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Report of the third session

WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark Telephone: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eugovernance@who.int Web: http://www.euro.who.int/en/who-we-are/governance

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Opening of the session

1. The Twenty-sixth Standing Committee of the Regional Committee for Europe (SCRC) held its third session at the WHO Regional Office for Europe in Copenhagen, Denmark, on 13–14 March 2019. The Chairperson opened the session, welcoming all members and other participants, and noted that the report of the second session of the Twenty-sixth SCRC, which had taken place in Athens, Greece, on 5 and 6 December 2018, had been circulated and approved electronically.

Address by the Regional Director

2. In her opening remarks, which were live streamed on the Regional Office website in accordance with Annex 4 of resolution EUR/RC63/R7, the WHO Regional Director for Europe updated the SCRC on the work of the Organization since the SCRC's second session. At headquarters, an historic townhall meeting had recently taken place, in which the Director-General and six regional directors had presented their collective vision for implementing the WHO transformation agenda and delivering on the commitments under the Thirteenth General Programme of Work, 2019–2023 (GPW 13). The vision, which had the triple billion goal at its heart, had been developed in a consultative process with the Global Policy Group.

3. The major aspects of the plan included: the establishment of a new division of chief scientists, to keep the Organization at the forefront of scientific developments and able to provide appropriate guidance to Member States; measures to assess, integrate, regulate and maximize the opportunities afforded by digital technologies and artificial intelligence, supported by a newly established department for digital health; increasing WHO's relevance by ensuring meaningful policy dialogues that are underpinned by reliable data gathered in countries; investment in a dynamic and diverse workforce; and the alignment of WHO's processes and structures with the triple billion goal by adopting a new, common structure that could be aligned across the major offices, with clear delineation of roles and responsibilities.

4. The new organizational structure would be based on four pillars: two related to the triple billion goal (on emergencies and on universal coverage and healthier populations); and two corporate pillars (on business operations and on external relations). Administrative functions would be centralized, rather than divided across technical clusters as previously, and cross-cutting issues such as gender, equity and human rights would be linked directly to the Director-General and brought into the mainstream in all technical areas.

5. The Director-General's decision to appoint her as Deputy Director-General underscored the close collaboration between the Director-General and regional directors to build "one WHO". As she would assume her new role at headquarters imminently, the Director, Policy and Governance for Health and Well-being would serve the Regional Office as acting Regional Director, pending the election of the new Regional Director at the 69th session of the WHO Regional Committee for Europe (RC69), and a high-level functional alignment of the Regional Office's work, in line with the new global structure, would be undertaken. Recommendations for a more detailed alignment would be prepared for the incoming Regional Director's consideration.

6. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, had been appointed to lead the transformation process, and would engage with staff to work

towards cultural change and to promote the Respectful Workplace Initiative and other work streams defined by the WHO transformation. A survey on cultural issues had been conducted, with the involvement of staff and with the results feeding into cultural change. The "values jam" had resulted in the adoption of the WHO Values Charter, which was aligned with the WHO Constitution and would underpin all aspects of the Organization's work.

7. At the regional level, several major events had taken place since the SCRC's second session, including an expert meeting to enhance monitoring and reporting of the value-based concepts of Health 2020. On International Migrants Day, the Regional Office had prelaunched an evidence-based report on the health of refugees and migrants in the WHO European Region, followed by a media launch led by the Regional Director at the Palais des Nations, Geneva, Switzerland, on 21 January 2019. The Autumn School on Health Information and Evidence for Policy-making, a flagship Regional Office training course, had been held in The Hague, Netherlands, with nine Member States participating. A symposium had been held in Copenhagen, Denmark on the future of digital health, with a focus on how digital health solutions could be used to reduce inequalities and improve the health and well-being of populations. A ministerial consultation and high-level technical meeting had been held in Istanbul, Turkey, on protecting people from health emergencies, where participants had considered a shared vision for implementing the Action Plan to Improve Public Health Preparedness and Response in the European Region. A meeting had been held in Tbilisi, Georgia, on furthering the elimination of hepatitis. A workshop on preparations for the implementation of the 11th revision of the International Classification of Diseases (ICD-11) had been held in Tunisia. A Visegrád Group meeting on fighting tuberculosis (TB) and the inauguration of a new WHO collaborating centre on TB had taken place in Slovenia. The launch of an action network on health literacy implementation for noncommunicable diseases (NCDs) and the life course had been held in Portugal, co-chaired by the Russian Federation and Portugal. Member State and civil society consultations on measures to reduce the harmful use of alcohol had been hosted by Portugal and Sweden. Member State consultations on implementation of guidelines on breastfeeding had been hosted by the Russian Federation. Important initiatives on road safety and police enforcement had also been hosted by the Russian Federation. An important Member State consultation on ageing and long-term care had been hosted by Kazakhstan and the Russian Federation. Under the Romanian presidency of the Council of the European Union, meetings had been held in Bucharest on antimicrobial resistance and on tobacco.

8. The Sixth High-level Meeting of Small Countries would be held in San Marino at the end of March 2019, and the WHO European High-level Conference on Noncommunicable Diseases: Time to Deliver would be held in Turkmenistan in early April. European Immunization Week would aim to raise awareness of the benefits of vaccines and to celebrate "vaccine heroes" who contributed to protecting lives through vaccination. All Member States should join those advocacy efforts. The regional high-level conference on promoting health equity in the European Region would be held in Slovenia in June, bringing together a variety of stakeholders to take stock of progress and set the action agenda for health equity for the coming 10 years, and to launch the Health Equity Status Report.

9. Several high-level guests had visited the Regional Office, including the Deputy Minister of Health of Turkey, the Director, Public Health, of the European Commission, and the European Region Head of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Review of the outcome of the 144th session of the Executive Board and its impact on the work of the WHO European Region

10. The Director, Strategic Partnerships, informed the Standing Committee that at its 144th session, the Executive Board had elected the regional directors for the South-East Asia and Western Pacific regions. The Board had resorted to a vote to decide on the placement of the proposed item on health in the occupied Palestinian territories on the provisional agenda of the Seventy-second World Health Assembly. In-depth discussions had been held on matters of governance and changes to the rules of procedure, and on election processes and follow-up to the election of the Director-General.

11. Financing of the proposed programme budget for the biennium 2020–2021 and its impact framework had been the subject of lengthy debate, particularly regarding alignment between the programme budget and GPW 13, as well as comparisons with the Programme budget 2018–2019. The main shift in focus for the coming biennium would be from siloed disease control programmes towards an integrated approach, building on health systems and country operations. The proposed programme budget had not been agreed and Member State consultations were continuing prior to the World Health Assembly. Many questions had been raised regarding the transformation agenda, and on how the three streams and processes of GPW 13 would be reflected in the new structure of the Organization.

12. Six resolutions had been finalized for submission to the Seventy-second World Health Assembly, while others remained under consultation. Lastly, the Director-General had announced that 2020 would be designated the International Year of Nurses and Midwives. The Regional Office had received requests for three items to be placed on the agenda of the Regional Committee, namely: the development of a global strategy for TB research and innovation; regional views on the proposed global strategy on digital health; and the draft global strategy to accelerate cervical cancer elimination.

13. An observer, participating as the designated link between the Executive Board and the SCRC, added that the Executive Board's agenda had been a complex one, and managing the workload according to the wishes of all Member States had been particularly difficult. Discussions related to the occupied Palestinian territories and Taiwan had been extremely sensitive, as had consideration of issues related to improper conduct and harassment. Dialogue between the Organization's new leadership and Member States had, however, become more constructive, substantive and meaningful. The forthcoming Partnership Forum would be crucial for considering how to overcome the many challenges to obtaining the necessary funding for a programme budget for the biennium 2020–2021 capable of implementing the triple billion goal. The European Region's contribution to the work of the Executive Board and its willingness to collaborate with other regions had been particularly positive and should be developed further.

Feedback from the subgroups of the Standing Committee of the Regional Committee for Europe

Subgroup on leadership

14. The Chairperson of the subgroup on leadership reported that the subgroup had held two face-to-face meetings since the Standing Committee's last session. Its terms of reference had been approved and a timeline for its work agreed. Given the imminent changes in the Regional Office's structure, the moment was opportune to reflect on the Regional Office's leadership role over the past 10 years. It had played a prominent role on a variety of issues, including migration and health, and had proven well placed to guide others. A non-paper on leadership in the European Region, describing regional actions and subregional initiatives, was being prepared for presentation to the SCRC at its fourth session. The paper would be used to inform the working document on lessons learned from Health 2020 implementation, which would be submitted to RC69 for consideration. Dedicating a ministerial lunch during RC69 to the topic of leadership might also be useful.

15. The SCRC member from Lithuania indicated that he wished to join the subgroup.

16. The SCRC underscored the relevance and timeliness of the subgroup's work. Leadership in health was a complex matter. It no longer sufficed to be a good health professional; broader awareness of public policy, health policy, health economics and health diplomacy had become essential. The cross-sectoral dimension of health was complex and required health leaders to make a case for health in finance discussions, to communicate the socioeconomic value of public health functions, and to link health to human rights, equity and gender. The subgroup was encouraged to reflect on how the Regional Office could support Member States in building those new capacities. Deepening awareness of health-related issues in other sectors was equally important. WHO's future leadership would depend on the capacities of national counterparts and its work in countries would require health ministers both to have a broad public health vision and to take a holistic, intersectoral approach.

17. The Regional Director added that the Sustainable Development Goals (SDGs) had created a host of new requirements, placing an unprecedented burden on health ministers. The work of the subgroup tied in well with the current drafting of a publication on the Regional Office's work over the past decades, as regional directors had consistently placed emphasis on leadership, albeit in different areas. A ministerial lunch could be convened on the topic during the first day of RC69, to feed into the Regional Committee's discussion on leadership scheduled for that afternoon.

Subgroup on governance

18. The Chairperson of the subgroup on governance said that since the SCRC's second session, the subgroup had discussed how to simplify processes for information-sharing between the Executive Board, its Bureau and Member States. The subgroup had proposed that the designated link between Member States in the European Region and the Executive Board should be a member of the Bureau of the Executive Board. The terms of reference of the link would be amended accordingly and submitted to the SCRC for consideration at its next meeting.

19. The subgroup had also discussed Executive Board decision EB144(3), in which the Board decided to align the Rules of Procedure of the Executive Board and the World Health Assembly with the terminology in WHO's Framework of Engagement with Non-State Actors (FENSA). The Rules of Procedure of the Regional Committee would need to be amended accordingly; a relevant proposal would be submitted to the SCRC at its next meeting. The subgroup considered the level of engagement of non-State actors in governing body meetings and other events to be ahead of that in other regions, but work to engage with non-State actors at the country level should be given greater visibility. Efforts to enhance engagement during Regional Committee sessions could include an informal meeting with non-State actors, and the provision of an "exhibition" space for them to present their work. Proposals in that regard could be submitted to the SCRC for consideration at its next meeting.

20. The SCRC agreed to develop the terms of reference of the member of the Bureau of the Executive Board from the European Region and agreed to include FENSA language in the Rules of Procedure. The SCRC endorsed the proposals for enhancing engagement with non-State actors in the context of Regional Committee sessions, which might also inspire increased cooperation at the country level. FENSA was deemed a useful platform for promoting and enhancing partnership, mutual learning and knowledge transfer.

21. The Director, Strategic Partnerships, acknowledging the need to enhance engagement with non-State actors, added that the subgroup had suggested inviting SCRC members or Member State representatives to participate as observers in the traditional pre-session briefing for non-State actors, after which there would be an opportunity for informal engagement. A further suggestion had been put forward that Member States could prepare a poster exhibition on work conducted in collaboration with non-State actors at the country level, with links to topics on the Regional Committee's agenda.

22. The SCRC supported the proposed courses of action, in particular the Member State-driven showcasing of collaboration with non-State actors on activities relevant to the work of WHO.

Subgroup on countries at the centre

23. The Chairperson of the subgroup said that the subgroup was focusing its attention on three issues: encouraging Member States that had not yet done so to list their priorities under GPW 13; preparing for the discussion on country presence during RC69; and discussing modalities for cooperation with Member States that did not have a country office. Innovative ideas had been presented, including the establishment of a network of parliamentarians and the use of WHO "ambassadors" to act as a liaison between WHO and national authorities. The subgroup had considered the proposal to establish multi-country duty stations, equipped with technical staff who could work more closely with countries on specific topics. Although the Organization's work in countries in the Region was successful, it could still be strengthened and aligned with the wider WHO transformation agenda. The subgroup had acknowledged the value of identifying national mechanisms to provide support to health ministers, and had considered that steps should be taken to ensure that national counterparts were truly in a position to influence decision-making.

24. The Director, Country Support and Communications, added that the Regional Office was exploring ways to increase the availability of technical resources in country offices and expand its reach in Member States without country offices.

25. One member of the SCRC said that WHO's participation in the expert groups of the Northern Dimension Partnership in Public Health and Social Well-being could serve as a model for collaboration in other regional platforms. Given its unique position as the region with the lowest comparative number of country offices, the European Region was well placed to develop a model for cooperation with countries that do not have WHO country offices and to contribute to the global discussion.

26. The Regional Director recalled that under the new organizational structure, WHO regional offices would lead technical cooperation activities, while headquarters would lead the Organization's normative work. In future, all country visits would have clear terms of reference. Operational planning for the biennium 2020–2021 would provide an excellent opportunity for the Regional Office to assess capacities, and identify gaps and plan to fill them. A draft document on country work, to be considered at the Seventy-second World Health Assembly, had been submitted to the regional directors for consultation; the issues raised by the SCRC would be taken into account. The focus on country work under GPW 13 would provide a useful framework for building on the progress made in the Region over the past decade. The SCRC's guidance would be sought on how to implement the Director-General's call for WHO's active involvement in every country.

Provisional agenda and programme of RC69

27. The Regional Director presented the draft provisional agenda for RC69, which, as previously agreed, would allow Member States ample time to consult on matters related to the election of the Regional Director. Keynote speakers would include the Director-General, the President of Hungary, and leading Swedish statistician Ola Rosling.

28. On the first day of the session, plenary discussions in the morning would take the usual format. A ministerial lunch would be held on the topic of WHO leadership on public health in the European Region, which would feed into the discussion on Health 2020 scheduled to take place in the afternoon. A parallel technical briefing would be held on the digitalization of health systems.

29. The second day would be dedicated predominantly to the election of the Regional Director, followed by other elections and nominations. A ministerial lunch would be held; the SCRC's guidance was requested on whether to designate a topic or whether to leave the lunch open for ministers to talk freely. After the completion of elections, the remainder of the day would be spent discussing the programme budgets for 2018–2019 and 2020–2021.

30. The third day would be devoted to the WHO transformation process and its regional implications, an overview of work at the country level and the work of the geographically dispersed offices (GDOs). Two programmes would have horizontal scope under the new organizational structure: antimicrobial resistance and primary health care. A paper on primary health care in the context of the Declaration of Astana was being prepared for the Regional Committee's consideration. A technical briefing on the work of parliamentary committees

would be held during the lunchbreak. Guidance on other issues of potential interest would be welcome.

31. The final day of the session would include discussions on matters arising from the resolutions and decisions of the World Health Assembly and the Executive Board, and on health literacy in the WHO European Region. During the lunchbreak, a technical briefing would be held on migration, and the first session of the Twenty-seventh SCRC would take place in parallel. The afternoon of the final day would take the usual format.

32. The SCRC welcomed the proposed agenda and programme for RC69, which was well balanced and sensitive to the political transitions the Organization was undergoing. The choice of keynote speakers was very welcome; consideration could also be given to inviting a speaker of parliament, as a means of furthering engagement with parliaments. While some members of the Standing Committee supported the idea of holding a ministerial lunch without a specific topic, several felt that the discussion would benefit from a degree of guidance. The lunch could be an occasion to present and launch a publication on the history of the Regional Office and to consider the achievements of the past 10 years under the Regional Director's leadership, as well as the challenges ahead. Ministers could also be encouraged to discuss what they considered the most important aspects of collaboration with WHO.

33. It was proposed that an item on human resources and the health workforce, building health capital in the European Region, should be added to the agenda. A further technical briefing on child and adolescent health would also be useful, and it was suggested that this topic should be on the same day as the agenda item on health literacy. In the context of the focus on work at country level under GPW 13, a briefing for Member States on the work of the WHO collaborating centres in the Region would also be useful.

34. The Regional Director thanked the SCRC for its constructive suggestions and support. Further consideration would be given to how to guide the second ministerial lunch, without imposing a topic for discussion as such, directing the focus towards a stocktake of the past 10 years, taking a balanced look at achievements and challenges, and considering how to move forward. She agreed that the work of parliaments should be included in Regional Committee discussions. Member States had been encouraged to include officers of parliamentary health committees in their delegations to the Regional Committee. The Director-General was keen to work with global parliamentary networks; a similar level of engagement should also be encouraged at the regional level. Consideration would be given to including human resources for health on the agenda, and the SCRC would be consulted further at its next session. All elements of the programme that related to health literacy should indeed be addressed on the same day. The idea of hearing about the work of the WHO collaborating centres was welcome; a suitable place would be found in the programme.

Review of technical and policy topics and consultation process for RC69 agenda items

Lessons learned from Health 2020 implementation

Leadership in the WHO European Region

35. The Director, Policy and Governance for Health and Well-being, introduced a draft working document on the lessons learned from the implementation of Health 2020. A study on lessons learned at the national and subnational levels had been conducted jointly with the European Observatory on Health Systems and Policies, and would be presented in an annex to the document. The document would be accompanied by: a publication describing the progress made since the inception of Health 2020 and the challenges and gaps that still persisted; a progress report on SDG attainment by Member States and the Regional Office and the use of the roadmap to implement the 2030 Agenda for Sustainable Development; the European Health Equity Status Report; and an online survey conducted among heads of offices and programme managers. The work of the newly established SCRC subgroup on leadership would also provide useful input.

36. In the ensuing discussion, the SCRC agreed that Health 2020 had been an effective instrument for progress. Some members cautioned against including an excessive amount of information on implementation tools and products, which might detract from the key message: the success of Health 2020. The document should convey that Health 2020 implementation had been a long and sometimes uphill struggle, as well as describing the positive results obtained. Health 2020 was valued as a reference for Member States and donors. It might be useful to explore options for developing a policy for the future, beyond 2020 – Health 2030, perhaps – to help Member States maintain momentum towards the attainment of the SDGs.

37. The Director, Policy and Governance for Health and Well-being, agreed that it was important to state clearly the achievements of Health 2020, of which the Region could rightfully be proud. That progress would be illustrated using case studies collected by the European Observatory on Health Systems and Policies. Options for continuing beyond 2020 to complement efforts to attain the health-related SDGs through the roadmap to implement the 2030 Agenda could certainly be discussed.

38. The Regional Director added that the work of the European Observatory on Health Systems and Policies would provide crucial scientific input into the proposed report. At the same time, Health 2020 had an important political dimension, as its implementation was closely linked to the political processes, needs and dynamics of Member States. It would thus be helpful if SCRC members could also share their experiences of Health 2020 implementation to inform the document. While recommendations could certainly be offered to the new leadership in the handover process, it was for the new Regional Director to design a vision for the Regional Office for the future. The SCRC could provide valuable support to the new Regional Director to ensure an integrated, coherent and consistent approach.

Promoting health equity in the WHO European Region

39. The Director, Policy and Governance for Health and Well-being, also introduced a draft report on health equity, which presented new ideas and evidence showing that health equity

was attainable, and which called for increased application of known solutions and efforts to seek new approaches and alliances. The regional high-level conference on accelerating progress for equity in health in the context of Health 2020 and the 2030 Agenda for Sustainable Development towards leaving no one behind in the WHO European Region, scheduled to be held on 11–13 June 2019 in Ljubljana, Slovenia, would present innovative approaches and tools based on three overarching key concepts – "achieve", "accelerate" and "influence" – for setting the European action agenda on health equity for the coming 10 years. The conference would be inclusive, participatory and interactive and would address cross-cutting themes such as: bringing the human dimension of inequity into the heart of the action; bringing social values into fiscal and growth policies; supporting the transformative role of health systems; and developing local solutions based on empowerment and social participation. The European Health Equity Status Report would be launched and case studies of successful national and local endeavours to reduce inequities would also be presented. The outcome document would provide the basis for a working document and resolution to be submitted to RC69.

40. In the discussion that followed, the SCRC encouraged the involvement of parliamentarians in the conference. High-level participation was also deemed crucial to lend visibility to the event and political weight to the outcome document. Members highlighted the cross-sectoral relevance of health equity and the importance of sound monitoring and measurement tools. One member suggested that health equity should be incorporated into United Nations Development Assistance Frameworks (UNDAFs). Member States should be included in the preparation of the outcome document, in particular in the light of the proposed establishment of a health equity alliance and other new tools. Clarification was sought on the purpose, function, composition and modus operandi of the health equity panel proposed to be established as part of the alliance.

41. The Director, Policy and Governance for Health and Well-being, supported the SCRC's calls for the high-level participation and engagement of parliamentarians, as well as the call for the inclusion of health equity into UNDAFs. Her division was working together with the Division of Information, Evidence, Research and Innovation on health equity monitoring. All findings will be made publicly available through WHO's European Health Information Gateway. Health equity-related information was now available for nearly all countries in the Region. The preparation of the conference outcome document was a cross-divisional effort and Member States would certainly be consulted once all divisions had delivered their contributions. The proposed health equity alliance would serve as a platform for the discussion of health equity issues.

42. The Regional Director agreed that there could be no doubt of the value of involving parliamentarians in health equity discussions and the high-level conference. Member States would be consulted on the outcome document; their guidance would also be sought on the way in which it should be presented to RC69. To avoid overburdening the Regional Committee with documents, key messages on Health 2020, leadership and health equity could be brought together in a single resolution.

Implementation of the Programme budget 2018–2019 and Proposed programme budget 2020–2021: the regional perspective

43. The Director, Administration and Finance, pointed out that the implementation review had been prepared on the basis of 92% reporting. According to the review, 87% of Regional Office outputs were on track, 4% were "at risk", and 1% of outputs were classed as "in trouble". As previously, gaps in political commitment and support, and timely availability of resources, remained key challenges. Collective efforts were being made to bridge gaps through resource management, reprogramming and resource mobilization. By the end of February 2019, the approved budget had been 77% funded (slightly below the Organization's 80% average), although funding had been uneven across categories. Some programmes (health throughout the life course, maternal and child health, and environment and health) were funded below the average. Utilization of available funds was good; the European Region was outperforming all other major offices with regard to utilization of the allocated base budget. Every effort had been made to build on past experiences across the Regional Office, including by taking a longer-term approach to recruitment. Lastly, from a utilization perspective, implementation was on track.

44. With regard to the preparation of the proposed programme budget for the biennium 2020–2021, the Regional Office had made significant efforts to take account of the structural changes brought about by GPW 13. Considerable progress had been made with regard to the work on global and regional goods, and the country support plan. The draft proposed programme budget would be presented to the SCRC in due course. The Regional Office was also developing a human resources plan for the biennium 2020–2021 and beyond. In order to shift the European business model towards a greater country focus, country support needed to be delivered through multi-country teams, which would have direct implications for human resource planning.

45. Internal control and risk management had improved considerably. During the internal self-assessment exercise for 2018, budget centre managers had rated their work as "adequate" or "in need of strengthening", which indicated an encouraging level of maturity. Sufficient robust data had been gathered to track progress since 2015. Three internal audits had also been conducted: the internal audit of the country office in Turkey, including the field office in Gaziantep, had been completed and closed; closing the recommendations of the audit of the Division of Administration and Finance in the Regional Office was in progress, and the audit report of the country office in Ukraine was being finalized. The lessons learned would inform future operational planning and management of internal control and capacity building. To improve risk management, greater focus would be needed on finance management, sustainability of human resources and backstopping capacity.

46. The SCRC noted that country support plans should go beyond identifying the types of support countries needed from WHO and identify areas in which Member States could collaborate with the Regional Office or provide technical or in-kind support to advance matters of shared interest. Thus, collaboration between WHO and its Member States could be diversified. The progress made in risk management and internal control was commended. Acknowledging the complexity of the shift towards country work and the attendant changes in human resource planning, the SCRC asked to be kept informed at all stages of the process, and given an opportunity to contribute.

47. The Director, Strategic Partnerships, said that WHO's work in the European Region continued to depend on a very small number of donors. Only a limited number of WHO Country Offices received a healthy level of voluntary contributions for country work. Greater financial engagement by Member States in country work was thus crucial. As part of the efforts to mobilize additional resources, the first meeting of the Inaugural WHO Partners Forum would explore innovative approaches to fundraising. The Regional Office was also exploring options for recruiting an additional staff member to support resource mobilization for country work, and was pushing for WHO headquarters to release undistributed funding.

48. One member of the SCRC pointed out that Member States' contributions should be seen in the context of each country's specific circumstances. Hosting an observatory or an event, for example, amounted to a more significant contribution for a small country than for larger Member States. Furthermore, it was unacceptable that offers of relatively modest monetary contributions were rejected on account of high processing costs; what was considered a relatively small sum by WHO headquarters could make a significant impact on the ground.

49. The Director, Administration and Finance, said that the Regional Office would ensure that Member States were fully engaged in the strategic human resources planning process. The European business model fully recognized the two-way engagement between Member States and WHO in country work. With regard to the size of monetary contributions, every dollar mattered and all contributions were most welcome. It was nevertheless useful to bear in mind that highly specified contributions were more expensive to process.

50. The Regional Director added that managing a large number of small grants was certainly an administrative challenge. The Regional Office would continue to explore practicable solutions.

WHO transformation and its regional implications

51. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, who would be leading the transformation process, said it was well known that 50–70% of all change efforts failed as a result of lack of commitment by senior management, poor communication and employee resistance. With that in mind, efforts to implement the transformation agenda would focus first on staff and the Respectful Workplace Initiative, including the WHO Values Charter, and would focus on implementation through organizational line-management. The WHO culture survey, as well as the Respectful Workplace Initiative, had shown that there was room for improvement in the Regional Office, including that investment was needed in staff capacity-building and career development. There had also been a call for greater accountability among managers and staff alike. The results of the survey would inform the required cultural change. Staff engagement in the WHO Values Charter had been considerable. The Charter was to be applied at all levels of the Organization, in the daily lives of all staff and management, and would contribute to cultural change.

52. The transformation process would constitute a profound organizational change with a view to increasing the impact of the Organization's work. Staff were being requested to include deliverables under GPW 13 in their regular performance appraisals, which was a positive way of contextualizing individuals' work within the Organization as a whole. Cultural change was being made central to everyday life in the Regional Office. Focus groups would look into the underlying reasons for the cultural strengths and weaknesses of the

Regional Office. A change network was being established, with change agents who had been elected from among the staff of all major offices. The change network would meet with the Staff Association, the transformation lead and members of the human resources management team to consider how to integrate the Values Charter into the transformation process, and an external consultancy company would be engaged to work with the focus groups. By the end of 2019, specific actions would have been defined to include in staff appraisals.

53. The WHO transformation had been ongoing for two years. A new GPW 13 had been approved, redesign of 13 business processes had been identified, a new organigram developed in WHO headquarters and several new initiatives launched by the Director-General as announced on 6 March 2019. Technical assistance would now be led by the regions, rather than headquarters. The new organizational chart for headquarters would be implemented by mid-May. External relations would be centralized, and the necessary movements of administrative and technical staff would be made. The budget structure would then be aligned to the new organizational structure. Particular care and attention must be paid to ensuring alignment between the three levels of the Organization.

54. An observer, participating as the designated link between the Executive Board and the SCRC, welcomed the Regional Director's new appointment as Deputy Director-General. While the new organizational chart for WHO headquarters was welcome, Member States had questions and concerns regarding some of the changes, in particular the lack of clear lines of reporting and accountability for cross-cutting issues that had been split across divisions, which they wished to discuss with senior leadership at global level. Member States must be included in the transformation process.

55. The Regional Director said that a briefing for Member States on the new organizational structure was due to take place shortly. While many of the changes in the transformation agenda were internal, there would doubtless be implications for Member States; particular consideration must be given to reducing the workload of the World Health Assembly. Under the new structure, clear lines of reporting were indeed required for cross-cutting issues. Certain issues were currently not addressed by the new structure. The Director-General was open to continuing discussions on the organigram before putting it into the Global Services Management system. Member States should therefore raise their questions and concerns during the forthcoming briefing.

56. At the regional level, the Organization was already functionally aligned with headquarters. Further structural changes would be considered following the election of the new Regional Director and would be informed by the experiences gained from implementing new structures at the global level. The Director-General had agreed that deviations from the global organigram would be permitted if the epidemiological situation in the Region so required. In the European Region, 80% of the burden of disease related to NCDs; NCDs would therefore be kept separate in the regional structure, and would be situated together with Promoting Health through the Life-Course. Nutrition and food safety would, however, be addressed separately, with nutrition under the aegis of NCDs and food safety under emergencies.

WHO's work at country level

57. The Director, Country Support and Communications, informed the Standing Committee that, since its last session, changes had been requested to the headquarters document on

country performance for submission to the World Health Assembly; the document for submission to RC69 would need to be brought into line with the revised headquarters document, and would therefore be reworked and presented to the SCRC at its next session.

United Nations development reform

58. The Director, Strategic Partnerships, informed the SCRC that, following a request by the United Nations General Assembly to improve the support given to countries by the United Nations development system for SDG attainment, a management meeting had been held in Nairobi, Kenya, led by the United Nations Deputy Secretary-General Amina J. Mohammed and the Officer in Charge of the Bureau of External Relations of the United Nations Development Programme, who would be leading the development reform process. The meeting had emphasized the importance of cross-sectoral collaboration and the need for specialized agencies to discuss reform in their own governing bodies.

59. An information document had been duly prepared for the SCRC on ongoing United Nations collaboration in the European Region, which underscored that the reform should take into account the fact that the European regional representations of United Nations agencies and programmes served different combinations of Member States, and that some of WHO's 30 country and field offices in the European Region were in countries with limited or no other United Nations presence. Successful steps had been taken to ensure that health was a visible aspect of UNDAFs in the Region.

60. United Nations reform had begun on 1 January 2019 and would be implemented gradually. The regional approach would be reconfigured to enable United Nations agencies to work together at the regional level to support SDG attainment. Recommendations on the modalities of that cooperation were already being implemented in the European Region. A recent meeting of regional representatives of United Nations agencies and a consultancy firm nominated by the Secretary-General had discussed concerns and challenges, and sought opportunities for reform implementation. While the three specialized agencies in the Region (the International Labour Organization, WHO and the United Nations Industrial Development Organization) had agreed to ensure integration of their agencies into the reform process, they had all underscored the importance of not compromising their normative function. The meeting had also included detailed discussions on cross-cutting issues such as human rights and gender, and on shifting the focus from technical collaboration to policy dialogue and interregional approaches. All parties had agreed on the importance of avoiding the addition of bureaucratic layers and costs. An integrated, smooth-running approach would be essential.

61. Over the coming three years 18 UNDAFs would be renewed, which would signal the establishment of a new generation of United Nations country teams in the Region. The Regional Office was preparing new guidance for WHO representatives to ensure that health was recognized in UNDAFs as an essential intersectoral element for the attainment of the SDGs. The development of UNDAFs was time consuming and continued to pose a challenge in countries with small United Nations country teams. Consideration was being given to how to optimize support for governments in that regard, and to ensure their full involvement in UNDAF creation. Under the reform, WHO representatives would have dual accountability: to the United Nations country team and to WHO. The new due diligence mechanism applicable across the United Nations for working with partners could pose a challenge to WHO, as its provisions were not as strict as those of FENSA.

62. One result of the reform was that resident coordinators were no longer United Nations Development Programme staff, but reported directly to the United Nations Secretary-General, which created an opportunity for a more inclusive and coordinated approach at the country level. Although some concerns had been raised that WHO might lose the opportunity to engage in direct contact with high-level government officials and would be obliged to communicate through the resident coordinator, assurances to the contrary had been received. Lastly, with regard to funding, a 1% levy would be taken at source from tightly earmarked third-party non-core contributions to United Nations development activities, and the number of multi-donor trust funds would be increased. The funds would be oriented to particular countries rather than to particular organizations.

63. Members of the SCRC welcomed the briefing on the reform of the United Nations development system. Every effort should be made to strengthen the visibility of health as a cross-sectoral issue in UNDAFs, which would have an impact on economic growth and human development. WHO's role as the global lead and principal partner for national governments on health, was therefore particularly significant. One member asked how World Bank and United Nations activities would be coordinated in countries without a United Nations resident coordinator. Furthermore, how would the World Bank's health-related activities at the country level be coordinated with those of WHO?

64. The Director, Strategic Partnerships, emphasized the importance of UNDAFs as the key to cooperation on health-related matters at country level. It was particularly important for all governments to recognize health as a key to SDG attainment within the UNDAF, including throughout the consultation with different stakeholders in the preparatory phases. The United Nations Economic Commission for Europe would play a more prominent role in countries without a resident coordinator. The Regional Office had a positive and collaborative relationship with the World Bank and would be happy to cooperate at country level on health-related matters.

Report on the work of the GDOs in the European Region

WHO European Centre for Environment and Health, Bonn, Germany

65. The Head, WHO European Centre for Environment and Health, briefed the SCRC via WebEx connection on the Centre's work, which was divided into three streams: work in countries; work across countries; and normative work. Areas of activity in countries included water and sanitation, air quality, chemical safety and biomonitoring. Intercountry work included helping Member States to implement the Declaration of the Sixth Ministerial Conference on Environment and Health (Ostrava Declaration) and other multilateral environmental agreements, and servicing the European Environment and Health Task Force and its Bureau. The Centre's normative work was global in scope. Recent examples included developing Environmental Noise Guidelines for the European Region (2018), leading the development of air quality guidelines, researching health impact assessment modelling, and capacity building.

66. Regarding compliance with the GDO strategy adopted by RC62 (document EUR/RC62/11), all environment and health operations, although concentrated in Bonn, were integrated into the work of the Regional Office and, more specifically, its Division of Policy and Governance for Health and Well-being. The Centre was largely funded by the host country,

Germany, with additional resources provided by Austria, Finland, France, Netherlands, Norway and Switzerland. The European Commission was also an important partner.

67. Major activities over the course of the coming year would include: launching a report on environmental health inequalities; starting a flagship course on environment and health to support policy-makers in the implementation of the Ostrava Declaration; and contributing to the Fifth High-level meeting on Transport, Health and Environment and the fifth session of the Meeting of the Parties to the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes. The Centre was also contributing to the development of the new WHO global strategy on climate change, health and the environment.

WHO European Office for the Prevention and Control of NCDs, Moscow, Russian Federation

68. The Head, WHO European Office for the Prevention and Control of NCDs, joining the meeting by WebEx connection, reported on the work of the NCD Office. He said that the Office was an integral part of the regional programme on NCDs, in the Division of NCDs and Promoting Health through the Life-course. The Office supported a wide variety of activities across the European Region with a major focus on surveillance and monitoring of NCDs and the regional programme on alcohol and substance abuse. It was an important hub for innovation in the work on NCDs. It also contributed to global activities for the prevention and control of NCDs. The Office collaborated with a variety of partners of diverse nationalities. It had organized over 300 events in all 53 Member States in the European Region. Major academicians and scientific institutions in the Russian Federation were involved in the Office's work; more than 100 landmark documents had been published in English and Russian. While the Office's work benefited all Member States in the Region, targeted country-specific support was also provided to those most in need, in line with GPW 13 and the transformation agenda. Efforts were being made to scale up the WHO STEPwise approach to surveillance, and ground-breaking work was being done with regard to childhood obesity. A new report had been launched on the digital marketing of healthy foods, which reflected the Office's focus on innovation.

69. The Office functioned in line with the GDO strategy and as an integral part of the Regional Office. It was a centre of excellence, which added significantly to the capacity of the Division of Noncommunicable Diseases and Promoting Health through the Life-course. The Office was fully funded, thanks in large part to a generous grant from the host country. The grant, which had recently been increased, had been extended to enable the Office to continue and increase its work. In future, the Office would seek to be more relevant for all countries, to fast-track support for Member States in the eastern part of the Region, and to enhance collaboration with Russian centres of excellence.

WHO Barcelona Office for Health Systems Strengthening, Spain

70. The Head, WHO Barcelona Office for Health Systems Strengthening, briefing the SCRC via WebEx connection, explained that the Office was currently preparing for the next edition of its course on health financing for universal health coverage. More than 200 applications had been received to fill the 70 available spaces, which showed that the Office's capacity-building work was held in high regard. The Office's two other courses – health systems strengthening:

focus on NCDs, and a new course focusing on strengthening health systems for improved TB prevention and care – were equally popular.

71. In line with the GDO strategy, the Barcelona Office was fully integrated into the Regional Office, benefited from stable funding and delivered important research and evidence on universal health coverage with a focus on financial protection. Country focus had long been the Office's hallmark. The Office also worked with the NCD Office and the Division of Health Emergencies and Communicable Diseases on health system strengthening to address NCDs and TB.

72. The Barcelona Office's report *Can people afford to pay for health care? New evidence on financial protection in Europe*, drawing on detailed analyses of financial protection in 24 Member States in the European Region, would be launched on World Health Day 2019. Ten country-specific reports had also been published. In future, the Office would seek to extend coverage to at least 80% of Member States in the Region, going beyond the production of numbers on impoverishment through the use of health services and catastrophic expenses, to find explanations and offer policy advice to Member States. The Office's work was well recognized: the Organisation for Economic Co-operation and Development (OECD) and the European Commission drew on the data and policy messages delivered by the Office to inform their work.

73. The Regional Director said that the GDOs were an integral part of the Regional Office: they reported to their respective "mother" divisions in the Regional Office, their workplans were fully integrated into the overall programme of work, and they were therefore required to report regularly on their activities to the Regional Committee. A working document would be prepared for RC69 describing the value added by, and achievements of, the GDOs, and the global relevance of their normative work. It would show how they complied with the GDO strategy and, with the generous financial support of host countries, contributed to the work of the Regional Office. A short paper on the work of GDOs would be prepared for the SCRC's consideration at its next meeting.

74. The SCRC member from the Russian Federation described how hosting a GDO could heighten a country's awareness of and connection to WHO's work. Being a host brought benefits and responsibilities; it was rewarding to see financial contributions translated into practical results. The Russian Federation had increased its grant to the GDO in Moscow in recognition of the excellent outcomes delivered. The Office had repeatedly received requests for knowledge transfer from other regions, which was an indication of the global relevance of its work.

75. The SCRC commended the good governance practices of the GDOs and their continued transparency and reporting. Members wondered whether the added value of GDOs was recognized by WHO globally and whether similar mechanisms had been established in other regions.

76. The Regional Director thanked the Russian Federation for its sustained support. The work of the GDOs was relevant to the entire Region. Although GDOs had not been discussed formally at the global level, they were referred to repeatedly in debates on issues relevant to their respective mandates. While their work certainly contributed to global efforts, the distribution of their capacities should not be to the detriment of technical support for

countries in the Region. The Western Pacific Region had set up a similar mechanism and it might indeed be useful to share the European experience with others.

Accelerating primary health care in the WHO European Region: introducing, implementing and scaling up organizational and technological innovation in the context of the Declaration of Astana

77. Presenting the draft report on accelerating primary health care, the Director, Health Systems and Public Health, drew attention to several major policy events on primary health care that had taken place over the past year and provided examples of successful measures taken by Member States to strengthen community-based primary health care. The first high-level WHO Symposium on the Future of Digital Health Systems in the European Region had been a landmark event. WHO was one of several partners working with OECD on the preparation of the first global guidelines on artificial intelligence. WHO's convening power was particularly important in that endeavour.

78. Evidence and practical experiences from countries had been used to inform the 10 policy accelerators for strengthening primary health care in the European Region, which were listed in the report, accompanied by digitalization options. The document was aligned with GPW 13, with its triple billion goal, and the transformation agenda. The policy accelerators would be implemented by the WHO European Centre for Primary Health Care in Almaty, Kazakhstan, that had been working across programmes on antimicrobial resistance and long-term care and started the roll-out of the measurement of primary health care performance in countries through a dedicated tool – the Primary Health Care Tool for Monitoring Impact, Performance and Capacity (PHC-IMPACT).

79. The SCRC expressed satisfaction with the 10 policy accelerators and digital pointers and underscored the importance of integrating sexual and reproductive health services at the primary care level, as part of a life-course approach, in the broader context of universal health coverage. Regarding the need for additional resources, one member encouraged considering the possible involvement of local governments through in-kind contributions and provision of human resources, and of national health insurance funds as resource partners.

80. The Director, Health Systems and Public Health, said that a collaborative programme on sexual and reproductive health was being developed, in cooperation with the Division of Noncommunicable Diseases and Promoting Health through the Life-course.

Health literacy in the WHO European Region

81. The Director, Noncommunicable Diseases and Promoting Health through the Life-course presented the draft working document on health literacy, which reflected the strong political call for action in this area. It highlighted developments in health literacy and described gaps identified through the recent European health literacy survey. It also provided information on a variety of health literacy platforms at the regional level and described collaboration efforts undertaken jointly with other regions.

82. The priorities and proposed objectives of the draft roadmap for implementing health literacy initiatives through the life course had been revised in line with the comments made at the Standing Committee's second session. A greater focus had been placed on redressing

health inequity and empowering people to make healthy choices. Given the cross-sectoral nature of health literacy, several divisions in the Regional Office had contributed to the document. A draft roadmap would be subject to a technical consultation before being presented to the SCRC's next session. A web-based consultation with Member States would take place afterwards. The draft roadmap would be presented as an annex to the report that would be submitted to the Regional Committee, to be noted by the Regional Committee.

83. The Director, Information, Evidence, Research and Innovation, added that since its establishment in February 2018, the WHO Action Network on Measuring Population and Organizational Health Literacy (M-POHL Network) had been very active and had garnered the involvement of 22 highly committed Member States. The Regional Office had produced a Health Evidence Network (HEN) synthesis report on existing policies and linked activities and their effectiveness for improving health literacy at national, regional and organizational levels in the Region (HEN report no. 57). Another report was in the pipeline and at least 12 countries were expected to conduct pilot surveys on health literacy at the end of the year.

84. The members of the SCRC expressed concern that the definition of health literacy was too broad and complex, and required clarification. It should be functional and include a description of relevant actions, to enable a compelling case to be made for investment in health literacy. The term would need to be adaptable to different national contexts. Attention was drawn to the importance of partnerships with academia, education ministries and medical universities to expand national health literacy capacities. Public health management schools and similar institutions could also play a key role in that regard. Promoting health literacy was not a one-way street: Member States might be required to respond to the expectations of highly health literate populations. Generating evidence on health literacy should be a natural product of implementing the roadmap, however, not a strategic objective.

85. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that the concerns regarding the need for a simpler definition that could be adapted to national contexts had been well noted and would be taken into account. The draft would be revised in the light of the SCRC's comments, and an updated version would be submitted to the Standing Committee for its consideration at its fourth session. Lastly, she added that a special edition of *Public Health Panorama* dedicated to health literacy would be published prior to RC69.

Accreditation of regional non-State actors to attend meetings of the WHO Regional Committee for Europe

86. The Director, Strategic Partnerships and WHO Representative to the European Union, recalling that the framework for engagement with non-State actors as adopted through resolution EUR/RC67/R7 had been applied for the first time at RC68, informed the SCRC that six nongovernmental organizations had applied for non-State actor accreditation by the statutory deadline. The Secretariat had reviewed the applications and carried out due diligence. The six applications had been deemed to meet the required criteria.

87. In the light of the foregoing, the Standing Committee agreed to forward the applications of the six organizations concerned to the Regional Committee for accreditation.

Address by a representative of the Staff Association of the European Region of the World Health Organization

88. In her address to the SCRC, the Treasurer of the Staff Association commended the strong staff–management relationship in the Regional Office, and the Regional Director's continued commitment to staff well-being. She extended the Staff Association's congratulations to the Regional Director on her appointment as Deputy Director-General of WHO. The Staff Association was confident that her appointment would result in stronger dialogue and engagement between staff and the Organization's global senior leadership.

89. The Staff Association supported the transformation vision, including the focuses on country impact, a respectful workplace, optimal utilization of the workforce's skills and the adoption of the WHO Values Charter. Staff should, however, be involved and consulted throughout the transformation process. A central platform was needed to facilitate exchange of information and meaningful communication between all staff, staff associations and the global transformation team. Staff had not been consulted on the substantive restructuring that had taken place at WHO headquarters; there were concerns in the European Region about the potential impact of those changes on regional and country offices.

90. The transformation should be used as an opportunity to scale up respectful workplace interventions and develop a culture of agreed values and aspirations. Senior management should take the lead in that regard. Harassment in all its forms continued to be a critical issue. While the introduction of mandatory training courses to prevent such conduct was commendable, further action was needed, including a policy that focused on those affected by harassment, protected staff against retaliation and false claims, and ensured a timely response from, and the accountability of, the Organization.

91. The Staff Association appreciated that geographical mobility contributed to a modern WHO workforce with broad and diverse experience, and was pleased that staff opinions had been taken on board in the revised mandatory geographical mobility policy. That notwithstanding, the evaluation of the impact of voluntary mobility suggested that staff were not confident that the Organization was ready to implement the mandatory policy. As a member of the future task force on mobility, the Staff Association would insist that any changes to mobility rules and regulations and their roll-out should take account of the impact on the lives of the individuals concerned and their families. Furthermore, implementation of the developmental assignment policy needed to be revisited to ensure equality of opportunities.

92. Staff had lost confidence in the independence and technical competence of the International Civil Service Commission (ICSC). Although the Commission was tasked to ensure that conditions of service were up to date, in some duty stations salary surveys had not been conducted for over a decade and the results of finalized surveys were not made available or implemented in a timely manner. Member States should advocate for a more transparent and competent ICSC at the United Nations General Assembly.

93. The Regional Director thanked the Staff Association for its involvement in the transformation process, commending the staff's crucial role in the development of the Respectful Workplace Initiative and the WHO Values Charter. Staff concerns about the need for better communication and a central platform for exchange had been well noted. The Global Policy Group was considering how to expand communication channels, and options for enhancing the engagement of staff associations and the Global Change Network in the

transformation process. The Director, Noncommunicable Diseases and Promoting Health through the Life-course had been appointed as lead for the transformation process in the Region. Additional support could be provided as needed.

94. Preventing harassment remained a key priority. Mandatory anti-harassment training had been completed by all senior management and staff. A successful and well-managed mobility policy must be supported by functional networks. During the three-year transition period, the policy had been well tested. The major offices needed to come to an agreement, in close consultation with WHO staff associations, on how to take the policy forward. The outstanding salary surveys were a concern across WHO and would be high on the list of priorities for future meetings of the Programme Budget and Administration Committee of the Executive Board and the World Health Assembly. Extending her gratitude to the Staff Association for its support during her tenure, she said that continued engagement and support would be crucial to make WHO fit for the future.

Progress reports

Beyond 2020: status of WHO European regional action plans within the scope of the SDGs and GPW 13

95. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, presented a document explaining how the Regional Office planned to proceed with regard to the status of regional action plans that were due to expire in 2020. The document outlined the status, progress and challenges, and way forward for each action plan. Action plans that would be extended would be aligned with the SDG targets, GPW 13 and the outcome documents of various high-level and ministerial meetings.

Category 1: Communicable diseases

Implementation of the action plans for the health sector response to HIV and to viral hepatitis in the WHO European Region

96. The Technical Officer, Tuberculosis, HIV and Viral Hepatitis, informed the Standing Committee that despite the progress made in implementing both of the actions plans, challenges persisted. With regard to HIV, although mortality rates had reduced, the number of cases of HIV remained high. Robust data had been gathered on viral hepatitis in the Region, which would allow a more tailored and targeted response. Much remained to be done with regard to the preparation of national roadmaps. Innovative self-testing tools had been developed, yet many people in the Region remained unaware of their HIV status. Work to promote testing was being done jointly with the Division of Health Systems and Public Health. Deeper cooperation between State actors and non-State actors was contributing to better treatment outcomes. A United Nations common position paper had been prepared, pledging to reach more patients and underscoring commitment to addressing HIV, viral hepatitis and TB in the European Region and beyond.

97. The Director, Health Systems and Public Health, expressed appreciation for the cross-divisional cooperation in respect of HIV and viral hepatitis; joint work would be done to develop a modus operandi for countries transitioning away from Global Fund support.

98. Members of the SCRC welcomed the progress report and suggested that where numbers of Member States were mentioned, footnotes should be added listing the countries concerned. The progress report on HIV should pay closer attention to the crucial importance of early diagnosis and should refer to coinfections, especially sexually transmitted infections and hepatitis B and C.

99. The Technical Officer, Tuberculosis, HIV and Viral Hepatitis, thanked the SCRC for its constructive comments, which would be taken into account. A recent regional workshop on testing for viral hepatitis and HIV had provided guidance for Member States on improving their national testing and treatment policies.

Category 6: Corporate services and enabling functions

Compliance and audit

100. The Director, Administration and Finance, referred the Standing Committee to the information presented under its agenda items on implementation of the Programme budget 2018–2019 and on the Proposed programme budget 2020–2021: the regional perspective.

Cross-cutting

Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind

101. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, presented a draft of the first progress report on implementation of the Action Plan, which was based on the global survey on sexual and reproductive health. The survey, which had been the first of its kind, had placed a heavy reporting burden on Member States. That notwithstanding, 35 Member States had completed it, providing an excellent baseline of information. Individual country profiles would be made available on the European Health Information Gateway. Sexual and reproductive health remained, however, less visible than other aspects of the Regional Office's work. Much therefore remained to be done, including assisting Member States in developing national strategies, ensuring that sexuality education was brought into the mainstream of school curricula, and providing medical staff with necessary training.

102. The SCRC commended the improvement of sexual and reproductive health services in the European Region, while underscoring the fact that high rates of maternal and infant mortality persisted, and that clearer interventions were therefore needed. Access to contraceptives should be free of charge, in particular for vulnerable groups. The inclusion of education on health, including in relation to sexuality, in school curricula should be encouraged through UNDAFs; governments' commitment to promoting a healthy lifestyle through education should be measured. Sexuality education should start at a young age, and should be linked to work on cervical cancer prevention and human papillomavirus vaccine coverage.

103. The Programme Manager, Sexual and Reproductive Health, said that an assessment of progress towards universal access to sexual and reproductive health services had been conducted in order to identify challenges and barriers, and best practices to serve as an example for other regions. Inequities in maternal mortality in the Region, and access to quality and comprehensive sexual and reproductive health services, particularly for

adolescents, remained significant; the Regional Office had the tools to help Member States to address these challenges. Regarding services at the primary level and the life-course approach, much needed to be done with regard to preconception care, which was a precondition for a healthy start in life. Comprehensive sexuality education was also extremely important; misconceptions and misinformation regarding the benefits of sexuality education must be addressed.

Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being: lessons learned from Health 2020

104. The Director, Policy and Governance for Health and Well-being, presented an outline of the progress report, which would include a brief summary of the status of progress towards SDG targets, building on the revised voluntary national reports submitted to the High-level Political Forum on Sustainable Development. The report would also contain an account of actions taken by WHO and its partners, which would be reported through an online questionnaire sent to programme managers, and would outline the next steps to be taken. It would be accompanied by an information document elaborating on how to accelerate progress towards attainment of the SDG targets. The full report would be presented to the SCRC at its next session.

105. The Director, Information, Evidence, Research and Innovation added that with regard to the joint monitoring framework, a gateway was being set up to bring in data. Information would be collected in the third quarter of 2019, most of which was already routinely reported and would be drawn from existing databases. Member States would only be asked for new information, thereby keeping the reporting burden to a minimum.

Membership of WHO bodies and committees

106. On the morning of Thursday, 14 March 2019, the SCRC held a private meeting to discuss vacancies for election or nomination at RC69, elective posts at the Seventy-second World Health Assembly and the 145th session of the Executive Board, and the nomination of the Regional Director. The SCRC also reviewed the role of the Bureau of the Executive Board and the link between the Executive Board and the SCRC.

Closure of the session

107. The Vice-Chairperson paid tribute to the Regional Director’s dedication and leadership, and on behalf of the SCRC wished her well in taking up her position as Deputy Director-General of WHO.

108. The Regional Director thanked the Standing Committee and acknowledged the significant increase in its contribution to the governance of the Regional Office over the past 10 years.

109. The Chairperson expressed his appreciation to all participants for their efforts and declared the third session of the Twenty-sixth SCRC closed.

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. Review of the outcome of the 144th session of the Executive Board and its impact on the work of the WHO European Region

4. Feedback from the subgroups of the Standing Committee of the Regional Committee for Europe (SCRC)

5. Provisional agenda and programme of the 69th session of the WHO Regional Committee for Europe (RC69)

6. Review of technical and policy topics and consultation process for RC69 agenda items

7. Membership of WHO bodies and committees
   - Vacancies for election or nomination at RC69 in September 2019
   - Elective posts at the Seventy-second World Health Assembly and the 145th session of the Executive Board in May 2019
   - Nomination of the Regional Director

8. Address by a representative of the Staff Association of the European Region of the World Health Organization

9. Progress reports

10. Other matters, closure of the session

Annex 2. List of documents

Working documents

EUR/SC26(3)/1	Provisional list of documents
EUR/SC26(3)/2 Rev.1	Provisional agenda
EUR/SC26(3)/3 Rev.1	Provisional programme
EUR/SC26(3)/4	Draft provisional agenda of the 69th session of the WHO Regional Committee for Europe
EUR/SC26(3)/5	Draft provisional programme of the 69th session of the WHO Regional Committee for Europe
EUR/SC26(3)/6	Regional high-level conference on accelerating progress for equity in health in the context of Health 2020 and the 2030 Agenda for Sustainable Development towards leaving no one behind in the WHO European Region
EUR/SC26(3)/7	Progress report on the Action Plan for Sexual and Reproductive Health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind
EUR/SC26(3)/8	Engagement with non-State actors: Accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe
EUR/SC26(3)/9	Health literacy in the WHO European Region
EUR/SC26(3)/10	Progress report on the roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being: lessons learned from Health 2020
EUR/SC26(3)/11	Progress report on implementation of the Action Plan for the Health Sector Response to HIV in the WHO European Region
EUR/SC26(3)/12	Progress report on implementation of the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region
EUR/SC26(3)/13	Update on the reform of the United Nations development system – implications for and involvement of the WHO Regional Office for Europe
EUR/SC26(3)/14	Lessons learned from Health 2020 implementation

EUR/SC26(3)/15	Beyond 2020: status of WHO European regional action plans within the scope of the Sustainable Development Goals and WHO's Thirteenth General Programme of Work, 2019–2023
EUR/SC26(3)/16	Accelerating primary health care in the WHO European Region: introducing, implementing and scaling up organizational and technological innovation in the context of the Declaration of Astana

Draft resolutions and decisions

EUR/SC26(3)/Conf.Doc./1	Draft decision on engagement with non-State actors: Accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe

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