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Report of the Fifteenth Standing Committee of the Regional Committee

This document contains a consolidated report on the work done by the Fifteenth Standing Committee of the Regional Committee (SCRC) at the five regular sessions held to date during its 2007–2008 work year, as well as at the extra session held immediately after the close of the WHO European Ministerial Conference on Health Systems, Health and Wealth.

The report of the Fifteenth SCRC's sixth and final session (to be held in Batumi, Georgia on 12 September 2008, before the opening of the fifty-eighth 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/20071030_1).

Contents

	<i>Page</i>
Introduction.....	1
Regional Committee, fifty-seventh session	1
Review of outcome	1
Follow-up.....	1
Executive Board.....	2
Preparations for EB122 and EB123	2
Matters arising from EB122 and EB123	2
World Health Assembly.....	2
Regional suggestions for elective posts at WHA61	2
Membership of WHO bodies and committees	3
Review of distribution of seats for the European Region of WHO on the Executive Board	3
Candidatures.....	3
Regional Search Group	4
Regional Committee, fifty-eighth session.....	4
Provisional agenda and programme	4
Working documents and draft resolutions.....	6
Stewardship/governance of health systems in the WHO European Region.....	6
Behaviour change strategies and health: the role of health systems.....	7
The Organization’s proposed programme budget 2010–2011, including the WHO European Region’s perspective	7
Process of reporting back to the Regional Committee on resolutions adopted at previous sessions	8
WHO European Ministerial Conference on Health Systems, Tallinn, Estonia, June 2008	8
International cooperation in the field of health (blood transfusion/organ transplantation).....	10
Establishment of a new geographically dispersed office in Athens.....	10
Development of framework for health workforce migration in the WHO European Region.....	11
Address by a representative of the WHO Regional Office for Europe’s Staff Association	12
Other Matters	13
Commission on the Social Determinants of Health	13
Virus sharing	14
Dates of future SCRC sessions	14
Annex 1. Membership of the Fifteenth SCRC 2007–2008.....	15
Annex 2. Report of the SCRC working group reviewing the distribution of seats held by the WHO European Region on the Executive Board	17

Introduction

1. The Fifteenth Standing Committee of the Regional Committee (SCRC) has to date held five regular sessions in its 2007–2008 work year:

- at the National Assembly in Belgrade, Serbia on 20 September 2007, following the closure of the fifty-seventh session of the WHO Regional Committee for Europe (RC57);
- in London on 8 and 9 November 2007;
- at the WHO Regional Office for Europe in Copenhagen on 14 January 2008, and again on 31 March and 1 April 2008; and
- at the Palais des Nations in Geneva on 18 May 2008.

An extra session was held in Tallinn, Estonia on 27 June 2008, immediately after the close of the WHO European Ministerial Conference on Health Systems, Health and Wealth. The Fifteenth SCRC's sixth and final regular session will take place in Batumi, Georgia on 12 September 2008, before the opening of RC58.

2. At its first session, the Fifteenth SCRC unanimously elected Dr Bjørn-Inge Larsen (Norway) as Vice-Chairman.

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.

Regional Committee, fifty-seventh session

Review of outcome

4. The Fifteenth SCRC began its work by making a preliminary analysis of the outcome of RC57. To improve time management during future sessions, it suggested that countries' general statements could be delivered as part of the discussion following the Regional Director's address. More generally, the agenda of RC57 had been somewhat ambitious; the SCRC recommended that at future sessions, the Regional Committee should continue to focus on a limited range of issues (it was felt that three was the right number), and that efforts should be made to avoid taking up a large number of other topics under the "Follow-up" agenda item or in the Regional Director's address. There was no obligation to include a separate agenda item for each subject that the Secretariat had to report back on; written reports would be sufficient. Similarly, the number of technical briefings outside the session should be reduced, perhaps to two; each technical briefing should last no more than one hour, and the subjects should be chosen as late as possible before the session, to ensure that they were really topical. Lastly, it might be worth organizing the private meeting (at which elections and nominations took place) early in the session, to make it easier for senior members of delegations to attend.

Follow-up

5. At its second session, the Fifteenth SCRC was informed about measures being taken to follow up a number of issues that had been discussed at RC57: cooperation with the European Centre for Disease Prevention and Control (ECDC); work towards the Millennium Development Goals in the WHO European Region; health security; European Member States' participation in the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property; and the WHO European Conference on Counteracting Obesity and the Second European Action Plan for Food and Nutrition Policy. Follow-up action on other topics considered at RC57 (such as international cooperation on blood transfusion and organ transplantation, and health workforce migration) was described to the SCRC throughout the year and is covered in separate sections of this report below.

Executive Board

Preparations for EB122 and EB123

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

7. In view of that role, the SCRC at its third session recognized that there was a unique opportunity for expressing consistent views of member countries of the EU in WHO's various bodies. The Regional Director confirmed that he (or his representative) was willing to attend the coordination meetings of EU members of the Executive Board, if invited to do so.

Matters arising from EB122 and EB123

8. The Executive Board member/SCRC observer reported that, in response to unexpected setbacks in the global poliomyelitis situation, the Board at its 122nd session in January 2008 had adopted a resolution (EB122.R1) urging Member States to step up immunization and surveillance measures. Thanks to support from European Member States, the Board had also agreed, by resolution EB122.R2, to put forward for consideration by the World Health Assembly a resolution that would call on the Director-General "to prepare a draft global strategy to reduce harmful use of alcohol" and submit it to the Sixty-third World Health Assembly (WHA63) in 2010. Other resolutions of regional interest adopted by the Board had concerned implementation of the International Health Regulations (2005), climate change and health, and health of migrants.

World Health Assembly

Regional suggestions for elective posts at WHA61

9. At its second session, the Fifteenth SCRC welcomed the goodwill shown by the United Kingdom in waiving (for the previous two years) its seats on the World Health Assembly's General Committee and Committee on Nominations, in line with the practice of semi-permanency adopted for membership of the Executive Board. In view of the positions adopted by the other two European permanent members of the United Nations Security Council with regard to those two committees, however, the SCRC recommended that the ministries of foreign affairs of the three countries concerned should be approached to ascertain their current views.

10. The SCRC confirmed, at its third session, that it had a legitimate role to play in advising the Regional Director on the names of individuals and countries that he would suggest for elective posts at the World Health Assembly, as it did on other matters. It endorsed his suggestions for the positions of Vice-President of the Health Assembly and Chairman of Committee A. Equally, it agreed with his proposals for membership of the Committee on Credentials and the Committee on Nominations, noting that the latter was due to be discontinued after WHA61.

11. With regard to the Health Assembly's General Committee, the SCRC advised that the United Kingdom's action should be commended to the other countries concerned (France and the Russian Federation) as a good way of ensuring broad representation of European Member States on the General Committee. In effect, the continued permanent membership of those three countries, in conjunction with the practice of awarding the remaining fourth European seat on that committee to the country holding the presidency of the EU, "disenfranchised" the 25 European Member States of WHO that were not members of the EU.

12. The Chairperson informed the SCRC at its fourth session that the traditional practice would be continued at WHA61.

Membership of WHO bodies and committees

Review of distribution of seats for the European Region of WHO on the Executive Board

13. The Fourteenth SCRC had looked at the question of whether subregional groupings of countries should be taken into account when considering candidatures for membership of the Standing Committee. At its fourth session in April 2007, it had concluded that the general principles presented could be used as a guide when considering such candidatures, but that they should not be formally or rigidly applied as criteria. A question remained, however, as to the representativity of the groupings used for considering candidatures for membership of the Executive Board (in accordance with the provisions of resolution EUR/RC53/R1), especially in the light of the enlargement of the EU and other ongoing political regrouping processes in the rest of the Region.

14. The Fifteenth SCRC at its second session accordingly charged a small group, consisting of its members from Georgia, the Netherlands and Norway, with the tasks of evaluating whether those groupings should be adjusted and of reporting back to the Standing Committee at its January 2008 session.

15. By the time of the third session, the SCRC's small working group had had two telephone conferences to evaluate whether the country groupings used for considering candidates for membership of the Executive Board should be adjusted, given that some of those groups (EU and European Free Trade Association (EFTA) countries (north), EU and EFTA countries (south) and Commonwealth of Independent States (CIS)) were related to political bodies, while the fourth (south-east) was based on purely geographical considerations. The working group recommended that the groupings should not be adjusted at present, because of current political dynamics within the CIS.

16. The SCRC noted that the geographical groupings as set out in the annex to resolution EUR/RC53/R1 made reference to the fact that the WHO European Region (at the time of adoption of the resolution in 2003) had had seven seats on the Executive Board. Now that it had eight seats on the Board (and the arrangement was also applied, *passim passu*, to the SCRC, where nine seats were available), an explanatory paper and updated annex might need to be presented to RC58.

17. At its fourth session, the SCRC considered a report from the small working group that it had set up. The Standing Committee recommended that, in the interests of fairness and continuity, the eight Executive Board seats currently available for the European Region should in the future be distributed as follows: two seats each to the "north", "south" and "Commonwealth of Independent States" geographical groups, one seat to the "south-east" group. The eighth seat should remain unattached to any geographical group; its allocation should be based not on geographical criteria, but primarily on candidates' qualifications and experience. In line with that recommendation, the SCRC further proposed that, during the transition period before the new arrangement was put in place, two of the four vacant seats on the Executive Board from May 2009 should be taken up by candidates from the "north" group of countries. The final report of the working group is attached to this document as Annex 2.

Candidatures

18. At its fifth session, the Standing Committee made an initial review of candidatures received for membership of the Executive Board, the SCRC, the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction, and the Regional Search Group, discussing the latter in a private meeting.

19. With regard to candidatures for membership of the Standing Committee, the SCRC at its extra session in June 2008 agreed that nominations received after the deadline were inadmissible, and it further discussed the three candidates that it would recommend to the Regional Committee. Interim consensus was also reached on candidates for three of the four upcoming vacant seats for the European Region on the Executive Board. The final decision on the recommended candidates would be reached at the sixth session of the Fifteenth SCRC in Batumi, Georgia.

Regional Search Group

20. At its first session, the Fifteenth SCRC asked the Secretariat to provide information on the process of appointing a regional search group (RSG) to identify candidates for the post of WHO Regional Director for Europe.

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

22. The SCRC questioned whether it could propose to the Regional Committee that the number of members of the Regional Search Group be amended to four, given the four groupings of countries used for selecting candidatures for membership of the Executive Board. It also called for clarification of the role of the Standing Committee in the process of searching for candidates for the post of Regional Director. To that end, it asked for the Organization's Legal Counsel to be invited to attend its January 2008 session.

23. At the SCRC's third session, the Chairperson noted that the Organization's Legal Counsel had advised that it was too late to make changes to Rule 47.1 of the Rules of Procedure of the Regional Committee and the Standing Committee, given that the Regional Director's letter requesting nominations for various bodies, including the Regional Search Group (RSG) had already been sent out on 11 January 2008. In line with that rule, the RSG would consist of three members and three alternates. The SCRC recalled that meetings of previous RSGs had been attended by all members and alternates. It therefore suggested that balanced geographical representation of all European countries on the RSG could be secured by having the three members and the first of the alternates drawn from the four groupings being used for nominations to the Executive Board.

24. The Chairperson of the SCRC also explained that Legal Counsel had confirmed that Rule 47.2(a) should also be interpreted as applying to ex officio and outgoing members of the SCRC.¹

25. At its Tallinn meeting, the SCRC discussed membership of the RSG and solved the potential problem of one country putting forward candidatures for membership of both the Regional Search Group and the Standing Committee.

Regional Committee, fifty-eighth session

Provisional agenda and programme

26. The Fifteenth SCRC decided at its second session that, under provisional agenda item 6, "Policy and technical topics", the following subjects should be taken up at RC58:

- the Organization's proposed programme budget 2010–2011 (2 hours);

¹ Legal Counsel subsequently confirmed that Rule 47.2(a) should be read to include any person belonging to a Member State's delegation to the SCRC, i.e. alternates and advisers, as well as the designated member.

- stewardship/governance of health systems (outcome of the WHO European Ministerial Conference on Health Systems, including the health workforce, public health services, etc.) (4 hours); and
- behaviour change policies (public health strategies targeting behaviour, based on a range of case studies, not linked to a specific field) (2 or 3 hours).

27. Under provisional agenda item 7, “Follow-up to previous sessions of the Regional Committee”, it would be sensible to consider a limited number of areas, grouping together individual subjects:

- annual report of the European Environment and Health Committee (EEHC);
- child and adolescent health strategies, including immunization; and
- prevention and control of noncommunicable diseases, including prevention of injuries and alcohol-related problems and policies.

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

29. The Deputy Regional Director explained to the SCRC at its third session that the programme of RC58 had been arranged to allow for one major substantive topic to be taken up each day: the Organization’s proposed programme budget 2010–2011 on the Monday afternoon, stewardship/governance of health systems on the Tuesday and public health strategies targeting behaviour on the Wednesday. It was decided that the private meeting to agree on elections and nominations to various bodies would best be held on that Tuesday afternoon, to allow time for consultations on the Monday and avoid placing the Regional Committee in a situation where it had to make decisions at the last minute.

30. Under the agenda item on stewardship/governance of health systems, the Regional Committee would be asked to adopt a resolution endorsing the Charter that was due to be approved at the WHO European Ministerial Conference on Health Systems. At the same time, the ethical framework on migration of human resources for health that had been called for by RC57 and which was being developed by a small working group for consideration at the Conference could also be submitted for endorsement if so agreed during the Conference. In general, the process of working on health systems strengthening was an ongoing one that would continue beyond the Conference and discussions at RC58.

31. The Regional Director informed the Fifteenth SCRC at its fourth session that, at the request of the Director-General, the Organization’s regional committees in 2008 would consider the report of the Commission on Social Determinants of Health and the 2008 edition of The world health report, on the subject of primary health care. The former would be discussed in the technical briefing, while the latter (due to be released on 12 September 2008) would be covered under the agenda item devoted to stewardship/governance of health systems. The Deputy Regional Director confirmed that the provisional programme of RC58 had been amended as called for by the SCRC. In addition, an item on modalities for appointment of the Director-General had been added, at the request of the Executive Board.

32. The SCRC decided that, in order to allow a proper debate around the issues on the programme, the annual report of the EEHC would be submitted only in writing and could be discussed in the general debate. The agenda item on “Follow-up to previous sessions of the Regional Committee” would accordingly be limited to two subjects.

33. At its fifth session, the Standing Committee suggested that the title of the agenda item on stewardship/governance of health systems should be amended to make explicit reference to the Ministerial Conference. It also mandated the Regional Director to explore the feasibility of holding a meeting of the Policy Advisory Council of the Health Worker Migration Policy Initiative (under the Global Health Workforce Alliance) either immediately before or after RC58, and to invite Mary

Robinson, the co-chair of the Policy Advisory Council, to deliver a short address to the Regional Committee.

Working documents and draft resolutions

Stewardship/governance of health systems in the WHO European Region

34. The Deputy Regional Director explained to the Fifteenth SCRC at its third session that the agenda item at RC58 would be focused on the best ways for ministries of health to exercise their responsibility for governance. In that context, she presented an outline of the working document on the subject. The SCRC called for the paper to include a short, practical glossary of the key terms used, so as to avoid having to engage in debates around terminology and to distinguish clearly between the broader perspective of health, on the one hand, which was the responsibility of the entire Government, and the areas which health ministries were directly accountable for, on the other. That, in turn, would help to clarify the issues and the extent to which the debate at the Regional Committee would be a continuation of discussions at the Ministerial Conference. The SCRC also agreed that it would be important to include the questions of governance of decentralized systems, as well as of steering the private sector. The SCRC recommended that the paper for RC58 should take account of the conclusions reached at the Ministerial Conference. In practical terms, it might therefore be advisable to have a very short session of the SCRC in the afternoon following the closure of the Ministerial Conference on 27 June 2008, to review the outcomes of the latter and see how best to take them forward to the Regional Committee.

35. A draft of the RC paper on stewardship/governance was presented to the SCRC at its fourth session. The SCRC recognized that the paper was still “work in progress”, which might need to be adjusted to take account of the conclusions of the Ministerial Conference. It should make specific reference to the Ljubljana Charter on Reforming Health Care, adopted at a conference organized by the Regional Office in 1996, and consider how best to continue to give effect to its fundamental principles of equity and solidarity in a context where public health was being challenged by the increasing importance attached to individuals’ rights. Other areas in the paper that could be strengthened included the economic aspects of health system stewardship and issues related to the quality of care. The SCRC recommended that the document should avoid making the implicit assumption that a state-run health system was the best approach, although it recognized that stewardship was inherently a government function, regardless of the arrangements for the delivery of health services through both public and private sector providers. It appreciated the flexibility of the framework being proposed and welcomed the efforts made to clarify the key concepts in the field. It acknowledged that the paper, focusing on health systems, should be seen in the wider context of the body of research being prepared for the Ministerial Conference on the relationship between health systems, health and wealth.

36. With regard to the draft resolution, the SCRC recommended that wording should be added requesting the Regional Director to develop tools for evaluating the effectiveness of the health system stewardship function, to facilitate collaboration at international level on the social determinants of health, and to cooperate with other relevant international organizations, especially the Organisation for Economic Co-operation and Development (OECD). In addition, the draft resolution should include reference to the ethical principles governing health workforce migration, which were being elaborated for presentation at the Ministerial Conference.

37. The Deputy Regional Director noted at the SCRC’s fifth session that, as requested, a number of changes had been made to the working document. More attention had been paid to the goal of health gain and to the national context (centralized/decentralized, public/private system, etc.), the contributions of other organizations had been highlighted, as had the role of individual citizens, and more examples had been given of intersectoral action. The amended paper also considered questions of governance in the private sector (a topic that had been discussed at the Third Preparatory Meeting for the Ministerial Conference, held in Rome on 3 and 4 April 2008) and underlined the need for countries to “benchmark” their own situation for the purposes of performance assessment.

Behaviour change strategies and health: the role of health systems

38. The Acting Director, Division of Country Health Systems presented a preliminary outline of the RC58 working document to the Fifteenth SCRC at its third session. The SCRC recommended that a close review should be made of the evidence of what favoured changes in health behaviour. That review would require the involvement of scientists and social scientists, and the SCRC offered to provide links with national specialists, to feed into and build on the work being done by the Regional Office, together with its professional networks. The SCRC welcomed the evident link between behaviour change policies and governments' stewardship role. It also recommended that the paper should present case studies of successes (and failures) of interventions aimed at changing people's behaviour, both within and outside the WHO European Region. Lastly, the SCRC suggested that the topic might lend itself to a panel discussion at the Regional Committee session, possibly involving representatives of other bodies.

39. At the Fifteenth SCRC's fourth session the Director, Division of Country Health Systems presented a draft paper that had been prepared on the basis of its feedback at the previous session. The SCRC welcomed the presentation and agreed that it formed a good basis for drawing up a revised and shortened version of the Regional Committee document, in which the shift from a theoretical to an evidence-based approach should be further intensified. It particularly appreciated the prominence given to the external factors affecting both behaviour and interventions. A better balance should perhaps be struck between the responsibility of individuals and society: the social determinants of health resulted in a social gradient of disease and called for societal measures such as legislation and taxation. Nonetheless, the importance of the individual's responsibility should not be overlooked.

40. While emphasizing that ministries of health should be prepared to play a central, stewardship role in multisectoral behaviour-related initiatives, the SCRC also suggested the paper should recognize the fact that there were areas (such as climate change and the environment) where the health ministry could not take the lead in implementation but would benefit from the synergy generated through the linked self-interest of other sectors. Other comments by the SCRC referred to the "health-promoting settings" approach; paying attention to the various players in the risk-taking environment; making more explicit the links between prevention and care/cure; taking account of pricing aspects and cost-effectiveness; and avoiding the use of mathematical formulae. Lastly, the SCRC agreed that it might be premature to submit a draft resolution on the issue to the Regional Committee in 2008. Other approaches, such as a decision by the Regional Committee, could be considered.

41. The Director, Country Health Systems informed the SCRC at its fifth session that the working document had been rewritten as agreed. The title had been broadened to emphasize the role of health systems, and the body of the paper had been restructured along the lines of the presentation he had made. One open question was whether the Standing Committee would recommend that a draft resolution should be submitted to RC58, or whether it considered that the topic still represented "work in progress".

42. The Standing Committee welcomed the redrafted paper, which it felt embodied a well-balanced approach to a complex subject. It believed that a short resolution would be useful for a number of reasons: a) to highlight the importance of the issue; b) to emphasize the links between behaviour change and the social determinants of health; c) to position the European Region for the debate at the World Health Assembly in 2009 on the report of the Commission on the Social Determinants of Health and for the global action plan for the prevention and control of noncommunicable diseases; and d) to support robust methodology for the evaluation of existing behaviour change strategies.

43. At its extra session in June 2008, the SCRC endorsed the draft resolution that had been drawn up in the light of comments made at its previous session.

The Organization's proposed programme budget 2010–2011, including the WHO European Region's perspective

44. The Director, Administration and Finance briefed the SCRC at its fourth session on preparation of the Organization's proposed programme budget 2010–2011. It would be drawn up within the framework set by the Medium-term Strategic Plan 2008–2013 (MTSP), so the overall budgetary envelope would

therefore probably remain of a similar order to that for 2008–2009, which implied a figure in the vicinity of US\$ 300 million for the European Region. SCRC members believed that countries would be reluctant to envisage a further increase in their regular budget contributions, following the 4% rise the previous year. The Regional Director noted that the Director-General wished to ensure that the Organization maintained a good match between its capacity and its resources (and thus also between its regular budget and other sources, in the interests of good governance), and that it was unlikely to request more than a nominal increase in the overall budgetary level.

45. At the Fifteenth SCRC's fifth session the Director, Administration and Finance noted that the RC58 paper giving the European Region's perspective on the Organization's proposed programme budget 2010–2011 could not be prepared until discussions at global level were completed in June 2008, after WHA61. He had, however, attended a recent meeting of the Programme, Budget and Administration Committee of the Executive Board, at which the implementation of the 2006–2007 programme budget had been assessed. In that context, detailed information had been provided concerning the budget "carry-over" from that biennium of US\$ 1.6 billion. Approximately half of that sum had been received by the Organization in the last few months of the biennium, and much of it had been needed to meet staffing costs at the start of the current biennium. Some of the "carry-over" was due to a major change in accounting practice, whereby expenditure was now not registered as incurred until service had actually been delivered. The "carry-over" also included a significant amount of funds received from partnerships; to increase transparency, those funds would in future be presented separately from the Organization's own resources. Lastly, it was unclear how much of the "carry-over" was deliberate and planned; the introduction of the Organization's new Global Management System would give a more refined picture of the situation at any time.

46. The Standing Committee noted that, if attempts to obtain more unearmarked voluntary donations were successful, that would increase the need for more transparent reporting of the use of funds. It welcomed that detailed explanation of the "carry-over"; the Vice-Chair and the Director, Administration and Finance were urged to provide the same information to RC58.

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

47. At its second session, the Fifteenth SCRC was informed that a review of resolutions adopted by the Regional Committee in the previous five years had shown that many of them included a requirement to report back to it on progress made, either periodically or on one occasion only. While acknowledging the need to respect the latter requirement, the SCRC recognized that the former entailed a continuing workload and had repercussions on the agenda and programme of each Regional Committee session by limiting the time available for new agenda items. It therefore asked the Secretariat to develop a proposal to resolve that issue.

48. The SCRC welcomed the proposals contained in the working paper submitted at its third session, whereby an end date would be applied to a number of open-ended commitments on the part of the Regional Director to report back to the Regional Committee. It suggested that a shorter version of the working paper, possibly accompanied by a draft resolution, might be submitted to RC58. In addition, it recommended that resolutions adopted by the Regional Committee in the future should, where practicable, not contain such open-ended commitments.

WHO European Ministerial Conference on Health Systems, Tallinn, Estonia, June 2008

49. At its second session, the SCRC was informed about the key objectives of the Ministerial Conference, the development of tailored evidence and research products, the consultative meetings with Member States in 2006 and the pre-Conference meetings held or planned in 2007 and 2008, as well as the process of developing a charter for adoption at the Conference. The SCRC was reassured to see the

involvement of such a wide range of countries in preparations for the Conference and welcomed the high visibility being given to the issues of health systems, health and wealth.

50. The Deputy Regional Director reported at the SCRC's third session that the second pre-Conference meeting, on improving the performance of health service delivery and putting patients at the centre of health systems, had been held in Bled, Slovenia on 19 and 20 November 2007. The third pre-Conference meeting, on health systems governance, would be held in Rome in April 2008. The Conference itself would be a two and a half day event, bringing together some 500 participants and attracting internationally renowned keynote speakers.

51. The adviser to the Minister of Social Affairs of Estonia informed the SCRC at its fourth session that preparations for the Conference were going well. The Government was strongly committed to the event, which the Prime Minister would attend. A memorandum of understanding had been agreed and updated, and invitation letters had been sent out, many of them signed jointly by the ministers of social affairs and of finance, as well as by the Regional Director. The venue and hotels had been decided on and reserved, and plans were being made for two official dinners, a social programme and an accompanying persons programme.

52. The Deputy Regional Director reported that a meeting of the Charter Drafting Group had been held in Valencia, Spain on 8–9 February 2008, following which a revised version of the document had been sent out to Member States for comment. The third pre-Conference meeting would take place in Rome on 3–4 April 2008, and the final meeting of the Charter Drafting Group would be in Moscow in mid-May. At the Conference itself, technological innovations were planned to include webcasting of proceedings and interviews by journalists with key personalities. The SCRC members expressed their satisfaction with the high level of preparation.

53. At its fifth session, the SCRC was informed that the third pre-Conference meeting had been held in Rome as planned, and that the third meeting of the Charter Drafting Group had taken place in Moscow on 12 and 13 May 2008. A final preparatory meeting was due to be held in Brussels on 6 June 2008. Documentation was being finalized, logistics and administrative arrangements were being fine-tuned by the host country (a simulation exercise would be carried out in Tallinn later in the week), and a media event had been held with the Ministry of Social Affairs. Thirty ministers had already confirmed that they would attend the Conference.

54. The SCRC commended the entire preparatory process as ensuring that all Member States felt a sense of full "ownership" of the Conference and its outcome; it was a model to be followed for future conferences. The Regional Director would write a message on his "web log" informing staff of the strong support given to them by the Standing Committee.

55. At its extra session in June 2008, the Standing Committee commended the host country, Estonia, and the WHO Secretariat on the excellent organization and outcome of the Conference. Following its successful conclusion, a process would be launched to ensure that the various parties (Member States, WHO and partner organizations) fulfilled the commitments they had entered into by adopting the Tallinn Charter. The first step in that process, the Standing Committee recognized, would be to incorporate the salient points agreed at Tallinn in the RC58 working paper on stewardship/governance of health systems in the WHO European Region, and to add an operative paragraph in the corresponding draft resolution whereby the Regional Committee would endorse the Charter and outline two or three areas where follow-up action should be taken, with the results reported back to the Regional Committee in 2010.

56. The SCRC believed that it would be important to more explicitly identify key messages from the Tallinn Conference, as had been done following the Alma-Ata Conference on Primary Health Care.

International cooperation in the field of health (blood transfusion/organ transplantation)

57. In response to the concern expressed by the Fourteenth SCRC about the transfer of Council of Europe (CoE) activities on blood transfusion and organ transplantation to two new steering committees under a “partial agreement” that covered only 37 CoE member countries, the Fifteenth SCRC at its second session confirmed that it envisaged the Regional Office as playing an “umbrella” role in those areas, under which the EU would be involved in regulatory aspects for the EU Member States, CoE in ethical issues and WHO in technical matters for all 53 European Member States. The SCRC recognized that technical capacity was available only within WHO and reiterated the importance of ensuring that technical assistance was provided where needed and of avoiding overlaps in the work of the various organizations. It accordingly urged the Regional Director to work towards achieving the desired outcome by means of a flexible arrangement and to report back to the SCRC at its subsequent session.

58. At the SCRC’s third session, the Regional Director reported that he had had an informal meeting with the Secretary-General of CoE at which the question of blood transfusion had been discussed. The SCRC urged the Regional Director to draw attention to all aspects of blood safety, and especially those related to hepatitis C. Discussions with CoE would continue, so as to yield a working arrangement.

59. The Vice-Chairperson noted, at the SCRC’s fourth session, that the Regional Office had an obligation to ensure that all WHO’s European Member States (and especially those in the eastern part of the Region) received the best possible technical advice with regard to blood transfusion and organ transplantation. The Secretariat had tried to reach agreement with CoE in order to avoid overlaps and duplication, on the one hand, and gaps in coverage, on the other. However, that had proven to be more difficult than initially expected. The Secretariat would continue to engage in a dialogue with the Council, at a higher political level, in order to reach an agreement on the division of responsibilities, both in technical terms and in terms of coverage of Member States, before furthering collaboration at technical level. Members of the Standing Committee supported that course of action and were ready to assist the Secretariat in the endeavour if required.

Establishment of a new geographically dispersed office in Athens

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

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

62. The SCRC believed that considerable progress had been made since RC57. It was reassured to learn that policy development would continue to be carried out at central level, and that proper arrangements were being made to ensure that managerial accountability rested with the Director, Health Programmes in Copenhagen. Nonetheless, it drew attention to the fact that the proposed Athens GDO was the first to be established following the issue of Professor Silano’s report and emphasized the resulting need to comply fully with the recommendations of the report. The Regional Director furthermore

indicated that the financing of the GDO in Athens would be entirely provided for by the Greek government. He offered to show the SCRC the text of the agreement with the Greek government before it was signed, although he noted that future agreements with other countries might not be handled in the same way. The SCRC, however, was content to ask questions and obtain reassurances, operating on a basis of mutual trust between itself and the Regional Director.

63. The Deputy Regional Director informed the SCRC at its third session that the first draft of the agreement had been sent to the government of Greece for comment. Both parties shared the view that the work of the Athens GDO should be focused on information generation, knowledge creation and technical support. In terms of logistics and financial arrangements, the Greek government was offering to pay some US\$ 5 million per biennium over a period of 10 years, in addition to office premises and running costs; that would represent a valuable contribution to an area of work that was due to be funded to a total amount of US\$ 28 million (including staff costs) in 2008–2009. The Regional Director reiterated that he would ask the SCRC for its views before he concluded the agreement.

64. At the SCRC's fourth session, the Deputy Regional Director reported that the draft agreement had been amended and sent to the Greek government, and its approval had been received on 28 March 2008. The Vice-Chairperson of the SCRC requested and duly received a further assurance from the Deputy Regional Director that the Athens Office for Support to the Prevention and Control of NCD would not engage in independent priority-setting. It would form part of the NCD unit in the Regional Office's Division of Health Programmes, answerable to the unit head and the divisional director. For the sake of clarity, the Regional Director was asked to reiterate that point for the record in his report to RC58, and it was agreed that the first bullet point in Article 2, paragraph 4, of the draft host agreement should be amended to read: "Work on the development of knowledge, information and evidence to support WHO/EURO's responsibility for decision-making, health needs assessment and priority-setting, policy development, implementation and analysis, cost-effective interventions as well as monitoring and evaluation of outcomes". With those changes, the SCRC agreed that the Regional Director could go ahead and sign the agreement, reporting back to the Standing Committee and the Regional Committee on subsequent progress.

65. At its fifth session, the SCRC was informed that the agreement concerning the GDO in Athens had been revised in line with the SCRC's comments. The Greek government had accepted the amendments, and the agreement would be signed in the near future.

Development of framework for health workforce migration in the WHO European Region

66. At its first session, the SCRC asked to be kept informed about preparations for European regional involvement in the Global Forum on Human Resources for Health (Kampala, Uganda, 4–7 March 2008).

67. At its second session, the SCRC was informed that, following the adoption of resolution EUR/RC57/R1 on health workforce policies, an action plan for 2008–2009 had been drawn up and the Regional Office was supporting some 20 Member States in the areas of policy development, regulation, management and monitoring. Work was being done with OECD, Eurostat (the Statistical Office of the European Communities), EC, CoE and individual Member States on harmonization of definitions and compilation of a database.

68. An expert working group on health workforce migration was also being established by the Regional Office, and its membership would be opened up to national representatives. One of its tasks would be to draw up a framework for ethical recruitment of health personnel. The global context of migration would be taken into account following the First Global Forum on Human Resources for Health. The framework could then be presented at the Ministerial Conference as a stand-alone document and, if agreed, could be submitted to the Regional Committee in September 2008 for endorsement. The Standing

Committee welcomed the plan for drawing up such a framework and looked forward to reviewing an outline of that document at a future session.

69. By the time of the SCRC's second session, the Acting Director, Division of Country Health Systems had written to the Executive Director of the Global Health Workforce Alliance (GHWA) asking for a time slot in the programme of the Global Forum to be allocated to a four-hour round-table discussion on policies for health worker migration, and for an opportunity during the first two days of the Forum to present recent developments in the WHO European Region (including the report prepared by the Directorate for Health and Social Affairs of Norway). The Executive Director had replied that he would take account of the latter request when preparing the programme, and that the former would fit in best as a post-conference "constituency meeting". The Vice-Chairperson noted that it was important for western European countries to engage in a dialogue with source countries. He confirmed that he would be attending the Global Forum and could represent the SCRC there. The Regional Office would be providing financial support to enable one source country from the European Region to attend. The WHO Secretariat would also attend.

70. At its third session, the SCRC was informed that, in preparation for the Global Forum, the Acting Director, Division of Country Health Systems had attended a high-level meeting on scaling up health workforce education and training, hosted by the African Union in Addis Ababa, Ethiopia from 8 to 10 January 2008. It had subsequently been agreed with the Executive Director of GHWA that a keynote speaker from Norway would deliver an address on the theme of "Migration and retention" during the Action Conference component of the Global Forum on 4 March 2008, while a half-day "constituency meeting" in the morning of 6 March 2008 would be devoted to the same theme, with European and African ministers of health and/or country representatives participating in a round-table discussion, together with international experts on migration and representatives of the respective WHO regional offices. It was also agreed that members of the Regional Office Secretariat should facilitate a meeting to discuss how best European Member States could support the needs of countries in the African Region.

71. The Vice-Chairperson reported to the Fifteenth SCRC at its fourth session that he and members of the Secretariat had attended the first Global Forum on Human Resources for Health. The Regional Director recalled that one outcome of the discussions at RC57 had been a recommendation that the Regional Office should contribute more to GHWA, and he had accordingly met with ministers of health at a ministerial meeting during the Forum, while Regional Office staff had been responsible for organizing a round-table discussion. The message from the European Region was that, while people undeniably had the right to seek better opportunities abroad, there was a need for international solidarity to help countries retain staff by a variety of means. Such measures might include the establishment of a fund to help countries with retention and the promulgation of a code of ethics for countries in need of health professionals. Those attending the Forum had appreciated the Region's openness in recognizing the problem and wanting to find solutions to it.

72. The question of health workforce migration was discussed at the Ministerial Conference in Tallinn and would be included in the RC58 agenda item on Stewardship/governance of health systems in the WHO European Region.

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

73. The President of the WHO Regional Office for Europe's Staff Association (EURSA), addressing the SCRC at its fourth session, noted that the Regional Office had recently undergone a major restructuring. Given the extensive implications of those changes, communication with and involvement of staff would be of paramount importance, and EURSA had accordingly proposed to management that a joint task force should be set up to oversee and guide the change process. While welcoming the creation of the Organizational Development (OD) unit, EURSA believed that it was important to review existing

workloads and rebalance staffing levels with those workloads so far as possible, in order to manage the burden on existing staff and meet the growing demands from Member States and partners.

74. With regard to the contractual reform that had been implemented the previous year, EURSA was pleased that the process had gone ahead without major problems. Nonetheless, the situation of national professional officers who were heads of country offices in the Region remained largely unchanged. With their increased duties, it was even more important to recognize their situation and ensure that their contracts reflected their increased responsibilities within the international civil service. The Regional Office's human resources plan, published in December 2007, would be a cornerstone in the reform process and would provide transparency and future orientation for staff. However, the delinkage of the regular budget and posts had created uncertainty among many staff. It was now important to ensure effective implementation of the plan, an area where emphasis was again placed on the need for the active involvement of staff representatives.

75. The Regional Office had had an interim ombudsperson for more than a year, while terms of reference had been revised and redrafted to incorporate a series of points from proposals made at a meeting of WHO ombudspersons. EURSA continued to express its preference for a post to be created, as in WHO headquarters and the Pan American Health Organization, rather than for a new ombudsperson to be elected from among current staff.

76. EURSA was participating actively in the discussion on reform within the United Nations system through the Federation of International Civil Servants' Associations (FICSA). The Staff Association was pleased to see the recent creation at the Regional Office of the Committee to Promote a Healthy and Safe Workplace, taking into account the provisions for health and safety at work contained in relevant conventions of the International Labour Organization, as well as international standards on occupational health and safety.

77. Members of the Standing Committee acknowledged the issues raised by EURSA in relation to change and the concerns expressed about workload but paid tribute to the staff's close cooperation with management. Their dedication and commitment were evident in the level of their performance, which had increased year by year. The SCRC strongly supported and deeply appreciated the work they were doing. The Regional Director acknowledged the need for staff to acquire new skills in areas such as management, fundraising and political negotiation. He admired the way in which the Office was adapting to the necessary changes, led by the Management team, and expressed his confidence that the outcomes expected of it would be achieved.

Other Matters

Commission on the Social Determinants of Health

78. The Fifteenth SCRC was informed at its second session that the report of the Commission on the Social Determinants of Health had been prepared but still needed to be submitted to the Executive Board and the World Health Assembly for endorsement. That would not be done until 2009, as the report would be finalized only in spring 2008. In the meantime, a side event would be organized during WHA61 in May 2008, the main findings of the report would be presented at the Ministerial Conference in Tallinn in June, and a technical briefing on the subject would be held at RC58 in September.

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

Virus sharing

80. In connection with the intergovernmental meeting on pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits held in Geneva on 20–23 November 2007, the Fifteenth SCRC at its second session reiterated the need, in terms of public health, for access to viruses in order to check for the emergence of a potential pandemic influenza virus.

Dates of future SCRC sessions

81. The Standing Committee agreed that the Sixteenth SCRC should hold the following sessions in 2008–2009:

- Tbilisi, Georgia, 18 September 2008
- Oslo, Norway, 10–11 November 2008
- WHO Regional Office for Europe, Copenhagen, 12 January 2009
- WHO Regional Office for Europe, Copenhagen, 30–31 March 2009
- Geneva, Switzerland, May 2009 (day before the opening of the Sixty-second World Health Assembly)
- WHO Regional Office for Europe, 13 September 2009

Annex 1

Membership of the Fifteenth SCRC 2007–2008

Members, alternates and advisers

Georgia

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

Italy

Dr Francesco Cicogna²
Senior Medical Officer, Directorate General for the EU and International Relations, Ministry of Health

Kyrgyzstan

Dr Marat Mambetov³
Minister of Health

Alternates

Dr Ainura Ibraimova⁴
Deputy Minister of Health

Dr Toktogazy Kutukeyev⁵
Head, Department of Health Planning and Prognosis, Ministry of Health

Adviser

Dr Boris Dimitrov
Head, Department of External Relations, Ministry of Health

Netherlands

Ms Annemiek van Bolhuis⁶
Director, Nutrition, Health Protection and Prevention Department, Ministry of Health, Welfare and Sport

Adviser

Ms Frieda M. Nicolai
Senior Adviser, Department of International Affairs, Ministry of Health, Welfare and Sport

Norway

Dr Bjørn-Inge Larsen
Director-General, Directorate for Health and Social Affairs

Advisers

Dr Arne-Pette Sanne
Director, Multilateral Affairs, Department for Health and Welfare Economics,
Directorate for Health and Social Affairs

Mr Jon Espelid
Higher Executive Officer, Directorate for Health and Social Affairs

² Not at second session

³ Fourth and fifth sessions

⁴ First session

⁵ Third session

⁶ Chairperson

Serbia

Professor Tomica Milosavljević⁷
Minister of Health

Alternate

Dr Snežana Simić⁸
Assistant Minister of Health

Slovakia

Ms Dana Farkašová
Vice-rector and Dean of Faculty, Nursing and Health Professional Studies, Slovak Health University

Switzerland

Dr Gaudenz Silberschmidt⁹
Vice Director, Head, Division of International Affairs

Alternate

Mr Jean-Daniel Biéler¹⁰
Deputy Head, Division of International Affairs

The former Yugoslav Republic of Macedonia

Mr Vladimir Lazarevik
Deputy Minister of Health

United Kingdom

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

Observers

Slovenia

Dr Božidar Voljč¹²

Estonia

Ms Kristel Sarapuu¹³
Adviser to the Minister of Social Affairs

⁷ First, second and fourth sessions

⁸ Third and fifth sessions

⁹ Not at second session

¹⁰ Second and fifth sessions

¹¹ Observer, participating in his capacity as Executive President of the Regional Committee

¹² As a member of the WHO Executive Board from the European Region

¹³ Invited to attend fourth session

Annex 2

Report of the SCRC working group reviewing the distribution of seats held by the WHO European Region on the Executive Board

The SCRC set up a small working group consisting of members or alternate members from Georgia, the Netherlands and Norway to look at country groupings and, especially, membership of the WHO Executive Board as a result of the European Region receiving an extra seat on the Executive Board in late 2005. The work of the working group followed and built on the work undertaken by an SCRC subgroup in 2002/2003 which had held extensive deliberations and reported to the WHO Regional Committee for Europe in its fifty-third session (RC53). The outcome and proposals of the subgroup formed Annex 2 of the Report of the Tenth Standing Committee of the Regional Committee to RC53 (the full document EUR/RC53/4 may be accessed at http://www.euro.who.int/Governance/RC/RC53/20030729_1). The recommendations were subsequently adopted by the Regional Committee by resolution EUR/RC53/R1.

At that time, the European Region held 7 seats out of a total of 32 on the Executive Board. As a result of Resolution WHA51.23, whereby the World Health Assembly adopted amendments to Articles 24 and 25 of the WHO Constitution, the number of seats on the Executive Board was increased by 2 to a total of 34, one extra seat each for the European and Western Pacific regions. The amendments to the WHO Constitution came into force with the ratification by two thirds of the Member States of WHO, i.e. 128 countries, in late 2005 and the European Region's number of seats on the Executive Board has increased to 8.

Annex 2 of the above subgroup's report set out the geographical grouping of countries to ensure an equitable geographical distribution of the European seats on the Executive Board, and these remain unchanged as follows:

I. Member countries of the European Union (EU) and the European Free Trade Association (EFTA) and southern European countries: 32 countries

EU: 26 (with the exception of Bulgaria and Romania – included in “South-east” countries)
EFTA + southern European countries: Iceland, Norway, Switzerland, Andorra, Monaco, San Marino

Divided into two subgroups:

“North”	Belgium, Czech Republic, Denmark, Estonia, Finland, Germany, Iceland, Ireland, Latvia, Lithuania, Luxembourg, Netherlands, Norway, Poland, Slovakia, Sweden, United Kingdom
“South”	Andorra, Austria, Croatia, Cyprus, France, Greece, Hungary, Italy, Malta, Monaco, Portugal, San Marino, Slovenia, Spain, Switzerland

II. Member countries of the Commonwealth of Independent States (CIS) + “South-east”: 21 countries

Divided into two subgroups:

CIS	Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan
“South-east”	Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, Romania, Serbia, The former Yugoslav Republic of Macedonia, Turkey

As a result of the additional seat, bringing the total to eight, and to formalize the process, the SCRC proposes the recommended distribution of the eight seats as follows:

Executive Board

Geographical group	Number of countries	As % of countries in the European Region	Seats on EB based on 7 seats	Revised recommendation based on 8 seats	Proposed distribution of seats
“North”*	17	32.08	3	2.56	2
“South”*	15	28.30	2	2.26	2
CIS*	12	22.64	2 or 1	1.81	2
“South-east”	9	16.98	0 or 1	1.36	1

* geographical group contains one of the three “semi-permanent” Member States (France, Russian Federation, and United Kingdom)

The eighth seat would remain unattached to any geographical group; its allocation would not be based on geographical criteria but primarily on candidates’ qualifications and experience.