World Health Organization

REGIONAL OFFICE FOR **Europe**

Twenty-first Standing Committee of the Regional Committee for Europe
Fourth session

Geneva, Switzerland, 17–18 May 2014

EUR/SC21(4)/REP
140349

6 August 2014

ORIGINAL: ENGLISH

Report of the fourth session

Contents

page

Introduction ... 1

Adoption of the report of the third session ... 1

Provisional agenda and provisional programme of the 64th session of the Regional Committee ... 1

Reports by chairpersons of SCRC subgroups ... 2
- Subgroup on implementation of Health 2020 ... 2
- Subgroup on strategic resource allocation ... 2
- Subgroup on governance ... 3

Budgetary and financial matters ... 4
- Implementation of the programme budget 2012–2013 ... 4
- Oversight report ... 5
- Planning process for the proposed programme budget 2016–2017 ... 5
- Discussion ... 6

Discussion on technical items for RC64 ... 6
- First report on implementation of Health 2020 ... 6
- Outcomes of high-level conferences ... 7
  - WHO European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 (Ashgabat, Turkmenistan, 3–4 December 2013) ... 7
  - International anniversary conference marking 35 years of the Declaration of Alma-Ata on primary health care (Almaty, Kazakhstan, 6–7 November 2013) ... 8
- Investing in children: a child and adolescent health strategy for Europe and a child maltreatment action plan ... 9
- WHO European Region food and nutrition action plan 2015–2020 ... 9
- Regional vaccine action plan 2015–2020 to address immunization challenges in the WHO European Region ... 9

Membership of WHO bodies and committees ... 10

Progress reports ... 11
- Implementation of the European Action Plan for HIV/AIDS 2012–2015 ... 11
- Harmful use of alcohol in the WHO European Region ... 11
- Prevention of injuries in the WHO European Region ... 11
- European strategy for child and adolescent health and development ... 11

Review of draft resolutions for RC64 ... 11
- European vaccine action plan 2015–2020 ... 11
- WHO European Region food and nutrition action plan 2015–2020 ... 12
- Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 ... 12
- Investing in children by adopting the European child and adolescent health strategy and the European child maltreatment prevention action plan ... 12

Introduction

1. The Twenty-first Standing Committee of the WHO Regional Committee for Europe (SCRC) held its fourth session at WHO headquarters in Geneva on 17 and 18 May 2014.

2. In her introductory remarks, the Regional Director noted that the session was open to observers from Member States and, for the first time, was being webcast in its entirety. Since the previous session, she had visited Montenegro on 26–28 March 2014, met the Prime Minister, Minister of Health and Minister of Development and signed a biennial collaborative agreement for 2014–2015. She had taken part in the Fourth High-level Meeting on Transport, Health and Environment (Paris, 14–16 April 2014), at which ministers and representatives of Member States had adopted the Paris Declaration: "City in Motion: People First!". At the Italian Health Community Forum meeting in Rome (8–9 April 2014), she had participated in a high-level panel discussion on migration and public health, a topic that had also been discussed at the informal meeting of European Union health ministers in Athens (28–29 April 2014). Participants in the latter meeting had also discussed the impact of the economic crisis on health and health systems and the Regional Director had presented the recommendations from the conference on that topic convened by the WHO Regional Office for Europe in Oslo in April 2013. The Regional Director had also attended the Fourth Conference on HIV/AIDS in Eastern Europe and Central Asia (Moscow, 12–13 May 2014) and had held discussions with the Minister of Health of the Russian Federation about the WHO country cooperation strategy (due to be signed during the Sixty-seventh World Health Assembly) and the geographically dispersed office on noncommunicable diseases to be hosted by the Russian Federation.

3. In preparation for sessions of WHO's governing bodies, the Global Policy Group (GPG), consisting of the Director-General, Deputy Director-General and all regional directors, had held a one-day meeting earlier in the week and a meeting in Manila in March 2014. The GPG has become the global steering group for WHO, discussing and deciding on global priorities, driving the WHO reform, and agreeing on the process for bottom-up planning of the proposed programme budget (PB) 2016–2017, the strategic resource allocation, the financing dialogue and coordinated resource mobilization.

Adoption of the report of the third session

4. In response to a query raised by a member of the Standing Committee, the Chairperson, who also chaired the subgroup on governance, recalled that the subgroup had indeed proposed (as noted in paragraph 31 of the draft report of the third session) that a country nominating a candidate to serve on a WHO governing body would submit a programme or manifesto of up to two pages describing that country's objectives and priorities for the governing body. The aim of the proposal was to give "weight" to the views of the country, in order to balance the individual merits and qualities of the candidate. The Standing Committee had not objected to that proposal.

5. Following that clarification, the Twenty-first SCRC adopted the report of its third session.

Provisional agenda and provisional programme of the 64th session of the Regional Committee

6. The Regional Director presented drafts of the provisional agenda and the provisional programme of the 64th session of the Regional Committee of Europe (RC64). The items on the provisional agenda had been grouped in categories, the largest of which was policy and technical topics. The morning of the first day of the session (Monday, 15 September 2014) would include the Regional Director's report on the work of the Regional Office in the previous

year, discussion of that report and a general debate. The discussion on Monday afternoon would focus on the report of the Twenty-first SCRC and WHO reform. The proceedings on Tuesday, 16 September would begin with an address by the Director-General of WHO (and a guest speaker, if any), followed by a first report on implementation of Health 2020, the European health policy framework. Elections and nominations to WHO bodies would take place in a private session after lunch on Tuesday and the day would end with consideration of items related to health systems. The third day of the session (Wednesday, 17 September) would be devoted to technical items such as noncommunicable diseases, the European Region vaccine action plan 2015–2020, investing in children (the European Region child and adolescent health strategy 2014–2020 and the European child maltreatment prevention action plan 2015–2020) and the WHO European Region food and nutrition action plan 2015–2020. The day would end with a panel discussion on partnerships for health. Matters arising out of resolutions and decisions of the Sixty-seventh World Health Assembly and the 135th session of the Executive Board would be considered on Thursday morning, followed by a review of progress reports, confirmation of dates and places of regular sessions of the Regional Committee and approval of the report of the 64th session in the afternoon. Ministerial lunches would be held on the first two days of the session (on Millennium Development Goals and the post-2015 development agenda, and early childhood development, respectively), while five technical briefings (on migration and health, nursing and midwifery, a country focus for the WHO Regional Office for Europe, health information, and women's health) would be organized.

Reports by chairpersons of SCRC subgroups

Subgroup on implementation of Health 2020

7. The chairperson of the SCRC subgroup on implementation of Health 2020 recalled that its broad terms of reference had been defined and specific priorities for the year had been set at the Twenty-first SCRC's second session. At the third session, emphasis had been placed on ways of engaging with sectors other than health and with civil society, as well as on questions related to monitoring and the use of indicators. Following an "incubation" period in 2012, many useful publications had been issued in 2013, both by the Secretariat and Member States. A number of Member States had begun the process of developing and implementing national Health 2020 policies. A first training course for Health 2020 policy consultants in January 2014 had brought together public health policy experts from across the European Region, including several former health ministers; a second course is planned to be held in the spring or summer of 2014. A questionnaire had been sent to countries about monitoring the implementation of Health 2020 policies.

8. The Director, Division of Policy and Governance for Health and Well-being confirmed that meetings with the subgroup had been very helpful in that they had enabled the Secretariat not only to report on progress but also to discuss new concepts and ideas. Part of the agenda of the subgroup had been to look at the core components of Health 2020, the integrated delivery of Health 2020 in countries using different entry points and implementation of the European Action Plan for Strengthening Public Health Services and Capacity. Given the large number of activities being carried out, the subgroup had also made valuable comments on how to shape the relevant reports to the Standing Committee and Regional Committee.

Subgroup on strategic resource allocation

9. The chairperson of the SCRC subgroup on strategic resource allocation informed the Standing Committee that the subgroup had not met since the Twenty-first SCRC's third session. However, the Chairperson of the SCRC had sent the subgroup's report to the Chairperson of the Executive Board's Programme, Budget and Administration Committee (PBAC). Having

initially worked on the basis of three "layers" of resource allocation (global, regional and country levels), the subgroup had subsequently modified its approach to take account of the division of WHO's work as suggested in the report submitted to the Executive Board in January 2014: individual country technical cooperation, provision of global and regional public goods, administration and management functions and response to emergency events.[1] The subgroup had concentrated on the first of those four broad operational segments and its proposals had been incorporated in the report submitted to the PBAC at its twentieth meeting (14–16 May 2014).[2] During the discussion of that report in the PBAC meeting, the Director-General had noted that it would be more accurate to use the term "strategic budget space allocation".

10. Further documents from WHO headquarters on strategic resource allocation are expected for discussion at the next Regional Committee and the subgroup intends to analyse and provide comments to the Secretariat. The revised strategic budget space allocation, taking into account comments from all regional committees, would be presented to the Executive Board at its 136th session in January 2015. The regional committees will also review and discuss the proposed draft PB 2016–2017, giving their input for a revised version to be submitted to the Executive Board in January 2015. The Secretariat would then endeavour to apply the revised strategic budget space allocation methodology (as well as the definition of roles and functions of the Organization at the three levels, costing of outputs and bottom-up planning) when finalizing the budget document for submission to the Sixty-eighth World Health Assembly in May 2015.

11. The members of the SCRC commended the work done by the subgroup. It was surprising that no comparable body existed in any other WHO region, despite the importance of the issue. The slow pace of work in the PBAC was regrettable; there was a danger that the strategic budget space allocation methodology would not be completed in time to be applied to the proposed PB 2016–2017. In any case, the undertaking would require efforts for consensus building at the end of the process.

12. The Regional Director paid tribute to the chairperson and members of the subgroup: they had completed their work at a very opportune time and their proposals had been carefully considered by the GPG and the incoming Assistant Director-General for General Management. The Director, Administration and Finance also acknowledged that the subgroup had been very influential and informed the SCRC that the Secretariat would take forward the work initiated by the PBAC working group.

Subgroup on governance

13. The chairperson of the SCRC subgroup on governance reported that the subgroup had met four times during the year, most recently earlier that morning. As part of its terms of reference, templates for Regional Committee resolutions and their costings had been developed; they would already be used at RC64. With regard to transparency of governing bodies and closer involvement of Member States in their preparatory work, the subgroup made recommendations in line with Executive Board decision EB134(3). As a result, the entire open part of the current SCRC session was being webcast and the Secretariat was working on the necessary infrastructure to webcast the mission briefing on RC64. The subgroup had also asked to plan for regular and proactive training of national counterparts. The subgroup noted that a framework of engagement with non-state actors was currently being developed at the global level and discussed with Member States and it had therefore focused on ways to enhance the involvement of nongovernmental organizations (NGOs) in Regional Committee sessions. To that end, the subgroup proposed the following actions: holding one meeting between officers of

---

[1] Document EB134/10.
[2] Document EBPBAC20/5.

the Regional Committee and NGOs; operating a strict "traffic light" system to limit the length of NGO interventions; posting NGO statements and pre-recorded interventions on the Regional Committee website; involving NGOs more actively in panel and technical briefings during Regional Committee sessions.

14. The subgroup reported on its work related to the procedure for nominating candidates for membership of the Executive Board and the SCRC. They had developed a tool to give numerical values to the nomination criteria agreed in resolution EUR/RC63/R7 on Governance of the WHO Regional Office for Europe, including two parameters on the number of years since a country had last been represented in the governing body and the submission of a country statement or "manifesto". SCRC members' views had been sought on an initial draft of that tool. The responses had been discussed at the subgroup meeting earlier in the day and a revised draft of the tool would be submitted to the SCRC for further discussion. The tool would not be applied to current nominations, but would be piloted for evaluation and revision, as needed, so that it could be available for RC65 in 2015.

15. Members of the SCRC said that the tool could be useful and was a promising step forward in terms of transparency. The SCRC agreed to present RC64 with a short-list of candidates using the current procedure. They also agreed to discuss the proposed tool in light of results from the current pilot exercise at the Twenty-second SCRC.

Budgetary and financial matters

Implementation of the programme budget 2012–2013

16. The Head, Programme and Resource Management said that the Regional Office's performance assessment report 2012–2013[3] was the main instrument for ensuring the Secretariat's accountability to European Member States. Following guidelines that had been endorsed by the Regional Committee,[4] it provided an assessment of performance against objectives applicable to the Secretariat (outputs) and Member States (outcomes). The document was being presented in draft to the SCRC, with a view to incorporating comments and recommendations from Member States into a final version for consideration by the Regional Committee.

17. For 2012–2013, 27 key priority outcomes (KPOs) had been identified and a target of achieving 85% of them had been set; the proportion actually achieved had been 65%. A similar picture was seen in terms of the proportion of planned outputs delivered under those KPOs, with figures of 95% and 72%, respectively. The proportion of total expenditures spent on staff in base programmes for strategic objectives (SO) 1–11 had been reduced from a baseline of 60% to a figure of 56%, compared with a target of 55%, while the proportion of corporate resources in SO1–11 allocated to KPOs had reached a level of 51%, against a target of 80%. The latter result was a function of the funding that had materialized; only 13% of the voluntary contributions obtained at regional level had been flexible at the level of SO or above. Similarly, only 46% of specified voluntary contributions had been available to fund salaries.

18. The performance assessment report contained a high-level summary of implementation of both the Regional Office's technical work (SO1–11) and its governance and enabling functions (SO12 and SO13). Annexes provided information concerning the achievement of Organization-

---

[3] Document EUR/SC21(4)/12 Rev.1.

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

wide expected results and of technical progress and the budget and financial situation for all the outcomes, while detailed descriptions of each outcome were presented in an appendix. Overall, the Region had been well-funded during the 2012–2013 biennium (103% of the WHA-approved budget was funded), although "pockets of poverty" had persisted, notably in SO4 (maternal and child health, sexual and reproductive health, and healthy ageing), SO6 (prevention and reduction of risk factors for health conditions) and SO9 (nutrition and food safety). Implementation of available resources had been at a level of 91–93% across all budget segments. Although the Regional Office had reduced its administrative staff to allow for technical staff to increase, it had been challenged by a low level of technical capacity in some programme areas. Staff costs were still the major driver of expenditure and a major challenge in terms of funding.

Oversight report

19. The Director, Administration and Finance reported that the budget approved by the World Health Assembly for the 2014–2015 biennium was currently funded at 59%. The Regional Office had received 30% fewer corporate resources (assessed contributions, core voluntary contributions and administrative support funds) than at the same time in the previous biennium; 57% of the Office's funding was in the form of highly specified voluntary contributions. Categories 1 (communicable diseases) and 4 (health systems) were the best funded, categories 2 (noncommunicable diseases) and 5 (preparedness, surveillance and response) the least. Nonetheless, a satisfactory funding situation at category level could hide marked disparities at the level of individual programme areas. Although it was too early in the biennium to draw significant conclusions regarding implementation, financial implementation (at an overall rate of 26% of available funds) was proportionally highest in the poorly funded categories, which could impede future work if more funds were not forthcoming. Pockets of poverty therefore persisted; well-funded programmes had tightly earmarked resources, which could not be used to bridge gaps in underfunded areas. Dealing with budget "space" problems could well require further adjustments of the approved programme budget by programme area.

20. The staff funding gap was US$ 66 million, due partly to the reduced availability of corporate resources for the current biennium versus the situation in 2012–2013. The sustainability of staffing levels depends on these funds materializing and it was expected that this would happen during the biennium, although the exact timing of the distribution of remaining corporate funds was not known.

Planning process for the proposed programme budget 2016–2017

21. The Head, Programme and Resource Management informed the SCRC that the planning process for the forthcoming biennium differed from that of previous biennia in four respects:

- priorities for programmes would be set first at country level, in a "bottom-up" process;
- the Secretariat's outputs would be costed up front;
- the strategic budget space allocation mechanism should provide a more objective basis for high-level budget allocation; and
- programme area networks and global category networks would play a greater role, improving coherence and technical harmonization.

22. The timetable for preparation of the proposed PB 2016–2017 presented several challenges, not least in terms of the time available to country offices to engage in identification of priorities and costings of proposed activities. Following a period of consolidation of priorities by the networks, the "zero draft" would be reviewed by the GPG in mid-June 2014 and a first

full draft of the proposed programme budget would then be prepared by mid-July 2014, for presentation to WHO regional committees in September/October 2014. A revised version would be submitted to the Executive Board in January 2015 and the final text would be presented to the Sixty-eighth World Health Assembly for approval in May 2015. There would therefore be multiple opportunities for Member States to give input into the preparation of PB 2016–2017. In view of that timeline, the SCRC was asked whether it would like to hold a videoconference or teleconference in the summer to discuss the matter and whether the Secretariat should prepare a paper for RC64 giving the regional perspective on the proposed programme budget, as had been done in previous biennia.

Discussion

23. The SCRC called for an executive summary of the 2012–2013 performance assessment report to be prepared giving details of, inter alia, the proportion of expenditure on regional and country work and containing an accessible, articulated text on the lessons learnt from that biennium (a similar text with regard to the current biennium could form an introduction to the proposed PB 2016–2017). As stated in the report, staff costs had accounted for 70% of the Regional Office's total expenditure at the start of 2012 and 55% at the end of the biennium (the SCRC noted that corresponding figures for the Organization as a whole, as presented at the recent meeting of the Executive Board's PBAC, were over 50% and 45%). The Secretariat should examine options for incorporating external assessment of performance in future biennia.

24. In answer to a question on implementation of PB 2014–2015, the Standing Committee was informed that it was difficult to use voluntary contributions (or even the assessed contributions) provided for overfunded programme areas to cover underfunded programme areas. The Regional Director could adjust budget space levels within categories and the Director-General could do so between categories. The SCRC was concerned about the underfunding of the noncommunicable diseases category: the Regional Office was engaged in fundraising for that category and the establishment of a geographically dispersed office in Moscow was at an advanced stage. It was expected that the remaining assessed contributions would be distributed by WHO headquarters in the near future.

25. Member States asked that any subsequent changes to the 2014–2015 budget ceilings be highlighted in future oversight reports. Regarding regional resolutions with implications for budget levels and/or costs, the Secretariat was asked to track and report on these as part of its oversight report.

26. The Standing Committee agreed that it would be useful to meet in the summer, preferably by videoconference, to review the first draft of the proposed PB 2016–2017 and that a regional perspective paper should be prepared. The SCRC was concerned about the vertical approach of the current planning process, focusing only on programme areas and categories, and recommended that efforts should be made for a horizontal approach, which would strengthen integration between categories. The European health policy framework, Health 2020, could be useful in that connection.

Discussion on technical items for RC64

First report on implementation of Health 2020

27. The Director, Division of Policy and Governance for Health and Well-being reported that Health 2020 was proving to be a concrete example of how to work across divisions in the Regional Office and a paradigm for more integrated, horizontal activities in Member States. The paper for RC64 was structured around a number of major headings: raising awareness of

Health 2020 and the main studies on which it was based; operationalizing Health 2020 in the work of the Regional Office; responding to country requests; and exploring and supporting new partnerships. The paper also gave an overview of country progress and illustrations of good practices related to adoption and implementation of Health 2020-inspired policies.

28. Pursuant to Regional Committee resolution EUR/RC63/R3, the Secretariat had convened expert groups on well-being and Health 2020 indicators. The experts had recommended that four domains of objective well-being should be covered: economic security, education, social connections and the environment. Core indicators relevant to the first two areas had already been adopted in 2013 in connection with other targets. For social connections and the natural and built environment, the experts had proposed two new core indicators: namely, "social support available" and "percentage of population with improved sanitation facilities". These two indicators are routinely collected by Gallup World Poll and WHO, respectively, and therefore pose no additional reporting burden on Member States. In addition, the experts had proposed three optional indicators: "percentage of persons aged 65 years and above living alone" (for which data were available for 28 countries), "total household consumption" (48 countries) and "educational attainment: at least completed secondary education" (32 countries).

29. Acknowledging the extensive activities under way in Member States, with increasing involvement of the population, the Standing Committee recommended that a small number of case studies might be presented at RC64. More prominence should be given in the paper to the Health in All Policies (HiAP) approach: at the Eighth Global Conference on Health Promotion (Helsinki, Finland, 10–14 June 2013), one day had been structured on the European policy for health and well-being – Health 2020, with a special focus on implementing HiAP and whole-of-government and whole-of-society approaches in the European Region. The paper should also mention the subregional events being organized to launch the European review of social determinants of health and the health divide. It was important to be transparent about which NGOs could be invited to take part in giving effect to Health 2020. Lastly, the Standing Committee wished to learn how it would be involved in reviewing countries' responses to questions concerning the three qualitative Health 2020 indicators. SCRC members also asked about the development/roadmap for the Health 2020 "package" – it was reported that the package would be introduced in detail during RC64.

30. Members of the Secretariat confirmed that many countries in all parts of the Region were adopting the Health 2020 approach. HiAP was an integral part of the Health 2020 "package" which is available on the Regional Office website.[5] Civil society had an important role to play in implementing Health 2020; it was being taken up by other specialized agencies of the United Nations system and could bring an integrated approach to the United Nations development assistance framework. Countries' responses concerning indicators could be reviewed either by the SCRC's subgroup on Health 2020 or by the SCRC itself at a teleconference in the summer.

Outcomes of high-level conferences

WHO European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 (Ashgabat, Turkmenistan, 3–4 December 2013)

31. The Director, Division of Noncommunicable Diseases and Life-course recalled that the Ashgabat Declaration focused on three priority areas: strengthening implementation of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020;

[5] See http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being.

overcoming the discrepancy between the high number of European signatories to the WHO Framework Convention on Tobacco Control and the fact that the Region as a whole had the highest prevalence of smoking globally; and accelerating the development of national people-centred health systems. In the draft resolution to be presented to RC64, it was suggested that the Regional Committee would endorse the Ashgabat Declaration, urge Member States to consider a formal assessment of health system challenges and opportunities for the prevention and control of noncommunicable diseases and request the Regional Director to develop a European action plan for achieving the global target on noncommunicable diseases related to tobacco use in the European Region.

32. SCRC commended the work done by the Secretariat and was especially pleased to see references to implementation of the WHO Framework Convention on Tobacco Control in the draft resolution.

International anniversary conference marking 35 years of the Declaration of Alma-Ata on primary health care (Almaty, Kazakhstan, 6–7 November 2013)

33. The Director, Division of Health Systems and Public Health explained the four main messages resulting from the conference: primary health care could not be achieved by the health sector alone; public health services had to be an integral part not only of primary care but also of secondary and tertiary care; there was an urgent need to raise the prestige of primary health care and its workforce; and primary health care must be adequately financed with better access to essential medicines and enhanced use of information and communication technologies. The outcome of the conference would be taken up as a technical item on the agenda of RC64 and, since it had been organized by the Government of Kazakhstan, no draft resolution would be presented.

34. There had been broad agreement at the conference that six specific actions were essential to reinvigorate primary health care:

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

35. The Standing Committee welcomed the fact that major conferences on noncommunicable diseases and primary health care had been held in the eastern part of the European Region. One member placed emphasis in particular on the need for integrated health services at the local or community level. In response, the Director, Division of Health Systems and Public Health noted that the Regional Office was currently working on elaborating a European framework for action on people-centred coordinated and integrated health services delivery, which it planned to present to RC66. The Regional Director confirmed that she and the Minister of Health of Kazakhstan would sign the host agreement for the geographically dispersed office on primary health care in Almaty on the opening day of the Sixty-seventh World Health Assembly.

Investing in children: a child and adolescent health strategy for Europe and a child maltreatment action plan

36. The Director, Division of Noncommunicable Diseases and Life-course recalled the process of developing the child and adolescent health strategy and the child maltreatment prevention action plan and paid tribute to the deep involvement of SCRC members and European Member States, as well as the national technical focal points, in that process. Extensive comments had been received during a consultation in March, not only from countries but also from the European Commission's Directorate-General for Justice, the United Nations Children's Fund (UNICEF) and various NGOs. Respondents had been supportive of the rights- and population-based approach of the strategy, which they believed had been translated well into a focus on high-risk groups in the action plan. The target of the action plan had been defined as a 20% reduction in the prevalence of child maltreatment and child homicide rates by 2020. Both documents advocated intersectoral action and a shift from punitive to preventive measures.

37. The Standing Committee welcomed the revised strategy and action plan which had improved compared to previous versions. They suggested that a target should be set with regard to the first priority in the strategy (making children's lives more visible); that health literacy should be mentioned in the section on supporting growth during adolescence; that reference should be made to the Vienna Declaration on Nutrition and Noncommunicable Diseases in the section on promoting healthy nutrition and physical activity throughout the life-course; and that more emphasis should be placed on a HiAP approach in the section of the action plan that set out the role of the Regional Office. In addition, more prominence should be given to the 0–3 year age group and to mental health aspects, including the situation of orphans. Lastly, the Standing Committee noted a discrepancy between the end dates for the strategy (2025) and the action plan (2020). The Regional Director agreed that the reporting deadlines and duration of the strategy and the action plan would be 2020.

WHO European Region food and nutrition action plan 2015–2020

38. The Director, Division of Noncommunicable Diseases and Life-course noted that, in a spirit of transparency, the current version of the paper included an annex that contained all the comments made by Member States during a consultation in March 2014. A number of different viewpoints still needed to be reconciled: some respondents had endorsed the use of "fiscal policies" but others advocated withdrawing from that area (the Secretariat recommended evaluating the public health repercussions of the natural experiments that had been carried out in certain Member States); the term "obesogenic environment" was perhaps contentious; and the relevance of traditional diets had been questioned. Further efforts would be made to have consensus language for the final version of the action plan.

39. One member of the Standing Committee also questioned the term "healthy food", noting that experts had not found consensus on that concept (terms such as "healthy diet" and "healthy nutrition" were unexceptionable). The SCRC looked forward to a further informal consultation that was due to be held by the Regional Office at the end of May 2014. The provision of the table of comments was welcomed by the members of the SCRC. One member suggested making the consideration of contentious items standard practice in the future.

Regional vaccine action plan 2015–2020 to address immunization challenges in the WHO European Region

40. The Director, Division of Communicable Diseases, Health Security and Environment recalled that the Twenty-first SCRC had approved an outline of the regional vaccine action plan

at its second session in December 2013. Since then, successive drafts of the plan had been reviewed and “pre-endorsed” at meetings of the European Technical Advisory Group of Experts on Immunization (ETAGE), most recently in March 2014. A consultation with Member States during the national immunization programme managers meeting is currently on going. Comments from Member States, partners and the SCRC will be taken on board in the revised version that will be presented to RC64. The six region-specific goals of the action plan, designed to adapt the Global Vaccine Action Plan to the European regional context, were to:

- sustain polio-free status;
- eliminate measles and rubella;
- control hepatitis B infection;
- meet regional vaccination coverage targets at all administrative levels throughout the Region;
- make evidence-based decisions about introduction of new vaccines;
- achieve financial sustainability of national immunization programmes.

41. In order to reach those goals, the action plan proposed five region-specific strategic objectives (“All countries commit to immunization as a priority”, for instance), each of which was to be attained through a number of strategies (such as “Enhance governance of national immunization programmes with legislative and managerial tools”). On the basis of guidance from ETAGE, a regional monitoring and evaluation framework had been developed to monitor progress in implementation of the action plan. In order not to overburden Member States, the WHO/UNICEF Joint Reporting Form, a well-established global mechanism, would serve as the primary data collection method for that purpose.

42. The Standing Committee found the regional vaccine action plan to be relevant (maintenance of the Region’s polio-free status) yet ambitious (elimination of measles and rubella by 2015). Members called for systematic scientific reviews to be made for introduction of new vaccines, not merely in terms of their efficacy but also in relation to their cost-effectiveness in comparison to other public health interventions. More elaboration on post-marketing surveillance would be welcomed. They welcomed that communication was seen as a core component in the action plan, especially with regard to SO2 (“Individuals understand the value of immunization services and vaccines and demand vaccination as both their right and their responsibility”) and SO3 (“The benefits of vaccination are equitably extended to all people through tailored, innovative strategies”). They requested the Secretariat to provide Member States with further guidance on communication tools, especially for high-risk and anti-vaccination groups. The SCRC endorsed the goals and strategic objectives, while recommending that the “strategies” in the action plan should be relabelled as “actions” and look forward to the elaboration of quantified targets and indicators by ETAGE.

Membership of WHO bodies and committees

43. The SCRC met in closed session – with limited Secretariat and no nominating Member States present – to review the candidatures received 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. In the absence of the Chairperson, the Vice-Chairperson chaired the discussion on nominations for the Executive Board.

Progress reports

Implementation of the European Action Plan for HIV/AIDS 2012–2015

44. The Standing Committee called for more details to be given of the work done on surveillance, monitoring and evaluation. They also wanted the report to focus on activities aimed at mitigating the health problems of drug users and fostering the role of civil society. The Standing Committee noted that salient points from the outcome document of the Fourth Conference on HIV/AIDS in Eastern Europe and Central Asia (Moscow, 12–13 May 2014) could be included in the progress report.

Harmful use of alcohol in the WHO European Region

45. The Standing Committee recommended including more detailed information about WHO actions to prevent the harmful use of alcohol in the European Region.

Prevention of injuries in the WHO European Region

46. The Standing Committee welcomed the progress report on prevention of injuries.

European strategy for child and adolescent health and development

47. The Standing Committee noted that the progress report contained mainly information up to 2008 and wished to see more information on actions taken and progress made since then.

Review of draft resolutions for RC64

48. The Standing Committee noted that the first four draft resolutions under review (on the report of the Regional Director, the report of the SCRC, the date and place of regular sessions of the Regional Committee and the nomination of the Regional Director) were standard items that did not give rise to any comments. One member requested that a table with all active and recently sunset resolutions be made available online in order to get a better overview of the current work assigned to the Secretariat. The Regional Director, in response to the status of the subgroups, clarified that the Twenty-second SCRC could decide whether to renew the mandates of its subgroups on governance, Health 2020 and strategic resource (budget space) allocation. At its 64th session, the Regional Committee would have the opportunity to comment on the latter topic when it considered the agenda item on WHO reform.

Regional vaccine action plan 2015–2020

49. The Standing Committee noted that the monitoring and evaluation framework referred to in operative paragraph 2(f) of the draft resolution on the regional vaccine action plan 2015–2020 was not yet available. A new operative paragraph 3(b bis) should be inserted, requesting the Regional Director to provide guidance on targeting specific groups and communicating with high-risk and vaccine-hesitant groups, as well as with health care personnel. The Standing Committee also requested further information about the financial implications of the draft resolution, estimated at US$ 8.5 million for the current biennium.

50. In response, the Deputy Director, Division of Communicable Diseases, Health Security and Environment explained that the paper on the regional vaccine action plan presented to the SCRC was a summary of a comprehensive version of the document which contained the

monitoring and evaluation framework. She proposed that the final document for RC64 would contain the monitoring and evaluation framework in the attachment. She explained the financial implications of the draft resolution and proposed to revise the resolution in line with the comments made by the SCRC. The Regional Director confirmed that, for strategies with an end date of 2020, reporting back to the Regional Committee would take place in 2021.

WHO European Region food and nutrition action plan 2015–2020

51. The Standing Committee questioned whether reference should be made, in the sixth preambular paragraph, to resolution EUR/RC56/R2, a resolution that had been "sunset". It asked for the phrase "to promote healthy diets and" to be inserted in operative paragraphs 2(c) and 2(e). The words "Member States in" should be inserted after "support" in operative paragraph 3(a). The phrase "non-governmental organizations" in operative paragraph 3(b) should be replaced by "non-state actors". Evaluation of the Action Plan should be the subject of a separate subparagraph in operative paragraph 3.

Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020

52. Some members of the Standing Committee questioned the added value of requesting the Regional Director "to develop a European action plan for achieving the global target on noncommunicable diseases related to tobacco use in the European Region" (operative paragraph 3(a)), when the Framework Convention on Tobacco Control was a legally binding instrument that was already in force. They suggested that an analysis should be made of those areas of interest that were not covered by the Framework Convention (such as new tobacco products) and that the Secretariat should then prepare a report justifying an action plan in those areas. Other members believed that it would be helpful to have action plans covering all four major risk factors for noncommunicable diseases (tobacco was currently the only risk factor without one) and to build on the discussion at the Ashgabat Conference about redoubling efforts to make Europe a tobacco-free region.

53. The SCRC questioned whether the financial implications of the draft resolution (estimated at US$ 75 000) covered only the drafting of an action plan and noted that the fourth preambular paragraph also made reference to the sunset resolution EUR/RC56/R2.

54. In response, the Regional Director noted that while nearly all European Member States had ratified the Framework Convention on Tobacco Control, implementation had lagged behind; the Region still had the highest prevalence of smokers in the world. Every effort would be made to avoid duplication of work at global and regional levels. The approach being proposed would clarify the roles of the WHO and Framework Convention secretariats. As part of the regional action plan on tobacco, provision would be made for a gap analysis to be carried out and for the best ways of supporting Member States to be identified. The action plan would be elaborated during the year ahead and could therefore take account of the conclusions of the sixth session of the Conference of the Parties to the Framework Convention on Tobacco Control (Moscow, 13–18 October 2014).

Investing in children by adopting the European Region child and adolescent health strategy and the European child maltreatment prevention action plan

55. The Standing Committee requested that operative paragraph 3(a) should be amended to read "to support Member States in the implementation of the Strategy and the Action Plan" and that the reporting dates in operative paragraph 3(e) should be corrected to 2021 and 2026. It

noted that the estimated financial implications of the draft resolution were considerable and that the costs for the current biennium were not fully funded.

56. The Director, Division of Noncommunicable Diseases and Life-course explained that the financial implications covered the whole life of both the strategy (to 2025) and the action plan (to 2020). If the former was aligned with Health 2020, as the Standing Committee had requested, the costs would be reduced. The financial implications would be recalculated accordingly. The Regional Director noted that, in the case of insufficient resources (or budget ceilings), implementation could be carried over into the proposed PB 2016–2017.

= = =