



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

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**Twenty-fourth Standing Committee of the  
Regional Committee for Europe**

Fourth session

**Geneva, Switzerland, 20–21 May 2017**

EUR/SC24(4)/REP

10 August 2017

170560

ORIGINAL: ENGLISH

## **Report of the fourth session**

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## **Opening by the Vice-Chairperson and the Regional Director**

1. The Twenty-fourth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its fourth session at WHO headquarters in Geneva, Switzerland, on 20–21 May 2017. The session was chaired by the Vice-Chairperson, Dr Amiran Gamkrelidze (Georgia). The Vice-Chairperson welcomed members and other session participants and noted that the report of the third session of the Twenty-fourth SCRC, which had taken place in Copenhagen, Denmark, on 11–12 March 2017, had been circulated and approved electronically.

2. In her opening address, which was video-streamed in accordance with Annex 4 of resolution EUR/RC63/R7, the WHO Regional Director for Europe summarized some important global and regional events that had taken place since the third session of the Twenty-fourth SCRC. She had been requested by the WHO Director-General to chair a Global Policy Group working group (GPG WG) on resource mobilization to examine how resource mobilization efforts could be scaled up by the Organization. The GPG WG had formulated a number of recommendations to the GPG, including on the need to increase the country capacity within WHO for resource mobilization, which was currently very low; to professionalize certain resource mobilization functions; to increase focus on potential new and structured engagement with current contributors and work towards a more integrated approach to strategic partnerships, resource mobilization, communication and advocacy; and, finally, to better highlight value for money by better defining priorities and an investment case at a more aggregated level. The recommendations of the GPG WG had been presented to and adopted by the GPG at its most recent meeting. The GPG WG had further discussed how to improve the Financing Dialogue and how to fill the funding gap of the 2016–2017 biennium (US\$ 200 million) and the projected funding gap of the 2018–2019 biennium (US\$ 400 million).

3. During its Presidency of the Council of the European Union, Malta had hosted various health-related events. The Regional Director had attended a ministerial forum on health and an e-health event, and would shortly attend an event of the WHO Small Countries Initiative. Staff members of the Regional Office for Europe had attended several other events, all of which had been great successes and had been well prepared by Malta. The European Environment and Health Task Force had met in Copenhagen, Denmark, on 10–11 April 2017 for its final discussions and preparations for the Sixth Ministerial Conference on Environment and Health, to be held in Ostrava, Czech Republic, on 13–15 June 2017. The annual meeting of the European Advisory Committee on Health Research had also been held in Copenhagen in April 2017.

4. The Regional Office had provided support to Member States at a number of high-profile events in the months since the third session. A conference on public health had been hosted by Greece, which supplemented the ongoing reform of public health care in the country. At a high-level event organized by Romania on its measles outbreak, the Regional Director had reiterated WHO's support to the Romanian Government in its response to the outbreak. The President, the Prime Minister and the Minister of Health and important stakeholders from parliament and civil society had all participated in the event and, with the present high level of Government commitment, WHO was confident that the issue would soon be resolved. In Turkey, the host agreement for a geographically dispersed office to address humanitarian crises, which had first been

approved in decision EUR/RC62(2) by the 62nd session of the Regional Committee for Europe in 2012, had now been signed. The Republic of Moldova had hosted the fourth South-eastern Europe Health Ministerial Forum, focusing on the Sustainable Development Goals (SDGs) and other high-priority topics of the countries of the South-eastern Europe Health Network.

5. Two United Nations events had been held in Geneva, Switzerland. The first was the Regional Forum on Sustainable Development, convened by the United Nations Economic Commission for Europe (UNECE), and the second was a meeting of the regional United Nations Development Group (UNDG). The UNDG comprises the regional directors of all the United Nations agencies, which meets every six months, and also discusses the 2030 Agenda for Sustainable Development. The UNDG work had become much more prominent as a result of the SDGs, and UNDG members had acknowledged the need to work even more closely together than before.

### **Adoption of the provisional agenda and the provisional programme**

6. The Vice-Chairperson drew attention to the provisional agenda (document EUR/SC24(4)/2) and the provisional programme (document EUR/SC24(4)/3). He informed the Twenty-fourth SCRC that its three subgroups had not met since the third session in March 2017 and therefore proposed that the agenda item on reports by the chairpersons of the three subgroups should be removed from the provisional agenda. The provisional agenda and provisional programme were adopted, as amended.

### **Provisional agenda and provisional programme of RC67**

7. The Regional Director recalled that she had already presented the provisional agenda (document EUR/SC24(4)/5) and provisional programme (document EUR/SC24(4)/6) of RC67 at the third session of the Twenty-fourth SCRC, and briefly reminded the SCRC of what had been planned. Regarding the ministerial lunch that was planned with the new WHO Director-General, the intention was to suggest that he or she could discuss his/her priorities for the Organization in the next five years. Four technical briefings had already been scheduled and Hungary, as the host country, had been invited to select a topic for a fifth technical briefing. At the request of the Regional Director, the observer from Hungary confirmed that, following consultations with the Regional Office, the host country had chosen early childhood interventions as the topic of its technical briefing, as it aligned well with both national policy priorities and the strategic objectives of the Regional Office.

8. The elections and nominations to be held on the afternoon of Wednesday, 13 September, were due to include the election of two members of the Environment and Health Ministerial Board, but it was likely that the item would be dropped from the agenda. The Sixth Ministerial Conference on Environment and Health was scheduled to include a discussion on a proposal for the future governance of the European Environment and Health Process (EHP): part of that proposal would be to disband the European Environment and Health Ministerial Board while maintaining the European Environment and Health Task Force as the governance mechanism in the European

Region for the EHP. If RC67 agreed with that proposal, elections to the European Environment and Health Ministerial Board would not be required.

### **Items for future Regional Committee meetings**

9. The Regional Director presented the items for future Regional Committee meetings (document EUR/SC24(4)/11) and the provisional agenda of RC68 (document EUR/SC24(4)/16). Preparations were already under way for RC68 agenda items, based on the rolling agenda of items for consideration by the Regional Committee. Guidance was sought from the Standing Committee on the appropriateness of the policy and technical topics that had been selected. Of particular note were: the follow-up on the implementation of the roadmap to implement the 2030 Agenda for Sustainable Development, due to be reported on annually; the discussion on the health system response to noncommunicable diseases and its policy implications, which would be informed by the outcomes of a high-level conference to be held in April 2018 on health systems and noncommunicable diseases; and discussions on the Organization's Thirteenth General Programme of Work, which would be taken forward by the new WHO Director-General. It was also noted that an unusually large number of progress reports would be due at RC68.

10. One member recalled that work on assessing public health systems had begun around one year ago and some countries had undertaken programmes and projects in that regard. It was an important topic and consideration should be given to discussing that ongoing work at RC68. Another member said that the discussions on the progress reports needed to be planned very carefully in advance as the reports covered a wide range of important topics and, with such a large number, there was a risk of jumping from one report to the next without sufficient time for in-depth discussions. In response, the Regional Director confirmed that delegations could report back on their work on public health systems, either formally or informally, and consideration would be given to the most appropriate way to incorporate the item in the RC68 agenda. As for the progress reports, she agreed on the need to structure the discussions in order to maximize the opportunity for debate, perhaps by grouping some progress reports together rather than addressing each one individually.

11. One member said that, while the preparations for the programme budget had been much improved by a bottom-up approach which sought to align country needs and global priorities, not enough emphasis had been placed on considering, in parallel, country priorities and the burden of disease or on evaluating the level of added value for the Organization. In response, the Regional Director emphasized that the next programme budget would be fully aligned with the SDGs. The bottom-up approach showed that the Organization was on the right track, but further improvements to the process could certainly be made; the new Director-General would also need to share his or her views on the next General Programme of Work and on the programme budget.

## **Discussion on technical agenda items for RC67**

### ***Roadmap to implement the 2030 Agenda for Sustainable Development, building on the Health 2020 policy framework***

12. The Director, Division of Policy and Governance for Health and Well-being, and the Coordinator, Vulnerability and Health, Division of Policy and Governance for Health and Well-being, presented the draft roadmap (document EUR/SC24(4)/19). Comments and proposals on the draft roadmap made during the third session of the SCRC in March had been incorporated in a new version of the roadmap. There were many significant events and discussions taking place on the 2030 Agenda for Sustainable Development at all levels and those discussions would also frame the discussion on the roadmap. Of particular note for the period since the previous SCRC session, two events had been held in April 2017: the South-eastern Europe Health Ministerial Forum and the Regional Forum on Sustainable Development. The Regional Forum on Sustainable Development was the first of its kind and would henceforth be organized annually.

13. The main changes to the roadmap had been to shorten it and to improve its structure; a section on situation analysis had been added; the five strategic directions and four enablers had been revised and now made reference to addressing determinants of health and to health literacy; the priorities of the Regional Office had been revised; and the annex had been deleted. One key suggestion on governance and leadership had been to create a focal point for SDGs within the health ministries of each country. The next steps would be to develop a graphic design element for the roadmap to incorporate a second round of comments and revisions proposed by Member States, and for an advisory committee to discuss the roadmap's alignment with technical documents and its further development.

14. SCRC members welcomed the way that the roadmap had evolved since the discussions at the third session of the SCRC in March. One member said that further discussions would be needed on the proposed focal points for SDGs and on their intended role and responsibilities, in particular with regard to communication with ministries of foreign affairs, which often had the responsibility for SDG-related activities in countries. It would be important not to simply create another network of focal points whose role was not appropriately defined. Another member said that the current version of the roadmap no longer made mention of specific strategies and programmes for infectious diseases; it was important to know how the roadmap would align with such programmes. Antimicrobial resistance, as a cross-cutting issue, could also be better addressed in the roadmap. The member proposed two specific amendments to the roadmap. In paragraph 48, the words "nutritional-sensitive" should be added before "food systems"; in paragraph 54, the word "impoverishing" should be replaced with "over-burdening" to describe out-of-pocket payments. In paragraph 71, the link between health literacy, e-health and investors should be made clearer.

15. In response, the Director, Division of Policy and Governance for Health and Well-being, said that the point about the focal points was an important one. Consideration should be given to the terms of reference for the focal points and how they should work with the ministries to strengthen the health component of the 2030 Agenda and the

SDGs. She confirmed that the roadmap could be further modified to ensure that it made appropriate reference to specific strategies, not least in the areas of infectious diseases and antimicrobial resistance.

16. The Director, Division of Information, Evidence, Research and Innovation, responding to the comment about health literacy, e-health and investors, emphasized that e-health was strongly linked to improving digital literacy and that digital literacy went hand-in-hand with health literacy. Investments in e-health would lead to both higher digital literacy and higher health literacy which would, in turn, support the implementation of the SDGs. The Regional Director underscored that the arrangements and models for implementation of the SDGs would vary among countries. The SDGs provided an exciting opportunity, through the whole-of-society approach, to ensure that health and well-being were prioritized and were made central to the implementation of the SDGs. WHO and other international agencies should not be prescriptive about the models adopted in countries and should not be the ones to identify specific focal points; they should encourage countries to find the best way of working according to the national environment and by ensuring that all stakeholders were taken into account.

### **Joint monitoring framework**

17. The Director, Division of Information, Evidence, Research and Innovation, reported on progress in the creation of a joint monitoring framework intended to reduce the reporting burden of Member States vis-à-vis the SDGs, Health 2020 and the Global action plan for the prevention and control of Noncommunicable Diseases 2013–2020. At a recent meeting convened by the UNECE in Geneva, it had been reported that most developed countries worldwide had the capacity to report on only 50% of the SDG indicators, covering 76 of the 169 targets.

18. Consultations on the set of core indicators for the framework were due to end on 2 June 2017. Following the adoption of the concept at RC67, an expert group led by Member States would then be created to propose the core indicators and additional indicators, if any, and to decide on the procedure for periodic review. After further consultations with Member States, the joint monitoring framework would be submitted for adoption by RC68 in September 2018.

19. Comments received thus far indicated that Member States welcomed the proposals to reduce the reporting burden through such a framework. Ten Member States had submitted a total of 41 comments, with three indicating general support for the proposals. Three Member States had supported the proposal to reduce the number of core indicators and to reduce the reporting frequency to twice a year, and three others had supported the option of reducing the number of core indicators and the reporting frequency and pooling data received from various sources and in various formats when it reached the Regional Office. The Director stressed the importance of collaboration with and technical input from the European Commission and the Organisation for Economic Co-operation and Development (OECD).

20. Three Member States took the floor, supporting the proposal to reduce the reporting burden on Member States; two also requested that the data collected and the methodology used be comparable for Member States of WHO, as well as countries of the United Nations, the European Union and the OECD.

21. The Regional Director indicated that, scheduling constraints permitting, a joint technical briefing by all three agencies would be held at RC68.

***Improving environment and health in the context of Health 2020: outcomes of the Sixth Ministerial Conference on Environment and Health***

22. The Director, Division of Policy and Governance for Health and Well-being, provided details on the forthcoming Sixth Ministerial Conference on Environment and Health (Ostrava, Czech Republic, 13–15 June 2017). The Sixth Ministerial Conference, the latest high-level policy meeting of the EHP, a successful intersectoral collaboration which had been in place since 1989, was expected to attract 400–450 high-level participants from the health and environment sectors, WHO collaborating centres, academia, civil society and youth organizations. An intensive and inclusive process of technical and political consultations, led by Member States, had informed the preparation of the draft outcome documents of the Ministerial Conference, which had been finalized at the most recent meeting of the European Environment and Health Task Force in April 2017.

23. She presented document EUR/SC24(4)/14, which contained the draft outcome document (ministerial declaration) of the Sixth Ministerial Conference, consisting of the declaration proper and two annexes (a compendium of actions on environment and health and details of new institutional arrangements for the EHP) and draft resolution EUR/SC24(4)/Conf.Doc./7.

24. The compendium of actions consisted of selected measures which could potentially have the greatest impact on improving health, well-being and the environment across the WHO European Region. It was intended to assist Member States in compiling their own national portfolios for action, consistent with their national situations and priorities. The actions focused on seven priority areas: water use, sanitation and hygiene; improved air quality; sustainable and healthy cities; waste and contaminated sites; climate change adaptation and resilience; chemical safety; and environmentally sustainable health systems. Emphasis would also be placed on implementing the outstanding commitments from the Fifth Ministerial Conference on Environment and Health. The SDGs monitoring and reporting system would be used to monitor the implementation of target actions.

25. It was proposed that the EHP should henceforth be governed by a single body, the European Environment and Health Task Force, representing all Member States of the WHO European Region at the highest technical level. A small bureau and a secretariat staffed by the WHO Regional Office for Europe and, potentially, the UNECE would manage the EHP between Task Force meetings. The European Environment and Health Ministerial Board would be disbanded.

26. In the ensuing discussion, members welcomed the work done to streamline the draft ministerial declaration, to highlight the thematic priorities and to consult extensively with Member States. One member objected to the reference to the “decarbonization of transport” in the draft compendium of actions and suggested that it should be replaced by a reference to mobility.



27. The Regional Director called on all SCRC members to encourage high-level officials from both the health and the environment sectors in their countries to attend the Sixth Ministerial Conference.

***Towards a sustainable health workforce in the WHO European Region: framework for action***

28. The Director, Division of Health Systems and Public Health, introduced the framework for action towards a sustainable health workforce in the WHO European Region (document EUR/SC24(4)/12) and draft resolution EUR/SC24(4)/Conf.Doc./6, and presented an update of progress since the third session of the SCRC in March. The Regional Office had participated in the regional expert group on the draft WHO global strategy on human resources for health: workforce 2030 and in the consultations on the joint five-year action plan (2017–2021) of WHO, the International Labour Organization and the OECD, which would be debated at the Seventieth World Health Assembly. Since March, the guidance received from SCRC members, along with input from the expanded expert group and other stakeholders, had been incorporated in the draft framework for action, with the finalization of the sections on “Enablers for action” and “General cross-cutting considerations”. A second round of online consultations was currently under way.

29. The initial draft structure of the regional toolkit and some sample content had been completed. The toolkit structure mirrored the four strategic objectives: education and performance; planning and investment; capacity-building; and analysis and monitoring. An initial version, focusing on core materials and on Region-specific evidence, would be completed for RC67. The toolkit would build on WHO reports and recommendations, online sources on human resources for health, the Joint Action of the European Union on Health Workforce Planning and Forecasting and the European compendium of good practices in nursing and midwifery towards Health 2020 goals. For the future, it was planned to make the toolkit available on the Regional Office website, although it would need to be updated regularly.

30. In the ensuing discussion, participants welcomed the draft framework for action but stressed the need to update information frequently and to take a long-term approach to transforming health systems that had developed gradually over many years. One member suggested that national legislation could be used as an additional source of information for the toolkit.

31. The Director, Division of Health Systems and Public Health, said that an early draft of the toolkit could be circulated for consideration by members before RC67. The Regional Office was working closely with the WHO Collaborating Centre on Human Resources for Health Development in Budapest, Hungary, the Global Health Observatory, the European Union statistics agency, Eurostat, and with the OECD on methods for the generation of reliable data.

### ***Accelerating implementation of the International Health Regulations (2005) and strengthening laboratory capacities for better health in the WHO European Region***

32. The Director, Division of Health Emergencies and Communicable Diseases, introduced document EUR/SC24(4)/18, a guidance document supporting the development of a regional framework aligned with the global timeline and five-year global strategic plan on the implementation of the International Health Regulations (2005). The latter topic was scheduled for discussion at the Seventieth World Health Assembly. Following discussions of this issue at the third session of the SCRC and the receipt of comments from eight Member States in a consultation in March 2017, the guidance document had been revised to include more information on biological hazards and to strengthen the regional perspective. It now emphasized whole-of-government, whole-of-society and multisectoral approaches and specific tools and actions for sustainable change in health services and public health systems. Efforts to build core capacities in high-risk, low-capacity Member States would include both annual monitoring and joint evaluation exercises. The Better Labs for Better Health initiative would support national policies and actions, training, quality assurance and accreditation of reference laboratories.

### ***Partnerships for health in the WHO European Region***

33. The Executive Manager for Strategic Partnerships and WHO Representative to the European Union presented the strategy on partnerships for health in the WHO European Region (document EUR/SC24(4)/10) and draft resolution EUR/SC24(4)/Conf.Doc./5, which would be submitted to RC67. A number of positive comments on the strategy had been received from Member States during the consultation period. One substantial change that had been made to the document was the inclusion of a new paragraph listing proposed points of action for implementation of the partnerships for health in the coming years.

34. To allay the concerns raised previously by Member States, namely that the proposal in the annex of the strategy for granting accreditation for regional non-State actors not in official relations with WHO to attend Regional Committee meetings was not in line with the WHO Framework of Engagement with Non-State Actors, the text of the annex had been amended to make it clear that the process was fully in line with the Framework.

### ***Strengthening Member State collaboration on improving access to medicines in the WHO European Region***

35. The Director, Health Systems and Public Health, presented document EUR/SC24(4)/13 and draft decision EUR/SC24(4)/Conf.Doc./8, and reported on progress on the long-standing WHO priority of ensuring access to safe, effective, high-quality and affordable essential medicines and vaccines for all. The efforts of WHO stressed the need for voluntary cooperation among Member States to increase equity in access to medicines. A number of WHO initiatives for country collaboration already existed under the umbrella of universal health coverage. WHO currently provides direct technical and quality support to countries in transition and others; facilitates networks

on policies related to drug regulation and the quality, pricing, reimbursement and responsible use of medicines; provides capacity-building through training and by supporting systems for the regulation, provision and use of medicines in countries; provides evidence-based tools for the implementation of pharmaceutical policy; and supports monitoring of policy implementation and networking among countries and professionals. The Director described a number of country cooperation initiatives, including a recent agreement by Cyprus, Greece, Italy, Malta, Portugal and Spain to conduct joint negotiations on medicine prices, and the Fair Pricing Forum, an initiative which had taken place the previous week in Amsterdam, the Netherlands, and was organized by WHO in collaboration with the Dutch Government. Sixteen Member States had commented on the draft document and their feedback had been incorporated in the revised version.

36. The Regional Office could support Member State collaboration, particularly in relation to pricing and reimbursement, strategic procurement, information sharing and mutual learning through good-practice networks. A draft decision, which would be submitted to RC67 in September 2017, proposed the potential creation of a pricing and reimbursement network for Member States of the Commonwealth of Independent States, a pilot project on joint horizon scanning and a knowledge-sharing network on strategic procurement, subject to additional support and Member State interest.

37. Members noted that the main priority for many Member States was to reduce the cost of medicines to the government. Quotas and fiscal policies were measures which could influence prices. One member noted that pricing practices, such as parallel exports, could cause supply problems in countries where prices were generally lower. Another commented on the persistent problem of “orphan drugs” for rare diseases, where very high prices were charged despite the fact that public research often contributed significantly to the discovery of these new molecules, and supported the call for a global agreement on research and development referred to in paragraph 6 of document EUR/SC24(4)/13. A third member supported the proposal to establish a forum for networking and sharing of information among Member States of the Commonwealth of Independent States, referred to in paragraph 20 of the document.

38. The Director, Health Systems and Public Health, noted that a balance must be achieved between a price which allowed pharmaceutical companies to make a profit and fund further research and development and a price which the payers could readily afford. A long-term approach was indeed important, but action also needed to be taken in the short term.

### ***Governance in the WHO European Region***

39. The Executive Manager for Strategic Partnerships and WHO Representative to the European Union and the chair of the subgroup on governance presented document EUR/SC24(4)/9 on governance in the WHO European Region and its accompanying and draft resolution EUR/SC24(4)/Conf.Doc./4. A handful of comments on the document, all very positive, had been received from Member States since the third session in March and had been incorporated in the present version. The main change had been to add a new paragraph stating that, where no policy had been developed on a particular area at the global level, there would be an opportunity to develop a strategy or

policy at the regional level. In response to a question from one member on the consultation period, the chair of the subgroup on governance and the Regional Director agreed that, as delegations were currently focused on preparations for the Seventieth World Health Assembly, the consultation period for Member States on all Regional Committee documents would be extended until 2 June 2017. The SCRC agreed with the proposal from the Executive Manager for Strategic Partnerships not to institute two consultation periods on documents, but to maintain one and decide on the need for further consultation on a case-by-case basis.

40. In response to a comment from one member on the need to include track changes in documents or to highlight amendments to make it easier to identify where changes had been made from one version to the next, the Regional Director said that there should be an evaluation of the current consultation process and of what could be done to further improve it, including the use of track changes, ahead of the consultation period for the following year.

41. Regarding the development of regional policies in areas where no global policy existed, one member suggested that it would be better to say that regional policies should be developed only when there was no reasonable expectation of a global policy being developed in the near future. In response, members agreed on the importance of not duplicating policy development at the regional and global levels, but that certain initiatives required a regional impetus from the outset, in order to capture the regional context. The decision about whether the development of a regional policy was appropriate was up to the SCRC; precautions should always be taken to avoid duplication of effort. The Regional Director underscored the need for the regions to have the freedom to initiate a policy in their own right; the European Region had taken the initiative to develop a strategy on migration and health which, importantly, had then informed the development of a global policy.

### ***Country performance in the WHO European Region***

42. The Executive Manager, Country Relations and Corporate Communications, presented document EUR/SC24(4)/17 on country performance in the WHO European Region. After taking note of the comments made by Member States at the third session of the SCRC in March, the Regional Office had opted to combine the country presence report with the country performance report, aligning it as closely as possible to the two separate reports at the global level that would be presented to the Seventieth World Health Assembly. The first part of the country performance report dealt with country presence and gave details of the business model of the European Region and how the Regional Office worked through and with country offices and in Member States without country offices. Comments on the document had been incorporated in the present version, which sought to demonstrate the added value of country offices and to reflect outputs as well as outcomes at the country level. There were currently no annexes to the document and guidance was sought from Member States on how to further develop the document and whether to include an annex before it was presented to RC67. Consideration could also be given to use the document as the basis for a longer report on country performance that could be published and updated on a regular basis, similar to the report produced by WHO headquarters.

43. One member said that it would be useful to include an annex providing an overview of the staffing and financial resources of country offices, the ways of working and the levels of direct financial cooperation provided and to what purpose. The Regional Director confirmed that such an annex could be developed.

## **Oversight report on the work of the WHO Regional Office for Europe**

44. The Director, Division of Administration and Finance, presented the report of the Secretariat on budget and financial issues (document EUR/SC24(4)/20). The programme budget 2016–2017 reflected a results chain with six categories and 30 programme areas. Of the 932 outputs for which the Regional Office was responsible, 92% were “on track” and 7% “in trouble” or “at risk” (data from the end of 2016). The major challenge remained the misalignment between resources and expectations. The quality of programmatic results had improved due to the midterm assessment exercise: more reporting was timelier and there were more high-quality country-related results. To mention a few examples, the European Region had been the first WHO region to halt the transmission of indigenous malaria and was a leading actor in work to combat antimicrobial resistance. Thirty-eight Member States now conducted surveillance of childhood obesity. Intersectoral work and the policy dialogue had improved. In addition to these successes, a number of protracted emergencies had persisted throughout 2016 – in the Syrian Arab Republic, Turkey and Ukraine.

45. The status of financial implementation of the programme budget 2016–2017, as at 31 March 2017, showed a consistent financing pattern, with category 2 programmes the best funded, categories 1 and 4 well funded and category 3 and the WHO Health Emergencies Programme underfunded. Implementation was consistent with available funding but not with the approved programme budget. Budget utilization was below linear projected utilization but consistent with that of other regional offices. Funds utilization was on track and there was a direct correlation between available funding and budget utilization. The reasons for depressed budget utilization included fluctuations in exchange rates and the unpredictability of funding, making it difficult to recruit staff at the appropriate time and to plan activities, since available funding had to be distributed throughout the biennium. There was also a greater emphasis on country-based activities and major regional events, which were characterized by relatively long lead times.

46. Proposed measures to improve utilization included regular monitoring, discussion and solution-seeking; joint delivery of country outputs; concerted efforts to implement large country projects; a clear timeline for the reallocation of unutilized flexible funds to underfunded areas; an increase in administrative capacity; and further streamlining of administrative processes.

47. In the area of internal accountability, the second cycle of the risk register exercise had been conducted and the internal control framework self-assessment checklist exercise had been successfully completed. No recommendations from the external auditor remained open. A programme and administration review had been conducted in the WHO Country Office in Kyrgyzstan; an integrated internal audit of the WHO Country Office in Turkey had been conducted; and an internal audit of the

Division of Administration and Finance was scheduled to take place shortly. Support and technical assistance had been provided for ad hoc audits of country offices.

48. For the development of the 2018–2019 programme budget, emphasis had been placed on bottom-up priority-setting by countries, with top-down feedback on global and regional priorities. Consultations had been conducted with Member States at previous sessions of the Regional Committee, the Executive Board and the World Health Assembly. For the European Region, there was a proposed increase of US \$ 7 million, particularly in category 1, which now included antimicrobial resistance, and a decrease in category 6, which included stewardship of activities related to the SDGs.

## **Progress reports**

### **Implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 (resolution EUR/RC61/R4)**

### **Implementation of the European Mental Health Action Plan (resolution EUR/RC63/R10)**

49. The Director, Division of Noncommunicable Diseases and Life-course, presented the progress report on implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 (document EUR/SC24(4)/8) and the progress report on the implementation of the European Mental Health Action Plan (document EUR/SC24(4)/15). He confirmed that the various changes to the documents that had been requested at the previous SCRC session had been incorporated in the revised versions. Members took note of the two progress reports.

## **Membership of WHO bodies and committees**

### ***Vacancies for election or nomination at the 67th session of the Regional Committee***

50. The SCRC was informed that the customary nominations or elections for membership of the following WHO bodies and committees would take place at RC67:

- Executive Board 4 seats
- Standing Committee of the Regional Committee for Europe 4 seats
- Policy and Coordination Committee  
of the Special Programme of Research, Development  
and Research Training in Human Reproduction 1 seat

### ***Elective posts at the Seventieth World Health Assembly***

51. The SCRC was informed that the European Region was required to submit candidatures for the posts of President of the World Health Assembly, Vice-Chairman

of Committee B, Rapporteur of Committee A, five members of the General Committee, three members of the Credentials Committee, and Rapporteur of the Executive Board.

### ***Closed meeting***

52. The Twenty-fourth SCRC met in private to review the candidatures received for membership of the Executive Board, the Standing Committee of the Regional Committee and the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction.

### **Other matters and closing of the session**

53. The Executive Manager for Strategic Partnerships and WHO Representative to the European Union, responding to a question from one member, clarified that the draft resolutions and decisions would be made available online for a one-month consultation period, to begin after the closure of the Seventieth World Health Assembly and end at the start of July. During this period, Member States would have the opportunity to submit comments and propose amendments to the texts. Any proposed changes would then be incorporated in revised versions of the draft resolutions and decisions, which would be made available as draft resolutions for RC67.

54. The SCRC provisionally approved the text of the draft resolutions to be submitted to RC67, contained in documents EUR/SC24(4)/Conf.Doc./1 to EUR/SC24(4)/Conf.Doc./8.

55. A representative of the Office of the Legal Counsel reminded SCRC members that their governments should submit their credentials at the Seventieth World Health Assembly in good time if they wished to participate in the election of the new Director-General of WHO, which would take place on the second day of the Health Assembly.

56. After the customary exchange of courtesies, the session was formally adjourned.

## Annex 1. Agenda

1. Opening by the Vice-Chairperson and the Regional Director
2. Adoption of the provisional agenda and the provisional programme
3. Provisional agenda and provisional programme of the 67th session of the WHO Regional Committee for Europe (RC67)
4. Discussion on technical agenda items for RC67
  - (a) Roadmap to implement the 2030 Agenda for Sustainable Development, building on the Health 2020 policy framework
  - (b) Improving environment and health in the context of Health 2020: outcomes of the Sixth Ministerial Conference on Environment and Health
  - (c) Towards a sustainable health workforce in the WHO European Region: framework for action
  - (d) Accelerating implementation of the International Health Regulations (2005) and strengthening laboratory capacities for better health in the WHO European Region
  - (e) Partnerships for health in the WHO European Region
  - (f) Governance in the WHO European Region
  - (g) Country performance in the WHO European Region
  - (h) Progress reports
    - (i) Implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 (resolution EUR/RC61/R4)
    - (ii) Implementation of the European Mental Health Action Plan (resolution EUR/RC63/R10)
5. Oversight report on the work of the WHO Regional Office for Europe
6. Membership of WHO bodies and committees
  - (a) vacancies for election or nomination at RC67
  - (b) elective posts at the Seventieth World Health Assembly
7. Other matters, closure of the session



## Annex 2. List of documents

### Working documents

EUR/SC24(4)/1	Provisional list of documents
EUR/SC24(4)/2	Provisional agenda
EUR/SC24(4)/3	Provisional programme
EUR/SC24(4)/4	Provisional list of participants
EUR/SC24(4)/5	Draft provisional agenda of the 67th session of the WHO Regional Committee for Europe
EUR/SC24(4)/6	Draft provisional programme of the 67th session of the WHO Regional Committee for Europe
EUR/SC24(4)/7	Membership of WHO bodies and committees
EUR/SC24(4)/8	Progress report on implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020
EUR/SC24(4)/9	Governance in the WHO European Region
EUR/SC24(4)/10	Partnerships for health in the WHO European Region
EUR/SC24(4)/11	Items for future Regional Committee meetings (rolling agenda)
EUR/SC24(4)/12	Towards a sustainable health workforce in the WHO European Region: framework for action
EUR/SC24(4)/13	Strengthening Member State collaboration on improving access to medicines in the WHO European Region
EUR/SC24(4)/14	Improving environment and health in the context of Health 2020 and the 2030 Agenda for Sustainable Development: outcomes of the Sixth Ministerial Conference on Environment and Health
EUR/SC24(4)/15	Progress report on implementation of the European Mental Health Action Plan
EUR/SC24(4)/16	Draft provisional agenda of the 68th session of the WHO Regional Committee for Europe
EUR/SC24(4)/17	Country performance in the WHO European Region
EUR/SC24(4)/18	Accelerating implementation of the International Health Regulations (2005) and strengthening laboratory capacities for better health in the WHO European Region

### **Working documents**

- EUR/SC24(4)/19 Roadmap to implement the 2030 Agenda for Sustainable Development, building on the Health 2020 policy framework
- EUR/SC24(4)/20 Report of the Secretariat on budget and financial issues (oversight function of the SCRC)

### **Draft resolutions and decisions**

- EUR/SC24(4)/Conf.Doc./1 Draft resolution on the report of the Regional Director on the work of WHO in the European Region 2016–2017
- EUR/SC24(4)/Conf.Doc./2 Draft resolution on the report of the Twenty-fourth Standing Committee of the Regional Committee for Europe
- EUR/SC24(4)/Conf.Doc./3 Draft resolution on the dates and places of regular sessions of the Regional Committee for Europe in 2018–2020
- EUR/SC24(4)/Conf.Doc./4 Draft resolution on governance in the WHO European Region
- EUR/SC24(4)/Conf.Doc./5 Draft resolution on partnerships for health in the WHO European Region
- EUR/SC24(4)/Conf.Doc./6 Draft resolution towards a sustainable health workforce in the WHO European Region: framework for action
- EUR/SC24(4)/Conf.Doc./7 Draft resolution on the Ostrava Declaration on Environment and Health
- EUR/SC24(4)/Conf.Doc./8 Draft decision on strengthening Member State collaboration on improving access to medicines in the WHO European Region

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