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of the Regional Committee for Europe**

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Report of the second session

Contents

	page
Opening of the session	3
Follow-up to the 67th session of the WHO Regional Committee for Europe (RC67): evaluation and review of actions by the Standing Committee of the Regional Committee for Europe (SCRC) and the Secretariat	4
Terms of reference for the three SCRC subgroups	6
Subgroup on governance	6
Subgroup on countries at the centre.....	6
Subgroup on vector control.....	8
Provisional agenda of the 68th session of the WHO Regional Committee for Europe	9
Concepts and review of main technical and policy topics and consultation process for RC68 provisional agenda items	10
European health report 2018	10
Joint monitoring framework for the Sustainable Development Goals (SDGs), Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases	11
High-level events celebrating health systems in 2018	12
Health systems for prosperity and solidarity: leaving no one behind	12
Health systems respond to NCDs: The Experience of the European Region	13
Moving towards universal health care coverage for a Europe free of impoverishing out-of-pocket payments: coverage, access and financial protection in the WHO European Region	13
Action plan to implement the vision for public health in the 21st century	14
Implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases in the WHO European Region.....	15
Development of a five-year action plan to improve public health preparedness and response in the WHO European Region.....	15
Vaccine-preventable diseases and immunization: realizing the full potential of the European Vaccine Action Plan 2015–2020	16
Strategy on the health and well-being of men in the WHO European Region	17
Countries at the centre: the strategic role of country offices in the WHO European Region.....	17
Oversight report.....	19
Membership of WHO bodies and committees.....	19
Other matters	20
Closing of the session.....	20
Annex 1. Agenda.....	21
Annex 2. List of documents	22

Opening of the session

1. The Twenty-fifth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its second session in Tbilisi, Georgia, on 28–29 November 2017. The Chairperson welcomed members and other participants and noted that the report of the first session of the Twenty-fifth SCRC, which had taken place in Budapest, Hungary, on 14 September 2017, had been circulated and approved electronically.
2. The Chairperson, Dr Amiran Gamkrelidze (Georgia), welcomed the new members from Italy and Uzbekistan, replacing their predecessors who had been called away by other duties.
3. 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 of the important global and regional processes that had taken place since the first session of the Twenty-fifth SCRC: The WHO Global Conference on Noncommunicable diseases (NCDs) held in Montevideo, Uruguay, on 18–20 October 2017 had culminated in the formulation of the Montevideo Roadmap 2018–2030 on NCDs as a sustainable development priority, which restated Member States' commitment to take bold action and accelerate progress towards NCD prevention and control. Senior WHO leadership from all levels of the Organization had come together at WHO headquarters on 30 October –1 November 2017 to discuss future strategic directions and actions required to transform and strengthen WHO's work at the country level, in order to deliver on the Thirteenth General Programme of Work 2019–2023 (GPW 13). During its meeting on 2–3 November 2017, the WHO Global Policy Group (GPG) had further discussed the strengthening of WHO's work at country level and agreed that the selection of WHO Representatives was critical, and that the pool of prospective candidates should be broadened by advertising vacancies both within and outside the Organization. The regional directors had also met the new Director-General and his highly experienced, capable and geographically- and gender-balanced senior leadership team.
4. The Fourth Global Forum on Human Resources for Health held in Dublin, Ireland, on 13–17 November 2017 had culminated in the adoption of the Dublin Declaration on Human Resources for Health: Building the Health Workforce of the Future. The First WHO Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era held on 16–17 November 2017 in Moscow, Russian Federation, had been a high-level event with a record number of participants and the ministerial declaration adopted on the occasion would provide important input towards the United Nations General Assembly high-level meeting on the fight against tuberculosis to be held in 2018.
5. Another major global process was the development of GPW 13. Its mission to promote health, keep the world safe and serve the vulnerable, together with its three one-billion-targets for health coverage, health emergencies and health priorities respectively, set an ambitious but realistic agenda. GPW 13's three strategic priorities tied in neatly with the Sustainable Development Goals (SDGs) and were well aligned with European regional policies and priorities. The strategic shift defined in the document placed countries squarely at the centre. When reviewing the draft at its fourth Special Session held in Geneva, Switzerland on 22–23 November 2017, the Executive Board had expressed strong support for the mission, strategic priorities and strategic and organizational shifts outlined in the document. Members had also indicated areas requiring further work and called, in particular, for more emphasis and closer alignment of public health priorities with the SDGs. Clarification had been requested on the critical role played by regional offices with regard to technical cooperation with countries.

Several members of the Executive Board had called for restoring the balance between WHO's normative and operational roles, emphasizing the crucial role the Organization played in helping countries translate normative rules into action. On the basis of those discussions, the Secretariat would prepare a revised draft GPW 13 for consideration by the Executive Board at its 142nd session.

6. A series of regional events had taken place since the 67th session of the WHO Regional Committee for Europe (RC67). The Policy dialogue on health systems and public health reform held in Nicosia, Cyprus, on 26 September 2017 had culminated in the commitment to develop a national public health strategy. The Autumn School on Health Information and Evidence for Policy-making held in Tbilisi, Georgia, on 23–27 October 2017, had seen the launch of the publication of the Georgia Highlights on Health and Well-being (2017) and the Georgia Country Profile. During a meeting held in Budva, Montenegro, on 24–25 October 2017, national immunization programme managers from 43 European Member States had discussed ways to maintain the momentum towards implementation of the European Vaccine Action Plan 2015–2020. The Regional Office planned to organize a meeting with ministers from south-eastern Europe in 2018 to reboost the commitment to immunization and disease control initiatives, particularly measles and rubella elimination. A meeting had been held in Madrid, Spain, on 9–10 November 2017 in preparation for the high-level meeting entitled Health systems respond to NCDs to be held in Sitges, Spain, in April 2018.

7. During World Antibiotics Awareness Week celebrated on 13–19 November 2017, the Region had focused on the key role of health care workers and policy makers in preventing the spread of antimicrobial resistance (AMR). The 13th annual meeting and 8th conference of the European network for the promotion of health-enhancing physical activity (HEPA) held in Zagreb, Croatia, on 15–17 November 2017 had addressed modern approaches to physical activity promotion and measurements. A meeting on strengthening national research systems and strategies held in Sofia, Bulgaria, on 15–17 November 2017 had concluded with the establishment of a multi-country network dedicated to advancing a systems approach to health research under the European Health Information Initiative (EHII) and the adoption of the Sofia Declaration, which requests the Regional Office to support Member States in strengthening research systems and strategies for health. The Regional Office had hosted a visit by the Director of the South-Eastern Europe Health Network (SEEHN) Secretariat to discuss modalities for technical assistance provided over the 2018–2019 biennium. At their 39th plenary meeting held in Sofia, Bulgaria, on 23–24 November 2017, SEEHN Member States had reviewed major developments and identified future priorities in line with the Chisinau Pledge, agreeing to work more closely with the Regional Office on NCDs. During a meeting held in Vienna, Austria, on 20–21 November 2017, which had been opened by the Minister of Health and Women's Affairs of Austria, the expert group tasked to discuss the establishment of a joint monitoring framework for Health 2020, SDGs and the Global Action Plan for the Prevention and Control of NCDs had identified a set of 40 indicators for joint reporting, which would be submitted for consultation to Member States in early 2018.

Follow-up to RC67: evaluation and review of actions by the Standing Committee of the Regional Committee for Europe (SCRC) and the Secretariat

8. The Regional Director, presenting an evaluation of RC67, said that it had seen a 10% overall increase in the number of registered participants. The presence of two prime ministers

had helped boost the session's political weight and visibility. The preparatory work and improved consultation process with Member States, as well as the full engagement of the SCRC and its subgroups throughout the year, had resulted in high quality and consensual working documents and resolutions. As previously requested by the SCRC, 90 minutes had been allocated for the discussion of each technical item on the agenda and coffee breaks had been preserved. For some items, discussions had not finished during the allocated time, owing to the high number of delegations wishing to take the floor. It might be useful to discuss how to deal with such time pressure in future. The consultation on resolutions had proven useful and would be maintained. The Secretariat proposed streamlining the consultation on technical documents. Rather than holding two rounds of consultations, one should suffice in order to facilitate timely provision prior to the Regional Committee session. It might also be useful to release the documents with different deadlines in order to help delegations deal with the workload. The new procedure for adopting the report of the session electronically after the closure of the session had proven successful and would be maintained. Panel discussions and engagement of nongovernmental organizations had also worked well. It was proposed to maintain the newly introduced presentation of films entitled "Voices of the Region".

9. The Secretariat had received positive feedback regarding the selection of topics for technical briefings and ministerial lunches. Delegates had participated actively in a record number of technical briefings and further side events, and the Standing Committee was invited to offer feedback regarding delegations' capacity to attend such a large number of events.

10. While the venue in Budapest had been sufficient to accommodate the record number of participants, attention needed to be paid to that trend, as it might provoke the need to revise requirements for hosting sessions outside Copenhagen. The large number of participants also posed challenges with regard to hotel booking, airport pick up and transportation arrangements between hotels and the venue. With delegations making increased use of Airbnb and other internet-based solutions for finding accommodation, preliminarily reserved hotel rooms remained partially unused and arranging transportation from accommodations spread across different parts of a city to the venue was becoming increasingly challenging. Security was a growing concern for large events and the Secretariat struggled to strike a balance between host countries' sometimes strict security procedures and efforts to avoid overwhelming delegations with an uncomfortable number of restrictions. The Standing Committee's guidance was sought on logistics and security in order to assist with future planning.

11. In the discussion that followed, the Standing Committee extended its appreciation for the excellent organization of RC67 to both the host country and the Secretariat. The technical topics to be discussed had been well prepared, which had greatly facilitated Member States' capacity to prepare for the sessions. The volume of documentation and resolutions had been manageable. There was broad support for the use of mobile applications, which could be further expanded. The consultation process was seen as a useful tool to enhance engagement of Member States in advance of the session. One SCRC member suggested that it might be useful to consult on documents one at a time, and to share documents with colleagues at WHO headquarters to broaden awareness of the Regional Office's work and facilitate support to smaller Member States. There was praise for the way in which the meetings had been conducted, in particular the selection of SCRC members and nomination of Executive Board members. While the side events and the "Voices of the Region" films were commended across the SCRC membership, the modalities of the panel discussions were seen as needing improvement. There was a proposal to introduce a foresight mechanism, or briefings, to facilitate more spontaneous and open engagement when it came to discussing future trends.

12. With regard to modalities for hotel booking and transportation, the Standing Committee deemed that it was not the Regional Office's responsibility to provide transportation to the meeting venue from accommodations other than those officially arranged. There was some concern regarding cost: in order to ensure that all Member States were in a position to host the Regional Committee, sessions must not turn into annual competitions between host countries. One member of the SCRC took issue with the delay in publication of Regional Committee reports. Considering the relevance of its work for other regions, the session report of Regional Committee meetings should be published without undue delay.

13. The Regional Director, responding to the points raised, thanked the Standing Committee for its positive feedback and suggestions. She agreed that maximum use should be made of mobile and online facilities and suggested emulating the practice of WHO headquarters whereby statements made at governing body sessions were published online immediately after delivery. She agreed that foresight functions were important, noting that the discussions on strategies and action plans fulfilled that function to some extent. It might nevertheless be useful to evaluate the need for an additional process to discuss certain topics, such as cooperation with the private sector, in more depth. The Secretariat would endeavour to publish session reports early, improve the quality and relevance of panel discussions and share meeting documents with headquarters.

Terms of reference for the three SCRC subgroups

Subgroup on governance

14. The chairperson of the subgroup on governance recalled that, at its first meeting, the twenty-fifth SCRC had advised the continuation of the subgroup and presented the draft terms of reference for the group.

15. The WHO Representative to the European Union and Executive Manager for Strategic Partnerships in the WHO European Region informed the Standing Committee that the member from Lithuania had expressed interest in joining the subgroup.

16. One member noted that nearly all members of the subgroup were from a European Union country. Greater geographical balance would be desirable.

17. The member from Tajikistan agreed to join the subgroup on governance.

Subgroup on countries at the centre

18. A pre-session meeting on the work of the WHO Country Office Georgia was held in Tbilisi, Georgia, on 28 November 2017. It was the first in a series of meetings dedicated to presenting WHO's work at country level. On that occasion, the Minister of Labour, Health and Social Affairs of Georgia, Dr David Sergeenko, and the Regional Director signed a new biennial cooperation agreement between the WHO Regional Office for Europe and Georgia for 2018–2019.

19. The Regional Director informed the Standing Committee that, in line with the Organization's renewed country focus, the Regional Office was proposing to organize a series of visits by European members of the WHO Executive Board and SCRC to countries with

country offices during the first half of 2018. The visits were meant to provide an insight into WHO country work and cooperation with national and local counterparts. The Standing Committee's guidance was sought on the proposed methodology and usefulness of such visits. She invited the Standing Committee to offer its views on the utility of the pre-session meeting on the work of the WHO country office Georgia.

20. The Standing Committee expressed its appreciation for the form and content of the pre-session meeting. Much praise was voiced for Georgia's political commitment and leadership, which were seen as vital ingredients for the success of WHO's work at country level. It was suggested that the work of the WHO Country Office Georgia could be presented to the members of the Executive Board on the margins of the 142nd session, in order to broaden Member States' awareness of WHO country work and related achievements.

21. The chairperson of the subgroup on countries at the centre, introducing the terms of reference and membership of the subgroup, said that the group had been tasked to conduct a series of visits to country offices in order to gain an insight into the work of the Organization at country level, in particular into the value country offices added for the country and for the Organization as a whole, in line with the Director-General's commitment to strengthen work at country level. There was a proposal to organize a plenary session during RC68 entitled: Countries at the centre: the strategic role of country offices in the WHO European Region, which would provide the opportunity to present the visit reports, discuss ways to strengthen the role of country offices and explore options for a new country strategy, if needed.

22. In the discussion that followed, the SCRC sought clarification on the number of members participating in country office visits and the rationale behind the proposed duration. One member enquired whether the subgroup would be expected to discuss and decide on the drafting of a "country strategy" for presentation at RC69. It was also asked whether the Regional Office would guide the subgroup on performing those visits. One member of the SCRC proposed that a standard questionnaire could be prepared and sent to country offices in advance to help them prepare for the visit. With regard to the visit schedule, one member of the Standing Committee pointed out that Hungary would hold general elections in spring 2018 and it might be preferable to postpone the visit to its country office.

23. The chairperson of the subgroup, responding to the comments made, expressed reservations about the proposal to develop a standardized questionnaire. The guidance provided in the terms of reference of the subgroup regarding possible topics for discussion during country visits had been kept deliberately broad. It had been deemed useful to encourage visitors to keep an open mind and seek to gain an understanding of specific country contexts, rather than work on the basis of a pre-established set of questions. Not all countries had country profiles, and issues and priorities might vary depending on the context. The two-day format had been chosen to allow the SCRC members to familiarize themselves with the country office structure and engage with staff on one day, and to engage with other stakeholders and partners on the ground on the second day. The Standing Committee's guidance was sought on the number of countries to be visited, the number of members and the possibility of multi-country visits. A proposal was made to consider the development of a Regional Country Strategy for consideration by the RC in 2019.

24. The Executive Manager, Country Support and Communications, suggested that members wishing to participate in country office visits should indicate their preferences with regard to the country they wished to visit. On that basis, 3- to 5-person missions could be

organized, in accordance with the availability of resources, which would be provided through the Regional Office. Given the considerable number of high-level events scheduled to be held in 2018, it might be useful to reduce the number of countries to be visited and explore options for combined visits. In order to enable SCRC members to gain an insight into country office structures and engage with partners and other stakeholders at country level, the visits would consist of a briefing session in the country office that would follow a similar programme to the one experienced by SCRC in the morning, followed by meetings with United Nations agencies, development partners and civil society representatives, as relevant. The Secretariat would provide the team with briefing files and background documentation prior to the visit.

25. Responding to the reflections by SCRC members, the Regional Director supported the proposal to arrange for a pre-session briefing to present WHO's country work in Georgia prior to the 142nd session of the Executive Board. She agreed that the number of countries proposed for a visit might be somewhat ambitious, given the heavy agenda of 2018. She suggested shortlisting a smaller number of countries to visit during the first half of 2018 and encouraged members of the SCRC from countries without country offices, in particular, to join. She supported the idea of developing a "country strategy" but suggested to wait and consider the way in which the Director-General would formulate his country focus through GPW 13. Such a strategy would need to be in line with the global strategy and should not only address the work done by country offices, but should provide an overview of how WHO worked at country level. The SCRC might wish to explore options for developing a relevant proposal for consideration at RC69.

26. A discussion ensued on the interplay between health sector privatization and the global drive for universal health coverage. Questions were raised regarding the uncertain fate of public funds when allocated to privately owned service providers, the comparative advantage of using those funds to develop the public sector, and the proportion of GDP that States should ideally allocate to the health sector in order to achieve the desired outcomes. Attention was drawn to the important role of the private sector in health innovation and the value of genuine public-private partnerships. The crucial role of WHO in harnessing the private sector for public health objectives was also highlighted.

27. The Director, Division of Health Systems and Public Health, said that high-income countries allocated, on average, in excess of 12 % of their GDP to health care. It was considered that out-of-pocket payments must not exceed 15 % of the total share of health expenditure in order to avoid adverse effects on equity. It might be useful to hold a policy dialogue on the role of the public and private sectors in achieving universal health coverage.

Subgroup on vector control

28. The Director, Division of Health Emergencies and Communicable Diseases, recalled that, at RC67, Member States had considered that the presentation of the first report on the implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases 2014–2020 at RC68 would be an opportunity to discuss lessons learned, challenges and achievements and to decide on a forward-looking agenda for a possible regional action plan for vector control, as requested by the WHA resolution. The subgroup on vector control had been requested to define achievements and challenges with regard to control of vector borne diseases in the European Region, and to give guidance on the correct level of action.

29. In the discussion that followed, the Standing Committee agreed that it would be premature to discuss the need for a regional action plan for vector control before the report on the implementation of the European framework had been discussed. Its presentation at RC68 would be a good opportunity to identify gaps in implementation and discuss technical elements of vector-borne disease prevention and control. The benefit of involving technical experts in the discussion was mentioned. One member of the SCRC highlighted the need to clarify that the framework dealt with emerging or re-emerging vector borne diseases transmitted by mosquitos, not other vectors, in its title. A timely and ambitious regional action plan was seen as a useful tool to ensure that the nascent problem did not become a new reality.

30. The Director, Division of Health Emergencies and Communicable Diseases, said that the existing framework focused on four vector-borne diseases; the SCRC might wish to consider whether there was scope for expansion and whether a regional action plan for vector control was needed. Caution was in order, as the work received no funding and work at the country level was complex. The presence of mosquitos was underreported and surveillance had to be stepped up. The subgroup was expected to provide guidance on the implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases 2014–2020 and the timing and content of a regional action plan for vector control, if needed.

31. The member from Greece agreed to chair the subgroup on vector control.

Provisional agenda of RC68

32. The Regional Director presented the provisional agenda and programme for RC68, seeking the SCRC's guidance. Monday, the first day of the session, would take the usual format. The Regional Committee would consider the report of the Twenty-fifth Standing Committee of the Regional Committee, WHO reform and the proposed programme budget 2020–2021, including its regional perspective. On Tuesday, the second day of the session, the Director-General of WHO would address the Regional Committee. Subsequently, the Regional Committee would discuss carrying out the Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being, and review the joint monitoring framework, which might be a good opportunity to engage high-level speakers. Later in the day, the Regional Committee would consider the outcome of the WHO high-level meetings on: Health systems for prosperity and solidarity: leaving no one behind, and Health systems respond to NCDs: policy implications. In that context, it would discuss financial protection in the WHO European Region, with input from the WHO Barcelona Office for Health Systems Strengthening.

33. Discussion of technical items on Wednesday morning would focus on the development of a regional five-year action plan to improve public health preparedness and response and the proposed strategy on men's health and well-being. Wednesday afternoon would be dedicated to elections and nominations, which as usual would take place in a closed session. The Regional Committee would also consider the European health report 2018 and the Action plan to implement the vision for public health in the 21st century. Discussion of technical items would continue on Thursday, the fourth and final day of the session. The Regional Committee would discuss the implementation of the European Vaccine Action Plan 2015–2020 and the strategic role of country offices. It would also hear the report on the implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-

borne diseases, consider progress reports and discuss accreditation of regional non-State actors. No topics had been selected thus far for technical briefings and ministerial lunches. It was proposed to select topics on the basis of items highlighted at the Seventy-first World Health Assembly and priorities set by the Director-General.

34. The Chairperson said that reports from the heads of the Regional Office's geographically dispersed offices (GDOs) would not be considered under a separate agenda item, but instead feed into the discussions on the various technical items. However, in light of important upcoming events such as the 40th anniversary of the Declaration of Alma-Ata in October 2018, heads of GDOs wishing to submit separate reports were welcome to do so.

35. One member of the SCRC pointed out that the purpose of the discussion on vaccine-preventable diseases and immunization was to renew commitment to immunization in the Region. Since that required strong political commitment, it would be useful to hold the discussion earlier in the week to enable the engagement of ministers and other high-level representatives. Any decision regarding a regional action plan for vector control should be taken after the subgroup on vector control had concluded its deliberations on the topic.

36. The Regional Director supported the proposal to discuss vaccine-preventable diseases and immunization during the high-level segment of the session.

Concepts and review of main technical and policy topics and consultation process for RC68 provisional agenda items

European health report 2018

37. The Director, Division of Information, Evidence, Research and Innovation, giving a brief overview of the content of the European health report 2018, said that some of the new concepts contained in Health 2020 required that different kinds of evidence be measured or described. An expert group, established to identify measurements and indicators for those concepts, had recommended focus on community resilience, whole-of-society approach, life-course approach and empowerment. Should the Standing Committee wish to be involved in the process of developing measurements and indicators, the Secretariat would prepare relevant information for consideration at the SCRC's third session. Although health policies had been increasingly aligned with Health 2020, and inequalities between Member States had been reduced, inequalities within some countries had increased. In order to achieve the objectives of Health 2020, new ways of working together to achieve integrated and interoperable health information flows across the region were needed. In order to generate new types of evidence for the 21st century, both qualitative and quantitative information needed to be analysed and shared with all stakeholders. Future work on the unfinished agenda beyond 2020 would build on the paradigm shift in reporting from death, disease and disability to health and well-being through the implementation of Health 2020. The European health report 2018 would be formally launched at RC68.

38. In the ensuing discussion, the Standing Committee welcomed the progress made and stressed the importance of identifying the reasons for setbacks and failures where they occurred. Attention was drawn to the challenge of drawing on qualitative research methods. It was suggested to look at the work on health inequalities carried out by the WHO European Office for Investment for Health and Development in Venice, Italy. Members of the SCRC expressed interest in being consulted on the development of measurements and indicators for

the new concepts under Health 2020. It would be useful if the Secretariat prepared a set of questions on which the Standing Committee's guidance was sought in order to enable members to prepare feedback in advance. With regard to the paradigm shift, the Committee noted that reporting on health and well-being should complement, not replace, reporting on death, disease and disability.

39. The Director, Division of Information, Evidence, Research and Innovation, said that reporting on death, disease and disability was an integral part of the Organization's core mandate and would never be abandoned. With regard to the new concepts used, the authors of the European health report employed a broad approach in order to obtain the largest possible body of evidence and she encouraged the members of the Standing Committee to provide the team with any information they deemed relevant.

40. The Director, Division of Policy and Governance for Health and Well-being, cautioned against duplicating the work of the WHO European Office for Investment for Health and Development, which was currently developing the first European Health Equity Status Report.

Joint monitoring framework for the Sustainable Development Goals, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases

41. The Director, Division of Information, Evidence, Research and Innovation, recalled that the Regional Committee, at its 67th session, had agreed to adopt a joint monitoring framework for reporting on indicators for the SDGs, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases to reduce the reporting burden. A multi-stakeholder expert group had been established and tasked to propose criteria for the selection of indicators that aligned across the three frameworks, using Health 2020 as an entry point. The group had met on 20–21 November 2017 in Vienna, Austria and, using a set of agreed criteria, had recommended 40 indicators for inclusion in the joint monitoring framework covering all areas of public health. The draft minimum core set of indicators would be submitted to Member States for consultation during the first quarter of 2018 and formally presented at RC68.

42. The Director, Division of Policy and Governance for Health and Well-being, said that prime ministers could play an important role in the implementation of the joint monitoring framework. The Standing Committee's guidance was sought on a proposal to hold a high-level meeting on progress made in SDG implementation, including a panel discussion on cross-cutting issues common to all three frameworks. A concept note would be prepared for consideration at the SCRC's third session in March 2018.

43. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, said that, given that Member States of the European Region had been closely involved in the development of all frameworks under consideration, the proposal to exclude some indicators from reporting under the joint framework was somewhat disconcerting. He asked whether the proposal meant that none of those would be reported in the joint monitoring framework.

44. The Director, Division of Information, Evidence, Research and Innovation, said that this precise issue had been discussed by the expert group. There was broad recognition that many Member States would be unable to cope with the reporting burden under all three instruments. Member States would be encouraged to report on all frameworks where possible, but the joint framework was meant to facilitate reporting on the most essential indicators as a minimum

requirement, not encourage non-reporting on others. The two processes were not exclusive, but mutually supportive.

45. In the ensuing discussion, the Standing Committee commended the joint monitoring framework as a useful tool to reduce the reporting burden and make the process more understandable. One Member State commended the Regional Office for the excellent preparation and execution of the meeting. The Committee concurred, however, that more discussion was needed on the way in which the Regional Office could promote reporting under the joint framework without discouraging reporting on the full set of indicators under the three frameworks. It was agreed to hold further discussions at the Standing Committee's third session in March 2018.

High-level events celebrating health systems in 2018

46. The Director, Division of Health Systems and Public Health, said that in 2018 the European Region would push back the boundaries of the current state of health systems strengthening, to accelerate implementation of a coherent and consistent health system architecture fit for the challenges of the 21st century. Three high-level events would be held that would put forward policy recommendations to reflect the future path of health systems strengthening and create platforms for dialogue and information sharing. The first event, scheduled to be held in Sitges, Spain, on 16–18 April 2018, was entitled Health systems respond to NCDs. The second event, which would be held in Tallinn, Estonia, on 13–14 June 2018 in commemoration of the 10th anniversary of the adoption of the Tallinn Charter: Health Systems for Health and Wealth, would focus on inclusion, investment and innovation. The third event, scheduled to be held on 25–26 October 2018 in Almaty, Kazakhstan, would mark the 40th anniversary of the Declaration of Alma-Ata and discuss primary health care. The unifying themes of all three events were: putting people first, leaving no one behind, tackling inequalities and supporting Member States on their public health and health systems commitments in the SDG era. The outcomes would feed into the United Nations high-level meeting on universal health coverage planned for 2019.

47. In the discussion that followed, the Standing Committee expressed concern about the density of events scheduled for 2018, which might result in low attendance rates and thus undermine the relevance of such events. The importance of a transparent and inclusive process for preparing outcome documents for consideration at RC68, and the time required to do so, were highlighted.

48. The Director, Division of Health Systems and Public Health, said that, while the tight meeting schedule might be a challenge, the events were expected to provide crucial leverage for discussions about the European Region's future in health systems. All outcome documents would be prepared in close consultation with the Standing Committee.

Health systems for prosperity and solidarity: leaving no one behind

49. The Director, Division of Health Systems and Public Health, said that the celebration of the 10th anniversary of the Tallinn Charter in June 2018 would provide an opportunity to celebrate achievements, reflect on progress in health systems strengthening in the European Region and outline potential future directions for health systems in the 21st century. Each of the three overarching themes – inclusion, investment and innovation – would be introduced by a high-level keynote speaker. Parallel meetings would be held on specific topics under each theme. A European health systems foresight group made up of leading experts from

within and outside the health sector had been established to work on a forward-looking approach to health systems in the Region. The group drew on input from macroeconomists, digitalization experts and ethicists in order to identify economic, technological and value-driven aspects of future needs and priorities. Its initial findings would be presented at the meeting in Tallinn.

50. In the discussion that followed, the Standing Committee, commending the volume of work carried out on health systems strengthening, said that Member States should be informed about the plethora of activities under way to help them keep abreast of developments. The 10th anniversary of the Tallinn Charter was seen as a timely opportunity to take stock one decade after the global economic crisis had erupted. In light of the heavy agenda, it was important to identify clearly which issues required high-level debate and which ones should be discussed by technical experts. Noting that innovation in health care often occurred on the ground, one member of the SCRC proposed that health care practitioners should be invited to participate in the discussions. The Committee drew attention to the need to decide whether future health systems should be patient-driven, technology-driven or community-driven. Given that values underpinning health systems depended on context and were likely to evolve over time, the SCRC supported a forward-looking approach.

51. The Director, Division of Health Systems and Public Health, explained that inclusion, investment and innovation would be discussed in plenary during the high-level segment. Two working groups held in parallel would deal with technical items; health care practitioners would be invited to participate in those discussions.

Health systems respond to NCDs: The Experience of the European Region

52. The Director, Division of Health Systems and Public Health, said that the portfolio of the high-level meeting entitled Health systems respond to NCDs to be held in Sitges, Spain, in April 2018 included country assessments, examples of multi-disciplinary country support for policy follow-up and collection of good practices. The preparatory meeting held in Madrid, Spain, on 9–10 November 2017 had tested and refined key messages, set the agenda and reviewed the first draft of the outcome document. The event in April would bring together some 200 high-level representatives from European Member States, relevant international organizations and selected nongovernmental organizations to celebrate successes, share experiences and inspire action. The meeting would be webcast. In response to a request from one SCRC member, he said that the outcome document would contain an entire chapter on the link between health systems strengthening, NCDs, health outcomes and universal health coverage.

Moving towards universal health coverage for a Europe free of impoverishing out-of-pocket payments: coverage, access and financial protection in the WHO European Region

53. The Director, Division of Health Systems and Public Health, said that although in most European Member States health coverage extended to the entire population, evidence suggested that even in some of the most developed countries financial protection for the poorer segments of the population was not strong enough to avoid adverse impact on poverty. Preliminary findings from a review of financial protection in 25 countries in the Region would be presented at the high-level meeting in Tallinn, Estonia, in June 2018. A regional report was being prepared for consideration at RC68.

54. The Standing Committee expressed appreciation for the document, which covered important issues such as a people-centred approach, the health workforce, health financing and intersectoral cooperation. It was suggested that it might be beneficial to place greater emphasis on universal health coverage. One member of the Standing Committee expressed reservations about the document's purely negative portrayal of out-of-pocket payments. In her country, co-payments were used as a tool for steering certain attitudes about brands, for example, as the prescription of generic drugs was one way of keeping health systems sustainable. It was suggested that good practice examples used in the report should be attributed to the country engaging in such practice by way of a footnote. It was also proposed that WHO might consider expressing its appreciation to countries that engaged in good practices, for example by way of an official letter. Doing so could support government decisions in the field of health vis-à-vis the public.

55. The Director, Division of Health Systems and Public Health, said that the link between health systems' response to NCDs and universal health coverage would be made more explicit. The regional report would contain an entire chapter dedicated to linking all aspects of health systems strengthening and health outcomes to universal health coverage. With regard to members' concerns about the way in which out-of-pocket payments were portrayed, he said that WHO did not oppose out-of-pocket payments per se, but recognized those instances where they pushed vulnerable people deeper into poverty. Good practices such as income-related caps on co-payments would be featured in the report and the Secretariat would explore options for extending formal expression of appreciation to Member States engaging in good practices.

Action plan to implement the vision for public health in the 21st century

56. The Director, Division of Health Emergencies and Communicable Diseases, said that an internal task force had been set up within the Regional Office to align work on the SDGs, Health 2020 and the European Action Plan for Strengthening Public Health Capacities and Services. The aim was to increase coherence and ensure a more consistent approach to assisting Member States in implementing the three frameworks. SDGs were an important component of national health policies and required integrated and inter-divisional approaches, with public health at the core. The Standing Committee was invited to consider the implementation of the vision of public health for the 21st century through the development of an action plan or roadmap in the context of Health 2020, which would support the already agreed roadmap to implement the 2030 Agenda for Sustainable Development in the WHO European Region. The Committee's guidance was also sought on the proposed establishment of an external task force of internationally recognized experts on public health that could assist the Regional Office in the development of such a plan.

57. In the discussion that followed, the Standing Committee commended the fruitful collaboration across divisions within the Regional Office and expressed support for development of an action plan, calling for a clear definition of its purpose. Members also endorsed the proposal to establish an external expert task force, seeking clarification regarding the profile of potential candidates. The value of additional emphasis on public health was mentioned. One member of the SCRC drew attention to the need to clarify the link between new and existing documents in order to avoid duplication. It might also be useful to develop a background document on economic aspects.

58. The Director, Division of Health Emergencies and Communicable Diseases, thanked the Standing Committee for its support for an action plan, which would provide clear

guidance to Member States on making public health a priority. In order to garner political support, the Secretariat would develop a clear definition of public health in the 21st century in the European context. The external expert task force could comprise a mix of technical experts and Member State representatives.

59. The Regional Director said that the definition of public health in the 21st century should be conducted in close consultation with Member States and involve all divisions of the Regional Office. Public health was everybody's business. A public health action plan would support the implementation of GPW 13 and would tie in well with the public health emphasis promoted by WHO.

Implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases in the WHO European Region

60. The Director, Division of Health Emergencies and Communicable Diseases, said that as the risk of vector-borne diseases in the region was increasing, 40% of European Member States had no entomological surveillance in place, 15% had entomological surveillance systems but no vector management plans and only 50% had both. Those shortcomings were a result of a lack of resources, expertise and commitment. In light of that situation, Member States were requested to accelerate the implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases, 2014–2020 which would be reviewed at RC68. Using the lessons learnt from the framework implementation, the Regional Committee was also requested to consider whether development of a regional plan on vector control as requested by the WHA resolution would provide added value, and discuss the content and timeline of such a plan.

61. In the ensuing discussion, the Standing Committee drew attention to the lack of qualified human resources as one obstacle to entomological surveillance. The Committee recognized the timely nature and crucial importance of the issue, as dengue and other vector-borne diseases were re-emerging and spreading in the Region.

Development of a five-year action plan to improve public health preparedness and response in the WHO European Region

62. The Director, Division of Health Emergencies and Communicable Diseases, said that the Member States in the European Region were committed to the accelerated implementation of the International Health Regulations (IHR) (2005) and supported the guiding principles of the five-year global strategic plan. There was consensus on adapting the global plan to the regional context and on the critical importance of synergizing IHR core capacities with health systems strengthening and essential public health functions. While there was general support for the proposed components of the revised IHR Monitoring and Evaluation Framework, some Member States had pointed out that new instruments for monitoring and evaluation needed to be approved by the WHO governing bodies, and that external evaluation should not become a precondition for financial and technical assistance. There was strong emphasis on the need to reach agreement across all Member States.

63. The regional action plan to improve public health preparedness and response would be aligned with the three main pillars of the draft five-year global strategic plan and based on regional experiences, addressing regional priorities and challenges and building on best practices. The Standing Committee's guidance was sought on the proposed way forward:

initiation of further consultations for Member States to address existing differences in position, and development of a draft regional action plan as an agenda item for RC68. It had been proposed to delay finalization of the draft pending the outcome of discussions on the global strategic plan at the 142nd session of the Executive Board.

64. In the discussion that followed, the Standing Committee supported the consideration of the draft regional action plan at RC68; members held the view that a regional plan would have added value. The SCRC also endorsed the proposal to finalize the draft once the discussions on the global plan had been concluded. The SCRC agreed that IHR (2005) should not be reopened for discussion. The inclusive consultation process with regard to the development of the regional plan was commended.

65. The Director, Division of Health Emergencies and Communicable Diseases, said that there was global consensus that IHR (2005) should not be reopened. It had been proposed, however, to envisage a process for voluntary external review and monitoring of IHR core capacities in addition to self-evaluation, rather than a formal evaluation and monitoring framework, which would hopefully address the concerns of some countries.

Vaccine-preventable diseases and immunization: realizing the full potential of the European Vaccine Action Plan 2015–2020

66. The Director, Division of Health Emergencies and Communicable Diseases, said that in the light of the stagnating, and even slightly declining, routine immunization coverage in the European Region, renewed strong political commitment was needed. The Standing Committee would be invited to consider a document on the implementation of the European Vaccine Action Plan 2015–2020 at its fourth session in May 2018; the midterm evaluation of the Action Plan would be reviewed by the European Technical Advisory Group of Experts on Immunization in summer 2018. Both documents were due for consideration at RC68 and the Standing Committee's guidance was sought on a proposal to place the issue as a separate item, rather than a progress report, on the Regional Committee's agenda.

67. During the ensuing discussion, the Standing Committee supported the proposal to place the issue on the RC68 agenda as a separate item. Members mentioned resource constraints, vaccine scepticism and hesitancy and supply shortages as important obstacles to immunization coverage. Several members of the SCRC shared their countries' experiences in promoting vaccination, including measures to address vaccine scepticism and the deployment of "prevention buses" to schools. While recognizing the potential legal implications, the Standing Committee encouraged support from the Regional Office to countries wishing to explore the possibility of joint procurement. There were calls for improved modalities of best practice sharing and new ways of communicating to overcome vaccine scepticism.

68. The Director, Division of Health Emergencies and Communicable Diseases, said that, as suggested by the SCRC, the discussion during the high-level segment of RC68 would garner the required political support. The Regional Office would be glad to support countries wishing to explore options for joint procurement, although its complexity should not be underestimated. The Regional Office provided extensive support to countries to lend new impetus to vaccination, help address shortages in vaccine supply and disseminate best practices, and would seek to keep Member States better informed about those activities. It would also look into compiling a library of best practices that was easily accessible to Member States.

Strategy on the health and well-being of men in the WHO European Region

69. The Director, Division of Policy and Governance for Health and Well-being, said that the draft strategy on the health and well-being of men in the WHO European Region was based on a review of comprehensive evidence and broad cross-sectoral consultations. Inspired by the Strategy on women's health and well-being in the WHO European Region, the document recognized gender as an important determinant of health. A review of men's health in the European Region had revealed that men were disproportionately affected by the high mortality burden. Traditional concepts of masculinity increased the likelihood of men engaging in high-risk and health-damaging behaviour and the reluctance to seek help. At the same time, access to appropriate care was hampered where gender-biased health systems perceived men as invulnerable, asked fewer questions and did not view risky behaviour as a sign of psychological ill health. The strategy proposed a series of actions to strengthen governance, promote men's health and well-being, make health systems more gender-responsive and strengthen the evidence base.

70. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, added that the mortality gap between men and women was considerably greater in those parts of the European Region that scored lowest on gender equality. It had also been found that women lived longer with chronic diseases, while men died younger.

71. The Standing Committee expressed strong support for the proposed strategy. Several members shared their experiences in addressing gender-specific health-damaging behaviour and increasing health screening uptake in men. There were calls for additional in-depth, country-specific studies. Given the regional differences in health-related behaviour among men, one member of the SCRC suggested that it might be useful to consider developing targeted actions or recommendations for specific countries or sub-regions.

72. The Director, Division of Information, Evidence, Research and Innovation, said that it was important to differentiate between social and cultural determinants of health. The introduction of the concept of "masculinity" might provide a good opportunity to do so.

73. The Director, Division of Policy and Governance for Health and Well-being, thanked the members of the Standing Committee for their support and for sharing their experiences. She endorsed the proposal to develop tailored actions for subgroups of countries, as regional differences were apparent when looking at the evidence. The concept of "masculinity" had been discussed broadly by experts and discussions were ongoing. All aspects would feed into the strategy.

74. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-Course, agreed. The Office's work on the notion of "masculinities" had generated much debate. Given its complex connotations, which were both cultural and social, support from the different language sections of the Regional Office would be required to ensure that the term was rendered and understood correctly across languages.

Countries at the centre: the strategic role of country offices in the WHO European Region

75. The Executive Manager, Country Support and Communications, said that the country performance report would comprise a section on country presence, with information on the physical structure of country offices, and another on country performance containing

examples and case studies on the impact of WHO's work at country level. The SCRC subgroup on countries at the centre would present its report at RC68, which would include feedback from visits by SCRC members to a select number of country offices. It was clarified that the visits were not intended to be a review of the country offices, but organised to provide insight into the way offices worked. Those visits would be financed by the Regional Office, hence the limitation in number. Also, all background documentation would be provided in advance and there would be no need for a survey or questionnaire prior to the visit. During the visits, the members would not only engage with country office staff, but also with national representatives from the health ministry and other ministries, civil society and partner institutions. The members of the SCRC were asked for guidance on the proposed visits and requested to consider volunteering as a participant for one or several of those visits.

76. The chairperson of the subgroup on countries at the centre informed the Standing Committee that, following earlier discussions, a smaller number of countries than initially planned had been shortlisted for visits. The Standing Committee's guidance was sought on the proposed meeting schedule: Turkey, on 1–3 February 2018, Russian Federation, on 1–3 March 2018, Slovenia, on 5–7 April 2018, and Kyrgyzstan, on 3–4 May 2018. SCRC members from Denmark, Germany, Hungary, Iceland, Italy and Slovenia had expressed interest in participating in the visits. The chairperson of the subgroup went on to propose a possible concept for the plenary session on Countries at the centre: the work of WHO at country level, scheduled to take place at RC68. It was proposed that, during that session, the discussion should commence with a film from the "Voices of the Region" series, followed by a keynote presentation and the presentation of the subgroup's report. The subsequent panel discussion would be moderated by the Executive Manager, Country Support and Communications, and would include the WHO representatives of four country offices who would be invited to present their work.

77. One member of the Standing Committee requested clarification regarding the precise purpose of the country visits. There was a suggestion to delegate more authority to country offices. Clarification was sought whether the visit to Turkey would involve both the main WHO Country Office in Ankara and the WHO Project Office in Gaziantep, which provided services for hundreds of thousands of refugees.

78. The Executive Manager, Country Support and Communications, said that the visits to country offices were intended to help members of the SCRC gain deeper insight into the structure and day-to-day operation of country offices, get to know stakeholders and cooperation partners at country level, and identify the way in which the work of country offices tied in with the strategic directions set by the Regional Office and WHO headquarters. The visit to Turkey would involve both WHO locations, with the Project Office in Gaziantep being a key part, as it provided an excellent opportunity to see WHO in operational mode and appreciate the commendable work carried out by the authorities. The meeting at RC68 would be retitled: Countries at the centre: the strategic role of WHO's work at the country level.

79. The Regional Director said that country visits should, similar to the one conducted in Georgia, reflect on achievements and WHO's contribution. The WHO European Region had the largest number of country offices and the smallest budget of all WHO regions. As a result, it had developed a highly cost-effective business model whereby some technical capacity was provided directly through country offices and additional capacities at the sub-regional and regional levels were deployed on request. That model could serve as an example for other regions. The level of delegation of authority was well balanced, although some changes might

occur in the wake of the discussions currently under way at the global level. With regard to the development of a country strategy, it would be judicious to wait for the outcome of the global discussions on country work.

Oversight report

80. The Director, Division of Administration and Finance, presented an update on the implementation of the WHO programme budget 2016–2017. As of 31 October 2017, 86% of the available base budget resources had been utilized. Although at 75%, the current level of utilization of the approved programme budget was comparable to the utilization level during the same period of the previous biennium, as the approved base budget for the 2016–2017 was 9% higher than in 2014–2015 which meant a larger envelope at the same level of financing. Pockets of poverty persisted in some areas, including health and environment. The European Region was projected to achieve 90% implementation of base programmes' available funding as the 2017 utilization momentum continued and all existing commitments will be met.

81. On instruction from the Regional Director, travel expenditure was being monitored. A slight increase had been noted, which was mainly related to non-staff travel, but overall travel expenditure had remained stable. During the current biennium and to date, travel had constituted approximately 9% of total expenditure. The Region was on track with regard to country focus, with 58% of travel being related to technical assistance provided under biennial collaborative agreements (BCAs).

82. Operational planning for the forthcoming biennium was being conducted taking into account the new priorities identified by the Director-General; 5% of the budget was being withheld. In the European Region, planning was advancing steadily: all countries had completed drafting BCAs, six had been signed and several were in the pipeline. With regard to workplans, more than 50% of workplans had been planned, and 250 had been created in GSM and were expected to be approved over the forthcoming weeks. As flexible funding was expected to decline further, planning for 2018–2019 was based on a projected 10% decrease as compared with 2016–2017 (14% decrease as compared with 2014–2015), which had a direct impact on programme areas that depended on flexible resources. The biennium started with 85% of the base budget financed. Taking into account the expected reduction in flexible funding and available and projected voluntary contributions for 2018–2019, the programme budget for the Regional Office was foreseen to be 60% financed at the start of the new biennium. Details on voluntary contributions for 2018–2019 were currently being prepared. As of 20 November 2017, more than US\$ 66 million in voluntary contributions were projected in draft workplans, mostly in categories 2, 3 and 4, with various levels of probability.

83. One member of the Standing Committee, acknowledging the difficult exercise of planning in an environment marked by resource constraint, suggested that the Region might explore options for obtaining a larger share of the overall budget of WHO.

Membership of WHO bodies and committees

84. The Technical Officer, Regional Governance Office, said that on 25 October the Regional Director had addressed an email to national counterparts requesting expressions of

interest in replacing an outgoing member of the WHO Staff Pension Committee by 7 November 2017. By that deadline, one candidacy had been received from Germany. With the agreement of the Standing Committee, the Secretariat would put forward the candidacy.

Other matters

85. The Technical Officer, Regional Governance Office, informed the SCRC that, following changes in WHO travel policy, 12 cities had been identified as pilot cities, including Geneva. Accordingly, WHO would contract selected hotels for staff and non-staff travellers, who would be required to book rooms in one of the hotels on a list provided to them. Staff and non-staff travellers wishing to book accommodation elsewhere would need to address a request by email seeking authorization to do so.

Closing of the session

86. Acknowledging the support provided by the Secretariat and the Regional Director, the Chairperson congratulated the Standing Committee on the good progress made in preparation for RC68.

Annex 1. Agenda

1. Opening of the session by the Chairperson and the Regional Director
2. Adoption of the provisional agenda and the provisional programme
3. Follow-up to the 67th session of the WHO Regional Committee for Europe (RC67): evaluation and review of actions by the Standing Committee of the Regional Committee for Europe (SCRC) and the Secretariat
4. Discussion on the terms of reference for the three SCRC subgroups
 - Subgroup on governance
 - Subgroup on WHO's country presence
 - Subgroup on vector control
5. Discussion on the provisional agenda of RC68, including concepts for and review of the main technical and policy topics and the consultation process for RC68 provisional agenda items
6. Oversight report
7. Membership of WHO bodies and committees
 - Vacancies for election or nomination at RC68 in September 2018
 - Elective posts at the Seventy-first World Health Assembly and the 143rd session of the Executive Board in May 2018
8. Issues to be taken up with European members of the 142nd session of the Executive Board in January 2018 and collaboration with the Programme, Budget and Administration Committee
9. Other matters, closure of the session

Annex 2. List of documents

Working documents

EUR/SC25(2)/1 Rev.2	Provisional list of documents
EUR/SC25(2)/2	Provisional agenda
EUR/SC25(2)/3 Rev.2	Provisional programme
EUR/SC25(2)/4 Rev.1	Preliminary programme for the SCRC's introduction to the work of the WHO Country Office
EUR/SC25(2)/5	Draft provisional agenda of the 68th session of the WHO Regional Committee for Europe
EUR/SC25(2)/6	Draft provisional programme of the 68th session of the WHO Regional Committee for Europe
EUR/SC25(2)/7	Joint monitoring framework for the Sustainable Development Goals, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases
EUR/SC25(2)/8	The European health report 2018
EUR/SC25(2)/9	Development of a five-year action plan to improve public health preparedness and response in the WHO European Region
EUR/SC25(2)/10	Vaccine-preventable diseases and immunization: realizing the full potential of the European Vaccine Action Plan 2015–2020
EUR/SC25(2)/11	Countries at the centre: the strategic role of country offices in the WHO European Region
EUR/SC25(2)/12	Moving towards universal health coverage for a Europe free of impoverishing out-of-pocket payments: coverage, access and financial protection in the WHO European Region
EUR/SC25(2)/13	Outcome of the High-level meeting on Health systems for prosperity and solidarity: leaving no one behind
EUR/SC25(2)/13 Corr.1	Corrigendum
EUR/SC25(2)/14	High-level events celebrating health systems in 2018
EUR/SC25(2)/14 Corr.1	Corrigendum
EUR/SC25(2)/15	Outcome of the High-level meeting "Health systems respond to NCDs"
EUR/SC25(2)/16	Implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases: lessons learned and the way forward
EUR/SC25(2)/17	Subgroup on vector control: draft terms of reference
EUR/SC25(2)/18	Strategy on the health and well-being of men in the WHO European Region

Working documents

EUR/SC25(2)/19	Follow-up to lessons learned from the 67th session of the WHO Regional Committee for Europe
EUR/SC25(2)/20	Action plan to implement the vision for public health in the 21st century
EUR/SC25(2)/21	Subgroup on governance: draft terms of reference

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