



EUROPE

Fourteenth Standing Committee of the Regional Committee for Europe Fourth session

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Report of the fourth session

Introduction

1. The Fourteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its fourth session at the WHO Regional Office for Europe in Copenhagen on 3 and 4 April 2007. Since the Chairman was unavoidably delayed owing to a flight cancellation, and the Vice-Chairperson was unable to attend for health reasons, the meeting on the first morning was chaired by Dr Bjørn-Inge Larsen (Norway).
2. The provisional programme of the session was adopted with two additions under the agenda item "Other matters": Establishment of a new geographically dispersed office, and Elective posts at the Sixtieth World Health Assembly (WHA60). The draft report of the Fourteenth SCRC's third session was adopted without amendment.
3. The Regional Director reported that the Organization was moving fast under the newly elected Director-General, within the framework of the six very clear priority areas with goals and policy guidelines that she had set and in the spirit of her strong commitment to strengthening collaboration with the regional offices. The WHO Secretariat wholeheartedly supported the steps being taken towards reform of the United Nations system but emphasized that the Organization must continue to have the necessary technical independence (especially at country level) to play its constitutional role as the directing and coordinating authority on international health work. One example where such a role (of leading in partnership) was very clear was in implementing the International Health Regulations (2005), which were due to come into effect in June 2007.
4. Intellectual property rights were another area where a combination of technical, political and moral leadership was required across the entire Organization. With the aim of combating a potential influenza pandemic, WHO had (at a recent meeting in Indonesia) promoted an ethical and equitable approach to the problem of ownership of the intellectual property rights of the avian influenza virus. Similarly, it was adopting an ethical approach to the issue of the migration of health personnel.
5. The rapid developments taking place within the Organization were a source of inspiration for the staff, but they were also potentially a cause of stress induced by an additional workload and a process of change. The Director-General was therefore working closely with the presidents of the staff associations throughout the Organization and had recently held a meeting with them in Geneva. In the Regional Office, the process of organizational development was under way, with one of its aims being to help staff adapt to the changing objectives and work environment.

Matters arising from the 120th session of the Executive Board

6. The European member of the Executive Board (who attended sessions of the SCRC as an observer) reported that the Executive Board had welcomed the Director-General's inspiring and well structured presentation, in which she had identified six issues that could guide the way the Organization approached its work in the coming years: health development and health security; capacity-building, and information and knowledge; and partnerships and performance.
7. In the area of communicable diseases, the Executive Board had adopted resolutions on poliomyelitis eradication (where it had commended efforts towards interregional cooperation and called for full immunization of travellers to areas in which poliovirus was circulating); on avian and pandemic influenza (where the member from Thailand had reiterated that his country did not intend to share virus material with commercial companies unless all of society could benefit from vaccine development work); on smallpox (where the Board had reiterated its call for the destruction of variola virus stocks); and on malaria (where the member from Slovenia had noted the risk of the spread of infection to his country as a result of global warming).

8. On the subject of health systems, the Executive Board had adopted resolutions on emergency care systems, on rational use of medicines and on better medicines for children. Other topics covered by resolutions included WHO's role and responsibilities in health research, health promotion, and noncommunicable disease control (where the Regional Office for Europe's approach had been advocated as a good example).
9. The Organization's Medium-Term Strategic Plan 2008–2013 (MTSP) and Proposed Programme Budget (PPB) 2008–2009 had both been reviewed by the Board, which had noted that there was a certain degree of overlap in the various strategic objectives, especially those concerned with health systems. It was therefore likely that some objectives would be merged before the two documents were presented to the World Health Assembly in May. To follow up the letter sent to the Director-General by the Chairman of the SCRC with regard to a fairer allocation of assessed contributions to the European Region, the Board member from Denmark had made a strong statement arguing for recognition of the needs of the European Region; that statement had been supported by other European members of the Executive Board.
10. The SCRC recalled that it had earlier discussed the possibility of placing the subject of pharmaceutical policy on the agenda of a future session of the Regional Committee and suggested that it might be timely to do so in 2008/2009, after careful preparation within the context of the SCRC.
11. While some members of the SCRC felt that Regional Office staff should continue to visit countries to assist them in preparing to deal with outbreaks of avian or human influenza, others believed that sufficient levels of preparedness had been reached in many Member States due to work already accomplished. The Secretariat reiterated, however, that WHO remained committed to continue carrying its responsibilities to support Member States in building up health system capacity (also in light of implementation of the International Health Regulations) and noted that, at the high-level technical meeting held in Jakarta, Indonesia on 26 and 27 March 2007, scientists had confirmed the need for an aggressive response to any outbreak of influenza in birds in order to prevent, delay and contain any possible human pandemic. It was important for vaccine manufacturers to act ethically and make vaccines available where they were needed; for that reason, the Organization was now promoting the concept of regional stockpiles of vaccine.
12. With regard to the 2008–2009 PPB, the SCRC was informed that the latest proposal was for a smaller increase in countries' assessed contributions than had originally been envisaged. The resulting US\$ 40 million reduction in the overall regular budget had been apportioned by the Director-General in such a way that the allocations for the European and African regions would remain almost unchanged while allocations to WHO headquarters and other regions would decrease; more specifically, the figure for the European Region (US\$ 63 million) was now more securely within the range obtained through application of the validation mechanism.
13. The SCRC endorsed the view that a flexible approach should be taken to the question of geographical rotation of appointments to the position of Director-General of WHO: the professional qualities, charisma and personal qualities of candidates were the most important aspects to be taken into account. The SCRC also noted that political matters of that nature lay outside the competence of the European Union (EU) and were properly the responsibility of Member States, acting either on an individual basis or collectively through the SCRC or the Regional Committee.

Review of the provisional agenda and programme of the fifty-seventh session of the Regional Committee (RC57)

14. The SCRC endorsed the provisional agenda and programme for RC57 that had been drawn up by the Secretariat taking account of the topics it had previously selected. It was informed that the subject of intellectual property rights would be discussed at a meeting to be organized by the Regional Office in August 2007; the outcome of that meeting would be reported to the Regional Committee

under the agenda item on “Matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board”. In addition to technical briefings outside the formal session, to be organized by the Secretariat, the host country would arrange for a presentation on the first day.

Review of draft documents and draft resolutions for RC57

Health workforce policies in the WHO European Region

15. The draft RC document had been prepared taking account of the comments made by the SCRC at its previous session. The paper began by defining health workers as encompassing both health care providers and other personnel engaged in a health system (managers and support staff). It went on to analyse the impact of their activities, which extended beyond performance of the health system to affect the economy of a country as a whole. The document then examined a number of common challenges being faced throughout the WHO European Region. Those included uneven distribution and shortages of personnel (in terms of either geography or skills), migration (both inwards and outwards), a poor working environment (lack of recognition, career development and performance incentives) and a weak knowledge base.

16. Similarly, health services throughout the Region were facing a number of common challenges: demographic transition, and in particular ageing populations, changing patterns of disease, technological innovations, changing expectations of consumers, and political and economic developments such as globalization and European integration and enlargement. The paper explored the impact of those challenges on the health workforce.

17. The concluding sections of the document outlined the main features of the explicit health workforce policy that each country would be encouraged to adopt and described the steps that would need to be taken to give effect to such a policy. The first obstacle to be overcome was the lack of completeness and comparability of databases and of evidence-based literature on which to make policy decisions. Second, training would need to be improved and harmonized within and between countries, and licensing arrangements would need to be strengthened. Third, greater efforts should be made to improve human resource management and motivate health workers to be proactive partners in the health system. And finally, modern regulatory frameworks would have to be developed (with the involvement of all stakeholders) and put in place at country level.

18. In the draft resolution to be submitted to RC57, Member States would be urged to improve and expand the knowledge base on the health workforce, to assess and review trends in health workforce migration and to mainstream health workforce policies as a component of national health system development. In addition, the Regional Director would be requested to facilitate the exchange of knowledge and information, to continue to build and support capacities for health workforce policy development, planning and management, and to strengthen networks and partnerships in that area. The subject should be further addressed at the WHO European Ministerial Conference on Health Systems in 2008, and a progress report should be submitted to the Regional Committee at a subsequent session.

19. The SCRC welcomed the fact that the document took account of the comments made at its previous session. However, it wished to see further details of the projected needs for health workers, possibly in the form of case studies that looked at migration processes both within and outside the European Region. A more active approach might be called for by the draft resolution, whereby the Regional Director could be asked to start working on an ethical framework for recruitment of health workers. The SCRC agreed to submit written comments on the draft document and resolution to the Secretariat by the end of April 2007.

Follow-up to the Ministerial Conference on Counteracting Obesity, including the Second European Action Plan for Food and Nutrition Policy

20. The paper for RC57 began by describing actions facilitated by the Regional Office since the Ministerial Conference. They focused on dissemination of the Charter; establishment of alliances, partnerships and policy dialogue; surveillance and policy analysis; development of policy tools; and promotion of physical activity. Steps were also being taken to review and give support to policy developments in countries. A policy assessment questionnaire had been sent to Member States, and they were now beginning to reflect the recommendations of the Ministerial Conference in their public health policies.

21. The second part of the paper contained the first draft of the Second European Action Plan for Food and Nutrition Policy. Six action areas were being proposed:

- supporting a healthy start in the first few years of life
- ensuring a safe, healthy and sustainable food supply
- providing comprehensive information to consumers
- integrated actions to address related risk factors
- strengthening nutrition and food safety in the health sector
- monitoring trends and evaluating implementation and the effectiveness of actions.

22. The Action Plan clearly identified the various actors involved (governments, civil society and professional networks, economic operators and international bodies), and it would list the steps to be taken for implementation both in countries and at international level.

23. Consultation with Member States and selected stakeholders on the Action Plan was already under way. A second draft would be ready by the end of April 2007, and a joint meeting with national counterparts of the Nutrition and Food Security (NFS) and Food Safety (FOS) programmes was scheduled to be held in Paris in early June. The final draft would therefore be ready in mid-June 2007.

24. In the draft resolution it was proposed that the Regional Committee would thank the Government of Turkey for hosting the Ministerial Conference and formally endorse the European Charter on Counteracting Obesity. Member States would be urged to draw up and implement comprehensive food and nutrition policies, to give effect to the commitments outlined in the Charter, and to define national goals and priority actions in line with those in the Action Plan. The Regional Director would be asked, among other things, to develop a European information system to monitor the nutrition situation in terms of public health, to provide technical support to Member States, and to advocate and promote actions at international level. Three-year progress report should be submitted to the Regional Committee.

25. The SCRC noted that the Action Plan set out a very large number of specific actions in each area: it would be appropriate to reduce them and sharpen their focus in order to make them more actionable. Emphasis could usefully be placed on settings within which to deliver nutrition education.

26. The SCRC also questioned the advisability of setting numerical goals or targets, such as increasing by 20% the proportion of infants exclusively breastfed at six months of age. It wondered whether reliable baseline data were available (a problem that was also encountered with respect to health workers), and whether the target values proposed were applicable in all countries and situations. It might be preferable to express the goals in broader terms, such as “to increase the proportion of the population consuming more than 400g of fruits and vegetables a day”. It agreed, however, to leave such questions to the expert consultation to be held in June.

27. The SCRC looked forward to reviewing the second draft of the Action Plan at its next session and relied on national counterparts to give any final input from Member States at their meeting in June.

Millennium Development Goals in the WHO European Region: health systems and the health of mothers and children – lessons learned

28. In its introductory section, the draft RC paper recalled that the principles guiding WHO's work on the Millennium Development Goals (MDGs) had been set out in the *World health report 2003*, and that the Organization's commitment to the Millennium Declaration had been reaffirmed in World Health Assembly resolution WHA58.5 (2005). However, at the half-way point to the MDG target date of 2015, the global data as well as the European Region's experiences were not encouraging, and numerous sources had shown that insufficient capacity in health systems was a considerable barrier to achieving the health-related MDGs.

29. The document went on to describe the degree of attainment of the MDGs in the European Region. Overall progress was good if judged by regional averages, but data from national and subnational levels gave a much more inequitable picture. There was a clear relationship between income levels and progress towards the health MDGs. Higher-income countries of the European Union were expected to reach most of the goals, except for combating HIV/AIDS and other diseases in the Baltic countries. Most south-eastern European countries were likely to reach the goals, too, although challenges included tuberculosis in Romania, gender equality in Turkey and tenuous overall progress in Albania. Middle-income countries in the Commonwealth of Independent States (CIS) would struggle to achieve the health MDGs, where the Russian Federation and Kazakhstan faced problems with the HIV/AIDS epidemic and high childhood mortality. In the lower-income CIS countries, the Republic of Moldova was unlikely to meet four MDGs, Georgia five and Tajikistan six.

30. In terms of child and maternal mortality (MDGs 4 and 5, respectively), the European Region still showed unacceptable disparities between countries. Mortality among children under five years of age in the country with the highest rate was 40 times that in the country with the lowest rate, and a child born in the CIS was three times as likely to die before the age of five years as one born in the EU. The maternal mortality rate in the central Asian republics remained at least double the regional average. Within countries, too, there were staggering differences in mortality rates. The paper noted that MDG 5 called for a reduction of the maternal mortality ratio by three quarters between 1990 and 2015, irrespective of the baseline value. Ten western European countries were off track to meet that target in 2000. While mortality ratios in those countries were already low relative to the average for the Region and further reduction might be difficult, some of them had in fact experienced increases between 1990 and 2000.

31. In line with the approach advocated in the *World health report 2005* ("Making every mother and child count"), the paper concluded that providing families with universal access to a continuum of care was ultimately dependent on extending and strengthening health systems. It outlined examples of interventions in the four main functions of a health system (service delivery, resource creation, financing and stewardship) that would help countries achieve the objectives of reducing infant and maternal mortality, and it listed a number of current and future Regional Office initiatives in the field of maternal and child health.

32. The draft resolution to be submitted to RC57 would urge Member States to substantially scale up activities for achieving the MDGs, to link those efforts to work on strengthening health systems, and to monitor progress while paying particular attention to poor and disadvantaged social groups. The Regional Director, for his part, would be asked to advocate and promote actions at international level, in collaboration with all relevant stakeholders, to provide Member States with assistance in capacity-building, to stimulate the exchange of experience between countries and to strengthen the Regional Office's information system for monitoring health trends associated with the MDGs.

33. The SCRC suggested that the paper might usefully have a final section describing the links between the work on MDGs and the forthcoming WHO European Ministerial Conference on Health Systems in 2008. Like for the paper on health workforce policies, it agreed to submit written comments on the draft document and resolution to the Secretariat by the end of April 2007.

Selection of SCRC members to introduce RC57 agenda items

34. The SCRC agreed that its views on the three major substantive topics to be discussed at RC57 would be presented by the following members:

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| Health workforce policies | Dr Bjørn-Inge Larsen (Norway) |
| Obesity Conference and Nutrition Action Plan | Dr Mihály Kókényi (Hungary) |
| MDGs/maternal and child health | Dr Francesco Cigogna (Italy) |

Progress report of the group reviewing the SCRC's role and way of working

35. The working group that had been set up following the SCRC's second session consisted of representatives of Norway, the Netherlands, Hungary, the United Kingdom. The group had received an information support from the WHO Secretariat. At its first conference call meeting, on 13 March 2007, the group had begun by examining the concept behind the establishment of the SCRC. It had been set up by the Regional Committee in 1992 (resolution EUR/RC42/R5) and had become operational one year later, with a mandate to act for and in support of the Regional Committee in its policy-making, supervisory and other roles. The SCRC's only legal status derived from Rule 14.1 of the Regional Committee's Rules of Procedure, which permitted the latter to establish subcommittees. More specifically, the SCRC was intended to function as a subordinate body of the Regional Committee, with powers only to propose and recommend, not to make decisions.

36. When reviewing how the SCRC had actually operated, the group considered that the Standing Committee had been successful in acting as a support to the Regional Office and giving advice to the Regional Director. However, in order to strengthen its position as a bridge between the Regional Committee and the Regional Office, the SCRC needed to be more strategically focused and better at prioritizing its work. The group felt that the SCRC was not taking full advantage of its enormous potential to influence health development within the Region.

37. At a second conference call meeting on 21 March 2007, the group had developed a set of recommendations with the aim of making the SCRC a more effective body. A number of actions could be taken immediately:

- provide Member States with an information leaflet describing the SCRC, its role and functions and its legal status;
- brief new SCRC members and/or all Regional Committee members on how to prepare for meetings and be as active participants in them as possible;
- take more control of defining and leading matters to be discussed at SCRC sessions, and discuss whether private meetings would bring added value to sessions;
- set aside time in each session for updates from each SCRC member on issues of special importance for their particular region and neighbouring countries.

38. The group had also formulated several longer-term considerations to which thought could be given:

- Should the SCRC's Rules of Procedure (2001) be amended to clarify the reciprocal governance duties of the SCRC and the Regional Office?
- Should the SCRC have a remit to act as a conduit for Member States who have concerns with the way in which WHO is performing in their region or more generally?
- Should the SCRC be more proactive in linking in to EU business and reporting on developments in that area at sessions of the Regional Committee?
- Should the SCRC take a more active position on the east/west divide?

39. The Chairman noted that the SCRC was already moving to address some of those issues: for instance, it had held an extra meeting during the present year, in order to give input into drafts of

Regional Committee documents at an early stage, and it had agreed in advance which members would present its views on topics to be discussed at Regional Committee sessions (see paragraph 34 above). More generally, the SCRC strongly endorsed the view that it should play a strategic and proactive role, to ensure that the Secretariat acted on the wishes of the Member States as expressed in the Regional Committee.

40. The SCRC also supported the proposal that Member States should be provided with more information about the evolving functions of the SCRC, perhaps in the form of a short leaflet. The progress report of the working group could be taken as a starting point. It might usefully be expanded to clarify the fact that, despite its limited formal legal status, the SCRC did have an important role to play in providing strategic direction and support to the Regional Director. The SCRC agreed that moves to amend the Rules of Procedure and make its legal status more explicit and formal might be counter-productive, giving rise to political reactions on the part of Member States. On the other hand, emphasis should be placed on the importance of securing members of the SCRC with the right qualities, and on ensuring equitable geographical distribution through a “gentlemen’s agreement” arrangement of consultation and consensus-seeking.

41. The working group was accordingly asked to review and expand its report, with the aim of submitting a revised version at the SCRC’s next session. The paper could then be further refined to provide briefing for the new members of the SCRC who would begin their term of office in September 2007.

International cooperation on blood transfusion

42. The Secretary-General of the Council of Europe (CE) had responded to a letter from the Danish Minister for the Interior and Health, in which the latter had expressed concern about the transfer of activities on blood transfusion and organ transplantation to two new steering committees under a “partial agreement” that covered only 34 CE member countries. In his reply, the Secretary-General had given assurances that the results of the expert committees’ work would be shared among all 46 member states of CE and beyond.

43. In view of the concern that one Member State of WHO continued to express about that development, and the views expressed by SCRC members with regard to the technical feasibility for the Regional Office of possibly incorporating those important activities in its work to reach to all 53 Member States, the Regional Director offered to engage in high-level discussions with the Secretary-General of CE, with the aim of avoiding duplication of effort and ensuring the most efficient working arrangements. He would report back to the SCRC at its future sessions.

Membership of WHO bodies and committees, including geographical distribution within the SCRC

44. As agreed at its second session in November 2006, the SCRC revisited the question of whether subregional groupings of countries should be taken into account when considering candidatures for membership of the Standing Committee. It re-emphasized its view that the personal characteristics of candidates were of prime importance, especially given the fact that the SCRC’s primary role was an advisory one. Equitable geographical distribution was a legitimate aim to strive for in a more formal governing body such as the Executive Board, but it was perhaps of secondary importance for the SCRC.

45. The SCRC concluded that the general principles presented at its second session could be used by countries to assess whether or not to put forward candidatures for membership of the SCRC, and as a guide by the SCRC when considering such candidatures, but that they should not be formally or

rigidly applied as criteria. In any case, it was acknowledged that the Regional Committee was free to elect whichever candidates it so chose.

46. The SCRC then made a preliminary review of candidatures received for membership of the Executive Board, the Standing Committee, the Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Diseases, and the European Environment and Health Committee (EEHC). It confirmed that candidatures received after the deadline of 9 March 2007 were not admissible. It agreed that it would be inappropriate to take geographical distribution into account when considering candidatures for the JCB, and it recognized that more “principles” might need to be developed to help it consider the many candidatures for the EEHC. A more detailed review of candidatures for all bodies and committees would be made at its next session, on the eve of the World Health Assembly.

Offers received to host RC59

47. The Regional Committee had already decided, by resolution EUR/RC56/R5, that its fifty-eighth session would be held from 15 to 18 September 2008 in Copenhagen, and that its fifty-ninth session would be held from 14 to 17 September 2009. Offers to host the fifty-ninth session had been received from the governments of the Russian Federation, Georgia and Kazakhstan. Nonetheless, in the interest of ensuring a neutral venue at which to nominate a candidate for appointment as Regional Director, the SCRC decided to recommend to the Regional Committee that it hold its fifty-ninth session in Copenhagen.

48. The SCRC therefore requested the Secretariat to ascertain from the countries that had offered to host the fifty-ninth session whether they would be in a position to host the fifty-eighth session of the Regional Committee in 2008, despite the relatively short notice, and if not whether they would maintain their offer for the 2010 session. At the same time, the Secretariat was asked to consider the budgetary implications of potentially holding two consecutive sessions of the Regional Committee (in 2008 and 2009) in Copenhagen, and to report back to the SCRC at its next session.

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

49. The President of the WHO Regional Office for Europe’s Staff Association (EURSA) emphasized that the SCRC and the Secretariat had a collective interest in the Member States being best served by an effective organization where staff could work in an enabling environment and where they were both supported and respected. The Director-General had recognized that fact at a recent constructive meeting with regional directors and presidents of all the Organization’s staff associations.

50. In the past year, EURSA had been in consultation with the Administration on the contractual reform that, according to the decision taken by the Executive Board, would enter into force on 1 July 2007. A number of issues remained to be resolved, including the connection with the Organization’s human resource planning for the coming biennia, the financial implications and process for the budgeting of posts, and arrangements for the transitional period. Over the coming weeks, staff would be briefed on the details of the contractual reform.

51. EURSA welcomed the ongoing work being done to harmonize and strengthen the policy on staff rotation and mobility, the system for staff appraisal and the administration of justice. It was important to have an effective conflict prevention and resolution system, and EURSA was working with the Administration on how best to organize the function of the Ombudsperson at the Regional Office.

52. The Staff Association also welcomed the Regional Director's initiative to improve staff management in the Organization, which had evolved into the preparation of a broader organizational development plan and the establishment of a corresponding unit. The Regional Office's business processes would now have to be looked at, to ensure that the commitments made were realistic. In the context of the PPB and MTSP, EURSA welcomed the objective "to develop and sustain WHO as a flexible, learning organization", and endorsed the view that "efficient management of human resources was a key challenge".

53. As noted in the report of the Executive Board's Programme, Budget and Administration Committee in January 2007, the new Global Management System was expected to have a considerable impact on the staff presently employed in carrying out administrative support functions. EURSA expected that more information would become available soon, so that the implications for the staff concerned could be fully discussed.

54. In conclusion, the EURSA President reiterated the view that, while the situation might not be "a bed of roses", the Staff Association was concentrating on promoting collective interests rather than on magnifying differences. The staff constituted the most valuable asset of WHO, and a productive and respectful working environment yielded the highest returns to WHO and its Member States.

55. The Chairman of the SCRC endorsed the President's view and noted that his statements had resonance with issues faced at country level. The SCRC was very conscious of the enormous challenges that the staff were facing and was pleased to learn that there was good communication and relations between staff and management within the Organization. The members of the SCRC were most appreciative of the high quality of the technical work being carried out.

Other matters

Establishment of a new geographically dispersed office

56. In line with the procedure endorsed by the Regional Committee in 2004 (resolution EUR/RC54/R6), the Regional Director informed the SCRC that Greece had proposed the establishment of a geographically dispersed office of EURO which could possibly be dealing with noncommunicable diseases and mental health. A short outline of that proposal would be submitted to the next SCRC session for review prior to recommendation for its consideration by RC 57.

Elective posts at the Sixtieth World Health Assembly (WHA60)

57. The SCRC agreed to entrust the Regional Director with the task of identifying and approaching a suitable person to assume the office of one of the Vice-Chairpersons of the Sixtieth World Health Assembly.

58. With regard to the Health Assembly's General Committee and Committee on Nominations, the SCRC was reminded that the United Kingdom had agreed the previous year, as a gesture of goodwill, not to insist on application of the "gentlemen's agreement" whereby permanent members of the United Nations Security Council were automatically members of those two committees. Owing to the lack of time for further negotiations with the other two European Member States concerned (France and the Russian Federation), the United Kingdom was again prepared to stand down, but it wished the matter to be taken up again for discussion after the forthcoming World Health Assembly, at the Fourteenth SCRC's final session in September 2007.

Approval of the proposed agenda and programme for the fifth session (Geneva, Sunday, 13 May 2007)

59. The SCRC approved the proposed agenda and programme for its fifth session, with the addition of items on the hosting of future sessions of the Regional Committee and on reviewing of an outline of its draft report to RC57.