



EUROPE

Fifteenth Standing Committee of the Regional Committee for Europe Second session

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Report of the second session

Opening by the Chairperson and Regional Director

1. The Fifteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its second session at the Melia White House Hotel in London on 8 and 9 November 2007.
2. The WHO Regional Director for Europe informed the SCRC of the steps being taken to adapt the Regional Office and its way of working to the new environment of the Organization's programme budget 2008–2009 and its Medium-Term Strategic Plan (MTSP) 2008–2013. In particular:
 - more authority and resources were being devolved to WHO's country offices;
 - a system-wide, team-based approach had been adopted for planning the work that needed to be done in order to reach shared strategic objectives as opposed to working in "vertical" areas of work;
 - relevant changes would be made in the organizational chart of the Regional Office; and
 - the worldwide economic situation linked to the decreasing value of the United States dollar was being closely monitored and solutions were being sought, together with WHO headquarters, to minimize the risks associated with that problem.

Adoption of the provisional agenda, the provisional programme and the report of the first session (Belgrade, 20 September 2007)

3. Under the agenda item on "Follow-up to the fifty-seventh session of the Regional Committee (RC57)", the SCRC agreed to consider how best to deal with resolutions adopted by the Regional Committee that were "open-ended" or had no cut-off date. Under "Other matters", it also wished to be informed about plans for the launch of the report of the Commission on the Social Determinants of Health and about preparations for the Intergovernmental Meeting on Pandemic Influenza Preparedness: sharing of influenza viruses and access to vaccines and other benefits.
4. With regard to the report of its first session, and in particular its discussion of the outcome of RC57, one member of the SCRC doubted whether interventions from the floor during RC sessions could (or should) be significantly shortened, although it was noted that speakers tended to "self-regulate" the length of their statements as the session progressed. The report of the SCRC's first session was adopted without amendment.

Follow-up to the fifty-seventh session of the Regional Committee (RC57): review of SCRC and Secretariat actions

European Centre for Disease Prevention and Control

5. The SCRC was informed that the Regional Office was cooperating more closely with the European Commission as a whole. In that context, the Director of the European Centre for Disease Prevention and Control (ECDC) had visited the Regional Office two weeks previously and agreement had been reached on the establishment of a common epidemiological database. The secondment of one Regional Office staff member to ECDC was continuing and the reciprocal secondment from ECDC to EURO was under consideration.

Council of Europe

6. In response to the concern expressed by the Fourteenth SCRC about the transfer of Council of Europe (CE) activities on blood transfusion and organ transplantation to two new steering committees under a "partial agreement" that covered only 37 CE member countries, the SCRC confirmed that it

envisaged the WHO Regional Office for Europe as playing an “umbrella” role in those areas, under which the European Union (EU) would be involved in regulatory aspects for the EU Member States, CE in ethical issues and WHO in technical matters for all 53 European Member States. The SCRC recognized that technical capacity was available only within WHO and reiterated the importance of ensuring that technical assistance was provided where needed and of avoiding overlaps in the work of the various organizations. It accordingly urged the Regional Director to work towards achieving the desired outcome by means of a flexible arrangement and to report back to the SCRC at its subsequent session.

Millennium Development Goals in the WHO European Region

7. Work towards the Millennium Development Goals (MDGs) was being incorporated in the activities of all Regional Office programmes. The Regional Committee resolution (EUR/RC57/R2) asked the Regional Director to report back on progress made every two years until 2015 (see paragraph 16 below).

Health workforce

8. Following the adoption of resolution EUR/RC57/R1, an action plan for 2008–2009 had been drawn up and the Regional Office was supporting some 20 Member States in the areas of policy development, regulation, management and monitoring. Work was being done with the Organisation for Economic Co-operation and Development (OECD), Eurostat (the Statistical Office of the European Communities), the European Commission (EC), CE and individual Member States on harmonization of definitions and compilation of a database.

9. An expert working group on health workforce migration was being established by the Regional Office, and its membership would be opened up to national representatives. One of its tasks would be to draw up a framework for ethical recruitment of health personnel. The first draft of that framework would be discussed at the third preparatory meeting for the WHO European Ministerial Conference on Health Systems, to be held in March 2008. The global context of migration would be taken into account following the First Global Forum on Human Resources for Health, being organized by the Global Health Workforce Alliance and to be held in Kampala, Uganda from 2 to 7 March 2008 (see below, paragraphs 36–38). The European framework could then be presented at the Conference itself as a stand-alone document and, if agreed, could be submitted to the Regional Committee in September 2008 for endorsement.

10. The Standing Committee welcomed the plan for drawing up a European framework and looked forward to reviewing the outline of that document at a future session.

Health security

11. The Disaster Preparedness and Response programme at the Regional Office had planned exercises both within the office and in a number of pilot countries. The programme was also developing tools for health system preparedness, multisectoral and multi-hazard preparedness assessment, and early warning systems in the areas of communicable diseases, food safety and environmental issues. It was providing support to Member States with the exchange of information on drills for health sector crisis management.

Intergovernmental Working Group on Public Health, Innovation and Intellectual Property

12. One SCRC member noted that the representatives of only four newly independent states (NIS) and seven central European countries were attending the second session of the Intergovernmental Working Group (IGWG), being held in Geneva from 7 to 10 November 2007. In general, the Member

States from the WHO European Region were not as well prepared as groups from other regions, and the IGWG had thus far focused mainly on procedural matters, making slow progress.

13. The SCRC recognized that some WHO European Member States might not have the necessary broad capacity within their ministries of health to deal with the complex legal and trade issues involved, and that in any case delegations would need to be multisectoral in composition. Fulfilling its strategic role, the SCRC called on countries to improve their national multisectoral coordination, so that they spoke with one voice, and urged WHO to advocate for a predominantly public health approach with rules that would ensure equity in access to medicines.

WHO European Conference on Counteracting Obesity and Second European Action Plan for Food and Nutrition Policy

14. The Regional Office had adopted a comprehensive approach to promoting implementation of the Action Plan, integrating work in the areas of nutrition, food safety and security, and prevention of diet-related noncommunicable diseases (NCDs). A staff member had been seconded from the Netherlands to work on physical activity policy and surveillance. In addition to fostering political commitment, the Regional Office was providing tailored support (workshops, meetings, etc.) to countries in developing policies that would involve all government sectors and actors, as well as civil society bodies. Action networks were being promoted on marketing foods and non-alcoholic beverages to children, as well as on salt reduction.

15. The Office was strengthening its partnership and dialogue with EC, the Health Committee of the European Parliament, the European Public Health Alliance, the European Association for the Study of Obesity, the Confederation of the Food and Drink Industries of the EU (CIAA) and United Nations bodies such as the Food and Agriculture Organization (especially its Codex Alimentarius Commission) and the United Nations Children's Fund.

Process of reporting back to the Regional Committee on resolutions adopted at previous sessions

16. A review of resolutions adopted by the Regional Committee in the previous five years showed that many of them included a requirement to report back to it on progress made, either periodically or on one occasion only. While acknowledging the need to respect the latter requirement, the SCRC recognized that the former entailed a continuing workload and had repercussions on the agenda and programme of each Regional Committee session by limiting the space for new agenda items. It therefore asked the Secretariat to develop a proposal to resolve that issue, which it would consider at its next session.

Issues to be taken up with European members of the Executive Board in January 2008 and collaboration with its Programme, Budget and Administration Committee

17. Before the seventh meeting of the Executive Board's Programme, Budget and Administration Committee (PBAC) in mid-January 2008, a number of regular meetings would be held between the Organization's directors of administration and finance, directors of programme management, deputy regional directors and regional directors (the latter with the Director-General). The SCRC would be briefed on the outcomes of those meetings at its next session, on 14 January 2008.

18. With the possible exception of the eradication of dracunculiasis, all the items on the agenda of the Executive Board's 122nd session in late January 2008 (document EB122/1) were of interest to the WHO European Region, either because of the specific nature of conditions in the Region or because it was playing a leading role in the area in question. The customary meeting between the Chairperson

and Vice-Chairperson of the SCRC, the Regional Director and European Board members (but open to representatives of all European Member States) would be organized on the day before the start of the Board session, and the Chairperson suggested that a lunch or dinner for the European Board members themselves should also be organized.

19. The Board member attending the SCRC's session as an observer noted that his country would hold the EU presidency from 1 January 2008. He suggested that statements made by it on behalf of EU member countries should so far as possible reflect the consensus views of all Member States in the WHO European Region. The SCRC welcomed that suggestion and appreciated the lynchpin role played by the Board member in bringing together the EU, the Executive Board and the SCRC.

Provisional agenda of the fifty-eighth session of the Regional Committee – first draft and selection of main technical/policy items

20. There were a number of customary, "fixed" items on the agenda of a Regional Committee session: addresses by the Director-General and the Regional Director, matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board, consideration of the report of the SCRC, elections and nominations, etc. The SCRC decided that, under provisional agenda item 6, "Policy and technical topics", the following subjects should be taken up at the fifty-eighth session of the Regional Committee (RC58):

- proposed programme budget 2010–2011 (2 hours);
- Stewardship/Governance of Public Health (outcome of the Ministerial Conference on Health Systems including health workforce, public health services etc) (4 hours); and
- behavioural change policies (Public Health Strategies targeting behaviour, based on a range of case studies, not linked to a specific field) (2 or 3 hours).

21. Under provisional agenda item 7, "Follow-up to previous sessions of the Regional Committee", it would be sensible first to resolve the issue of repeated reporting back (see above, paragraph 16) before going on to consider a limited number of areas, grouping together individual subjects:

- annual report of the European Environment and Health Committee; various forms of reporting could be considered;
- child and adolescent health strategies, including immunization; and
- prevention and control of noncommunicable diseases, including prevention of injuries and alcohol-related problems and policies.

22. The SCRC selected the social determinants of health and climate change and health impact as the subjects of the two technical briefings at RC58. That would leave time for the host country to arrange a briefing on a health issue of particular importance to it. The SCRC also recommended that patient safety might be taken up as a substantive technical/policy item at RC59.

Membership of WHO bodies and committees

23. As in previous years, the Regional Director would write to Member States in January 2008, calling for nominations to membership of various WHO bodies and committees to be received by mid-March. The list of nominations would be made available to the SCRC at its session at the end of that month, and it would submit a shortlist of recommended candidates to heads of delegations on the first day of RC58. A similar process would be followed for membership of the Regional Search Group (see below, paragraphs 31–32).

24. The Fourteenth SCRC had looked at the question of whether subregional groupings of countries should be taken into account when considering candidatures for membership of the Standing

Committee. At its fourth session in April 2006, it had concluded that the general principles presented could be used as a guide when considering such candidatures, but that they should not be formally or rigidly applied as criteria. A question remained, however, as to the representativity of the groupings used for considering candidatures for membership of the Executive Board (in accordance with the provisions of resolution EUR/RC53/R1), especially in the light of the enlargement of the EU and other ongoing political regrouping processes in the rest of the Region. The SCRC accordingly charged a small group, consisting of Georgia, the Netherlands and Norway, with the task of evaluating whether those groupings should be adjusted and of reporting back to the Standing Committee at its January 2008 session.

Regional suggestions for elective posts at the Sixty-first World Health Assembly in May 2008, including semi-permanency of membership of the General Committee and the Committee on Nominations

25. The SCRC welcomed the goodwill shown by the United Kingdom in waiving (for the previous two years) its seats on the World Health Assembly's General Committee and Committee on Nominations, in line with the practice of semi-permanency adopted for membership of the Executive Board. In view of the positions adopted by the other two European permanent members of the United Nations Security Council with regard to those two committees, however, the SCRC recommended that the ministries of foreign affairs of the three countries concerned should be approached to ascertain their current views, and the Secretariat would provide the SCRC with briefing previously prepared by the Organization's Legal Counsel. The Standing Committee asked for the subject to be placed on the agenda of its January 2008 session, if possible, at which time it would decide how to proceed.

WHO European Ministerial Conference on Health Systems, Tallinn, Estonia, June 2008 – progress report on preparations

26. The key objectives of the Ministerial Conference were to yield a better understanding of the impact of health systems on people's health, and therefore on economic growth and ultimately social welfare in the WHO European Region, and to take stock of recent evidence on effective strategies to improve the performance of health systems. The relationship between health systems, health and wealth was represented graphically by the Conference logo, and key messages had been developed for each of those three areas. Tailored evidence and research products (two background studies and a series of policy briefs) were being developed by leading European experts.

27. Following two consultative meetings with Member States in 2006, the first pre-Conference meeting, on "Assessing health systems performance" had been held in Brussels in March 2007. A second pre-Conference meeting, on "Improving the performance of health service delivery/putting patients at the centre of the health system" would take place in Bled, Slovenia on 19–20 November 2007, while a third meeting, on "Health systems governance", was planned for the spring of 2008. The preparations for the Conference were being overseen by an external advisory board.

28. A charter drafting group was taking forward the process of developing a charter for adoption at the Conference. The whole group had met for the first time at the Gastein Forum on 6 October 2007. A first draft of the Charter would be presented at the Bled pre-Conference meeting; a second draft would be prepared for consideration at the spring 2008 pre-Conference meeting. The Charter Drafting Group (involving representatives of 26 Member States) would meet as often as required before the Conference.

29. The SCRC was reassured to see the involvement of such a wide range of countries in preparations for the Conference and welcomed the high visibility being given to the issues of health systems, health and wealth. It was pleased to learn that the Director-General had asked Regional Office staff to lead a session on health systems at the fourth global meeting of heads of WHO country

offices the following week; that was an excellent example of strengthened cooperation between different levels of the Organization.

30. The SCRC acknowledged a very high level of preparatory work done for this conference.

Regional Search Group for candidates for the post of Regional Director

31. The SCRC was informed that, in accordance with Rule 47 of the Rules of Procedure of the Regional Committee, a Regional Search Group, composed of three members and three alternates, was to be appointed by RC58 to search actively for candidates for the post of Regional Director, make an evaluation report on all candidates and draw up an unranked short-list of not more than five candidates. The Director-General and the Regional Director would accordingly write to Member States in January 2008, calling for nominations for membership of the Regional Search Group.

32. The SCRC questioned whether it could propose to the Regional Committee that the number of members of the Regional Search Group be amended to four, given the four groupings of countries used for selecting candidatures for membership of the Executive Board. It also called for clarification of the role of the Standing Committee in the process of searching for candidates for the post of Regional Director. To that end, it asked for the Organization's Legal Counsel to be invited to attend its January 2008 session. The Chairperson also offered to obtain information from the Chair of a previous Regional Search Group and from legal advisers at WHO headquarters.

Geographically dispersed office in Athens – progress report on discussions

33. The Regional Director recalled that, at his request, Professor Vittorio Silano (Italy) led a review of the Regional Office's centres or geographically dispersed offices (GDOs) in 2000 (document EUR/RC52/Inf.Doc./4). The report had concluded that "these integral parts of WHO/EURO, geographically dispersed in other countries, allow the Regional Office to expand, to attract additional resources and to involve Member States more effectively in WHO", and he had accordingly recommended that further GDOs could be established on these grounds since then. All the existing, currently remaining, GDOs (in Barcelona, Bonn, Brussels, Rome and Venice) were treated, in organizational terms, as if they were conventional programmes or units of the Regional Office, following policies and general rules set in Copenhagen.

34. Following the debate at RC57, the Regional Director and Deputy Regional Director had travelled to Greece to hold further discussions with the government on the establishment of a GDO on noncommunicable diseases (a field that had been proposed by the Regional Office). In those discussions, they had clarified that policy in that field would continue to be set by the senior management team in Copenhagen, with the GDO responsible for knowledge management and technical activities.

35. The SCRC believed that considerable progress had been made since RC57. It was reassured to learn that policy development would continue to be carried out at central level, and that proper arrangements were being made to ensure that managerial accountability rested with the Director, Health Programmes in Copenhagen. Nonetheless, it drew attention to the fact that the proposed Athens GDO was the first to be established following the issue of Professor Silano's report and emphasized the resulting need to comply fully with the recommendations of the report. The Regional Director furthermore indicated that the financing of the GDO in Athens would be entirely provided for by the Greek government. He offered to show the SCRC the text of the agreement with the Greek government before it was signed, although he noted that future agreements with other countries might not be handled in the same way. The SCRC, however, was content to ask questions and obtain reassurances, operating on a basis of mutual trust between itself and the Regional Director.

Other matters

First Global Forum on Human Resources for Health (Kampala, Uganda, 2–7 March 2008)

36. The Acting Director, Division of Country Health Systems had written to the Executive Director of the Global Health Workforce Alliance asking for a time slot in the programme of the Global Forum to be allocated to a four-hour round-table discussion on policies for health worker migration, and for an opportunity during the first two days of the Forum to present recent developments in the WHO European Region (including the report prepared by the Directorate for Health and Social Affairs of Norway). The Executive Director had replied that he would take account of the latter request when preparing the programme, and that the former would fit in best as a post-conference “constituency meeting”. It was proposed that the round-table discussion would consist of four sessions:

- trends in migration: the evidence base;
- policies and policy options at national level;
- policies and policy options at WHO regional/international level; and
- agreement on priority areas for collaborative action by source countries, destination countries and international organizations.

37. It was proposed to negotiate moving the round table into the conference’s core time.

38. The Vice-Chairperson noted that it was important for western European countries to engage in a dialogue with source countries. He confirmed that he would be attending the Global Forum and could represent the SCRC there. The Regional Office would also be providing financial support to enable one source country from the European Region to attend. The WHO Secretariat would also attend.

Commission on the Social Determinants of Health

39. The SCRC was informed that the report of the Commission on the Social Determinants of Health had been prepared but still needed to be submitted to the Executive Board and the World Health Assembly for endorsement. That would be done only in 2009 as the report would be finalized only in spring 2008. In the meantime, a side event would be organized during the Sixty-first World Health Assembly in May 2008, the main findings of the report would be presented at the WHO European Ministerial Conference in Tallinn in June, and a technical briefing on the subject would be held at RC58 in September (see above, paragraph 22).

40. The Standing Committee was in favour of endorsing the report in 2008 and asked the Regional Director to convey to the Director-General its concern over the delay. In any case, the SCRC agreed that it was important to maintain the momentum built up by the Commission and to organize a range of activities related to its findings.

Virus sharing

41. An intergovernmental meeting on pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits was to be held in Geneva on 20–23 November 2007. The SCRC reiterated the need, in terms of public health, for access to viruses in order to check for the emergence of a potential pandemic influenza virus. The Executive President of RC57 would be attending the meeting and could serve as a channel for the WHO European Region’s views, if required.