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Report of the third session

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Introduction

1. The Thirteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its third session at the WHO Regional Office for Europe (EURO) in Copenhagen on 27 and 28 March 2006.

2. In his introductory remarks, the WHO Regional Director for Europe informed the SCRC that he had recently sent out a letter to European Member States of WHO announcing that, with the authorization of the Director-General, he had appointed Dr Nata Menabde, Director, Division of Country Support, EURO as Deputy Regional Director. The aim of that appointment was to increase the efficiency of the Regional Office in the face of increasing demand for its services, notably as a result of the avian influenza epidemic.

3. The Director, Division of Health Programmes reported that the first session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control had been held at WHO headquarters in Geneva from 6 to 17 February 2006; the representative of Austria had been selected as one of the Vice-Presidents. A paper on implementation of the Framework Convention in the WHO European Region would be submitted to the Regional Committee for Europe at its fifty-sixth session (RC56) later in the year.

Matters arising out of the 117th session of the Executive Board

Eleventh General Programme of Work, 2006–2015

4. Once a draft of the Organization's Eleventh General Programme of Work (GPW11) had become available at the end of 2005, EURO had organized a consultation of European Member States (Copenhagen, 10–11 January 2006). The concise, consolidated report of that consultation had served as a basis for interventions by European members of the Executive Board's Programme, Budget and Administration Committee (PBAC) and the Board itself at their sessions in January 2006. Following discussion in those two bodies, the draft had been sent back to the WHO secretariat for rewriting and had then been reviewed again at an extraordinary session of the PBAC held on 27 February 2006. While a number of members of the PBAC and observers continued to have reservations about the rewritten draft, it was decided to let the document go forward to the Fifty-ninth World Health Assembly (WHA59) in May 2006.

5. The SCRC confirmed that it had been very useful for European Member States to have a consolidated position to advocate at the Executive Board session. There still appeared to be some confusion about whether the document was intended to be a set of guiding principles for global public health or a general programme of work for the Organization, it did not take account of the extensive debate currently under way about reform of the United Nations system, and it lacked a regional dimension.

6. The Regional Director was due to meet the Director-General and other regional directors the following week, when GPW11 would be on the agenda. He was asked to convey the SCRC's view that a number of European Member States would be reluctant to endorse the document as it stood. The SCRC proposed instead that WHA59 might merely take note of the draft and refer it back to regional committees to obtain their input, before it was presented again to WHA60 in 2007. Alternatively, consideration might be given to taking Part 1 of the 2006–2007 programme budget document as the Organization's general programme of work for the current biennium, and then drawing up a new GPW for the period 2008–2015, which would have the advantage of coinciding with WHO's proposed medium-term strategic programme (MTSP).

7. The Regional Director was asked to report back to the SCRC on the issue at its next session.

Strategic resource allocation

8. Following a forceful intervention by a member of the Organization's Programme, Budget and Administration Committee (PBAC) at its meeting in February 2006, the mathematical model used as a mechanism for validating strategic resource allocation had been modified by WHO headquarters. The following proposal had accordingly been put to the regions in March 2006:

- an increase from 20% to 35% in the progressivity of the deciles into which countries were distributed;
- the exclusion of poliomyelitis and emergency funds from the 2006–2007 baseline;
- the allocation to all least developed countries (LDCs) of the same weight as countries in decile 1.

9. While the first two points were defensible in public health terms, the third point undermined the basic principles of the model and placed even more emphasis on economic parameters at the expense of public health ones.

10. The SCRC believed that consensus had been reached on the guiding principles underlying strategic resource allocation, and that the mathematical model in its original version incorporated a sound statistical approach, stood the test of objectivity and gave, as designed, greater weight to the most needy countries. It was therefore in favour of retaining the mathematical model as originally conceived; if necessary for the sake of consensus, however, it was prepared to accept the first two modifications proposed. It urged the Secretariat to brief European members of the PBAC and the Executive Board extensively before their next meetings in May 2006.

Resolutions adopted by the Executive Board at its 117th session

11. The SCRC noted with concern the fact that resolution EB117.R13, on essential health research and development, still contained a large amount of wording (set in square brackets) on which no agreement had been reached. On the other hand, it looked forward to a number of outstanding issues being resolved by the sub-group of the Executive Board that had been charged with concluding consideration of the report of the Commission on Intellectual Property Rights, Innovation and Public Health.

12. In connection with document EB117/19, on the status of collection of Member States' assessed contributions, the Director, Division of Administration and Finance reported that Azerbaijan had paid its contribution and Belarus had announced that it would do so; Turkmenistan and Armenia had proposed repayment plans, so it was likely that by the time of WHA59 Kyrgyzstan would be the only European Member State currently in arrears to an extent that would justify invoking Article 7 of the WHO Constitution.

Report on progress made by the Working Group on the Future of the WHO Regional Office for Europe

13. The SCRC was briefed on the outcome of the second and third meetings of the Working Group, held on 9–10 January and 24–25 March 2006. The second meeting had focused on establishing the position of the WHO Regional Office for Europe (EURO) in 2020. To that end, the Working Group had addressed three questions, which had been circulated in advance of the meeting:

- What are the major functions and missions foreseen for WHO and EURO in 2020 to respond to the health status and trends suggested and discussed at its first meeting?
- What would be, in 2020, the major added value brought or supported by WHO's specific features and status as a member of the United Nations family?

- What major changes should EURO make in its role, functions and way of operating in order to be in its right position in 2020?

14. The Working Group had identified the main functions of EURO as being to lead the public health response in crises, to support health systems development, to promote action on the determinants of health, to develop its role as normative or standard-setting authority in its areas of responsibility, and to promote dialogue with citizens. Its added value came from its moral authority, its perceived impartiality, its position as a bridge between east and west, and its strength in advocacy. The major changes required in its role were to cooperate more closely with the many partners active in the health field and to continue to be the voice of public health in the face of increasing globalization. To those ends, greater use might need to be made of legal instruments such as the WHO Framework Convention on Tobacco Control, and the roles of different levels of WHO would need to be more clearly defined.

15. Representatives of partner organizations (the Council of Europe – CE, the European Centre for Disease Prevention and Control – ECDC, the European Commission – EC, the German technical cooperation agency GTZ and the World Bank) were invited to attend the first day of the Working Group's third meeting. They, too, were asked to consider three questions:

- What are the strengths and weaknesses of EURO?
- How do partners see the role of EURO in 2020?
- How do partners see the future collaboration between their organizations and EURO in 2020?

16. The partners' representatives broadly endorsed the strengths identified the Working Group itself but also identified a need to further promote EURO's visibility and develop a more precise methodology for selecting and working with partner organizations. In addition, they highlighted some inconsistencies in Member States' attitudes and roles as governing bodies in different organizations (and sometimes even within the same organization), which tended to complicate EURO's work, as did the lack of clear policy with regard to nongovernmental organizations and WHO collaborating centres. The Secretariat mentioned that a global headquarters-designed exercise to evaluate WHO's collaborating centres was currently under way.

17. They also saw the role of EURO in 2020 in much the same terms as the Working Group, namely to lead the international response to health threats, promote broad, intersectoral health policy, advise on health system development, and encourage research that would generate evidence for action. With regard to future collaboration, they underscored the progress made in recent years and recommended that EURO should pursue its approach of sharing functions and tasks, in particular with EC and ECDC, while continuing to work with the Council of Europe on ethical governance.

18. At its fourth meeting, to be held on 4 and 5 May 2006, the Working Group would draw up a plan of action to be taken to ensure that EURO was correctly positioned in 2020. A draft of the Working Group's final report to RC56 would be presented to the Standing Committee at its fourth session.

19. The SCRC commended the Working Group on the progress it had made and underlined the importance of clearly defining the future role and functions of EURO. It acknowledged the added value to be gained, in public health terms, from undertaking joint work with partner organizations, in particular EC and ECDC. In view of the possible impact of the current United Nations reform initiatives and future changes in the mandates of partner organizations, the SCRC noted that the action plan would need to be revisited at regular intervals. It recommended that RC56 should consider the report of the Working Group in conjunction with its review of GPW11.

Review of the provisional agenda and programme of the fifty-sixth session of the WHO Regional Committee for Europe

20. The SCRC endorsed the provisional agenda and programme of RC56, noting that many technical items were due to be considered either during the session itself or in accompanying technical briefings.

Review of preparations for discussions at RC56, including draft resolutions

21. The SCRC was presented with outlines of the documents and draft resolutions that would be submitted to RC56 under the various technical and administrative agenda items, and of the papers that would be made available as part of the briefings.

Technical and administrative agenda items

Towards a European strategy on noncommunicable diseases

22. The Director, Division of Health Programmes informed the SCRC that a drafting group with members drawn from eight Member States had been appointed in April 2005. Successive versions of the draft strategy had been discussed at meetings of national counterparts and representatives of Member States. The final meeting of the drafting group was to take place on 10 and 11 May 2006.

23. The current version of the strategy set out the challenges faced, presented evidence for taking action, outlined a strategic approach and put forward a framework for comprehensive action (see Annex 1).

24. The SCRC wished to review the corresponding draft resolution at its fourth session, after the final meeting of the drafting group.

Medium-term strategic programme 2008–2013 and Proposed programme budget 2008–2009

25. The Special Adviser, Programme Management and Implementation noted that WHO headquarters currently planned to issue the Organization's Medium-Term Strategic Programme 2008–2013 together with the proposed programme budget 2008–2009 as one document. That would reduce the workload involved in preparing proposed programme budget in subsequent biennia and ensure greater consistency between them.

26. For each of 15 strategic objectives, the draft of the unified document presented an analysis of the situation and a description of the strategic approaches to be followed by WHO and its Member States, together with a set of "Organization-wide expected results", i.e. what the Secretariat would be committed to achieving. The strategic objectives were currently being drafted and would be subjected to peer review at the end of April 2006. Resource projections would be consolidated and incorporated in the version that would be submitted to regional committees in September 2006 (see Annex 2).

27. The SCRC welcomed the offer by the Secretariat to prepare conversion tables that would enable a comparison to be made between expenditure in the 35 areas of work in the 2004–2005 budget, the 36 areas in the 2006–2007 budget and the 15 strategic objectives in the 2008–2009 proposed programme budget. In addition, it confirmed that it would be useful to have the same information presented under the nine categories that were being used for programme monitoring purposes at EURO and which would form the structure of the Regional Director's report on the work of WHO in the European Region in 2004–2005.

28. The SCRC also recommended that the RC56 agenda item on the 2008–2009 proposed programme budget should be taken up immediately after that on GPW11 and the report of the Working Group on the Future of the WHO Regional Office for Europe.

Health security

29. The Deputy Regional Director presented an outline of a working paper for RC56 on "Enhancing health and security in the WHO European Region". The purpose of the paper was to delineate current and potential future threats to human health that had implications for security, to evaluate the lessons learned and to propose an approach that would help Member States strengthen their health systems and step up their preparedness to respond to health threats. After examining definitions of the overlapping concepts of crises, disasters and emergencies, and the related notions of health risks and threats, the paper would analyse the lessons learned from a number of recent health crises in the European Region. Response measures proposed would include integration of evidence on early warning and early action mechanisms in comprehensive preparedness strategies for national health systems, promotion of a multi-hazard approach for preparedness and response to health crises, full implementation of the 2005 International Health Regulations, intersectoral collaboration on health security with a strong institutional anchor in ministries of health, development of unified health system infrastructure, provision of appropriate medical relief supplies, and information and communication activities. A concluding section of the paper would focus on WHO's role (in particular, as exercised through its Global Outbreak Alert and Response Network – GOARN) and on further building up WHO's institutional readiness (see Annex 3).

30. The SCRC drew attention to the existence of the EC's Health Security Committee and called for the concept of "health security" to be harmonized between the two bodies. One key question that would need to be considered was the resilience or robustness of health systems in times of crisis, when an integrated, multisectoral response would be needed. The paper should therefore attempt to identify and define the specific role that health systems could play in terms of coordination, management etc.

Report of the Working Group on the Future of the WHO Regional Office for Europe

31. The Technical Coordinator in the Regional Director's Office presented the proposed outline of the Working Group's report. It would broadly coincide with the main areas covered at each of the Group's meetings. An introduction would set out the context in which the Working Group had been set up, the objectives assigned to it and the methodology it had adopted. The first substantive section would look at health status and expected major trends in the Region up to 2020, while the second would consider the mission, functions and added value of the Regional Office at that time. A third part would concentrate on partnerships and the international environment, while the concluding section would identify some major directions in which the Regional Office should move forward, with milestones, the envisaged situation at mid-term and the expected outcome in 2020 (see Annex 4).

32. The SCRC endorsed the proposed outline of the Working Group's report, noting that it could well serve as a model for the Organization's general programme of work.

Follow-up to issues discussed at previous sessions of the Regional Committee

European Environment and Health Committee

33. The Director, Special Programme on Health and Environment said that the report of the European Environment and Health Committee (EEHC) to RC56 would focus on implementation of the commitments made at the Fourth Ministerial Conference (Budapest, June 2004), and in particular of the Children's Environment and Health Action Plan for Europe (CEHAPE). Two meetings of the EEHC would have been held during the period under review: in Helsinki, in December 2005, on children and chemicals, radiation and other hazards, and in Oslo in May 2006, on accidents. A task force on the CEHAPE had also been set up, and the report would cover its activities during the year, as well as looking forward to the mid-term review to be carried out in June 2007.

Occupational health

34. The Director, Special Programme on Health and Environment noted that the Regional Office had a strong network of WHO collaborating centres in occupational health and was hoping to appoint a regional adviser in the subject,. Building on the global strategy on occupational health that was due to be presented to the World Health Assembly in 2007, it was intended also to develop a regional strategy.

Tobacco control

35. The Director, Division of Health Programmes recalled that RC52 had called for a progress report on implementation of the European strategy on tobacco control since 2002 and of the WHO Framework Convention on Tobacco Control (FCTC) in the European Region. The report to RC56 would accordingly analyse the status of tobacco consumption and of tobacco control policies in the Region, and look at the process and the roles of the different partners in giving full effect to the FCTC. The draft report would be reviewed at a meeting of national counterparts in Dublin in April 2006.

Tuberculosis and malaria

36. The Director, Division of Health Programmes noted that since RC52 more Member States and a higher proportion of the total population were using or covered by the DOTS strategy for tuberculosis control. In response to the wider prevalence of co-infection with tuberculosis and HIV/AIDS, there was closer cooperation between the two programmes and several joint projects had been initiated. A European ministerial forum on tuberculosis control would be held in Copenhagen in October 2006.

37. On malaria control, on the other hand, the need for greater political commitment had been recognized by all malaria-affected countries in the European Region, and they had endorsed the Tashkent Declaration in October 2005, calling for the transmission of *Plasmodium falciparum* malaria to be interrupted in central Asia by 2010 and for the disease to be eliminated from the Region as a whole by 2015. The Regional Office continued to support Member States in their applications to the Global Fund for AIDS, Tuberculosis and Malaria and to the Global Drug Facility.

Indicators related to the 2005 update of the Health for All policy framework for the European Region

38. The Regional Director noted that the Regional Committee in resolution EUR/RC55/R4 had requested him "to submit to the Regional Committee in 2006 a follow-up paper on indicators coordinated and where possible reported jointly with WHO/HQ, OECD and Eurostat that may be used for monitoring the implementation of the regional HFA policy framework in countries." The European Observatory on Health Systems and Policies had informed him that at least three years' work would be required to develop scientifically substantiated indicators for that purpose, in conjunction with partner organizations assuming that they were willing to be engaged in that work.

39. The SCRC requested that a short paper, setting out the difficulties encountered with implementation of that resolution and proposing solutions, should be presented at its next session.

Technical briefings

Health financing

40. The Regional Adviser, Health Systems Financing presented a summary of a paper entitled "Approaching health financing policy in the WHO European Region", the aim of which was not to elaborate a blueprint for all countries but rather to advocate a consistent conceptual approach towards analysing health financing policy. That entailed the adoption of a set of policy objectives grounded in WHO's core values, the use of a standard methodology for describing and analysing the functions associated with all health financing systems, and a recognition of how key contextual factors affected a country's ability to attain policy objectives or implement certain types of reforms.

41. The SCRC recognized that the purpose of a technical briefing session on health financing was fundamentally different from one on avian influenza, for instance, where it was a question of giving information on the latest situation. It therefore recommended that a discussion paper should be posted prior to the briefing, which could be amended in the light of comments received.

HIV/AIDS prevention

42. The Director, Division of Health Programmes informed the SCRC that the AIDS epidemic was increasing, both in the newly independent states of the former Soviet Union (NIS) and in western Europe;

the former group of countries was characterized by very high prevalence among intravenous drug users (notably, young people sharing needles), while in the latter area the epidemic was currently spreading through heterosexual transmission and migrations.

43. The regional target linked to the 3 by 5 initiative of ensuring that an additional 100 000 people had access to antiretroviral drugs by 2005 had been reached, but a new target of an additional 300 000 people by 2010 would need to be set if the spread in the epidemic maintained its pace. The technical briefing at RC56 would therefore focus on prevention, in preparation for a major European Union conference on the same subject in the spring of 2007, under the German presidency.

Update on preparations for the WHO European Ministerial Conference on Obesity

44. The SCRC was informed by the Director, Division of Health Programmes that considerable work was being done in preparation for the Obesity Conference. Four technical consultations, as well as meetings of task forces and expert committees, had been held in 2005, while further consultations would be held in 2006 concentrating on obesity in children. A drafting group had been formed to work out a charter for adoption at the Conference, and it would hold its third meeting in April 2006. A major pre-conference meeting was scheduled to be held in Amsterdam at the end of June 2006. Member States were expressing considerable interest in the subject, and there were good links with partner organizations, especially FAO and EC.

Update on influenza

45. The Director, Division of Health Programmes reported that, at the meeting of Member States held in conjunction with EC in March 2006, 50 Member States had confirmed that they had national plans on preparedness to deal with avian influenza, compared with 31 at the meeting in November 2005. A WHO mission was currently visiting Turkmenistan, and the Russian Federation had a national plan which it was now operationalizing at regional (*oblast*) level. The European Centre for Disease Prevention and Control was to host a meeting in Uppsala from 15 to 17 May 2006, at which it was hoped to confirm that all Member States in the WHO European Region had such plans. In addition, a seven-country meeting was to be held in Istanbul on 12 and 13 April 2006, to improve cooperation between animal and human health services in Azerbaijan, Armenia, Georgia, Iran, Iraq, Syria and Turkey. Good links had been established with the World Organisation for Animal Health (OIE), notably in the aftermath of the outbreaks of avian influenza among the human population in Turkey.

46. The Special Adviser on Communicable Diseases presented a map showing the spread of avian influenza in the WHO European Region between 1 and 23 March 2006. Two countries (Azerbaijan and Turkey) had documented human cases, and the disease was likely to remain endemic in wild birds. The practical problems encountered in surveillance needed to be solved, and health education should continue, especially among women and young people. The main challenge, however, was to coordinate ongoing surveillance in the post-outbreak phase. Research involving the true prevalence of the disease in potentially affected populations was difficult to put in place.

47. The SCRC commended the WHO-led team on the work it had done in Turkey. Nonetheless, it recognized that immediate containment of the spread of avian influenza could not be assured, given that this would entail WHO and countries acting before an outbreak had been confirmed. It also discussed the challenge of mass producing vaccines in sufficient quantities before the “first wave” of the epidemic had passed.

48. In answer to a question about the results of the International Pledging Conference on Avian and Human Influenza (Beijing, 17–18 January 2006), the SCRC was informed that funds were slow in materializing, although the Regional Office had received some resources from WHO headquarters. It called for pressure to be exerted on national governments to speed up disbursement.

49. The SCRC underscored the importance of WHO retaining its independence (when relevant for effectiveness) to announce a deteriorating situation as soon as information became available, even if that

was in advance of official government confirmation, and it drew attention to the need for WHO to use modern communication techniques to convey simple health education messages.

Address by a representative of the Staff Association of WHO Regional Office for Europe

50. The President of the Staff Association of the WHO Regional Office for Europe (EURSA) welcomed the initiative taken by the Regional Director to develop an explicit staff management policy and to involve staff in that process through broad consultation. The Regional Office currently had about half its staff living and working in places other than Copenhagen. It was important to ensure that the move towards contracting more staff in the countries was accompanied by a strategy to ensure that conditions of service were equitable with those of staff based in Copenhagen.

51. Over the previous two years, the Regional Office administration had been quite successful in regularizing the situation of staff with short-term contracts who were carrying out long-term functions. It was essential to ensure that the progress made in that regard was sustainable, by monitoring the situation of staff who were approaching the limit of four 11-month consecutive contracts. To that end, EURSA urged the administration to establish appropriate planning of human resources.

52. It was regrettable that regular consultation at global level within the forum of the Global Staff Management Council (GSMC) had not taken place for more than a year, although an extraordinary session of the GSMC would be held in April 2006 to discuss the latest proposals for contractual reform. Despite the very short period for consultation, EURSA was keen to participate, in order to work towards the shared goal of creating a secure and healthy working environment for all staff in the Region.

53. The Director, Division of Administration and Finance confirmed that, as a result of efforts to regularize the situation of staff on temporary contracts, the proportion of short-term to long-term staff had been reversed (from 60/40 to 40/60). Nonetheless, in the current biennium, a new group of staff members would reach the limit of 4 x 11 months. Most of those cases were being resolved by recourse to normal recruitment procedures, entailing the development of post descriptions and the application of competitive selection mechanisms.

54. The President, EURSA agreed that the problem was building up again and reiterated that the best way to avoid its recurrence was by proper planning of human resources. He hoped that the differences between short-term and fixed-term staff would be attenuated as a result of the new contractual reform proposals. He looked forward to more funds being invested in staff development and training, and in offering incentives or awards for exceptional performance. Lastly, he drew attention to the situation in the European Region whereby liaison officers were, for budgetary reasons, carrying out the functions of WHO representatives yet being employed on contracts applicable to national professional officers.

55. The SCRC recognized that EURO's staff were its most valuable asset; it was unacceptable that the principles of "one WHO" should not also be applied to questions of contractual status, career development and incentives.

Membership of WHO bodies and committees

56. Bearing in mind the provisions of Regional Committee resolution EUR/RC53/R1, and notably the desirability of ensuring geographical balance between the various parts of the European Region, the SCRC held preliminary discussions on the candidatures presented for membership of the Executive Board, the SCRC and the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases. Further discussions would be held at its fourth session, on the day before the opening of WHA59.

Officers of the World Health Assembly

57. The Regional Director informed the SCRC that he had approached candidates for election as Vice-President of the Health Assembly and Vice-Chairman of Committee A, and for membership of the Committee on Credentials, as previously agreed with the SCRC.

58. The SCRC were in favour, in principle of the proposal that three permanent members of the United Nations Security Council from the WHO European Region could serve, in turn, for two out of three years on the World Health Assembly's General Committee and Committee on Nominations. Consensus should be further sought on this issue with concerned Member States, The United Kingdom agreed to stand down for the upcoming World Health Assembly in 2006 assuming that this arrangement could be rotational between the concerned Member States.

Other matters

Venue of RC57

59. The SCRC was shown a video presentation of the Sava Conference Centre in Belgrade, the proposed venue of RC57. The SCRC was happy to commend that location for endorsement at RC56.

Duration of next session

60. The SCRC agreed that its next session should start at 12.30 p.m. on Sunday, 21 May 2006, at the Palais des Nations in Geneva, in order to allow time for consideration of the final report of the Working Group on the Future of the WHO Regional Office for Europe.

Annex 1

Towards a European strategy on noncommunicable diseases

Update for SCRC

Summary

Regional Committee resolution EUR/RC54/R4 requested the Regional Director to develop a comprehensive action-oriented strategy for the prevention and control of noncommunicable diseases in the European Region by 2006. To facilitate this process, a network of WHO national counterparts was established in early 2005 and a drafting group composed of representatives of eight Member States was appointed at the first network meeting in April 2005. A first draft of the document was discussed at the second meeting of national counterparts in December 2005 and revisions were made on the basis of comments received. The second draft of the document has now been circulated to national counterparts to allow country consultations to take place prior to the third meeting scheduled for 7 and 8 April 2006. The final draft of the document is on schedule for delivery by 1 June.

Introduction

In resolution EUR/RC54/R4, adopted by the WHO Regional Committee for Europe at its fifty-fourth session in September 2004, Member States decided to give high priority to noncommunicable diseases (NCD) and to develop a comprehensive action-oriented strategy for the Region by 2006. The strategy was to focus on implementation, to take account of the specificity and diversity of the European Region and to be prepared in collaboration with Member States, intergovernmental agencies, nongovernmental organizations (NGOs) and other relevant partners. This paper provides an update on progress in development of the strategy and gives an indication of its main lines.

Update on progress in development of the European NCD strategy

To facilitate the development of the European NCD strategy, a network of WHO national counterparts was established in early 2005 and a drafting group composed of representatives of eight Member States was appointed at the first network meeting in April 2005. The drafting group worked closely with the Secretariat of the WHO Regional Office for Europe during 2005, meeting in June and September, and a first draft of the document was prepared by November 2005. To support the work of the drafting group, the Secretariat also sought the advice of an expert reference group that met on 24 and 25 November 2005, and consulted with around 20 WHO programmes in the Regional Office. The Secretariat also arranged two internal meetings with colleagues to consider the strategy carefully from the health systems perspective, and in terms of gender mainstreaming.

The first draft of the European NCD strategy was discussed in detail at the second meeting of national counterparts on 6 and 7 December 2005. The meeting concluded that the structure and direction of the first draft were, in general, in line with the objective (as contained in resolution EUR/RC54/R4) and could serve as a basis for further development using the detailed comments from the counterparts. The drafting group was asked to continue its work, preparing the second draft of the strategy by late February/early March. It was agreed that, once a solid draft had been developed and endorsed by the national counterparts, the process would be opened up to other groups for comment. There was also agreement on the usefulness of having a European NCD report to support the European NCD strategy.

The drafting group met on 1 and 2 February to review all the comments received during the first round of consultation and to direct the preparation of the second draft. The revised document was completed and circulated to national counterparts on 11 March 2006. The counterparts will now undertake country consultations and will bring feedback to their third meeting on 7 and 8 April 2006. A first draft resolution

will also be discussed at the meeting. The second draft document will be submitted for broader consultation with the European Commission, other WHO regions, European NGOs and other relevant stakeholders, as well as the expert reference group. If the national counterparts are satisfied with the document, it is expected that the drafting group will be asked to finalize the draft on their behalf. A final meeting of the drafting group is scheduled to take place on 10 and 11 May and it is expected that the final draft of the European NCD strategy will be completed by 1 June 2006.

Opportunities are being sought to connect related processes and technical work within the Regional Office, in particular the preparation of the WHO Ministerial Conference on Obesity and the development and implementation of the European NCD strategy. In addition, the draft strategy will be shared with national counterparts in other relevant technical areas, such as tobacco control, alcohol and nutrition.

The Regional Director has agreed that the European NCD report should be prepared during the 2006–2007 biennium and will have the status of a high corporate priority product. The report is likely to be published in late 2006 or early 2007.

Main lines of the European NCD strategy

The biggest health challenge facing Europe today is that of noncommunicable diseases. Eighty-six per cent of deaths and 77% of disease burden in Europe are caused by this broad group of disorders, which includes cardiovascular diseases, cancer, mental disorders, diabetes mellitus and chronic pulmonary disease. Common features can be identified that link these conditions: determinants, risk factors, characteristics and opportunities for interventions. By focusing on prevention and improved control, it is possible to prevent or modify risk factors, to prevent the onset, the recurrence and the progression of disease, and to prevent disability and painful or premature death related to these disorders. This investment would improve the quality of life and well–being of people and societies, and lead to a more equitable distribution of the benefits of existing knowledge.

The goals of the strategy are to significantly reduce disease burden from NCD, to improve quality of life and to make healthy life expectancy a more equitably distributed reality throughout Europe. The strategy outlines a comprehensive, action-oriented approach that seeks to achieve two objectives: integrated action on risk factors and determinants, and the strengthening of health systems in prevention and control of noncommunicable diseases.

The current version of the document is 20 pages long and presents the challenges faced by Europe, the evidence for effective action, the strategic approach and an action framework to guide Member States. It then outlines action to be taken to ensure a comprehensive approach, and its conclusions lead into the attached resolution. As requested in resolution EUR/RC54/R4, the draft strategy is integral to the updated Health for All framework, and takes account of Member States' existing commitments made in the context of WHO ministerial conferences, relevant strategies and resolutions, and of the experience gained through the Countrywide Integrated Noncommunicable Disease Intervention (CINDI) programme.

Annex 2

Medium-term strategic plan 2008–2013 and programme budget 2008–2009

The budget presentation at the fifty-sixth session of the Regional Committee (RC56) is intended to be conducted along the same lines as it is every two years. There will be no external guest apart from a colleague from WHO headquarters, most probably Assistant Director-General Anders Nordstrom. However, since the technical content will now cover a six-year period, it is likely that the debate this year will focus more on content and less on budget figures than in the past. As per normal practice, the main document is produced by WHO headquarters and will be supplemented by a four-to-six-page document representing the "European perspective". The Standing Committee of the Regional Committee (SCRC) recently gave suggestions as to what it felt should be included in this European document. The suggestions are summarized in the last section of this paper.

Why a change in managerial framework?

The new medium-term strategic plan (MTSP) and programme budget (PB) process is a key instrument for advancing WHO's reform agenda. The ongoing reform aims at improving performance, providing greater accountability and demonstrating results at all levels of the Organization. To summarize, the cardinal reasons for introducing the MTSP are to improve performance and accountability by:

- ensuring greater consistency between biennia;
- extending the two-year plan to cover a six-year period that better reflects the more strategic nature of WHO's work;
- removing the vertical area of work (AOW) structure that did not facilitate working together and across teams and was a poor fit at country and regional levels;
- reducing the heavy workload resulting from overlapping processes and lightening the burden for the last two-budget periods; and
- achieving better alignment with other organizations in the United Nations system that have five- or six-year cycles.

One document – Development of the MTSP and related PB is a single and integrated process

The MTSP and the PB will be presented *as a single document* to the forthcoming Regional Committee, RC56, and subsequently in 2007 to the Executive Board in January and the Sixtieth World Health Assembly in May. The main document will present the technical content of the MTSP, and the budget figures for the 2008–2009 period will be given in a financial annex.

The MTSP no longer revolves around areas of work, but will be constructed around 15 strategic objectives (SO) in 4 domains:

1. health outcomes (five SO)
2. determinants (four SO)
3. policies, systems and technologies (four SO)
4. global health agenda and WHO response (two SO).

For each SO, there will be a separate section in the MTSP that will:

- present a ***situation analysis*** – discussing challenges, opportunities and problems identified, and providing the rationale and justification for the SO; the SO are objectives for Member States and for the WHO Secretariat;
- outlines the ***strategic approaches*** – these describe the best joint avenues for Member States and the WHO Secretariat to achieve the agreed objective;
- define, for the WHO Secretariat, the six-year ***organization-wide expected results*** (OWERS); these represent what the WHO Secretariat alone anticipates achieving or changing as a direct consequence of its own actions over the six-year period, and include:

– ***indicators*** (aligned to Millennium Development Goals where applicable) with baselines and targets – the yardsticks against which performance will be measured.

While the funds needed to implement the MTSP for any two-year period are expected to change between biennia, no major changes are anticipated in the scope of the strategic objectives or related results over the term of the MTSP.

The MTSP will present to Member States an overall 'resource outlook' for the entire six-year period but details will only be given for the immediate two-year period. For biennium 2008–2009, the financial tables will provide an overview of the actual costs anticipated to be incurred by the Secretariat during the first two-year period in delivering the OWERS.

SCRC advice for the European perspective

The SCRC was asked to advise the Secretariat on the format of the document '*Proposed programme budget 2008–2009: the WHO European Region's perspective*'. This document is traditionally prepared to support the presentation of the programme budget within the context of the European Region. Specifically, advice was sought on how best to present the financial tables in order to give a chronological, understandable comparison between biennia.

The SCRC asked that the following should be done:

1. a crosswalk prepared for both the Regional Office's expenditure 2004–2005 and its programme budget 2006–2007 to the new 15 SO structure; and
2. the links should be shown between the 15 SO and specific sections of the Eleventh General Programme of Work.

The Regional Office was asked to convey these views to the team at WHO headquarters preparing the MTSP, as they were requirements of a global nature. In the event that the requirements are not included in the global document, they should be prepared with reference to the European situation and included in the specific "European perspective" document accompanying the global document.

Annex 3

Enhancing health and security: an outline summary of the challenges in the WHO European Region and the health sector response

The purpose of this paper is to outline current and potential future threats to human health with possible implications for security, to take stock of lessons learnt and to propose an approach towards enhancing health and security in the WHO European Region. It is intended to serve as a basis for discussion by the Standing Committee for the Regional Committee towards the development of a WHO strategy to enhance health and security in the European Region and, more specifically:

- to provide a framework for action to enhance health and security at a pan-European level;
- to agree on a road map to tackle health and security through strengthened health systems; and
- to support Member States in improving preparedness for and the effectiveness of the response to health threats with security implications by promoting a comprehensive health systems response.

Introduction

The WHO European Region has been affected over the last decades by numerous events[1] that have endangered health and security. Some of these events have created crises and public health emergencies of an international nature, while others have been more localized. Newly emerging public health risks[2] like avian influenza have sparked international concern, and health is increasingly discussed in terms of its potential implications for national security and the safety of people and national health systems.

A crisis is an unstable situation that reveals the incapacity of local health systems on which people depend to respond to the increased demands upon them.

Health and security

There is no widely accepted and agreed definition of "health security". A working definition would be that it focuses on health issues that have potential security implications – generally health emergencies of an acute rather than a chronic nature, with serious public health consequences and potential cross-border implications.

The role and impact of health on security - or stability - is reflected in a new international consensus that there is a shared responsibility for collective security and to meet the challenge of prevention: "Any event or process that leads to large-scale death or lessening of life chances and undermines states as the basic unit of the international system is a threat to international security".[3]

Recent history has confronted some of the 52 Member States of the WHO European Region with dramatic political and socioeconomic changes, leaving health systems and people in many countries with insecure environments and insufficient resources and capacities to cope with new challenges.

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[1] "Events" refers to manifestations of disease or occurrences that create a potential for disease.

[2] A "public health risk" is the likelihood of an event that may adversely affect the health of human populations, with emphasis on one that may spread internationally or may present a serious and direct danger to public health.

[3] *A more secure world: Our shared responsibility. Report of the Secretary-General's High-level Panel on Threats, Challenges and Change*. New York, United Nations, 2004

Several recent studies have shown the extent to which the spread of diseases like severe acute respiratory syndrome and avian influenza, and the consequences on health of other emergencies can impact on security at the national and international levels.

Potential biological, chemical and radiological terrorist attacks, conflicts and natural disasters that could cause mass displacement and ill-health would contribute to instability with cross-border consequences.

Challenges

The combination of increasing social inequalities, the deterioration and relative collapse of health systems in parts of the European Region, the re-emergence of some communicable diseases, the increasing frequency of extreme weather events and other natural and man-made disasters, armed conflicts that escalate into complex emergencies, and unprecedented social violence makes the European Region even more vulnerable today than it has been in the past.

Extreme weather events are expected to increase in frequency and severity. Floods are the most common natural disasters in the European Region. Heat-waves have caused serious health effects, and increased water scarcity in the Region will require an adjustment in water use in all sectors and the use of a variety of environmental and health risk assessment methods and economic tools.

New global threat scenarios such as a potential influenza pandemic or the deliberate use of biological, chemical or radio-nuclear agents, conflicts, global environmental changes and the trade in hazardous substances pose new challenges to national health systems and governments. The realistic scenario of a global influenza pandemic with the potential to trigger a severe health and security crisis has certainly contributed to raising awareness: with up to 30% of the population potentially infected at the same time, a pandemic could cause socioeconomic consequences that would go far beyond the health sector.

Global environmental changes like the loss of ecosystem services and climate changes might further contribute to changes in disease patterns, triggering migration and causing economic losses to vulnerable populations.

The history of the European Region has further shown that it is not free from the risks of inter-state conflicts, internal conflicts and civil war. The extensive experience gained in the Region and the lessons learnt from the response to the health challenges raised by the complex emergencies in the Balkans underline the importance of national health systems being fully prepared to respond effectively to the health security aspects of violence-related crises. They also highlight the importance of WHO`s institutional readiness to effectively support Member States and their health systems and essential services.

Health sector response

Implementing the legal framework

WHO’s first legally binding instrument, the International Health Regulations (IHR), has been revised, and the revision was endorsed by all Member States in May 2005. The resultant document, IHR (2005), constitutes a renewed legal framework for Member States and WHO to collectively address public health emergencies of international concern, whatever their nature (infectious agent, chemical, nuclear, etc.) or origin (natural, accidental, deliberate).

World Health Assembly resolution WHA58.1 on Health action in relation to crises and disasters reinforced the Organization’s mandate to support Member States in preparing their health systems to cope effectively with the health aspects of crises and to strengthen its own institutional readiness.

Strengthening health systems

Health and security risks require complex preparedness strategies for health systems. Predefined systems of coordination, as well as command and control structures, plans for scaling up the health response in a crisis situation through the mobilization of extra resources and personnel, and essential predefined treatment protocols, among many other emergency management elements, need to be established well in advance.

Health systems all over Europe are confronted with high expectations, multiple health crises and limited resources. Good governance and good management of health systems are particularly important prerequisites for effective operational crisis response, and are dependant on well functioning health information systems.

In the past, the response to health challenges in the European Region has been organized predominantly along the lines of vertical technical support provided to countries, with the extensive professional expertise of vertical programmes mobilized to respond effectively to the health challenges of a particular crisis. However, this approach tends to suffer from serious systemic short-comings, as it is highly cost-intensive and has the intrinsic danger of creating parallel structures and duplication.

For vertical technical success stories to be translated into sustainable long-term improvements in health security, there must be a gradual integration of vertical programmatic approaches into a coherent and systematic, horizontally-coordinated framework. To effectively increase long-term crisis preparedness and build an overarching common system to respond to health threats, a strong system infrastructure must be established at the country level. A "one-system" mechanism that involves developing the capacity of national health systems can provide the means to respond to the known, as well as to the as yet unknown, future threats to health and security.

Information and communication

Risk communication is essential for public health programmes. Risk perceptions shape individual behavior to a large extent, and social mobilization and health education can effectively promote risk reduction and increase the coping capacity of communities. Simple and easily understandable messages communicated by the media can effectively educate the public on protective measures to reduce risks to health. Providing accurate and timely information to the public is of major importance in any public health emergency. Rumours and perceived attempts to hide crucial information can contribute to panic and jeopardize security.

Lessons learnt (case studies)

This chapter will build on recent case studies and analyze the lessons learnt from the response to various health crises in the Region. It will cover the response to the environmental health crisis associated with lead contamination in the United Nations-administered province of Kosovo, the health consequences of the heat-wave in France, the floods in central Europe, the earthquakes in Turkey and Armenia, and the avian and human influenza outbreaks in Turkey and Azerbaijan.

WHO's role

Maintaining the highest possible level of health is a core mandate of WHO. The orientations for the current biennium 2006–2007, as outlined in the programme budget, comprise several goals that address health and security.

Through epidemic alert, it is intended "to ensure global health security and foster action to reduce the impact of communicable diseases".

Through actions in the area of environment and health, it is intended “to achieve safe, sustainable and health-enhancing human environments, protected from biological, chemical and physical hazards, and secure from the effects of global and local environmental threats”.

Through preparedness and health system response, it is intended “to reduce avoidable loss of life, burden of disease and disability among populations affected by crises, emergencies and disasters, to optimize health at times of post-crisis transition, and to contribute to recovery and development”, with a strong emphasis on building local capacity.

WHO is an active partner of various bodies of the United Nations and supports the effective coordination of emergency and humanitarian action. It is an active member of the Inter-Agency Standing Committee Working Group and other interagency initiatives, and collaborates closely with the United Nations Office for the Coordination of Humanitarian Affairs. The recent United Nations humanitarian reform process and the associated introduction of cluster lead agencies - with WHO being the health cluster lead agency - gives it an even stronger mandate in humanitarian response operations.

Building WHO institutional readiness

A coordinated, horizontal health system response has increasingly become a core orientation for the Regional Office. Only a continuous in-house effort and close collaboration between all levels of the organization, at headquarters, in the regional offices and at country level, can enable WHO to ensure that coordinated public health interventions are tailor-made to respond appropriately to fast-evolving emergency scenarios and health security needs.

The establishment of a joint regional operational platform to mobilize international expertise and resources would definitely improve the logistical aspects of future crisis response operations. It will require close coordination with the relevant programmes in headquarters and in the regional offices to ensure the necessary back-up and support.

The way forward

The Regional Office for Europe will continue to collaborate with Member States to ensure that the evidence base and the lessons learnt, including early warning and early action mechanisms, are integrated and reflected in preparedness strategies for national health systems.

The Regional Office promotes a multi-hazard approach for preparedness and response to health crises, involving the entire health system in a coordinated response to possible contingencies.

Good governance to improve stewardship within health systems is essential for the implementation of IHR (2005), in order to mobilize a comprehensive response at the national and international levels.

An institutionalized and dedicated preparedness programme for health security and health crises, with a strong institutional anchor in the ministries of health, is a crucial element for the development of intersectoral collaboration on health security.

Essential public health measures should be integrated into intersectoral coordination efforts that include the private sector and civil society.

Setting out the principles of public communication, education and awareness, with a communication strategy for future crises prepared and tested well in advance, can prevent a health threat from becoming a political crisis.

Annex 4

Working group on the Future of the WHO Regional Office for Europe

Outline of the Report

1. Introduction

- Context
- Objectives
- Methodology

2. Health status and expected major trends in health in the WHO European Region in 2020

- Negative trends for the health system in coming 15 years
- Positive trends for the health system in coming 15 years
- Major risks to health in coming 15 years
- Hypotheses of evolution in health for coming 15 years
- Directions for improvement over coming 15 years

3. Positioning the WHO Regional Office for Europe (EURO) in 2020

- Mission and functions of EURO in 2020
- Added value of EURO in area of health in 2020
- Major changes required within EURO in light of 2020

4. Partnerships and international environment in 2020

- Strengths and weaknesses of EURO
- Role of EURO in 2020 as seen by partners
- Future collaboration between other organizations and EURO

5. The way forward towards 2020

(Four to five major directions to be taken forward by EURO from now to 2020 should be extracted from first three meetings; for each of those directions, the expected outcome in 2020 should be indicated, each outcome should include milestones, timeframe and expected situation at mid-term)

- *Distribution of roles and functions within WHO*
- *Continuous analysis and adaptation of EURO to upcoming challenges*