promising and under-achieving” and noted that his country preferred the use of “outcome frameworks”. The members from Andorra, Poland, Sweden, Turkey, the United Kingdom and Ukraine, as well as the Executive President of RC60, offered to join the working group.

Action by the Regional Committee

Review the paper on Developing the new European policy on health: Health 2020 (EUR/RC61/9) and related information documents
Consider the corresponding draft resolution (EUR/RC61/Conf.Doc./2)

Strengthening public health capacities and services in Europe

25. The public health strategy for Europe would be complementary to Health 2020 but more action-oriented. Based on a clear statement of the relationship between public health, essential public health functions and health systems, the aim would be to define a framework for action in areas such as governance, community involvement, advocacy, investment and information systems.

26. The Standing Committee was concerned to establish a clear “hierarchy” between the overarching policy document, Health 2020, on the one hand, and action plans to deliver work on components of a health system (such as public health), on the other. It recommended that the paper should be designed to update the essential public health functions first identified some ten years previously, taking account of recent developments such as the need to measure the health effects of policies implemented in a wide range of sectors.

27. At its meeting in Andorra in March 2011, the European Health Policy Forum also reviewed the draft document on strengthening public health capacities and services. It welcomed the fact that public health was back on European countries’ agenda and fully supported the action framework. In addition, it highlighted the relevance of a systematic approach to public health operations and services, noting the importance of having measurable indicators so that information could be used to persuade other sectors. The SCRC welcomed the progress made in developing the document since its previous session.

28. Following an Office-wide review of the public health action framework, a more comprehensive explanation of the definitions and boundaries of public health and health systems (and a new illustrative diagram) was included in the version of the working paper that was presented to the SCRC at its fourth session. The list of essential public health operations (EHPOs) had been reviewed: governance, financing and quality assurance had been merged in

EHPO 9, and core communication for public health had been included in EPHO 10. The SCRC emphasized that the EHPOs should be seen by countries as a self-assessment tool for strengthening public health activities and capacities.

Action by the Regional Committee

Review the paper on Strengthening public health capacities and services in Europe: a framework for action (EUR/RC61/10) and the related information document
Consider the corresponding draft resolution (EUR/RC61/Conf.Doc./3)

Interim report on implementation of the Tallinn Charter

29. At its second session, the SCRC was informed that the proposed paper for RC61 would focus on assessing health systems' performance and their success in sustaining equity, solidarity and health gain in the context of the current economic crisis.

30. By the time of the SCRC's third session, replies to a questionnaire had been received from 18 countries. In addition to a synthesis of those responses, the interim report on implementation of the commitments in the Tallinn Charter would contain sections on measuring health system performance (the central theme of the Charter), on sustaining equity, solidarity and health gain in the context of the economic crisis, and on improving performance through leadership of multisectoral action to improve health. The Health 2020 policy framework would be informed by the lessons learned from implementing the Charter: the importance of the underpinning values of solidarity and equity, the need for a holistic approach to health, and the central role of health systems.

31. At the meeting of the European Health Policy Forum, Member States' representatives confirmed that the Tallinn Charter was a useful instrument for advocating the importance of strengthening health systems. The focus in the Charter on monitoring and evaluation was particularly useful. The next step would be to establish and maintain a benchmark against which to measure health system performance.

32. A shorter, more action-oriented policy document was presented to the SCRC at its fourth session. A wealth of information was still being obtained from countries' responses to the questionnaire-based survey. The interim report rested on three pillars: health system performance assessment; the financial sustainability of health systems (health financing); and stewardship. A ministerial panel discussion on the subject would be held at RC61, and a consolidated package of the strategies and services that the Regional Office could offer European Member States in the field of health system strengthening would also be presented at RC61.

Action by the Regional Committee

Review the Interim report on implementation of the Tallinn Charter and the way forward (EUR/RC61/11) and the related information document

Noncommunicable diseases and alcohol

33. NCDs and alcohol-related conditions shared a number of characteristics, such as the role played by social and economic determinants of health, the importance of adopting an approach based on "health in all policies" (HiAP) and the need to focus attention on risk factors. However, each also had its own specific issues: cancer, diabetes and cardiovascular diseases (CVD) in the case of NCDs, or violence and injury related to alcohol use. An NCD action plan

would build on the strategy endorsed by the Regional Committee in 2006,¹ while an alcohol action plan would give effect at regional level to resolutions adopted by the World Health Assembly, most recently in May 2010.²

34. At its third session, the SCRC was informed that the action plan to implement the European strategy for the prevention and control of NCDs would link with action on mental health, violence and injury, the environment and communicable diseases. In addition to addressing the social determinants of health, it would advocate for stronger health systems and for surveillance, monitoring and evaluation. Ten specific actions were being promoted in four areas. A European paper on NCD control would be presented at the ministerial conference in Moscow in April 2011.

35. Participants in the European Health Policy Forum commented that the action plan should ensure a comprehensive approach to NCD prevention and control; it should link with environmental interventions; more prominence should be given to the social determinants of health; the concepts of health literacy and community empowerment should be “deconstructed” and explained; and areas for targets, if not targets themselves, should be suggested.

36. The Standing Committee recommended that more attention should be paid to the links between mental health and NCDs, and that specific reference should be made to the 2006 European strategy and to the 2008–2013 action plan for the global strategy.

37. The European alcohol action plan, a draft of which was presented to the SCRC at its third session, represented the regional iteration of the global strategy adopted by the World Health Assembly in 2010. It accordingly set out the same five overall objectives as the global strategy. In addition, the action plan would give options for action in each of the 10 areas covered by the global strategy. The SCRC recommended that the action plan should advocate for strengthened regulation and pricing, so as to prevent children from being exposed to alcohol.

38. By the time of the SCRC’s fourth session, the NCD action plan had been made more specific: four priority action areas had been identified, and five priority interventions (together with two supporting interventions) were described in terms of their rationale, overall goal, proposed actions, and outcome and process measures. Surveillance, monitoring and evaluation could be based on those measures, and the draft resolution to be submitted to RC61 provided for progress in implementation of the action plan to be monitored every two years.

39. Further written comments on the first draft of the European Alcohol Action Plan had been received after the deadline of 15 March 2011, and a second consultation with Member States had been held in Zurich on 4–5 May 2011. The subsequent version of the Action Plan used terminology (such as “the harmful use of alcohol”) that was consistent with the Global Strategy; it presented Member States with “options for action” (rather than sequences of activities) in each area; it prioritized WHO’s own actions; and it offered guidance on how to operationalize indicators of alcohol consumption and alcohol-related harm.

Action by the Regional Committee

Review the Action plan for implementation of the European strategy for the prevention and control of noncommunicable diseases (EUR/RC61/12) and the European alcohol action plan 2012–2020: implementing regional and global alcohol

¹ *Gaining health. The European Strategy for the Prevention and Control of Noncommunicable Diseases*. Copenhagen, WHO Regional Office for Europe, 2006 (document EUR/RC56/8).

² Resolution WHA63.13, Global strategy to reduce the harmful use of alcohol.

strategies (EUR/RC61/13)
Consider the corresponding draft resolutions
(EUR/RC61/Conf.Doc./4, Conf.Doc./5 and
Conf.Doc./6)

Antibiotic resistance

40. In offering countries guidance on the subject, a regional action plan would describe a number of strategic objectives to be attained in areas such as multisectoral coordination, monitoring and surveillance of antibiotic consumption, prevention of emerging resistance, research promotion and awareness-raising. European Antibiotic Awareness Day, organized by the European Centre for Disease Prevention and Control (ECDC), was marked annually on 18 November; consideration could be given to extending it to cover the whole of the WHO European Region. The topic would also be the subject of World Health Day 2011.

41. The Standing Committee recommended that the title and focus of the paper should be changed to “antibiotic resistance” and that it should take the form of a strategy, rather than an action plan. Although a considerable amount of work in that area had already been done by ECDC (including establishment of surveillance systems and assessment of implementation), it would be important to extend the experience gained to the eastern and south-eastern parts of the WHO European Region. Intersectoral cooperation (with the areas of food safety, agriculture, veterinary practice and academia) would be essential.

42. At a consultation in Copenhagen in August 2010, experts had elaborated seven strategic objectives, which formed the basis of the strategy that was presented to the SCRC at its third session. It was planned to carry out country assessment missions in 2011–2012 and to expand EU surveillance protocols to non-EU member countries. The Standing Committee welcomed the regional focus on antibiotic resistance and tuberculosis; nonetheless, it called for the action plan to be firmly anchored in the broader context of antimicrobial resistance (AMR), as reflected in the topic of World Health Day 2011.

43. In the version of the document presented to the SCRC at its fourth session, a paragraph had accordingly been added placing antibiotic resistance in the broader context of AMR, and a draft resolution had been prepared. The SCRC welcomed events (especially training courses) that had been organized in connection with World Health Day 2011. It called for indicators of the success of the action plan to be developed (prevalence and incidence of infection with specific agents and consumption of antibiotics were suggested), and it noted that EU countries preferred to place emphasis on carrying out multisectoral activities rather than on establishing national committees. It looked forward to the EU surveillance system being extended to cover countries in the eastern part of the WHO European Region.

Action by the Regional Committee

Review the European strategic action plan on antibiotic resistance (EUR/RC61/14)
Consider the corresponding draft resolution (EUR/RC61/Conf.Doc./7)

Tuberculosis

44. There was a need to move to integrated programmatic approaches, which would include strengthening the health system response, addressing upstream and downstream determinants, and monitoring and assessing progress towards targets. A regional action plan would call for interventions in line with those approaches, in order to reach the goal of reversing the spread of drug-resistant TB.

45. The SCRC recommended that the action plan should make explicit reference to and build on the numerous strategies already approved, notably the Stop TB strategy.³ The objectives of the action plan should be carefully set in realistic, rather than aspirational, terms.

46. In line with the overall goal of achieving universal access to diagnosis and treatment of M/XDR-TB in all Member States by the end of 2015 (as laid down in the Global Plan to Stop TB 2011–2015), the consolidated action plan for the Region presented to the SCRC at its third session set a number of realistic specific targets: to decrease the proportion of MDR-TB among previously treated patients by 20 percentage points; to diagnose at least 80% of estimated MDR-TB patients; and to treat successfully at least 75% of the estimated number of patients with MDR-TB. The action plan also specified the strategic directions, areas of intervention and key milestones on the way to reaching those targets, as well as indicators and a robust monitoring framework to ensure accountability. The plan would be presented (together with an action plan on HIV/AIDS) at a ministerial meeting and high-level donor meeting in July 2011, before being submitted to RC61 for endorsement.

47. At its fourth session, the SCRC was informed that a pre-final text of the extensive version of the MDR-TB action plan (MAP) had been sent to ministries of health with a request for any additional comments by the end of May 2011. A detailed monitoring framework and costing would be finalized by that time. The final text would be reviewed and translation of MAP into country action plans would be discussed at a meeting of national TB programme managers in The Hague on 25–27 May 2011. The Executive Director of the Global Fund to Fight AIDS, Malaria and Tuberculosis was seeking funding for 50% of the costs of MAP, which would be officially launched in his presence at RC61 and at an international forum on MDG 6 in Moscow (10–12 October 2011).

Action by the Regional Committee

Review the Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015 (EUR/RC61/15) and the related information document
Consider the corresponding draft resolution (EUR/RC61/Conf.Doc./8)

HIV/AIDS

48. A regional action plan could identify agreed global and regional targets for an accelerated response to HIV/AIDS; provide practical guidance to Member States on which health sector policies, interventions and approaches they should give priority to; and be aligned with World Health Assembly resolution WHA63.19, which requested the Director-General to develop a WHO HIV/AIDS strategy for 2011–2015. The SCRC at its second session recommended that the countries in the Region should be categorized by their risk profile and the dynamics of their HIV epidemic, rather than by geography. There was a need to improve second-generation HIV surveillance, especially in groups at highest risk.

49. At its third session, the SCRC was informed that, based on the UNAIDS HIV/AIDS strategy 2011–2015, the World Health Assembly in 2010 had requested the WHO Director-General to develop a global health sector strategy for the same period. That strategy had been presented to the Executive Board in January 2011 and a European action plan had been drafted. It would outline actions to be taken under four broad headings: core responses; leveraging broader health outcomes; building strong and sustainable systems; and reducing vulnerability

³ Resolution WHA60.19, Tuberculosis control: progress and long-term planning

and structural barriers. Online and in-country consultations had been initiated, and a European regional meeting had been held in Kiev on 17 March 2011.

50. The draft action plan was presented to the SCRC at its May 2011 session. It was structured around the four strategic directions in the global strategy, while the priority actions outlined were specific to the context of the Region. Work had begun on costing the action plan, in consultation with staff from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

51. The Standing Committee was concerned about the lack of prioritization among the actions envisaged, especially in view of the action plan's relatively short time frame, and it called for the targets to be carefully formulated and realistic. However, in view of the facts that Europe was the only WHO region where the AIDS epidemic was still growing fast and that universal access to antiretroviral therapy had been shown to have an immediate effect on the epidemic, the SCRC acknowledged the need for renewed political commitment to tackling the problem and recommended that the European action plan should be presented to RC61.

Action by the Regional Committee

**Review the European action plan for HIV/AIDS 2012–2015 (EUR/RC61/19)
Consider the corresponding draft resolution (EUR/RC61/Conf.Doc./11)**

Health communication

52. The aims of a new health communication strategy for WHO in the European Region would be to strengthen the Regional Office as the source of reliable and easily accessible health information, to broaden the reach of quality health information to every person in the Region and to enhance the functional "health literacy" of policy-makers and the general public. At its second session, members of the Standing Committee questioned whether it was advisable for the Regional Office to target the general public with its communication activities. In any case, social marketing tools should be chosen with care, once a specific need for information had been identified, and any initiatives taken should be thoroughly evaluated.

53. At its third session, the SCRC was again informed that the aims of the WHO health communication strategy for Europe 2011–2015 were to strengthen the Regional Office's capacity to serve as an authoritative and responsive centre of excellence and leadership in public health communication and to facilitate the development of communication capacity across the WHO European Region. The strategy identified five areas where action should be taken. Key "deliverables" were also specified for each of those areas. The communication strategy was designed to complement the Regional Office's information strategy that would be developed and presented to RC62; the latter would focus on the best ways of collecting, storing and disseminating information. The Standing Committee believed that the effectiveness of the Regional Office's communication was one of the main criteria on which to judge the success of its work.

Programme budget and oversight

54. In order to use the programme budget as a strategic tool for accountability, it was proposed that RC61 would endorse 20–30 priority regional expected results (RERs), for which baseline and target indicators would be developed and the required resources and contributions (from both the Secretariat and Member States) defined. Those priority RERs (or outcomes), together with 10–20 key outputs and 3–4 processes, would then form a "contract" between the Regional Director and the Regional Committee. Standardized management reports could be submitted to the SCRC at regular intervals.

55. The Standing Committee agreed that the “contract” should be viewed as a tool for making more transparent the key results inherent (but not explicit) in the programme budget as adopted by the World Health Assembly, and for increasing the Regional Office’s accountability for delivering them.

56. Building on the concept presented at the previous session, the SCRC was informed at its third session that the Secretariat’s manageable interest in the value chain extended from inputs (financial and human resources, information and knowledge, for example) through a process of implementation to outputs such as technical services and advice. Member States, on the other hand, were responsible for translating those outputs into outcomes (the uptake of strategies and interventions) that would ultimately have an impact on their populations’ health. Of a total of just over 100 broad outcomes, some 25 priority outcomes would be selected for inclusion in the accountability “contract”, in addition to a number of key outputs and process indicators.

57. The Standing Committee welcomed the elaborated concept and the endeavour to tie resources to core activities. In answer to questions raised by the SCRC, the Secretariat confirmed that funding would be directed first to priority outcomes; if specified voluntary contributions were not forthcoming for a particular outcome, core funding would be used. The European Region’s approach to accountability was linked to the process of reform in WHO as a whole and was being taken as a model for application in other regions. The SCRC reiterated that the subject should be taken up at RC61 immediately after the Director-General’s address.

58. The oversight report presented to the SCRC at its third session, updated as of February 2011, described the financial outlook for the Regional Office and contained summaries of key outcomes and outputs for the period July–December 2010, new collaborative agreements and impediments to programme delivery. The conclusions to be drawn from the financial outlook were that overall projected income at macro level would be adequate to cover planned expenditures in 2010–2011, but that serious problems existed within individual strategic objectives, owing to earmarking of voluntary contributions.

59. At its fourth session, the SCRC was informed that an overall portfolio of 99 priority outcomes (including 25 key priority outcomes) had been drawn up for 2012–2013. In addition to specified voluntary contributions, flexible corporate funds would be applied to ensure full and even implementation across the 25 key priority outcomes. Four indicators and targets of “process efficiency” were being proposed. The working document, and in particular the 25 key priority outcomes, would be the subject of a web-based consultation with Member States before being finalized for consideration at RC61 in conjunction with the agenda item on WHO reform.

Transparency of the SCRC

60. At its second session, the SCRC recognized that guidelines (on time limits for and order of interventions, voting rights, etc.) would need to be elaborated for application at the SCRC’s open session in May 2011, before the opening of the Sixty-fourth World Health Assembly (WHA64). The Standing Committee also recommended that representatives of Member States attending its open session should be regarded as having observer status and should therefore be invited to ask questions for clarification, but not to make extensive country statements.

61. The SCRC was informed in March 2011 that for the open session it was proposed to follow Rule 3 of the Executive Board’s Rules of Procedure with regard to non-members’ rights to participate, speak, make proposals and reply, and the cost of their attendance. It was also suggested that the open SCRC session should concentrate on SCRC matters, while the meeting of all European Member States immediately afterwards should focus on issues on the agenda of WHA64. Lastly, the Standing Committee was asked to comment on the advisability of posting all documents related to its sessions on the Regional Office’s public web site.

62. The SCRC endorsed the proposal and suggestion concerning its open session; if the experiment proved to be a success, the Rules of Procedure of the Standing Committee might need to be amended accordingly. The Standing Committee believed that draft and working documents for its sessions should not be publicly available, since they still represented “work in progress”.

63. Two issues had been referred to the Eighteenth SCRC by the previous SCRC’s Working Group on Health Governance: (a) the process of election to membership of the Standing Committee, whereby a consolidated proposal for membership was drawn up by officers of the Standing Committee; and (b) the more or less automatic progression from Vice-Chairperson of the SCRC to Executive President of the Regional Committee. On the former question, there were two options: either, as was currently the case, to strive for consensus among all the countries in the Region, or to arrange for the groups of countries (A, B and C) to reach agreement within each group. The Standing Committee at its third session was firmly in favour of the first option; the alternative would go against the idea of “one Europe”. On the second issue, it believed that the benefits of linkage between the positions of Chairperson of the Standing Committee and Executive President of the Regional Committee, in terms of visibility, continuity and experience gained, outweighed any possible disadvantages.

64. With regard to the process of election to membership of the SCRC, the Standing Committee at its fourth session recommended that the current practice should be maintained and strengthened through amendments to Rules 14.2.2(b) and (c) of the Regional Committee’s Rules of Procedure. In addition, it agreed that the Standing Committee would monitor application of the new criteria concerning experience and competence over the following years.

65. On the question of the progression from Vice-Chairperson of the Standing Committee to Executive President of the Regional Committee, the SCRC also confirmed at its fourth session that the advantages, in terms of strengthened governance, justified the presentation to RC61 of the amendments to Rule 9 of its Rules of Procedure as set out in the annex to the working paper under consideration. It recommended that the qualitative criteria regarding experience and areas of competence currently taken into account when the Regional Committee selected candidates for membership of the Executive Board and the SCRC should also be applied when electing future Vice-Chairpersons of the Standing Committee.

66. The Standing Committee recommended that those amendments to the Rules of Procedure of the Regional Committee and the Standing Committee should be presented to RC61 as an annex to the traditional draft resolution on the report of the SCRC.

67. Representatives of WHO European Member States attending the Eighteenth SCRC’s fourth session, an open meeting, noted that observers attending sessions of the Executive Board had access to the documentation of the session and asked for similar arrangements to be made at any future open sessions of the Standing Committee. Nonetheless, they wholeheartedly welcomed the opportunity to participate in the Standing Committee’s deliberations and the increased transparency of the Organization’s regional governance.

Action by the Regional Committee

Consider the draft resolution on the report of the Eighteenth SCRC and its annex, setting out amendments to the Rules of Procedure of the Regional Committee and the Standing Committee (EUR/RC61/Conf.Doc./1)

Country relations strategy

68. The Chair of the external Working Group to Review Strategic Relations with Countries presented its report to the Eighteenth SCRC at its second session. The methodology adopted by the Working Group had included a documentary or desk review, meetings and interviews with delegations from 7 countries at the Sixty-third World Health Assembly and RC60 and visits to a further 11 countries, and interviews with selected senior staff at the Regional Office.

69. The Working Group's recommendations for improving the work of the Regional Office included paying more attention to content and results than to process; increasing the key technical skills present in or available to the Regional Office; and making significant improvements in administrative and support functions, and in communication and advocacy work.

70. The Working Group believed that all countries in the Region benefited from a relationship with WHO, but it recognized that WHO's "country presence" could take many forms, from a full country office to a desk officer at the Regional Office. The type of presence and level of support should be based on a set of unified criteria.

71. The Standing Committee agreed that the main weakness in the Regional Office's country work in the previous period had been the lack of use made of reporting information. Clear criteria were needed for continuously evaluating the work of country offices, including their relations with nongovernmental organizations and their communications and advocacy activities. In broad terms, the SCRC agreed that the number of country offices should be reduced and focused in those countries in most need of WHO support, and the feasibility of subregional arrangements should be explored.

72. The aim of a new country relations strategy would be to help countries to translate the decisions of the Organization's global and regional governing bodies into national action; to strengthen national capacities in the areas required; and to empower ministers of health with tools, norms and standards, research and evidence.

73. One member of the SCRC suggested that the draft strategy could include, in an annex, information about current modalities and structures of cooperation with countries. The Regional Director also wished to see details of financing included in the country relations strategy.

74. The paper presented at the SCRC's fourth session set out the Regional Director's views on the recommendations made by the Working Group set up to review the Regional Office's strategic relations with countries. The new country strategy aimed to ensure that, by adopting a holistic and coherent approach, WHO was relevant to every Member State in the diverse European Region. It accordingly described in some detail how the Regional Office would work for all countries, in countries (the institutional framework) and with countries. The Standing Committee commended the Secretariat on the strategy: the emphasis on coordination and streamlining of activities could serve as a model for the rest of the Organization. Further consideration could be given, at a subsequent session, to the role of the Regional Office in the 15 member countries of the EU prior to 1 May 2004.

Action by the Regional Committee

Review the Country relations strategy
(EUR/RC61/17)

Consider the corresponding draft resolution
(EUR/RC61/Conf.Doc./9)

Geographically dispersed offices

75. The Chair of the external Working Group to Review the Geographically Dispersed Offices of the WHO Regional Office for Europe also presented its report to the Eighteenth SCRC at its second session. The Working Group had found that the GDOs were doing high-quality work. They had developed and were carrying out a number of outstanding technical programmes; they had produced a number of excellent scientific products of intercountry and global interest; they provided considerable support for key programmes of the Regional Office; and a considerable part of their efforts had been devoted to supporting countries and institutions most in need.

76. The main recommendations of the Working Group included:

- Stronger coordination within the Regional Office
- More effective integration of personnel (staff rights, staff development and training, communication skills, etc.)
- Re-establishment of the GDOs' identity and visibility
- Greater recognition of host countries and other contributors
- Promotion of access to different funding sources
- Establishment of a proper balance of work between intercountry activities and direct assistance to countries
- Establishment of an external scientific advisory board for each GDO
- Choice of a more suitable name (such as "Specialized Centre of the WHO Regional Office for Europe")
- Intensification and extension of the process of establishing new GDOs (in the medium and long terms).

77. The SCRC agreed that clear criteria should be established for ensuring that GDOs added value to the core functions being carried out at the Regional Office in Copenhagen. They could be conceived of as a "bridge" between the country offices and the Regional Office, providing technical input to intercountry programmes and helping to build capacity in countries. However, the SCRC was hesitant about the proposal to establish new GDOs, since it felt that the focus should be on strengthening the Regional Office.

78. At its third session, the Regional Director briefed the SCRC about developments with regard to the WHO European Centre for Environment and Health in Rome. On 26 March 2007, the Regional Office and the government of Italy had signed an agreement extending the original 1990 agreement to 31 December 2016. That 2007 agreement required ratification by the Italian parliament in order to take effect; however, to date no such ratification had been obtained. Following consultation with the Organization's Legal Counsel, a letter had been sent to the Italian Ministry of Health the previous week stating that if no agreement was reached by 15 April 2011, closure of the Centre would be initiated. In line with the provisions of Regional Committee resolution EUR/RC54/R6, the Regional Director was requested "to consult with the Regional Committee when planning ... to establish a new GDO or close an existing one." However, deferring closure of the Rome Centre until after RC61 would further aggravate the Regional Office's financial situation by an amount of at least € 1 million. Rule 14.2.10 of the Rules of Procedure of the Regional Committee empowered the SCRC "to act for and represent the Regional Committee ..." and "to counsel the Regional Director as and when appropriate between sessions of the Regional Committee."

79. The Standing Committee fully supported the approach being taken by the Regional Director. It was reassured to learn that, in the event of closure of the Rome Centre, its functions would continue either at the Regional Office in Copenhagen or at the European Centre for Environment and Health in Bonn.

80. The working paper presented to the SCRC at its fourth session defined the characteristics of a GDO and explored why and when one should be set up, as well as the prerequisites for doing so. Having examined the actions required of the Regional Office and the regional governing bodies in order to implement the renewed strategy, and the steps to be taken for phasing out a GDO, the paper concluded with a list of five programme areas where the external review team suggested that the WHO European Region would benefit from the establishment of GDOs. Two annexes contained a more detailed history of GDOs in the European Region and an executive summary of the external review of the offices located in Barcelona, Bonn, Rome and Venice that had been carried out at the end of 2010.

81. The Standing Committee appreciated the analysis of the history, evolution and challenges currently faced by existing GDOs. It acknowledged that the Regional Office would have been unable to deliver programmes and services in some technical areas without the work done by GDOs, and that they were a source of additional funding. However, the SCRC found the “centrifugal” approach of extending GDOs into new areas to be questionable. It accordingly recommended that the renewed strategy should focus on clarifying and strengthening the role of the current GDOs, and that further work should be done on analysing new needs.

Action by the Regional Committee

Review the paper on the geographically dispersed offices of the WHO Regional Office for Europe (EUR/RC61/18)
Consider the corresponding draft resolution (EUR/RC61/Conf.Doc./10)

European Observatory on Health Systems and Policies

82. The World Health Assembly’s new policy on partnerships (resolution WHA63.10) had made it necessary to review the governance of the Observatory (the only formal partnership in the WHO European Region). The process of reviewing both policy and administrative issues had begun, in close consultation with the partner organizations. Steps would be taken to bring the Observatory into line with WHO’s rules or to fully document any necessary adaptation, as provided for in the policy adopted by the Health Assembly.

Action by the Regional Committee

Review the paper on the European Observatory on Health Systems and Policies (EUR/RC61/20)

Coherence of the Regional Office’s structures and functions

83. The working paper, drafted after the Eighteenth SCRC’s third session, presented an in-depth analysis of the Regional Office’s core functions (as specified in the Organization’s Eleventh General Programme of Work 2006–2015) and of its current and proposed organizational and functional structures. The paper concluded with a matrix that “mapped” the various functions against those structures.

84. The SCRC called for the paper to be expanded to cover the Regional Office’s relations not only with GDOs and country offices but also with WHO headquarters. In addition, it was concerned that the European Health Policy Forum was presented in the paper as an “institutionalized” structure established by RC60, and that “leadership” was one of the functions for which it was shown in the matrix as having “high-level responsibility”. Notwithstanding the

fact that the Forum was indeed an integral part of the Regional Director's "vision", which the Regional Committee had endorsed in resolution EUR/RC60/R1, the SCRC recommended that the wording in paragraph 44 of the paper should be amended, and that the row in the matrix might be annotated or omitted pending evaluation of the Forum after two years of activity.

Action by the Regional Committee

Review the paper on Coherence of the Regional Office's structures and functions (EUR/RC61/16)

WHO Executive Board and World Health Assembly

Executive Board

85. At the Eighteenth SCRC's second session, the Regional Director and the Chairman of the Executive Board noted the lengthy agenda of the 128th session of the Executive Board (EB128) and drew attention to a number of items that might be of particular interest to the European Region, including the future financing of WHO (on which the views expressed at RC60 had been forwarded to the Director-General); NCDs; health security (including the International Health Regulations); counterfeit medical products; and the procedure for election of the Director-General of WHO. The size of the agenda underlined the importance of strengthening regional coordination mechanisms.

86. The European member of the Executive Board designated to serve as the link with the SCRC confirmed to the Eighteenth SCRC at its third session that EB128 had given the Director-General of WHO a clear mandate to initiate organizational reform. Reform proposals to be published in mid-April would be discussed at a consultation with representatives of Member States in Geneva before the opening of WHA64 in May 2011.

87. On technical matters, the Executive Board had adopted no fewer than five resolutions concerned with different aspects of the strengthening of health systems. The Executive Board had decided to establish a working group on the process and methods of election of the Director-General, open to all Member States. The working group was to submit a final report to EB130 in January 2012.

World Health Assembly

88. At its second session, the Eighteenth Standing Committee was informed of the elective posts that the European Region would be entitled to fill at WHA64. The Regional Director informed the SCRC at its third session of the people who had been identified to assume the offices of those elective posts (President of the Health Assembly, Rapporteur of Committee A and Vice-Chairperson of Committee B), and of the countries that would be proposed for membership of the General Committee and the Committee on Credentials. The SCRC members fully supported the proposals made by Regional Director.

89. Following discussions in Geneva in December 2010, representatives of permanent missions of European Member States had designated a focal point from among their number to lead a mechanism for ensuring pan-European coordination in connection with intergovernmental meetings and processes in the period up to June 2012. In addition, it was proposed that the briefing meetings for European Member States held each day during EB128 should be repeated during WHA64. Lastly, a member of the Executive Board would continue to be designated to serve as the link between the Board and SCRC. The Standing Committee believed that European Member States would welcome the increased opportunities to share information.

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

90. In a pre-recorded message delivered to the SCRC at its third session, the President of the WHO Regional Office for Europe's Staff Association (EURSA) looked back on 2010 as a year of change, when WHO/Europe had been put to the test. The new global management system (GSM) had continued to experience system errors and other anomalies, as well as problems with payroll and payments to external suppliers. The new Regional Director had taken office with a vision that had required a thorough review of existing programmes, leading in turn to a revised organizational structure and a rework of the human resources plan. The global financial crisis had put additional pressure on the Regional Office, and the flooding of the Copenhagen premises in August 2010 had resulted in a week of closure and disruption to communication services. It was to the credit of both staff and management that the Regional Office continued to be productive and that the year had ended in relative calm.

91. Looking forward, there were a number of issues that continued to challenge WHO at regional and global levels and the United Nations common system as a whole. Those included abolition of the split 60/62 mandatory age of separation rule; raising of the mandatory age of separation to an age that was appropriate and relevant to current standards in Europe; and improvement of maternity and paternity benefits. As the demands for productivity and excellence continued to grow, so too must the protection of staff rights and the promotion of staff welfare, in terms of both their physical and their mental health.

92. The EURSA Staff Committee would continue to work closely with the other staff associations and with global management on the WHO programme of reform. The WHO staff associations had collectively proposed actions that would increase productivity, raise the quality of outputs, improve recruitment and retention, lower rates of sick leave, reduce overhead costs and create a more motivated workforce. At regional level, measures proposed included putting into place a teleworking policy; introducing more flexible working arrangements; closely monitoring and enforcing the taking of earned leave; discouraging workaholic behaviour; and actively developing and promoting best practices for mental and physical health in the workplace.

93. The Standing Committee welcomed the coherent messages being put forward by the Organization's staff associations at meetings of its global and regional governing bodies. The Regional Director also highly appreciated the good working relations with EURSA but noted that proposals related to staff's terms and conditions of employment were properly a staff-management matter that should first be presented for internal discussion.

Membership of WHO bodies and committees

94. The Regional Director recalled that, following the Regional Committee's adoption of resolution EUR/RC60/R3 the previous year, the ban on dual membership of the Executive Board and the SCRC had been lifted. Furthermore, the criteria for the selection of candidates to serve on the Executive Board and on Standing Committee (as contained in Part 2 of the annex to that resolution) should be respected, even though that might lead to the same country being a candidate for membership of both bodies. On that basis, the SCRC reached agreement by consensus on the countries that it would recommend for membership of the Executive Board, the Standing Committee and the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction.

**Action by the Regional
Committee**

**Elect members of the Executive Board, the SCRC
and the Policy and Coordination Committee of the
Special Programme of Research, Development and
Research Training in Human Reproduction
(EUR/RC61/7)**

Annex: Membership of the Eighteenth SCRC 2010–2011

Members, alternates and advisers

Andorra

Dr Josep M. Casals Alís⁴
General Director of Health and Well-being, Ministry of Health and Well-being

Azerbaijan

Professor Oktay Shiraliyev
Minister of Health

Advisers

Dr Samir A. Abdullayev
Head, International Relations Department, Ministry of Health

Dr Gulsom Gurbanova
Senior Adviser, International Relations Department, Ministry of Health

Bulgaria

Ms Dessislava Dimitrova
Deputy Minister of Health

Adviser

Professor Tatiana S. Ivanova
Head of Department, Development of Health Systems and Resources, National Centre of Public Health Protection

Croatia

Dr Krunoslav Capak
Deputy Director, Environmental Health Ecology Service, National Institute of Public Health

Lithuania

Professor Zita Aušrelė Kučinskienė
Dean, Faculty of Medicine, Vilnius University

Alternate/Adviser

Mr Viktoras Meizis
Head, Division of EU Affairs and Foreign Relations, Ministry of Health

Adviser

Dr Rima Vaitkiene
Deputy Head of EU Affairs, International Relations Division, Ministry of Health

⁴ Chairperson

Montenegro

Dr Boban Mugosa
Director, Institute of Public Health

Alternate

Dr Zoran Vratnica
Director, Centre for Medical Microbiology, Institute of Public Health

Poland

Professor Mirosław J. Wysocki
Director, National Institute of Public Health/National Institute of Hygiene

Adviser

Ms Justyna Tyburska-Malina
International Organizations Unit, Department of International Cooperation, Ministry of Health

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Dr Ildefonso Hernández Aguado⁵
General Director of Public Health and International Health, Ministry of Health, Social Policy and Equity

Dr Carmen Amela Heras⁶
General Director of Public Health and International Health, Ministry of Health, Social Policy and Equity

Adviser

Dr Karoline Fernández de la Hoz
Head of Coordination, Directorate-General of Public Health and International Health, Ministry of Health, Social Policy and Equity

Sweden

Dr Lars-Erik Holm
Director-General and Chief Medical Officer, National Board of Health and Welfare

Advisers

Mr Fredrik Lennartsson
Deputy Director-General and Head, Department of EU and International Affairs, Ministry of Health and Social Affairs

Mr Niclas Jacobson
Head of Section, Division for EU and International Affairs, Ministry of Health and Social Affairs

Ms Louise Andersson
Division for EU and International Affairs, Ministry of Health and Social Affairs

⁵ First and second sessions

⁶ Third and fourth sessions

Turkey

Dr Bekir Keskinliç

Deputy Director-General, General Directorate of Primary Health Care, Ministry of Health

Adviser

Mr Seyhan Sen

Deputy Head, EU Expert, Department of Foreign Affairs, Ministry of Health

The former Yugoslav Republic of Macedonia

Dr Vladimir Lazarevik⁷

Assistant Professor, Institute of Social Medicine, Skopje Medical Faculty

Ukraine

Professor Olesya Hulchiy

Vice-Rector, International Relations, O. Bohomolets National Medical University

United Kingdom

Professor David Harper

Director-General, Health Improvement and Protection, International Health and Scientific Development, Department of Health

Observers

Estonia

Dr Maris Jesse⁸

Director, National Institute for Health Development

Adviser

Ms Marge Reinap

Adviser, National Institute for Health Development

⁷ Executive President of the sixtieth session of the WHO Regional Committee for Europe

⁸ European member of the Executive Board

Special guests⁹

Professor Vladimir Gusmar
Medical Consultant, Standards and Accreditation Sector, National Center of Quality, Safety and Accreditation, Albania

Dr Tatul Hakobyan
Deputy Minister of Health, Armenia

Dr Mihály Kőkény
Chairman, Executive Board

Professor Tilek Meimanaliev
Kyrgyzstan

Dr B. Serdar Savaş
Chairman, BSS-United Health Systems, Turkey

Professor Vittorio Silano
Faculty of Medicine, University of Rome, Italy

Professor Patricia Troop
Chief Executive, Health Protection Agency, United Kingdom

⁹ Second session