



EUROPE

Sixteenth Standing Committee of the Regional Committee for Europe Fourth session

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Report of the fourth session

Introduction

1. The Sixteenth Standing Committee of the Regional Committee (SCRC) held its fourth session at WHO headquarters in Geneva, Switzerland on 17 May 2009, the day before the opening of the Sixty-second World Health Assembly (WHA62).
2. The Chairperson noted that the working documents for the session could not be sent well in advance as was usual practice, owing to the Secretariat's increased workload in connection with the ongoing pandemic of influenza A(H1N1). Arrangements would be made for a telephone conference towards the end of May or in early June 2009, at which members of the SCRC would be able to comment further on drafts of papers being prepared for submission at the fifty-ninth session of the WHO Regional Committee for Europe (RC59).
3. The Deputy Regional Director noted that, despite that increased workload, the Secretariat had prepared an RC59 working paper on implementation of the International Health Regulations (2005) in the WHO European Region, as requested by the SCRC. In addition, the report of the high-level meeting on health in times of economic crisis (Oslo, 1-2 April 2009), organized jointly by the WHO Regional Office for Europe, the Norwegian Ministry of Health and Care Services and the Norwegian Health Directorate, was available and would be distributed to delegations attending WHA62.

Adoption of the provisional agenda, the provisional programme and the report of the third session

4. The provisional agenda and programme were adopted without amendment. In the report of the Sixteenth SCRC's third session, the date of the Fifth Ministerial Conference on Environment and Health (paragraph 2) should be corrected to read "February 2010". With that amendment, the report was adopted.

Follow-up on actions identified at previous sessions

5. The Deputy Regional Director reported that Kazakhstan had been informed that its late candidature for membership of a WHO committee was not receivable; the offer from the former Yugoslav Republic of Macedonia to host the second session of the Seventeenth SCRC in November 2009 had been accepted, and arrangements had been made to hold a meeting of European Member States during WHA62. The Secretariat had also drafted a paper on distribution of European seats on the Executive Board and criteria for selection.

Final review of the provisional programme of the fifty-ninth session of the Regional Committee (RC59)

6. The Regional Director noted that the provisional programme of RC59 included a mixture of technical and political subjects, all of which could be brought together under the broad heading of "health governance in times of crisis".
7. The Deputy Regional Director confirmed that implementation of the International Health Regulations (2005) – IHR – had been added to the agenda of RC59 and that a draft resolution had been prepared, at the request of Denmark, on the delineation of tasks with the Council of Europe in the field of blood safety and organ transplantation. It would be necessary to identify a suitable place in the programme of the session to take up the latter question.

8. The SCRC recommended that the four main substantive items on the agenda of RC59 (health systems and the social determinants of health in times of economic crisis; health governance in the WHO European Region; health workforce policies, including international recruitment of health personnel; and implementation of the IHR) should be retained, although their location in the programme might need to be adjusted, and that the influenza pandemic should be covered in conjunction with the latter. Depending on how the pandemic developed, the programme might also need to be rearranged to give more prominence to that subject. Any change in the programme should be communicated to Member States in good time, to enable participants to schedule their attendance.

9. Given that many of the substantive items dealt with instances of health governance in the broad sense of the term, the Secretariat was asked to ensure that the governance paper captured those under a common umbrella. Equally, it was asked to consider the appropriateness of organizing a technical briefing on the subject of the influenza pandemic, and to inform members of the SCRC of its conclusions during the telephone conference at the end of the month.

Final review of draft documents and draft resolutions for RC59

Protecting health in times of economic crisis: the role of health systems (including social determinants of health)

10. The SCRC welcomed the inclusion of more data and evidence in the paper on the role of health systems in times of economic crisis, as well as of the recommendations from the high-level meeting held in Oslo. It suggested that case studies should be incorporated, examining European countries' and transition economies' successes (and failures) in implementing health system reforms during previous periods of economic crisis.

Towards improved governance of health in the WHO European Region

11. The draft as presented to the SCRC at its third session had been revised to take account of members' comments concerning the relationship between the global and regional levels of governance within WHO and to strike a better balance between theoretical and practical aspects. The SCRC welcomed the revised draft of the paper.

Health workforce policies in the WHO European Region

12. As compared with the previous draft, the current version of the paper provided more background information on the supply and demand of human resources for health, in order to set the issue of health workforce migration in context. The section on progress towards a global code of practice on the international recruitment of health personnel had been updated to reflect developments since the 124th session of the Executive Board in January 2009, and notably the elaboration of an accompanying background paper. The corresponding draft resolution for submission to RC59 had also been amended, making specific reference to the need for Member States to advocate for the adoption of a global code and requesting the Regional Director to complete the process of consultation to that end.

13. The SCRC commended the Secretariat on the important changes made, and in particular on the fact that the RC paper was now aligned with the new WHO headquarters document on the draft code. Every effort should be made to ensure that the values identified in the Regional Committee working paper were reflected both in the draft resolution for RC59 and in the global code. The SCRC advised the Secretariat not to work towards the adoption of a separate European code but rather to promote adoption of the global code and its subsequent application taking account of regional specificities. Those regional "messages" were also well reflected in

the European Commission's "green paper" (consultation document) on the European workforce for health.

Implementation of the International Health Regulations (2005) in the WHO European Region

14. Dr Nedret Emiroglu, Director a.i., Division of Health Programmes, WHO Regional Office for Europe, presented the draft of the RC59 working paper that had been written at the SCRC's request. It described the progress made and challenges faced in the broad areas of work for implementation of IHR:

- foster global partnerships;
- strengthen national disease prevention, surveillance, control and response systems;
- strengthen public health security in travel and transport;
- strengthen WHO's global and regional alert and response systems;
- sustain rights, obligations and procedures; and
- conduct studies and monitor progress.

15. A self-assessment exercise by European States Parties to IHR in June 2008 had shown attainment rates ranging from 88% (for conducting activities to raise awareness of IHR at national level) to 41% (for national legislation to be fully compatible with IHR). Implementation of IHR was a continuous process, so a similar exercise had been carried out in 2009. Later in the year the Secretariat planned to establish a new web-based system for States Parties to report progress in implementation. Such a system would also facilitate the Secretariat's annual reporting to the Health Assembly by allowing the extraction of key indicators status in a timely way, without having to rely on repeated completion of questionnaires. In answer to a question, it was confirmed that European Member States tended to be quite critical of their own performance when carrying out self-assessment exercises.

16. The second part of the paper consisted of a case study of implementation of IHR in the current pandemic of influenza A (H1N1). On 25 April 2009 the WHO Director-General had determined that the emergence and rapid spread of a novel influenza virus constituted a public health emergency of international concern under the IHR. On 27 April she had raised the pandemic threat level from 3 to 4, and on 29 April to level 5, reflecting sustained human-to-human transmission at community level in at least two countries in one WHO region. As of 16 May, 8468 cases and 72 deaths had been reported to WHO from 39 countries worldwide, with 250 cases having occurred in 18 European Member States.

17. In compliance with its mandate as the IHR contact point in the European Region, the WHO Regional Office for Europe had activated its alert and response mechanisms at the outset of the pandemic. Intensive information sharing and communication activities were being undertaken, including communications with ministers of health, chief medical officers and national IHR focal points; dissemination of situation reports to WHO country offices; upgrading and regular updating of the Regional Office website, and outreach to other United Nations specialized agencies and intergovernmental bodies. Electronic "virtual" meetings were being held each day with WHO headquarters and other regional offices, with the European Centre for Disease Prevention and Control (ECDC) and with contact points for the Early Warning and Response System (EWRS) in member countries of the European Union and the European Free Trade Association, as well as on a regular basis with partners in the newly established Coordination Working Group for Influenza and Pandemic Preparedness in Southern and Eastern Europe and Central Asia.

18. Through WHO's country offices, support was being provided in a number of areas: establishment of diagnostic capacity (shipment of diagnostic kits and consumables); deployment of WHO global and regional stockpiles of oseltamivir; and provision of technical guidance in different disciplines, especially surveillance.

19. The Regional Office's strategic priorities for medium- and long-term support to national preparedness and response efforts were currently being defined but would be articulated around the following areas:

- monitoring and tracking the disease;
- providing accessible guidance and direct technical assistance with strengthening capacity;
- generating and transferring knowledge; and
- ensuring equitable and rapid access to vaccines and effective antivirals.

20. The SCRC commended the Regional Office on the steps taken to date and asked for reference to be made, in both the RC59 working paper and the draft resolution, to the need to help countries meet the costs of building up their preparedness and response capacities. In answer to a question about requirements for reporting cases to different bodies, the Regional Director explained that IHR imposed a legal obligation on States Parties to report to WHO. Steps were being taken, however, to harmonize simultaneous electronic reporting to both WHO and ECDC through EWRS.

Consensus of SCRC views on technical/policy subjects for consideration at RC59

21. The Deputy Regional Director confirmed that individual SCRC members' views would be circulated to other members of the SCRC, in order to achieve consensus positions to present to RC59.

Officers of RC59

22. By convention, the offices of Executive President and Deputy Executive President at a forthcoming RC session were occupied by the current Chair and Vice-Chair of the SCRC. In addition, the SCRC unanimously agreed on proposals to put forward for the positions of President and Rapporteur of RC59, taking account of such considerations as experience of the work of the Regional Committee (especially important in a year in which nomination of the Regional Director was to take place) as well as geographical and gender balance.

Offers received to host future sessions of the Regional Committee

23. The Deputy Regional Director recalled that, when the Regional Committee met outside the Regional Office in Copenhagen, the host country normally met approximately half of the costs of the session. There was no legal obligation on the Regional Committee to meet in a particular location; in recent years, however, the Regional Committee had customarily adopted a resolution to identify the location of subsequent sessions at least two years in advance, in order to give host countries time to make the necessary provisions within their budget cycles.

24. The SCRC took note of the written invitations received from Azerbaijan, Portugal and Malta to host sessions of the Regional Committee in 2011 and 2012. It also noted that Malta had in addition made a verbal offer at RC58 to host the session in 2012, in advance of submitting its

offer in writing. The SCRC believed it was important to maintain geographical balance, and that there was no rule whereby a “first come, first served” principle had to be applied. RC60 would take place in Moscow. Countries wishing to host the sixty-third session in 2013 should submit their offers by February 2010.

Membership of WHO bodies and committees

25. Taking account of the provisions of resolution EUR/RC53/R1 (and notably the geographic groupings as applied to membership of the Executive Board), the Standing Committee agreed on nominations that it would recommend to the Regional Committee for membership of the Executive Board, the Standing Committee itself and the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases. In doing so, it noted that if a country submitted candidatures for several bodies or committees, each should be judged on its individual merits. Any changes in the political circumstances surrounding the submission of candidatures for decision at RC59 would be investigated by the Secretariat, who would report back to the SCRC at its telephone conference at the end of the month.

Distribution of European seats on the Executive Board and criteria for selection

26. As requested by the SCRC at its previous session, the Secretariat had prepared a paper analysing the application of the various criteria set out in resolution EUR/RC53/R1, together with the possibility of making subregional groupings a “softer” criterion and, more generally, the role played by the SCRC in the selection process. The paper concluded by identifying a number of matters that needed to be addressed (notably the establishment of a timetable for assessing the experience gained and reporting findings to RC60). It also suggested that consideration could be given to a) discontinuing the practice of the SCRC drawing up shortlists and instead having the Regional Committee vote on all applicants or b) removing the criteria of geographic grouping of countries and focusing mainly on the quality of candidates (background, achievements and international experience) and on whether a country had previously been represented on the Executive Board or the Standing Committee.

27. The SCRC emphasized that the selection or election of Member States in 2009 would take place in accordance with the rules and provisions currently in force. Following discussion, it reached a number of tentative conclusions:

- the SCRC should continue to play a role in screening candidatures for membership of WHO bodies and committees;
- any criteria applied should focus primarily on the candidate’s professional qualities, and secondarily on the country’s history of representation;
- geographic groupings should not remain the only criterion applied; instead, the SCRC should ensure that a fair geographical and gender balance was maintained in the composition of the various WHO bodies and committees; and
- the question of whether the Regional Committee should vote on all candidatures remained unresolved and would be further considered at the forthcoming telephone conference.

28. The Chairman recalled that he and the Vice-Chairman would approach the three Member States concerned to seek their willingness to review the practices of semi-permanent membership of the Executive Board and permanent seats on the General Committee of the World Health Assembly, and would report their findings back to the Standing Committee.

Review of the provisional agenda of the Sixty-second World Health Assembly

29. The Regional Director noted that a proposal would be submitted to the General Committee of the Health Assembly the following day to significantly reduce the agenda of WHA62, in order to limit the duration of the Assembly to five days and thereby enable participants to return to their home countries and continue managing the response to the influenza A(H1N1) pandemic. He hoped that European Member States would accordingly agree to postpone consideration of agenda items on the Strategic Approach to International Chemicals Management, human organ and tissue transplantation, and the election of the Director-General of WHO.

30. The SCRC nonetheless agreed that the meetings with European Member States scheduled to be held later the same day and on Thursday 21 May should be maintained, with the latter focusing on the Regional Office's response to the influenza A(H1N1) pandemic and the respective roles of the Office and of Member States.