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Report of the Twenty-sixth Standing Committee of the Regional Committee for Europe

This document is a consolidated report on the work done by the Twenty-sixth Standing Committee of the Regional Committee for Europe (SCRC) at the four regular sessions held to date during its 2018–2019 work year.

The report of the Twenty-sixth SCRC's fifth and final session (to be held in Copenhagen, Denmark, on 15 September 2019, before the opening of the 69th session of the WHO Regional Committee for Europe) will be submitted to the Regional Committee as an addendum to this document.

The full report of each SCRC session is available on the Regional Office's website (<http://www.euro.who.int/en/about-us/governance/standing-committee/twenty-sixth-standing-committee-of-the-regional-committee-2018-2019>).

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Introduction

1. The Twenty-sixth Standing Committee of the WHO Regional Committee for Europe (SCRC) has held four regular sessions to date:

- at the 68th session of the WHO Regional Committee for Europe (RC68) in Rome, Italy, on 20 September 2018;
- in Athens, Greece, on 5–6 December 2018;
- at the WHO Regional Office for Europe, Copenhagen, Denmark, on 13–14 March 2019; and
- at WHO headquarters, Geneva, Switzerland, on 18–19 May 2019.

2. In accordance with Rule 9 of the SCRC's Rules of Procedure, Mr Ioannis Baskozos (Greece), as Deputy Executive President of RC68, is ex officio Chairperson of the Twenty-sixth SCRC. At its first session, the Twenty-sixth SCRC elected as its Vice-Chairperson Mr Søren Brostrøm (Denmark). The member of the WHO Executive Board from Finland agreed to act as the link between the Twenty-sixth SCRC and the WHO Executive Board in 2018–2019.

3. Also at its first session, the Twenty-sixth SCRC welcomed new members from Croatia, Poland, the Republic of Moldova and the Russian Federation, who would each serve a three-year term of office from September 2018 to September 2021, replacing the members from Georgia, Iceland, Italy and Tajikistan, whose terms had expired at RC68.

Reflections on the 68th session of the Regional Committee for Europe

4. Reflecting on RC68, members of the SCRC said that the extensive consultations and timely production of documentation prior to the session had fostered consensus, while the focused and well conducted panel discussions had enabled a different kind of interaction to take place, promoting ownership of the proceedings by participants. The presence of political leaders had been very important from the perspective of strengthening advocacy for health in the WHO European Region. High-level political participation should continue to be encouraged in future. In addition, leading scientists might be invited to address the Regional Committee, to make a bridge between research and practice in public health.

5. The SCRC supported the idea of including more films or video presentations of agenda items, as a way of imparting messages more effectively. One member observed that the statements by representatives of civil society organizations had been very dense and, of necessity, delivered very rapidly. It was suggested that those organizations might present their work at small stands on the margins of the meeting. The "activation sessions" were welcomed.

SCRC subgroups

6. At its first session, the Standing Committee agreed that the subgroup on governance had a number of open items and should continue its work. Similarly, the subgroup on countries at the centre would be maintained. The SCRC also agreed that, following the discussion at RC68

on the Regional Framework for Surveillance and Control of Invasive Mosquito Vectors and Re-emerging Vector-borne Diseases 2014–2020, the work of the subgroup on vector control had been completed. A subgroup on leadership was established after the Standing Committee's second session, following discussions in the first and second sessions.

Subgroup on governance

7. At its second session, the SCRC approved the subgroup's revised terms of reference and was informed that the subgroup would focus its attention on two major issues: simplification of the tool for scoring candidatures to WHO posts; and follow-up to global discussions on governance. The scoresheet for evaluating nominations to the Executive Board and the SCRC had been reworked and guidance on evaluating nominations had been revised. Although the SCRC was required to select Member States for membership, some consideration should also be given to the experience and knowledge of the individual candidates. The curriculum vitae form that candidates were required to complete would be simplified and brought into line with the guidance on evaluation, in order to reflect the simplified selection criteria. The simplified tool was agreed upon by the SCRC in a subsequent virtual meeting prior to the invitation for nominations being distributed. The SCRC then used the new simplified tool at its private meeting in May 2019, expressing satisfaction and recommending that it be used again in the future.

8. At its third session, the SCRC was briefed on the subgroup's discussions regarding how to simplify processes for information-sharing between the Executive Board, its Bureau and Member States. The SCRC agreed with the subgroup's proposal that the designated link between Member States in the European Region and the Executive Board should be the member of the Bureau of the Executive Board, and to amend the link's terms of reference to that end. The SCRC also agreed to amend the Rules of Procedure of the WHO Regional Committee for Europe, in line with Executive Board decision EB144(3), in which the Board had 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). Efforts to enhance engagement during Regional Committee sessions should be made, including taking further opportunities for informal meetings with non-State actors, and showcasing joint work with non-State actors in the Region. At its fourth session, the Standing Committee took note of a draft decision, which addressed two distinct matters: the schedule of forthcoming posts for membership to the Executive Board and the Standing Committee of the Regional Committee, and amendments to the Rules of Procedure of the Regional Committee and of the Standing Committee of the Regional Committee, with a view to bringing the language of those rules into line with that of the Framework of Engagement with Non-State Actors.

9. The SCRC welcomed two suggestions by the subgroup: the first, to further explore how SCRC members or Member State representatives could participate as observers in the traditional briefing for non-State actors held prior to Regional Committee sessions; and the second, that country offices could prepare a poster exhibition for display at the Regional Committee, on work conducted in collaboration with non-State actors at the country level that was linked to topics on the Regional Committee's agenda.

Action by the Regional Committee	Consider the draft decision on governance of the WHO Regional Office for Europe: amendments to the Rules of Procedure of the Regional Committee for Europe and of the Standing Committee of the Regional Committee for Europe.
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Subgroup on countries at the centre

10. At its second session, the Standing Committee approved the new draft terms of reference of the subgroup on countries at the centre, setting out the subgroup's functions, including: participation in country visits and reporting on them, and the added value they played in WHO's work at country level; providing guidance on the structure and content of European country performance reports for submission to the Regional Committee; and assisting in the organization of the Regional Committee plenary session on countries at the centre. Two new items had been added to the terms of reference: assisting in reaching out to countries to provide feedback on the ongoing prioritization process for the Thirteenth General Programme of Work, 2019–2023 (GPW 13); and assisting the Regional Office in exploring new ways of working with countries without a WHO country office. The Standing Committee was also informed about the preparations under way for a planned subgroup visit to Kyrgyzstan.

11. At its third session, the SCRC was informed 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 without a country office. Innovative ideas had been presented, including the establishment of a network of parliaments 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. 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.

Subgroup on leadership

12. At the Standing Committee's third session, the Chairperson of the subgroup on leadership reported on the work undertaken to establish the subgroup and approve its terms of reference and working timeline. Given the imminent changes in Regional Office leadership and in the structure of WHO as a whole under the transformation process, the moment was opportune to reflect on the Regional Office's leadership role over the past 10 years. The Regional Office had played a prominent role on a variety of issues and had proven well placed to guide others. The subgroup was working to prepare a non-paper on leadership in the European Region, describing regional actions and subregional initiatives, for submission to RC69.

13. The SCRC agreed that leadership in health was a complex matter. Being a good health professional was no longer enough; broader awareness of public 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, communicate the socioeconomic value of public health functions, and 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.

Preparation for the 69th session of the Regional Committee for Europe

Draft provisional agenda and programme

14. At the Standing Committee's first session, the Regional Director presented a preliminary outline of the proposed agenda for RC69. The SCRC agreed that the agenda should not be overburdened with technical items to allow sufficient time for the election of the new Regional Director for Europe. At its second session, the Standing Committee was informed that policy and technical topics on the agenda for RC69 would be: Health 2020 implementation; primary health care and follow-up to the high-level meeting in Astana (now Nur-Sultan), Kazakhstan; the work of the geographically dispersed offices (GDOs); health literacy; promoting health equity; work at the country level; regional implications of the WHO transformation; and items related to the programme budget. The election of the Regional Director would take place in a closed meeting on the second day of the session.

15. The proposed programme for RC69 was presented at the SCRC's third session. The Standing Committee deemed it to be 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 a parliament, as a means of furthering engagement with parliaments.

16. A refined agenda and programme were presented to the SCRC at its fourth session. The Standing Committee was informed that there would be no specific topic for discussion at the ministerial lunch on the second day of RC69; instead, ministers would be able to interact on the question of the election of the Regional Director. The forthcoming publication, *Better Health for Europe: more equitable and sustainable*, would also be launched at the lunch. World-renowned Swedish statistician Ola Rosling would be attending RC69 as a keynote speaker.

Action by the Regional Committee

Review and adopt the provisional agenda and provisional programme of RC69.

Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board

17. At its third session, the Standing Committee was informed about the outcomes of the Executive Board's 144th session. 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. Subsequently, a revised list of items to be referred to the regional committees was provided to the SCRC during a virtual meeting, namely: an update on the GPW 13 results framework, development of a global strategy for tuberculosis research and innovation, a summary of the draft global strategy on digital health, a draft global strategy to accelerate cervical cancer elimination, a report on WHO presence in countries, territories and areas for 2019, and a proposal for a decade of healthy ageing 2020–2030. 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.

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

18. At its third session, the Standing Committee considered 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, which outlined the status, progress, challenges and way forward for each action plan. Action plans that would be extended would be aligned with the Sustainable Development Goal (SDG) targets, GPW 13 and the outcome documents of various high-level and ministerial meetings.

Action by the Regional Committee	Review the report on Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board, and 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.
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Lessons learned from Health 2020 implementation

19. At the SCRC's second session, it reviewed a concept note outlining the proposed content of a working document for RC69 on the lessons learned from the implementation of Health 2020. Members of the SCRC agreed that the moment was opportune to assess the impacts of Health 2020. Models of good practice with regard to primary health care and ensuring access to prevention and treatment could usefully be included in the working document.

20. A draft working document was subsequently presented to the Standing Committee at its third session. 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 SCRC underscored that 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, to help Member States maintain momentum

towards the attainment of the SDGs. The SCRC agreed that its newly established subgroup on leadership would contribute to the further preparation of the working document.

21. At its fourth session, the SCRC considered a revised version of the working document, and was informed that, when presented to RC69, it would be complemented by a package of background papers, including a study conducted by the European Observatory on Health Systems and Policies on Health 2020 implementation at the national and subnational levels; a progress report on the use of the roadmap to implement the 2030 Agenda for Sustainable Development; the European Health Equity Status Report; and the outcome document of the high-level conference on promoting health equity in the WHO European Region.

Leadership in public health in the WHO European Region

22. At the Standing Committee's fourth session, it reviewed the draft non-paper on leadership for health in the WHO European Region, which had been prepared by the subgroup on leadership. Members of the Standing Committee suggested that the paper should mention innovations such as the use of health ambassadors and the investment in staff development through the establishment of the WHO Academy. Group work and teambuilding were also important features of leadership. The paper should give more prominence to the political context, especially in light of the political nature of the SDGs.

Health equity in the WHO European Region

23. At its second session, the SCRC reviewed a concept note describing the background and rationale for a planned high-level conference on promoting health equity in the WHO European Region. The proposed high-level conference would bring together Member States, non-State actors and experts, and its outcome document would provide the basis for a working document and resolution to be submitted to RC69, to set the European action agenda on health equity for the coming 10 years. Details of the conference, which would be held in Ljubljana, Slovenia, were shared with the SCRC at its third session; the Standing Committee 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.

24. At the Standing Committee's third session, a draft report on health equity was presented, which set out 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.

Action by the Regional Committee	Review Health 2020: seven years on – lessons learned from the implementation of the European health policy framework. Consider the corresponding draft resolution. Review The role and contribution of leadership in health policy and practice. Review 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, and The Ljubljana Statement on Health Equity. Consider the corresponding draft resolution and its financial implications.
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WHO transformation and its implications for the European Region

25. At its second session, the SCRC was briefed on the launch of the WHO transformation, which had included consultations and diagnostic work undertaken to map programmes and enabling processes in the context of GPW 13. A baseline survey and a “values jam” had been conducted, in which staff had discussed the WHO vision and mission and considered how to improve performance, knowledge and skills. The transformation would focus on operationalizing GPW 13 through a Member State-led bottom-up prioritization process, combined with Secretariat accountability and deliverables set out in the programme budget. Transformation was a complex process; a clear distinction needed to be made between elements that fell under the responsibility of the governing bodies and others that needed to be addressed by the executive management.

26. By the Standing Committee’s third and fourth sessions, structural changes had been announced at headquarters based on four “pillars” of activity; the SCRC was informed that the organigram would be duly updated, and the structure of the Regional Office would be aligned accordingly. In response to queries regarding the proposed separation of the normative and technical functions of the Organization, the SCRC was informed that the fact that headquarters would take the lead on the Organization’s normative function would not mean that the regions ceased to have a normative role. The regions would, however, take the lead in coordination of technical assistance; consideration would need to be given to how to engage with large entities that provide direct technical cooperation to countries.

27. 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, in order to develop and implement a plan for cultural change. The plan would be based on the Values Charter and informed by the Respectful Workplace Initiative and the results of the recent United Nations survey on sexual harassment. The new operating model would determine how newly defined areas of work would be implemented through the programme budget and new task forces. A stronger collaborative culture would be promoted.

Action by the Regional Committee	Review The WHO transformation and its implications for the WHO European Region.
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Health literacy in the WHO European Region

28. At its second session, the SCRC reviewed the concept note that would form the basis of a working document on health literacy to be submitted to the Regional Committee. Research had shown that there was inadequate health literacy among adults in the Region. The time had therefore come to set out a roadmap to increase individual and institutional capacity for making healthy choices. The concept note outlined the priority-setting process and the proposed outline of the roadmap, and the timeline for its preparation.

29. The draft working document on health literacy, which reflected the strong political call for action, was presented to the Standing Committee at its third session. Given the cross-sectoral nature of health literacy, several divisions in the Regional Office had contributed to the document. 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.

30. At its fourth session, the SCRC was briefed on progress made in drafting the roadmap, which was being developed by the Secretariat and would be circulated among Member States for consultation. The roadmap would provide guidance for the drafting of an action plan. Information to support the action plan was being collected concomitantly with activities to enhance health literacy. Action networks had been established to measure health literacy in populations and assess the impact of health literacy on noncommunicable diseases and the life course, the work of which would inform the action plan.

Action by the Regional Committee

Review Draft WHO European roadmap for implementation of health literacy initiatives through the life course. Consider the corresponding draft resolution and its financial implications.

WHO's work at country level

31. At its second session, the Standing Committee reviewed a concept note that would serve as a basis for a working document to inform discussion on WHO's work at country level at RC69. The Regional Office had developed innovative ways of engaging at country level and had worked to upgrade the country offices, including through a transition to international leadership. Engagement took place both on a one-to-one basis with individual countries, and in "intercountry" mode to address common challenges faced by Member States. Country visits conducted in the European Region had clarified WHO's work at country level and informed discussions on GPW 13.

32. At its third session, the SCRC was informed that changes had been requested to the headquarters document on country performance for submission to the World Health Assembly. The document for submission to RC69 was brought into line with the headquarters document and presented to the Standing Committee at its fourth session. Members of the SCRC welcomed the document, which was timely, given the transformation agenda's focus on shifting human and financial resources to the country level. The increase in transparency in the approach to work with countries was particularly positive. A greater focus should, however, be placed on networks and ensuring that they enjoyed sufficient human and

financial resources. While cooperation between Member States and the Organization was improving considerably, collaboration among Member States should be enhanced, thereby ensuring more sharing of experiences across countries.

33. The SCRC was informed that the Small Countries Initiative was an excellent example of a very useful network that was struggling to secure sufficient funding. During operational planning, consideration would need to be given to how to ensure the Initiative was properly funded. The network of WHO collaborating centres was also a great asset to the Organization, the utilization of which needed to be optimized. There were high expectations surrounding the newly established network of parliamentarians.

United Nations development system reform

34. At its second session, the SCRC was informed 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 emphasizing the importance of cross-sectoral collaboration and the need for specialized agencies to discuss reform in their own governing bodies. 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.

35. Under United Nations development reform, WHO representatives would have dual accountability: to the United Nations country team and to WHO. The Regional Office was preparing new guidance for WHO representatives to ensure that health was recognized in United Nations Development Assistance Frameworks (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. 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.

36. 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.

Action by the Regional Committee

Review Putting countries at the centre in the WHO European Region, and WHO presence in countries, territories and areas. Report 2019.

Report on the work of the geographically dispersed offices

37. At the Standing Committee's second session, it received updates via WebEx connection from the heads of three GDOs in the European Region (the WHO European Centre for Environment and Health, Bonn, Germany, the European Office for the Prevention and Control of Noncommunicable Diseases, Moscow, Russian Federation, and the WHO Barcelona Office for Health Systems Strengthening, Spain) on the work of their offices and their compliance with the GDO strategy adopted at RC54 (in resolution EUR/RC54/R6) and further discussed at RC62 on the basis of document EUR/RC62/11. 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.

38. At its fourth session, the SCRC reviewed the draft report on the work of the GDOs, which focused on governance of the GDOs and their integration into the work of the Regional Office. The GDOs were all providing increased technical capacity and were also recognized as centres of technical excellence in the Region, and some also delivered normative products at the global level. The distribution of functions between the GDOs and the Regional Office constituted an efficient division of labour, and the GDOs worked as an integral part of the Regional Office, managed by its respective technical programmes. The GDOs provided substantial added capacity and value to the portfolio of technical work in the European Region and had been found to be functioning in line with the criteria of the GDO strategy and to be fully in line with the Regional Office's management processes.

Action by the Regional Committee

Review Report on the work of the geographically dispersed offices in the WHO European Region and Overview of the work of the geographically dispersed offices in the biennium 2018–2019. Consider the corresponding draft resolution.

Accelerating primary health care in the WHO European Region

39. At its second session, the SCRC considered a preliminary draft document on primary health care and technological innovation, which described 12 evidence-based policy accelerators for strengthening primary health care in the European Region and thereby for implementing the Declaration of Astana. Goal 3 of the SDGs on good health and well-being was underpinned by universal health coverage, which could not be achieved without primary health care. That link, while perhaps obvious to those in the health sector, was not necessarily always fully understood and must be promoted. Over the past 40 years, many major global developments in the journey towards people-centred health systems strengthening, based on primary health care, had begun in the European Region. SCRC members agreed that primary health care was essential to achieving universal health coverage and gave examples of how they were reforming primary health care at the national level. They welcomed the outcome of the high-level meeting in Astana and the renewed focus on the link between primary health care and universal health coverage.

40. A revised version of the document was presented to the Standing Committee at its third session. 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 targets, and the transformation agenda. Members' comments regarding the life-course approach and the continuum of care, and the need to make more specific references to sexual and reproductive health, were taken into consideration and the document was further revised prior to the SCRC's fourth session.

41. The Standing Committee was informed that the Executive Board, at its 144th session, had asked the Secretariat to evaluate the progress made in the 40 years since the adoption of the Declaration of Alma-Ata. Member States would receive questionnaires on the matter in due course. A common monitoring and evaluation framework was needed, to foster alignment between all six regions and headquarters.

Action by the Regional Committee	Review Accelerating primary health care in the WHO European Region: organizational and technological innovation in the context of the Declaration of Astana. Consider the corresponding draft resolution and its financial implications.
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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

42. At its third session, the SCRC was informed 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. The Standing Committee therefore agreed to forward the applications of the six organizations concerned to the Regional Committee for accreditation. The topic was again discussed during the fourth session of the Standing Committee where the draft resolution was presented and the Standing Committee was informed that one more application had been received that contained all the required information, so that seven non-State actors would be proposed for accreditation; this was agreed by the SCRC.

Action by the Regional Committee	Review 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. Consider the corresponding draft decision.
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Budgetary and financial issues

Implementation of the Programme budget 2018–2019

43. At its second session, the SCRC was informed that the first six-monthly review of implementation of the Programme budget 2018–2019 had shown implementation to be predominantly on track. The main challenges identified were resource constraints and lack of flexibility and commitment. The midterm review was ongoing and showed that overall, 60% of the budget was funded, with some categories better funded than others; flexibility of funds was

therefore important. Full results of the review were presented to the Standing Committee at its third session. As previously, gaps in political commitment and support, and timely availability of resources, remained key challenges. Collective efforts were being made to bridge funding gaps through resource management, reprogramming and resource mobilization.

44. At the SCRC's fourth session, it considered implementation of the Programme budget 2018–2019 in the European Region in comparison with the global perspective presented in World Health Assembly document A72/34. While the European Region had the highest proportion of locally generated voluntary contributions (72%) compared to other major offices, a relatively low proportion (44%) of those funds were flexible. At the level of programme areas, and even more so at that of technical programmes themselves, the ratio of available funds to approved budget by major office showed a very varied picture, with WHO headquarters being best placed and the African Region worst placed. The Regional Office for Europe had the highest level of expenditure of actual funds available (59%); when encumbrances were added, that figure rose to 68%. The denominator for those calculations had increased over time: the allocated budget for the European Region was currently some US\$ 12 million higher than the budget approved by the World Health Assembly in May 2017.

Action by the Regional Committee

Review Overview of implementation of the
Programme budget 2018–2019 in the WHO European
Region.

Proposed programme budget 2020–2021: the regional perspective

45. With regard to the preparation of the programme budget for the biennium 2020–2021, the SCRC was informed at its second session that work had been ongoing in all programme areas since RC68. Internal networks needed to be re-established to coordinate work across outcomes and strategic priorities. With regard to priority setting, the aim was to have an impact at country level, and bottom-up priority setting was central to the preparation of the proposed programme budget. The monitoring framework must be developed, which would formalize the accountability for achieving results. Country support plans would be developed, to set out the modalities of collaboration for action at the country level, where policy or strategic input from WHO could be required. The SCRC noted that not all Member States in the European Region had contributed to the prioritization process. Questions were raised with regard to how issues that were pertinent to more than one pillar of GPW 13 would be addressed, what would be done to ensure that reporting under the monitoring mechanism for the programme budget for 2020–2021 did not overburden Member States, and how the monitoring framework would be aligned with that of the 2030 Agenda for Sustainable Development.

46. At its third session, the SCRC received an update on the significant efforts made by the Regional Office 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 on developing country support plans. 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. 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 to be given an opportunity to contribute.

47. At its fourth session, the Standing Committee was informed that the second (and final) face-to-face meeting in the operational planning process related to the Proposed programme budget 2020–2021, to be held at the Regional Office in Copenhagen, on 3–5 June 2019, would involve institutionalization of GPW 13, finalization of iterative work on country support plans and on regional global public goods, as well as initiation of detailed workplan development. The last quarter of 2019 would be devoted to finalization and approval of workplans and allocation of funding.

Action by the Regional Committee	Review Regional plan for implementation of Programme budget 2020–2021 in the WHO European Region, and Thirteenth General Programme of Work, 2019–2023 – results framework: an update.
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Progress reports

48. Progress reports were presented to the Standing Committee at its third session.

Communicable diseases

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

49. The SCRC was informed that despite the progress made in implementing the action plans on the health sector response to HIV and viral hepatitis, challenges persisted. While HIV-related mortality rates had decreased, 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. The SCRC welcomed the progress report and made some suggestions for its improvement, including increasing the attention paid to early diagnosis and to coinfections.

Corporate services and enabling functions

Compliance and audit

50. 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

51. The SCRC considered the draft progress report on implementation of the Action Plan, which was based on the global survey on sexual and reproductive health. Members noted that high rates of maternal and infant mortality persisted in the Region; 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.

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

52. The SCRC was briefed on the preparations for drafting 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.

Action by the Regional Committee	Review the progress reports.
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Membership of WHO bodies and committees

53. At its second, third and fourth sessions, the Standing Committee met in private to review the candidatures received for membership of the Executive Board and the SCRC. At its fourth session, the SCRC was informed of the nominations that would be put forward for the posts of Vice-President of the Seventy-second World Health Assembly and Vice-Chairperson of Committee B, Vice-Chairperson of the 145th session of the Executive Board and membership of its Programme, Budget and Administration Committee, as well as membership of the General Committee and the Credentials Committee.

Action by the Regional Committee	Review Membership of WHO bodies and Committees.
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Nomination of the Regional Director

54. At its third session, the SCRC met in private to review the candidatures received for the post of WHO Regional Director for Europe.

Action by the Regional Committee	Consider the candidatures for the post of WHO Regional Director for Europe and the corresponding draft resolution on nomination of the Regional Director.
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Address by a representative of the WHO Regional Office for Europe Staff Association

55. The Treasurer of the Staff Association addressed the SCRC at its third session, commending the strong staff–management relationship in the Regional Office and the Regional Director’s continued commitment to staff well-being. The Staff Association supported the Director-General’s 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. 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.

56. 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.

57. Geographical mobility contributed to a modern WHO workforce with broad and diverse experience, and it was gratifying 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.

58. 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.

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