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Report of the Sixteenth Standing Committee of the WHO Regional Committee for Europe

This document contains a consolidated report on the work done by the Sixteenth Standing Committee of the Regional Committee (SCRC) at the four regular sessions held to date during its 2008–2009 work year.

The report of the Sixteenth SCRC's fifth and final session (to be held at the WHO Regional Office for Europe in Copenhagen on 13 September 2009, before the opening of the fifty-ninth session of the WHO Regional Committee for Europe) will be submitted to the Regional Committee as an addendum to this document.

The full report of each SCRC session is available on the Regional Office's web site (http://www.euro.who.int/Governance/SCRC/20081007_1).

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Introduction

1. The Sixteenth Standing Committee of the Regional Committee (SCRC) has to date held four sessions in its 2008–2009 work year:
 - at the Sheraton Metechi Palace Hotel in Tbilisi, Georgia on 18 September 2008, following the closure of the fifty-eighth session of the WHO Regional Committee for Europe (RC58);
 - at the Holmenkollen Park Hotel in Oslo, Norway on 10 and 11 November 2008;
 - at the WHO Regional Office for Europe in Copenhagen on 30 and 31 March 2009; and
 - at WHO headquarters in Geneva, Switzerland on 17 May 2009.
2. At its first session, the Sixteenth SCRC unanimously elected Dr Vladimir Lazarevik (the former Yugoslav Republic of Macedonia) as Vice-Chairperson.
3. Throughout the year, the WHO Regional Director for Europe has kept the SCRC informed of salient events organized by the Regional Office and of the steps it has taken to plan and implement the Organization's programme budget 2008–2009.

Procedural matters

Proposed programme budget 2010–2011

4. The Deputy Regional Director informed the SCRC at its second session that, immediately after the close of the fifty-eighth session of the WHO Regional Committee for Europe (RC58), the Secretariat had forwarded to the WHO Director-General an extract of the report of the Regional Committee's session, together with a proposal for a revised European regional programme budget. Under that new proposal, while the total budget for WHO's base programmes for the Region would remain unchanged at US\$ 268 million, a total of US\$ 9.8 million related to the European Observatory for Health Policies and Systems could be moved to the "Partnerships" segment of the programme budget. The funds thus "released" should be redistributed among the other strategic objectives (SOs), with priority given to those related to noncommunicable diseases, health systems and health determinants, and leadership and governance (including WHO's country presence).
5. The Director, Administration and Finance informed the SCRC that the Organization's Programme, Budget and Administration Committee (PBAC) would meet as usual before the Executive Board session and would review the revised proposed programme budget 2010–2011, as well being given a progress report on introduction of WHO's new global management system (GSM). Both that system and the global service centre established in Kuala Lumpur, Malaysia, were encountering difficulties that would need to be taken into account when Member States assessed the rate of implementation of WHO's current programme and budget. The Executive Board itself would no doubt consider the impact of the economic and financial crisis on the Organization, although the topic was not a formal item on the agenda of the 124th session of the Executive Board (EB124).
6. The Director, Administration and Finance informed the SCRC at its third session that, in response to the discussion on the economic crisis at EB124 in January 2009, the Director-General of WHO had called for a revised version of the Organization's proposed programme budget 2010–2011 to be prepared, with the total amount budgeted for WHO's global base

programmes reduced by 13.4% as compared with the version presented to regional committees in September 2008 (from US\$ 3.89 billion to US\$ 3.37 billion). The Regional Office's agreed allocation had changed from US\$ 268 million to US\$ 239 million. In February 2009 the Regional Office had accordingly submitted its amended budget proposal with reductions targeted at SOs selected to reflect regional priorities. However, the proposal subsequently prepared by WHO headquarters for presentation to the Sixty-second World Health Assembly (WHA62) instead included significant cuts (of between 23% and 30%) in the budgets for the governance of WHO and partnerships (SO12) and, notably, for functions supporting the work of the Secretariat (SO13) (the so-called "enabling function"). An internal review of WHO had compared the budgets allocated for SO12 and SO13 across the Organization and found that the levels originally proposed by EURO for 2010–2011 were in line with best practice and that among all WHO locations EURO had the highest proportion of funds devoted to the operation of country offices.

7. The SCRC called for continued dialogue on the matter between WHO headquarters and the Regional Office and agreed to take up the issue, if necessary, at WHA62. It requested the Secretariat to organize a briefing, at one of its subsequent sessions, on the operation of WHO's country offices in the European Region.

World Health Assembly

8. At the SCRC's second session, the Deputy Regional Director recalled that one additional meeting of European Member States had been organized during WHA61 the previous year. Feedback from those attending that meeting had been positive and it had been proposed that the European Region should hold two or three meetings during the Health Assembly, as other regions did. Other suggestions made at the time included publicizing such meetings more, involving Member States that were pro-active in a particular field, and calling on member countries of the European Union (EU) to give other WHO European Member States feedback from their meetings before they expressed their collective views in public.

9. The SCRC agreed that such meetings were useful, especially for countries that were not in the EU, but recognized that delegates attending the World Health Assembly already faced severe constraints on their time. It therefore decided that one forward-looking meeting of European Member States should be held during the World Health Assembly, in addition to the customary meeting held immediately after the SCRC session on the day before the opening of the World Health Assembly. In that context, each Member State was responsible for ensuring coordination between its ministries of foreign affairs and health.

10. At its third session, the SCRC confirmed that two meetings of representatives of European Member States should be held in connection with WHA62. The aim of those meetings would be to brief countries on developments with regard to a limited number of specific technical areas, receive feedback on the outcome of EU coordination meetings and promote the adoption of common positions by all European Member States.

11. At the SCRC's fourth session, the Regional Director noted that a proposal would be submitted to the General Committee of the Health Assembly the following day to significantly reduce the agenda of WHA62, in order to limit the duration of the Assembly to five days and thereby enable participants to return to their home countries and continue managing the response to the outbreak of influenza A(H1N1). The SCRC nonetheless agreed that the meetings with European Member States scheduled to be held later the same day and on Thursday 21 May should be maintained, with the latter focusing on the Regional Office's response to the outbreak of influenza A(H1N1) and the respective roles of the Office and of Member States.

Membership of WHO bodies and committees

12. At its second session, the SCRC was informed that RC59 would be required to select two countries to fill vacant seats on the Executive Board, three countries for vacant seats on the SCRC itself, and one country for the vacant seat on the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases (JCB). As in the past, the Regional Director would early in 2009 send out a letter inviting Member States to submit nominations by the deadline of six months before the date of RC59. The SCRC would consider the nominations thus submitted at its subsequent sessions.

13. The SCRC called on the Regional Director to help manage Member States' expectations with regard to election to various WHO bodies and committees by proactively pointing out, in his letter calling for nominations, that countries would be expected to withdraw their candidates, if necessary, in the interest of reaching consensus at the Regional Committee session. It also noted that the procedure for selecting candidates for all elective posts was necessarily a political one, and that EU countries were highly organized and could themselves discuss the merits of candidates and reach agreement prior to election, if the SCRC discontinued its practice of drawing up a short list for consideration by the Regional Committee. For that reason, among others, it might be advisable to refresh the Regional Committee's awareness of the nomination process and the SCRC's role in it, and for the mandate given to the Standing Committee to be formally revisited and renewed.

14. At its third session, the SCRC confirmed that candidatures for membership of WHO bodies and committees sent in to the Regional Office after the deadline (in this case, 13 March 2009) were not receivable. It then made an initial review of candidatures for membership of the Executive Board, the SCRC and the JCB, noting that there were five candidates for two vacant seats on the Board, seven candidates for three seats on the SCRC and one candidate for one seat on the JCB. Further consideration of those candidatures would take place at its subsequent sessions.

15. Taking account of the provisions of resolution EUR/RC53/R1 (and notably the geographic groupings as applied to membership of the Executive Board), the Standing Committee at its fourth session agreed on nominations that it would recommend to the Regional Committee for membership of the Executive Board, the SCRC and the JCB. In doing so, it noted that if a country submitted candidatures for several bodies or committees, each should be judged on its individual merits. Any changes in the political circumstances surrounding the submission of candidatures for decision at RC59 would be investigated by the Secretariat.

Action by the Regional Committee

Review the curricula vitae of candidates (document EUR/RC59/5 Rev.1) and nominate or elect members of the Executive Board, the SCRC and the JCB

Nomination of a candidate for the post of Regional Director for Europe

16. At its second session, the SCRC was informed that the Organization's Legal Counsel was responsible for convening the Regional Search Group established to identify and assess candidates for the post of Regional Director (resolution EUR/RC58/R3); the Director-General had sent a letter to all Member States inviting them to put forward candidates by mid-February 2009. The Search Group's report would be sent to Member States under confidential cover in June/July 2009 and an oral report would be presented at the private meeting during RC59.

17. The SCRC pointed out that, so far as election of a new Regional Director was concerned, member countries of the EU and those in the process of acceding to it currently amounted to a

majority of WHO's Member States in the European Region, and their collective position could be decisive for the outcome of election. In light of the above, the Chairperson informed the SCRC that he would consider sending a letter to the EU member countries expressing concern that the new Regional Director should have legitimacy in the entire Region.

18. The SCRC met in private during its third session to discuss the forthcoming election for the post of Regional Director. The Chairperson introduced the issue by emphasizing that, although the SCRC was not directly involved in that election process, it felt that it had a responsibility to ensure that the functioning of the Regional Office was not negatively affected by the election campaign, especially as some candidates were WHO staff members and, more specifically, two were staff of the Regional Office.

19. The Regional Director informed the members of the SCRC that the issue of participation of WHO internal staff in such elections had been discussed during the March 2009 meeting of the WHO Global Policy Group, which brought together the Director-General and regional directors. It had been decided the staff members who were candidates for elected WHO positions would be provided with guidelines that outlined the general principles for proper ethical conduct during the campaign. The Regional Director also mentioned that at the present stage the Director-General did not intend to impose a leave of absence on any internal candidates.

20. SCRC members welcomed the above initiatives and agreed that, while there was no need to impose a special leave of absence on the internal candidates, such decisions were at the discretion of the Regional Director. They also asked the Regional Director to ensure that internal candidates who were staff of the Regional Office were not treated in a discriminatory manner as compared to any other candidates.

21. The Chairperson concluded that the SCRC was satisfied with a clear understanding of the need to ensure the legitimacy of the election process through the proper conduct of all candidates and indicated that a short report on this discussion would be included in the report of the SCRC to be presented to RC59.

Action by the Regional Committee

Nominate a person for appointment by the Executive Board as Regional Director for Europe for a period of five years from 1 February 2010 (EUR/RC59/Conf.Doc./5 and Conf.Doc./6)

Nomination of members of the Executive Board from the WHO European Region

22. At its first session, the Sixteenth SCRC noted that it had been given a mandate by the Regional Committee to revisit and follow up the issue of the current methods for nominating Executive Board members, and in particular the question of subregional groupings. It accordingly asked the Secretariat to add the subject for discussion at the following session.

23. At the SCRC's second session, the Regional Director pointed out that, by resolution EUR/RC53/R1, the Regional Committee in 2003 had recommended that due account should be taken not only of criteria regarding the Member State and geographical groupings but also of those regarding the candidates' competencies, when selecting Member States in the European Region of WHO to submit candidatures for membership of the Executive Board. However, he believed that in recent years insufficient attention had been paid to the personal qualities of candidates, and that the country groupings did not necessarily reflect current cultural and political realities. The negative effects of country groupings were growing, he felt, in part because of the increase in the number of candidates for a fixed number of seats. It was

incumbent upon him, at the close of his term of office, to speak out and identify areas that were problematic, without necessarily suggesting solutions. The Deputy Regional Director recalled that in the resolution cited above the Committee had also requested the Standing Committee to assess the experience gained in implementing the above recommendations and to report its findings to RC60 in 2010.

24. One member of the SCRC noted that his country was currently no longer part of the Commonwealth of Independent States yet was still included in that country grouping. He suggested that the problem with groupings might be overcome if the Regional Committee were to set clear conditions or criteria, such as a rule that a country whose candidate had been elected could not put forward a candidature again within a period of, say, ten years.

25. In conclusion, the Regional Director was advised to comment on the question of candidates' competencies and geographical balance in his introduction to discussion of the agenda item on governance at RC59.

26. In connection with the possible redistribution of seats among country subgroups, the Deputy Regional Director recalled, at the SCRC's third session, that the provisions of resolution EUR/RC53/R1 continued to be applicable until they were amended or rescinded by the Regional Committee itself. In pursuance of that resolution, the Standing Committee would be assessing the experience gained in implementing the recommendations contained therein and would report its findings to RC60 in 2010.

27. The SCRC also reiterated that the purpose of applying the criteria set out in resolution EUR/RC53/R1 was two-fold: a) to ensure selection of the best candidates in terms of competency and b) to achieve fair geographical distribution over time. However, it acknowledged that it was difficult to achieve the first purpose, given that curricula vitae were not as informative as personal interviews and that the Regional Committee selected countries, not individuals: Member States were free to change their representatives at any time, if they so wished.

28. The Standing Committee requested the Secretariat to prepare, for consideration at the following session, a paper analysing the application of the various criteria, together with the possibility of making subregional groupings a "softer" criterion and, more generally, the role played by the SCRC in the selection process. In its upcoming sessions, the SCRC would also re-examine the arrangement whereby the periodicity of Board membership for those Member States in the European Region of WHO that were permanent members of the United Nations Security Council had been extended to three out of six years, with the ultimate aim of ensuring that common criteria were applied to all Member States in the Region.

29. Having analysed the application of the various criteria, the paper presented to the SCRC at its fourth session concluded by identifying a number of matters that needed to be addressed (notably the establishment of a timetable for assessing the experience gained and reporting findings to RC60). It also suggested that consideration could be given to a) discontinuing the practice of the SCRC drawing up shortlists and instead having the Regional Committee vote on all applicants or b) removing the criterion of geographical grouping of countries and focusing mainly on the quality of candidates (background, achievements and international experience) and on whether a country had previously been represented on the Executive Board or the Standing Committee.

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

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

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

Preparation of the fifty-ninth session of the WHO Regional Committee for Europe

32. In view of the fact that RC59 would be the last session of the Regional Committee during the term of office of the current Regional Director, he proposed (at the SCRC's second session) that it might take up the issue of the governance of WHO. In addition, and building on the specific strengths of the WHO European Region, it might focus on the social dimension of health (including the Millennium Development Goals and social determinants of health) and on strengthening health systems.

33. The Deputy Regional Director recalled that there were a number of "statutory" items that needed to be included in the agenda of RC59, such as addresses or reports by the Director-General and the Regional Director, matters arising out of decisions and resolutions of the World Health Assembly and the Executive Board, the report of the SCRC, and elections and nominations to WHO bodies. Furthermore, and in accordance with the provisions of resolution EUR/RC58/R5, a number of topics would need to be followed up at RC59, including the future of the WHO Regional Office for Europe, implementation of the initiative on strengthening health systems, progress towards attaining the Millennium Development Goals, health workforce policies and progress on implementation of the Berlin Declaration on Tuberculosis.

34. The Standing Committee decided that the other main technical/policy items at RC59 would be:

- Protecting health in times of economic crisis: the role of health systems (including the social determinants of health) (4 hours); and
- Health workforce policies (2 hours).

Implementation of the Berlin Declaration on Tuberculosis could be the subject of a technical discussion outside the formal session. Similarly, a briefing session could be organized on preparations for the Fifth WHO European Ministerial Conference on Environment and Health.

35. At the SCRC's third session, the Deputy Regional Director presented a first draft of the provisional programme of RC59. The SCRC agreed that the agenda item on health in times of economic crisis should be concluded on Monday 14 September 2009, so that the private meeting of the Regional Committee devoted to elections and nominations could begin in the late morning of Tuesday 15 September and continue after the lunch break. The agenda item on

health governance in the WHO European Region should be taken up immediately after that private meeting. If all went according to plan, there would be time in the afternoon of Wednesday 16 September for the Regional Committee to consider one additional policy or technical item. The SCRC agreed that a suitable topic would be implementation of the International Health Regulations (2005) (IHR) in the WHO European Region: it offered a good practical example of national and international governance in the health field.

36. The SCRC recommended at its fourth session that the four main substantive items on the agenda of RC59 should be retained, although their location in the programme might need to be adjusted, and that the outbreak of influenza A(H1N1) should be covered in conjunction with the IHR. Depending on how the influenza situation developed, the programme might also need to be rearranged to give more prominence to that subject. Any change in the programme should be communicated to Member States in good time, to enable participants to schedule their attendance.

Action by the Regional Committee

Review and adopt the provisional agenda (EUR/RC59/2 Rev.1) and provisional programme (EUR/RC59/3) of RC59

Policy and technical questions

Towards improved governance of health in the WHO European Region

37. The Standing Committee at its second session agreed that, drawing on the experience of the present Regional Director, it would be opportune for the Regional Committee to consider the question of the governance of health in the WHO European Region. The SCRC recommended, however, that a two-stage process should be followed: in a two-hour discussion at RC59, an analysis could be presented of the governance mechanisms in operation both at the level of Member States (looking in particular at the respective roles of WHO, the presidency of the European Union (EU) and the European Commission, for instance) and within WHO at regional level (the Regional Committee, the SCRC itself, European members of the Executive Board, subsidiary committees of those bodies, etc.). Any decisions on proposals put forward by RC59 for improvement of governance mechanisms could then be taken by RC60, when the new Regional Director would be in post.

38. At its third session, the SCRC was informed that the working document for RC59 would begin by examining a number of theoretical and policy issues in the area of health governance, at both national and international levels. The paper would also explore how national and supranational dimensions of governance complemented each other, and how best to measure governance or express the relationship between health system objectives and functions in quantitative and qualitative terms. The main body of the paper would look at governance within the Regional Office, focusing on the links with global mechanisms and institutions and on the role and effectiveness of regional mechanisms such as the Regional Committee, the SCRC itself and other subcommittees, and the Secretariat. Attention would also be paid to the ways in which European Member States belonging to other supranational bodies (notably the European Union) expressed their positions in joint fora. The paper would conclude with a number of recommendations concerning content and process.

39. The SCRC was concerned that the first part of the paper in its current form was perhaps too theoretical and felt that it would benefit from a more practical slant. In addition, the document approached the subject of governance from the separate perspectives of an individual Member State, the international or pan-European (regional) level and the Regional Office. The revised paper for RC59 should explore the links between those various levels in more depth,

while leaving it open for the Regional Committee to play its role in a political dimension and commission further work on one (or several) of them in particular.

40. At its fourth session, the SCRC noted that many of the substantive items on the agenda of RC59 dealt with instances of health governance in the broad sense of the term; the Secretariat was therefore asked to ensure that the governance paper captured those under a common umbrella. The draft of the working paper for RC59 had been revised to take account of SCRC members' comments concerning the relationship between the global and regional levels of governance within WHO and to strike a better balance between theoretical and practical aspects. The SCRC welcomed the revised draft of the paper.

Action by the Regional Committee

**Review the paper on health governance
(EUR/RC59/8)**

Protecting health in times of economic crises

41. At its second session, the SCRC was informed that, following discussions in the Organization's Senior Executive Officers' meeting on 27 October 2008, the WHO Director-General had established a working group to prepare WHO's response to the global financial, economic and social crisis, co-chaired by the Deputy Director-General and the Regional Director for Europe. It had the following terms of reference: (i) to review and document the impact of the fuel and debt crisis of the late 1970s and early 1980s on health and health systems; (ii) to review and summarize the evidence for maintaining investments in health, health systems and other social services during times of crisis; (iii) to develop possible scenarios for the impact on health and health systems of the current financial crisis; and (iv) to propose a WHO response to the health and health system impacts of the current financial crisis, including a plan that identified proposed steps to reduce costs in WHO.

42. The SCRC expressed concern that the public health implications of the economic crisis did not appear on the agenda of EB124. It believed that the subject should indeed be discussed at the forthcoming World Health Assembly in May 2009, and it therefore mandated the Regional Director to call for it to be discussed by the Board as a separate, emergency item; that could in fact be one of the first conclusions of the working group that he was co-chairing.

43. The Deputy Regional Director informed the SCRC at its third session that the Director-General had convened a high-level consultation on the financial crisis and global health in Geneva on 19 January 2009, before the opening of EB124, and that the Regional Office, in collaboration with the Norwegian Ministry of Health and Care Services and the Norwegian Directorate of Health, was organizing a conference on the implications for the WHO European Region, to be held in Oslo on 1 and 2 April 2009. The first draft of the paper for RC59 would also be a discussion paper for the Oslo conference, and it would subsequently be revised to take account of comments made both by the SCRC and by conference participants.

44. The SCRC believed that the first section of the paper, on the multidimensional nature of the severe economic and financial crisis, was very clear and concise but that the second part, analysing the observed and potential impacts of the crisis on health and health systems, should be further elaborated and should better distinguish health outcomes. A more positive outlook could be adopted in the third section, considering the crisis not only as a threat but also as an opportunity. Lastly, the SCRC recommended that the RC discussions could look at different health systems, to judge whether one was better suited to cope with the crisis than others. It would review the final draft of the paper at its next session, amended to take account of the conclusions of the Oslo conference, as well as a draft resolution on the subject for consideration by RC59.

45. At its fourth session, the SCRC was presented with copies of the report of the Oslo conference and was informed that it would be distributed to delegations attending WHA62. The SCRC welcomed the inclusion of more data and evidence in the paper on the role of health systems in times of economic crisis, as well as of the recommendations from the Oslo conference. It suggested that case studies should be incorporated, examining European countries' and transition economies' successes (and failures) in implementing health system reforms during previous periods of economic crisis.

Action by the Regional Committee

**Review the paper on protecting health in times of economic crises (EUR/RC59/7)
Consider the corresponding draft resolution (EUR/RC59/Conf.Doc./2)**

Social determinants of health

46. At the SCRC's second session, the Regional Director reported that he had taken part in a conference on health equity through action on the social determinants of health, organized by the English Department of Health in London on 6 and 7 November 2008, where the Rt. Hon. Gordon Brown MP, Prime Minister, had delivered the welcome address and Professor Sir Michael Marmot, Chair of the Commission on Social Determinants of Health (CSDH), had presented the Commission's report. There was clear evidence of strong links between poverty, lack of education and other social determinants, on the one hand, and the level of health, on the other, but the solution (based on ethical and political values) would of course vary from country to country.

47. The CSDH's report had been issued in August 2008 and had been presented by Professor Sir Michael Marmot at RC58. Case studies on behaviour change and the social determinants of health were being collected by the WHO European Office for Investment for Health and Development in Venice, and a multicountry consultation was being organized with the aim of compiling the information obtained in a publication.

48. The Executive Board member attending the session as an observer noted that a number of countries (which had met during the conference in London) had formed a small group to work on the wording of a draft resolution on the CSDH report, for possible submission to EB124 in January 2009. SCRC members were invited to contact the office of the Board member if they wished to be involved in the process. The SCRC welcomed the Deputy Regional Director's proposal to consider organizing a European regional meeting to follow up on the outcome of the London conference and explore ways of taking action on the findings of the CSDH. It looked forward to a draft resolution also being submitted to WHA62 in May 2009 and suggested that the subject might be further discussed during RC59.

49. At the SCRC's third session the Director, Division of Country Health Systems, commenting on resolutions adopted by EB124, noted that the WHO European Office for Investment for Health and Development in Venice had been engaged in work on the social determinants of health (resolution EB124.R6) for a number of years, and its staff were currently working on measurement methodologies and the research agenda. A Regional Office publication on the subject was in preparation. A member of the Executive Board from the European Region, attending the SCRC session as an observer, explained that the aim of resolution EB124.R6 was to secure countries' commitment to future work on the social determinants of health. The Board had recognized the link between such determinants and primary health care, but it had wished to adopt a separate resolution on the latter topic, including strengthening of health systems. The SCRC believed that, against the background of the current economic crisis, the social determinants of health would soon become a political issue and could

no longer be regarded merely as a technical matter. In that connection, the health sector would have to be an outspoken advocate of social justice.

Environment and health

50. The SCRC was informed at its second session that, at a meeting of the European Environment and Health Committee (EEHC) held during the Second High-Level Preparatory Meeting for the Conference (Madrid, 22–24 October 2008), the co-Chair of the EEHC from the Italian Ministry of Environment, Land and Sea had proposed that the Fifth Ministerial Conference on Environment and Health should take place in Parma, Italy in October 2009, with climate change as the overarching theme. Following that meeting, the Regional Director and the Chairperson of the SCRC had jointly written to the Italian Ministry pointing out that the proposed date for the Conference allowed very little time for preparation, that the proposed venue might entail logistic difficulties, notably with regard to participants' travel, and that the preparatory meetings held to date had deliberately covered all the regional priority goals (RPGs) in the Children's Environment and Health Action Plan for Europe (CEHAPE), endorsed at the Fourth Ministerial Conference, given that the political aim of the Fifth Conference was to renew the commitments made in the Budapest Declaration, which had also been adopted at the previous conference.

51. The Deputy Regional Director pointed out that the Fifteenth Conference of the Parties (COP 15) to the United Nations Framework Convention on Climate Change, including its Kyoto Protocol on reducing greenhouse gas (GHG) emissions, was to be held in Copenhagen in early December 2009. There was a risk of losing momentum in work with partner organizations and ministries if they were to focus their attention on that conference at the expense of WHO's ministerial conference.

52. Although it was possible that the WHO Conference would "feed into" COP 15, SCRC members agreed that the timing and venue of the WHO Conference were not ideal and could be changed. Equally, the theme of the Conference was a decision for the Member States collectively, not the host country alone. One member of the SCRC who was in the drafting group for the Conference Declaration confirmed that it had adopted a broader approach, rather than just considering climate change. The SCRC mandated the WHO Secretariat to continue negotiating with the Italian Ministry on the timing, venue and theme of the Conference.

53. The Acting Director, Division of Health Programmes, commenting at the SCRC's third session on resolutions adopted by EB124, noted that with regard to climate change and health (resolution EB124.R5), the European Region was already working on a framework for a plan of action that would be presented to the Fifth Ministerial Conference. A member of the Executive Board from the European Region, attending the SCRC session as an observer, explained that one of the objectives of the workplan on climate change (as set out in document EB124/11) was to ensure that health considerations were taken into account in the activities of other sectors and work on climate change, and vice versa.

Action by the Regional Committee

**Review the annual report of the
European Environment and Health
Committee (EUR/RC59/Inf.Doc./1)**

The International Health Regulations (2005) and influenza A(H1N1)

54. The acting Director, Health Programmes noted at the SCRC's second session that an intergovernmental meeting on pandemic influenza preparedness was to be held in the first week of December, at which western European Member States would be well represented; it was hoped that those in the eastern part of the Region would become more involved, too. With regard to implementation of the IHR, most national focal points in the European Region were well prepared and good communication had been established with them; emphasis was now being placed on capacity-building.

55. At the SCRC's fourth session the Deputy Regional Director noted that, despite its increased workload in connection with the outbreak of influenza A(H1N1), the Secretariat had prepared an RC59 working paper on implementation of the International Health Regulations (2005) in the WHO European Region, as requested by the SCRC. She also confirmed that the topic had been added to the agenda of RC59. The draft of the RC59 working paper described the progress made and challenges faced in the broad areas of work for implementation of IHR:

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

56. The second part of the paper consisted of a case study of implementation of IHR in the current situation caused by influenza A(H1N1). On 25 April 2009 the WHO Director-General had determined that the emergence and rapid spread of a novel influenza virus constituted a public health emergency of international concern under the IHR. On 27 April she had raised the pandemic threat level from 3 to 4, and on 29 April to level 5, reflecting sustained human-to-human transmission at community level in at least two countries in one WHO region.

57. In compliance with its mandate as the IHR contact point in the European Region, the WHO Regional Office for Europe had activated its alert and response mechanisms at the start of the outbreak. Intensive information sharing and communication activities were being undertaken. Through WHO's country offices, support was being provided in a number of areas: establishment of diagnostic capacity (shipment of diagnostic kits and consumables); deployment of WHO global and regional stockpiles of oseltamivir; and provision of technical guidance in different disciplines, especially surveillance.

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

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

59. The SCRC commended the Regional Office on the steps taken to date and asked for reference to be made, in both the RC59 working paper and the draft resolution, to the need to help countries meet the costs of building up their preparedness and response capacities. In answer to a question about requirements for reporting cases to different bodies, the Regional

Director explained that IHR imposed a legal obligation on States Parties to report to WHO. Steps were being taken, however, to harmonize simultaneous electronic reporting to both WHO and the European Centre for Disease Prevention and Control through the Early Warning and Response System.

60. At its fourth session, the SCRC asked the Secretariat to consider the appropriateness of organizing a technical briefing at RC59 on the subject of the outbreak of influenza A(H1N1).

Action by the Regional Committee

Review the paper on implementation of the IHR in the European Region

(EUR/RC59/10)

Consider the corresponding draft resolution

(EUR/RC59/Conf.Doc./8)

Health workforce policies in the WHO European Region

61. The SCRC was informed at its second session that an initial draft of the WHO code of practice on the international recruitment of health personnel had been opened for comments during the month of September 2008, through inclusive, web-based public hearings. The aim of the process was to submit a draft code of practice to WHA62 for its consideration; to that end, a revised draft of the code of practice would be presented to EB124. SCRC members felt that a preliminary version of that revision had proved to be somewhat “diluted”, with not enough attention paid to ethical aspects or to the question of ensuring sufficient health workforce in countries of origin for migration. The SCRC hoped that the revised draft of the code of practice would be made available in good time, to allow for further consultation within countries and amendments, also after EB124, and that any draft resolution submitted to the Board made reference to the need for further research and studies to be carried out to determine the extent of the problem.

62. By resolution EUR/RC57/R1, the Regional Director had been requested to report back to RC59 on the progress made with regard to health workforce development and health worker migration. The draft paper presented to the SCRC at its third session therefore gave an overview of main activities and accomplishments at regional and global levels since 2007, with particular reference to the policy briefs on health workforce policies prepared for the WHO European Ministerial Conference on Health Systems (Tallinn, Estonia, June 2008) and the round-table discussion conducted at the First Global Forum on Human Resources for Health (Kampala, Uganda, March 2008). The second part of the paper contained a review and update of challenges and policy implications, and it concluded by outlining the way forward.

63. Members of the SCRC confirmed that it would be useful for the Regional Committee to have an update on work done to implement the RC57 resolution, as well as a description of important human resource issues for the future. Lastly, they agreed that it would be desirable for RC59 to discuss the matter and signal the European Region’s attitude to the development of a code of practice, based on a new paper that was being drafted as background for the technical briefing to be held at the Sixty-second World Health Assembly (WHA62) in May 2009.

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

regional specificities. Those regional “messages” were also well reflected in the European Commission’s “green paper” (consultation document) on the European workforce for health.

Action by the Regional Committee

Review the paper on health workforce policies in the WHO European Region (EUR/RC59/9)
Consider the corresponding draft resolution (EUR/RC59/Conf.Doc./3)

Other matters

Blood safety

65. At the SCRC’s third session, the Director, Division of Country Health Systems reported that technical cooperation with the Council of Europe had recently improved: agreement had been reached on sharing databases on the use of blood products, and it was hoped to do the same for blood safety. Work towards high-level political agreements, however, would best be pursued once the new Secretary-General of the Council of Europe and WHO Regional Director for Europe were appointed.

66. The SCRC expressed disappointment that the Council of Europe was still engaged in the technical aspects of blood safety and blood products (albeit only in the context of a “partial agreement” covering a limited number of Member States), despite its previous call for the Council to focus on ethical aspects. The adviser to the European member of the Executive Board attending the session as an observer offered to propose a draft resolution for submission to RC59, calling on Member States to avoid duplication of efforts in the work of the two bodies.

67. At its fourth session, the SCRC was informed that a draft resolution proposed by Denmark had been prepared, on the delineation of tasks with the Council of Europe in the field of blood transfusion and organ transplantation. It would be necessary to identify a suitable place in the programme of the session to take up the question.

Action by the Regional Committee

Consider the draft resolution on blood transfusion and organ transplantation (EUR/RC59/Conf.Doc./2)

Geographically dispersed office in Athens, Greece

68. The Regional Director informed the SCRC at its third session that advance funding had been received for the geographically dispersed office (GDO) in Athens and that the post of head of office had been advertised and would be filled in the near future. It was envisaged that some 12–15 staff would be employed initially and that activities would be under way by September 2009. While certain technical aspects of the Regional Office’s work on noncommunicable diseases would be covered by the Athens GDO, the overall policy and leadership of the field as a whole would remain at the Regional Office in Copenhagen.

Statement by a representative of the WHO European Region Staff Association

69. Addressing the SCRC at its third session, the President of the WHO Regional Office for Europe’s Staff Association (EURSA) said that, with the ever-growing demands on the Organization, the Staff Association recognized the need for changes in WHO’s work, funding and internal structure. That required open channels of communication between management and

staff, to ensure the latter's involvement and commitment. The global economic crisis would also inevitably affect the whole Organization, and openness in respect of its likely effects, on both workload and staffing, would be welcome. EURSA sustained regular channels of communication with management in order to discuss those matters.

70. EURSA was paying particular attention to the situation of staff in the country offices and geographically dispersed offices, who made up more than 50% of the workforce in the Region. They were working under even greater pressure than staff in Copenhagen and so should be provided with at least the same conditions of employment.

71. Members of the Standing Committee shared the Staff Association's concern about the possible effects of the economic crisis and encouraged it to continue discussions with management about how the challenge might be met. The Regional Director encouraged staff to continue to show proof of their adaptability and flexibility, as they had with the reorganization of the Office to work within the strategic objectives. Management's intention was to be transparent in its decisions, and his optimism that the Office was capable of changing its way of working had grown over the years.

72. Recognizing that the concerns over GSM were shared by management and staff, the Chairperson encouraged them to ensure that the change was dealt with professionally. As with issues related to the economic crisis, transparency in terms of both capabilities and needs was of fundamental importance. If the resources were inadequate and it was not possible to implement the work as planned, the Member States wished to be kept informed.

Future sessions of the Regional Committee and its Standing Committee

73. At its first session, the Sixteenth SCRC acknowledged with thanks the invitation from the Minister of Foreign Affairs of the former Yugoslav Republic of Macedonia to hold one of its sessions in 2009 or 2010 in that country.

74. In connection with the dates and places of regular sessions of the Regional Committee in 2009–2012 (resolution EUR/RC58/R6), the SCRC was informed at its second session that the Regional Director had written to the government of Malta acknowledging its offer to host RC62 in 2012 but pointing out that no formal decision to that effect had yet been taken by the Regional Committee. The government of Lithuania, which had also offered to host RC62, had raised no objections. The SCRC recognized that there was no requirement to hold a Regional Committee session at the Regional Office in Copenhagen every second year and advised that the practice of deciding dates and places of Regional Committee sessions three years in advance should be maintained.

75. At its third session, the SCRC decided that its successor body, the Seventeenth SCRC, would hold its first session on Thursday 17 September 2009, after the closure of RC59. The member from the former Yugoslav Republic of Macedonia offered to host the second session in his country on 9 and 10 November 2009. An informal session would be held in Geneva before the opening of EB126 in January 2010, and subsequent sessions were scheduled at the Regional Office in March 2010, in Geneva in May 2010 (before the opening of WHA63) and in Moscow in September 2010 (before the opening of RC60).

76. At the SCRC's fourth session the Deputy Regional Director recalled that, when the Regional Committee met outside the Regional Office in Copenhagen, the host country normally met approximately half of the costs of the session. There was no legal obligation on the Regional Committee to meet in a particular location; in recent years, however, the Regional Committee had customarily adopted a resolution to identify the location of subsequent sessions

at least two years in advance, in order to give host countries time to make the necessary provisions within their budget cycles.

77. The SCRC took note of written invitations extended by Azerbaijan and Portugal to host sessions of the Regional Committee in 2011 and 2012. It also noted that Malta had in addition made a verbal offer at RC58 to host the session in 2012, in advance of submitting its offer in writing. The SCRC believed that it was important to maintain geographical balance, and that there was no rule whereby a “first come, first served” principle had to be applied.

Action by the Regional Committee

**Consider the draft resolution on the date
and place of future sessions of the
Regional Committee
(EUR/RC59/Conf.Doc./4)**

Annex

Membership of the Sixteenth SCRC 2008–2009

Members, alternates and advisers

Andorra

Dr Josep M. Casals Alís
Strategic Project Coordination Service, Ministry of Health and Welfare

Georgia

Professor Nikoloz Pruidze
Deputy Minister, Ministry of Labour, Health and Social Affairs

Kyrgyzstan

Dr Marat Mambetov
Minister of Health

Alternate

Dr Boris Dimitrov¹
Adviser to the Minister, Ministry of Health

Lithuania

Professor Zita Kučinskienė
Dean, Faculty of Medicine, Vilnius University

Alternate

Dr Marija Veniute²
Vice Dean, International Relations, Faculty of Medicine, Vilnius University

Montenegro

Dr Boban Mugosa
Director, Institute of Public Health

Norway

Dr Bjørn-Inge Larsen³
Chief Medical Office and Director-General, Directorate of Health

Advisers

Dr Arne-Pette Sanne⁴
Director, Multilateral Affairs, Department for Health and Welfare Economics, Directorate of Health

Mr Jon Espelid⁵
Higher Executive Officer, Directorate of Health

¹ Third session

² Second session

³ Chairperson

⁴ First, second and third sessions

⁵ Second and fourth sessions

Ms Torill Andersen⁶
Senior Executive Officer, Administration, Directorate of Health

Slovakia

Professor Danka Farkašová
First Vice-Rector and Dean of Faculty, Slovak Medical University

Switzerland

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Deputy Director and Head, Division of International Affairs, Federal Office of Public Health

Alternate

Mr Jean-Daniel Biéler⁷
Deputy Head, Division of International Affairs, Federal Office of Public Health

The former Yugoslav Republic of Macedonia

Dr Vladimir Lazarevik
Assistant Professor, Institute of Social Medicine, Skopje Medical Faculty

Observers

Denmark

Mr Jesper Fisker⁸
Chief Medical Officer and Director-General, National Board of Health

Alternate

Ms Marianne Kristensen⁹
Senior Adviser, National Board of Health

Netherlands

Ms Annemiek van Bolhuis¹⁰
Director, Nutrition, Health Protection and Prevention Department, Ministry of Health, Welfare and Sport

United Kingdom

Professor David Harper¹¹
Director-General, Health Protection, International Health and Scientific Development,
Department of Health

⁶ Second session

⁷ Second session

⁸ European member of the Executive Board

⁹ Fourth session

¹⁰ Executive President of RC58

¹¹ Special guest, second session