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Report of the Thirteenth Standing Committee of the Regional Committee

This paper contains a consolidated report on the work done by the Thirteenth Standing Committee of the Regional Committee (SCRC) since the fifty-fifth session of the Regional Committee. It covers sessions of the SCRC held in September and November 2005 and in April and May 2006.

The report of the Thirteenth SCRC's fifth and final session in September 2006 will be submitted to the Regional Committee as an addendum to this paper.

The full report of each SCRC session is available on the Regional Office's web site (http://www.euro.who.int/Governance/SCRC/20051116_1).

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Introduction

1. The Thirteenth Standing Committee of the WHO Regional Committee for Europe (SCRC), chaired by Dr Jens Kristian Gøtrik, has met on four occasions since the closure of the fifty-fifth session of the Regional Committee (RC55):

- JW Marriott Bucharest Grand Hotel, Bucharest, 15 September 2005
- Hotel Hilton, Vienna, 21–22 November 2005
- WHO Regional Office for Europe (EURO) Copenhagen, 27–28 March 2006
- Palais des Nations, Geneva, 21 May 2006.

2. At its second session, the SCRC unanimously elected Dr Hubert Hrabcik and Dr David Harper as joint vice-chairmen.

3. The WHO Regional Director for Europe informed the SCRC at its third session that, with the authorization of the Director-General, he had appointed Dr Nata Menabde, Director, Division of Country Support, EURO as Deputy Regional Director. That appointment entailed no changes in the organizational chart of the WHO Regional Office for Europe.

Fifty-fifth session of the Regional Committee

Review of outcome

4. The Standing Committee felt that RC55 had been well managed, with good presentations from both the Secretariat and SCRC members. It welcomed the involvement of invited speakers and suggested that a permanent invitation should in future be extended to the European Commissioner for Health and Consumer Protection. The technical briefings held outside the formal meetings had been a success: they were a way of fostering lively debate on specific issues without the necessity of reaching agreement on a text of a draft resolution.

Follow-up

5. At its second session, the SCRC made a detailed review of the action taken by the Secretariat to follow up on resolutions adopted and items discussed at RC55. Areas reviewed included:

- the European strategy for child and adolescent health and development (resolution EUR/RC55/R6);
- strengthening national immunization systems (resolution EUR/RC55/R7);
- strengthening health systems (resolution EUR/RC55/R8);
- the framework for alcohol policy in the WHO European Region;
- the Health for All (HFA) policy framework;
- prevention of injuries in the WHO European Region;
- mental health;
- HIV/AIDS; and
- the European Environment and Health Committee.

The future of the WHO Regional Office for Europe

6. Acting on a suggestion made at RC54, the SCRC had set up a working group to develop a strategic vision of the role and position of the Regional Office in 2020. The Working Group consisted of four SCRC members, two WHO staff and six outside experts. It was planned to hold four meetings of the Working Group, to report back to the SCRC after each, and to submit a paper to RC56 that would set out the collective views of the Working Group, the SCRC and the Secretariat.

7. At its second session, the SCRC was informed that the aim of the Working Group's first meeting (held at the Regional Office on 26–27 September 2005) had been to outline expected major health trends in the European Region up to 2020 and put forward working hypotheses on the health status of the population. It had identified a number of negative structural trends, such as growing health inequalities, increasing numbers of health threats, lack of recognition of the benefits of integrated health systems, and reductions in public spending on health. Adverse trends in health status included increases in obesity, mental health problems and addiction to tobacco, alcohol and other substances.

8. Nonetheless, the Working Group had concluded that the health status of the population of WHO's European Region would improve on average, but with the danger of increased health inequities between and within countries. Health would increasingly become a core societal and political issue, and there would be increasing demand for evidence-based advice and medicine.

9. In order to increase health system efficiency, WHO would need to lead intersectoral action to address health determinants, place strong emphasis on cost–effectiveness, help develop national capacities for evidence-based policy-making and operationalize values such as equity and solidarity through measurable goals and objectives.

10. The Standing Committee believed that the Working Group had made a good start with identifying trends that could be influenced but noted the absence of any mention of injuries and accidents or climate change, and suggested that sustainability should be included as a core value. Given that public health would undoubtedly be high on the political agenda in countries, the Working Group should recognize the need to forge links between a short-term, political approach and the more evidence-based and long-term public health one; that aspect should be taken into account in its second meeting, on positioning the Regional Office in the context of 2020.

11. The SCRC also drew attention to the importance of the subject of the third meeting, partnerships and the international environment, and suggested that fundraising should also be considered on that occasion. Representatives of partner organizations could be invited to attend that meeting, and SCRC members were urged to attend all future meetings of the Working Group.

12. At its third session, the SCRC was briefed on the outcome of the second and third meetings of the Working Group, held on 9–10 January and 24–25 March 2006. The second meeting had focused on establishing the position of EURO in 2020. To that end, the Working Group had addressed three questions, which had been circulated in advance of the meeting:

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

13. The Working Group had identified the main functions of EURO as being to lead the public health response in crises, to support health systems development, to promote action on the determinants of health, to develop its role as normative or standard-setting authority in its areas of responsibility, and to

promote dialogue with citizens. Its added value came from its moral authority, its perceived impartiality, its position as a bridge between east and west, and its strength in advocacy. The major changes required in its role were to cooperate more closely with the many partners active in the health field and to continue to be the voice of public health in the face of increasing globalization. To those ends, greater use might need to be made of legal instruments such as the WHO Framework Convention on Tobacco Control, and the roles of different levels of WHO would need to be more clearly defined.

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

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

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

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

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

18. Also at its third session, the SCRC was presented with a proposed outline of the RC 56 paper on the subject. It would broadly coincide with the main areas covered at each of the Group's meetings. An introduction would set out the context in which the Working Group had been set up, the objectives assigned to it and the methodology it had adopted. The first substantive section would look at health status and expected major trends in the Region up to 2020, while the second would consider the mission, functions and added value of the Regional Office at that time. A third part would concentrate on partnerships and the international environment, while the concluding section would identify some major directions in which the Regional Office should move forward, with milestones, the envisaged situation at mid-term and the expected outcome in 2020. The SCRC endorsed the proposed outline of the RC 56 paper.

19. The Deputy Regional Director informed the SCRC at its fourth session that the Working Group had held its fourth and final meeting (Copenhagen, 4–5 May 2006). The Secretariat had prepared a draft of the paper for RC56 on that subject, and the SCRC proceeded to make a preliminary review of it. The Regional Director recalled the difficulty of developing a "vision" of EURO in 2020 at a time when the

Organization was still in the process of drawing up its Eleventh General Programme of Work 2006–2015 (GPW11) and its Medium-Term Strategic Plan 2008–2013 (MTSP). Although the situation analysis contained in all three documents was largely the same, the paper for RC56 was not a report of the Working Group; instead, it represented a synthesis of the views of the Working Group, the SCRC and the EURO Secretariat.

20. The SCRC considered the draft to be a well balanced paper that covered all the points made at the four meetings of the Working Group as well as discussions during SCRC sessions. It welcomed the proposed move towards a sharing of tasks with partner organizations, although it recalled that WHO was constitutionally an intergovernmental organization and that EURO had an obligation to serve all 52 Member States in the European Region. On the question of EURO's leadership, the SCRC highlighted the importance of distinguishing between political governance, exercised by WHO's regional and global governing bodies, and the executive management function carried out by the Secretariat. It pointed out, however, that political decisions were frequently taken on the basis of proposals submitted by the management, and that the clearer those proposals were, the clearer the decisions that would be taken. It was also felt that the paper might need to be even more selective in outlining what EURO would focus on until 2020.

Action by the Regional Committee **Review the paper on the future of the WHO Regional Office for Europe** (EUR/RC56/11)

Financial and administrative issues

Eleventh General Programme of Work, 2006–2015

21. At its first session, the SCRC was informed that a full draft of the Organization's Eleventh General Programme of Work, 2006–2015 (GPW11) would most likely be available before its next session. The SCRC believed it was important to ensure extensive, face-to-face consultation with Member States as part of the process of drawing up the General Programme. It accordingly recommended that the Secretariat should organize a meeting of European Member States of WHO in early or mid-December 2005, at which the full draft could be reviewed before it was submitted to the Executive Board session in January 2006.

22. At its second session, the SCRC welcomed the arrangements made to hold a regional consultation on GPW11 at the Regional Office in Copenhagen on 10 and 11 January 2006. In view of the complex nature of the draft document prepared for presentation to EB117, it recommended that the discussion should be focused by means of pre-set questions, panel discussions on the four main chapters, and guided chairmanship throughout the meeting. The SCRC emphasized the need for an open and frank debate. The rapporteur of the consultation would be asked to make a quick summary of its conclusions, which could then be transmitted to European members of the Executive Board.

23. At its third session, the SCRC was informed that the concise, consolidated report of that consultation had served as a basis for interventions by European members of the Executive Board's Programme, Budget and Administration Committee (PBAC) and the Board itself at their sessions in January 2006. Following discussion in those two bodies, the draft had been sent back to the WHO secretariat for rewriting and had then been reviewed again at an extraordinary session of the PBAC held on 27 February 2006. While a number of members of the PBAC and observers continued to have reservations about the rewritten draft, it had been decided to let the document go forward to the Fifty-ninth World Health Assembly (WHA59) in May 2006.

24. The SCRC confirmed that it had been very useful for European Member States to have a consolidated position to advocate at the Executive Board session. There still appeared to be some confusion about whether the document was intended to be a set of guiding principles for global public health or a general programme of work for the Organization, it did not take account of the extensive

debate currently under way about reform of the United Nations system, and it lacked a regional dimension.

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

26. At its session on the day before the opening of the Health Assembly, the SCRC was informed that the agenda item most likely to generate debate at WHA59 was GPW11. The SCRC thanked the Regional Director for conveying European Member States' criticism of previous drafts of GPW11 to the Organization's global executive management, and it was pleased to see that the criticism had to some extent been acted on. Nonetheless, it maintained the view that there was still a fundamental confusion between the current draft of GPW11, which primarily set out a "global health agenda", and the MTSP, which was designed to describe the work that the Organization would carry out in the medium term. Provided clear links were established between the two documents, however, it believed that the current draft of GPW11 could be endorsed. It looked forward to commenting on a draft of the MTSP at RC56.

Guiding principles for strategic resource allocation

27. In September 2005, WHO's regional committees had been asked to comment on the guiding principles for strategic resource allocation, as set out (at that time) in document RC/2005/1. Since the issue was on the agenda of the one hundred and seventeenth session of the Executive Board (EB117), a draft version of the Board's detailed working document (Annex to the guiding principles for strategic resource allocations: the Validation Mechanism) had been sent to members of the SCRC before its second session. For the first time, that document presented indicative relative ranges within which actual resource allocations should fall over a six-year strategic planning period.

28. As already proposed in the guiding principles, the validation mechanism was based on consideration of three components. The relative weights of those components had been arbitrarily assigned, on "political" grounds, and had been frozen for modelling purposes at the following values:

- the fixed component would account for 43% of total resources, with 28% earmarked for WHO headquarters (its sole source of funding) and 15% distributed equally among the six WHO regions;
- the engagement component (a fixed amount per Member State served) would represent 2% of total resources; and
- the needs-based component would account for 55% of total resources. In the interests of equity and support to countries in greatest need, it grouped countries into 10 quantiles (deciles), with 30% weighting of deciles and total exclusion of the top two bands. It incorporated two aspects: a needs-based index (either life expectancy at birth and per capita gross domestic product at purchasing power parity, or the United Nations Development Programme's Human Development Index, which included an education factor); and a population factor (with smoothing performed either using the square root method or the adjusted log population squared (ALPS) methodology).

29. Application of the above parameters resulted in four permutations for the needs-based component. The final step in the validation process was to calculate the average values of those four permutations, to include the first two components and to apply a relative range of +/- 5%. The European Region's share of the 2006–2007 Programme Budget (as approved by the World Health Assembly in May 2005) was 6.1%;

application of the validation mechanism resulted in an average figure of 7.9%, with a minimum of 7.5% and a maximum of 8.3%.

30. The Standing Committee welcomed the extremely clear presentation of the proposed mechanism and fully endorsed the modelling approach adopted. In particular, it hoped that the application of a relative range to the average resource indications generated by the four permutations would represent an acceptable compromise that would avoid lengthy methodological discussions in the Board.

31. The SCRC suggested that the presentation should also be given at other relevant forthcoming meetings. In addition, it agreed that the Chairman of the SCRC would write to European members of the Executive Board, with a copy to all other European Member States, drawing attention to the need for all parts of their national administrations to strongly support the proposal. European Member States' delegations attending EB117 would also be invited to the briefing meeting held on the day before the opening of the Board's session, at which the issue would be covered again. Lastly, special attention would be paid to informing the European members of the PBAC.

32. Following a forceful intervention by a member of the PBAC at its meeting in February 2006, the mathematical model used as a mechanism for validating strategic resource allocation had been modified by WHO headquarters. The following proposal was accordingly put to the regions in March 2006:

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

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

34. The SCRC believed that consensus had been reached on the guiding principles underlying strategic resource allocation, and that the mathematical model in its original version incorporated a sound statistical approach, stood the test of objectivity and gave, as designed, greater weight to the most needy countries. It was therefore in favour of retaining the mathematical model as originally conceived; if necessary for the sake of consensus, however, it was prepared to accept the first two modifications proposed. It urged the Secretariat to brief European members of the PBAC and the Executive Board extensively before their meetings in May 2006. [1]

Proposed programme budget 2008–2009 and Medium-Term Strategic Plan 2008–2013

35. At its third session, the SCRC was informed that WHO headquarters currently planned to issue the Organization's proposed programme budget (PPB) 2008–2009 together with the MTSP 2008–2013 as one document. That would reduce the workload involved in preparing proposed programme budgets in subsequent biennia and ensure greater consistency between them.

[1] Further consultation subsequently took place and at the PBAC meeting prior to EB118 a consensus was reached around a model including all the changes described in paragraph 32, which gives the following final figures for EURO:

baseline	6.5%
average	6.9%
range	6.2–7.5%

36. For each of 15 strategic objectives,[2] the draft of the unified document presented an analysis of the situation and a description of the strategic approaches to be followed by WHO and its Member States, together with a set of "Organization-wide expected results", i.e. what the Secretariat would be committed to achieving. Resource projections would be consolidated and incorporated in the version that would be submitted to regional committees in September 2006.

37. The SCRC welcomed the offer by the Secretariat to prepare conversion tables that would enable a comparison to be made between expenditure in the 35 areas of work in the 2004–2005 budget, the 36 areas in the 2006–2007 budget and the 16 strategic objectives in the PPB 2008–2009. In addition, it confirmed that it would be useful to have the same information presented under the nine categories that were being used for programme monitoring purposes at EURO and which would form the structure of the Regional Director's report on the work of WHO in the European Region in 2004–2005. The SCRC also recommended that the RC56 agenda item on the PPB 2008–2009 should be taken up immediately after that on the future of EURO.

38. At its fourth session, the SCRC reviewed the corresponding draft RC resolution (EUR/RC56/Conf.Doc./4). It appreciated that, depending on the outcome of discussions at WHA59, it might be necessary to split the resolution into two documents.

Action by the Regional Committee	**Review the papers on the PPB 2008–2009 and the MTSP 2008–2013** (EUR/RC56/10 and /10 Add.1) **and consider the draft resolution** (EUR/RC56/Conf.Doc./4)

Technical and policy subjects

39. At the SCRC's second session, members of the senior management team at the Regional Office gave outline presentations of the various items for possible inclusion in the agenda of RC56. The SCRC recognized that two subjects had to be taken up at the next RC session:

- the European strategy for noncommunicable disease control
- the Organization's proposed programme budget 2008–2009 (see above, paras. 35–38).

40. The Standing Committee selected two further issues for inclusion as main agenda items:

- health security (looking at epidemic, crisis and disaster preparedness and response in an integrated way); and
- the report on the future of EURO (associated with GPW11 and the MTSP) (see above, paras. 6–20).

41. Those four subjects could each be allotted a two-hour "slot" on the programme of the session. In addition, one two-hour "slot" should be devoted to follow-up to previous RC sessions, covering in particular:

- the report of the European Environment and Health Committee (a compulsory item)
- a report on implementation of the European Strategy for Tobacco Control
- tuberculosis and malaria
- occupational health.

[2] Later extended to include 16 strategic objectives

42. The SCRC also agreed that technical briefings would be held on:

- the pandemic influenza situation
- health systems (evidence for and approach to health financing policy)
- HIV/AIDS prevention
- preparations for the WHO European Ministerial Conference on Counteracting Obesity.

Towards a European strategy on noncommunicable diseases

43. The SCRC at its third session was informed that a drafting group with members drawn from eight Member States had been appointed in April 2005. Successive versions of the draft strategy had been discussed at meetings of national counterparts and representatives of Member States. The final meeting of the drafting group was to take place on 10 and 11 May 2006. The current version of the strategy set out the challenges faced, presented evidence for taking action, outlined a strategic approach and put forward a framework for comprehensive action.

44. At its fourth session, the SCRC was informed that the draft resolution on the European strategy on noncommunicable diseases (EUR/RC56/Conf.Doc./3) was still being finalized. It had been sent out to national counterparts for comments, and they had so far proposed two amendments: (a) to add a reference to resolution WHA55.25 on infant and young child nutrition in the first preambular paragraph; and (b) to add the phrase "within and between Member States" at the end of the last preambular paragraph.

45. In addition, the SCRC agreed to add the words "and the widening of health inequalities" at the end of the sixth preambular paragraph and to insert the phrase "through a multisectoral approach, where appropriate" at the end of the operative sub-paragraph 2(a). Furthermore, operative sub-paragraph 2(d) should be amended to read "to ensure universal access" and the last indented point in operative sub-paragraph 3(b) should be split in two. Lastly, in operative sub-paragraph 3(c) the Regional Director should be requested to report back to RC58 in 2008.

Action by the Regional Committee

Review the paper on the European strategy on noncommunicable diseases (EUR/RC56/8) **and consider the draft resolution** (EUR/RC56/Conf.Doc./3)

Health security

46. The SCRC was presented at its third session with an outline of a working paper for RC56 on "Enhancing health and security in the WHO European Region". The purpose of the paper was to delineate current and potential future threats to human health that had implications for security, to evaluate the lessons learned and to propose an approach that would help Member States strengthen their health systems and step up their preparedness to respond to health threats. After examining definitions of the overlapping concepts of crises, disasters and emergencies, and the related notions of health risks and threats, the paper would analyse the lessons learned from a number of recent health crises in the European Region. Response measures proposed would include:

- integration of evidence on early warning and early action mechanisms in comprehensive preparedness strategies for national health systems;
- promotion of a multi-hazard approach for preparedness and response to health crises;
- full implementation of the 2005 International Health Regulations;
- intersectoral collaboration on health security with a strong institutional anchor in ministries of health;
- development of unified health system infrastructure;

– provision of appropriate medical relief supplies; and
– information and communication activities.

47. A concluding section of the paper would focus on WHO's role (in particular, as exercised through its Global Outbreak Alert and Response Network – GOARN) and on further building up WHO's institutional readiness.

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

49. In view of the fact that the topic of health security was to be introduced at RC56, with subsequent consultation of Member States, the SCRC at its fourth session suggested that RC56 might wish to take a decision calling on the Regional Director to continue work along those lines in the year ahead.

Action by the Regional Committee — **Review the paper and the draft decision on health security** (EUR/RC56/9)

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

European Environment and Health Committee

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

Tobacco control

51. The Regional Committee at its fifty-second session had called for a progress report on implementation of the European strategy on tobacco control since 2002 and of the WHO Framework Convention on Tobacco Control (FCTC) in the European Region. The report to RC56 would accordingly analyse the status of tobacco consumption and of tobacco control policies in the Region, and look at the process and the roles of the different partners in giving full effect to the FCTC. The draft report would be reviewed at a meeting of national counterparts in Dublin in April 2006.

Tuberculosis and malaria

52. Since RC52 more Member States and a higher proportion of the total population were using or covered by the DOTS strategy for tuberculosis control. In response to the wider prevalence of co-infection with tuberculosis and HIV/AIDS, there was closer cooperation between the two programmes and several joint projects had been initiated. A European ministerial forum on tuberculosis control would be held in 2007.

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

Occupational health

54. The Regional Office had a strong network of WHO collaborating centres in occupational health and was hoping to identify further resources required for strengthening its work on the subject. Building on the global strategy on occupational health that was due to be presented to the World Health Assembly in 2007, it was intended to further develop regional work.

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

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

56. As requested, the SCRC was briefed at its fourth session on the implications of the request for a follow-up paper. The HFA policy framework did not put forward a common prescriptive strategy and/or a common set of targets and benchmarks; rather, it focused on the central role of values and emphasized an open-ended process that was to be continually enriched by a variety of national experiences and perspectives.

57. Three dimensions would need to be included in monitoring how countries were making use of the HFA policy framework: a values dimension (looking in particular at equity, solidarity and participation), a health system dimension (assessing the systemic factors that influenced the availability, accessibility, acceptability and quality of health services, and capturing intersectoral actions for health and the place of health in all other policies); and, lastly, an ethical governance dimension, including the stewardship function (understood in this context as the health system's ability to implement the core values of HFA).

58. There were already substantial data on specific indicators available from EURO's HFA database, as well as from the European Commission (Eurostat) and the Organisation for Economic Co-operation and Development (OECD). However, there were some major gaps vis-à-vis the monitoring requirements of the new HFA policy framework. First, there was no information currently available on the degree to which health was included in a country's other policies (transport, housing, environment, etc.). Second, there were real methodological problems with measuring the extent to which values were interpreted and put into practice, and with benchmarking and ensuring the comparability of any such data that were collected. Third, even for existing indicators, there were shortcomings in terms of data availability and validity. Finally, there were large country variations in the reliability of the data collected, and differences in the periodicity and continuity of data collection.

59. Three options for HFA monitoring were therefore presented:

- a comprehensive approach, which would allow for comparisons and benchmarking across countries in the WHO European Region. That would entail reaching consensus with other agencies and expanding data collection mechanisms in Member States (lead time 4–5 years, estimated cost US$ 6 million per biennium);
- selective regional monitoring, with a limited scope and building on existing indicators. Ethical governance could be explored through case studies (lead time 2–3 years, estimated cost US$ 4 million per biennium); and
- "country-owned" monitoring, where the degree of detail obtained would depend on the individual Member State and the range of indicators chosen, with EURO providing

methodological support and helping countries to exchange experience (lead time 1–2 years, estimated cost US$ 2 million per biennium).

60. The SCRC acknowledged that the Regional Committee had perhaps been unaware of the full implications of the request contained in the resolution adopted the previous year, although it recalled that the main intention behind that request had been to prevent Member States being asked for the same information by a number of different international bodies.

61. The SCRC agreed that it would not be possible for the Secretariat to present a ready-made solution to the problem at RC56; instead, it should make a verbal presentation highlighting the complexity of the issue and the fact that EURO was already working closely with OECD, the European Commission and other bodies on health data. Member States should then be asked to specify exactly what they wanted in terms of monitoring the implementation of the HFA policy framework. Further work would no doubt need to be done in the coming year on the methodological aspects, perhaps making use of a small number of proxy indicators in combination with the administration of a questionnaire and the compilation of case studies.

Action by the Regional Committee — **Review the paper on follow-up issues discussed at previous sessions of the Regional Committee** (EUR/RC56/12)

Technical briefings

Health financing

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

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

Action by the Regional Committee — **Review the background document on health financing** (EUR/RC56/BD/1)

HIV/AIDS prevention

64. In March 2006 the SCRC was informed that the AIDS epidemic was increasing, both in the newly independent states of the former Soviet Union (NIS) and in western Europe; the former group of countries was characterized by very high prevalence among intravenous drug users (notably, young people sharing needles), while in the latter area the epidemic was currently spreading through heterosexual transmission and migrations.

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

Action by the Regional Committee **Receive updated information at the technical briefing organized in connection with RC56**

Update on preparations for the WHO European Ministerial Conference on Obesity

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

Action by the Regional Committee **Receive updated information at the technical briefing organized in connection with RC56**

Update on influenza

67. At the request of the host country of the second session, the SCRC was briefed on recent progress made in Austria with regard to vaccine development and planning of preparedness for a possible influenza pandemic.

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

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

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

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

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

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

73. By the time of the SCRC's fourth session, a third WHO/European Union (EU) workshop on pandemic influenza preparedness had been held in Uppsala, Sweden (15–17 May 2006) and a meeting had taken place in Turkey on the same subject, bringing together representatives of all partner organizations and Black Sea Member States.

Action by the Regional Committee — **Receive updated information at the technical briefing organized in connection with RC56**

Other matters

Programme of the Austrian presidency of the European Union

74. At the SCRC's second session, Dr Clemens-Martin Auer, Deputy Minister of Health of Austria, set out his country's priorities in the field of health policy during its presidency of the EU in the first half of 2006. The two areas his country intended to concentrate on were diabetes and women's health. Professor Anita Rieder, Centre for Public Health, Institute for Social Medicine, Medical University of Vienna, gave the SCRC a detailed presentation of the first Austrian diabetes report (2004) and the second Austrian women's health report (2005). The objectives of the Austrian Presidency were to work out joint strategies for the primary prevention of type-2 diabetes, disease management aimed at the reduction of complications, and prevention of cardiovascular diseases in conjunction with diabetes, on the one hand, and to initiate a European women's health report, on the other.

75. The SCRC recognized that Austria had traditionally been very strong in health services development and suggested that diabetes care might be seen as an entry point for improving patient safety and tackling health inequalities, two themes of the United Kingdom's current EU presidency.

Regional suggestions for elective posts at the Fifty-ninth World Health Assembly in May 2006

76. At its second session, the SCRC endorsed the Regional Director's proposals for the posts of Vice-President of the Health Assembly and of Vice-Chairman of Committee A, as well as for membership of the Committee on Credentials. With regard to the General Committee and the Committee on Nominations, the SCRC noted the United Kingdom's preference to remain involved with the former but accepted with gratitude its readiness to see a similar practice applied to those committees as had been agreed by the Regional Committee in the case of membership of the Executive Board (see resolution EUR/RC53/R1). It looked forward to reviewing, at its next session, proposals for membership of those two committees drawn up on that basis.

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

Membership of WHO bodies and committees

78. Bearing in mind the provisions of Regional Committee resolution EUR/RC53/R1, and notably the desirability of ensuring geographical balance between the various parts of the European Region, the SCRC held preliminary discussions at its third session on the candidatures presented for membership of

the Executive Board, the SCRC and the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases.

79. At its fourth session, the SCRC was reminded of the various objective criteria that the Regional Committee had endorsed for use when choosing members of the Executive Board and the Standing Committee, and of the value of considering all nominations and elections (including those of officers of the Regional Committee) as one single package.

Action by the Regional Committee — **Review the paper on membership of WHO bodies and committees** (EUR/RC56/7) **and nominate or elect members**

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

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

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

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

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

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

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

Annex 1

Membership of the Thirteenth SCRC 2005–2006

Members, alternates and advisers

Austria
Dr Hubert Hrabcik
Director General of Public Health
Federal Ministry of Health and Women

Adviser
Dr Verena Gregorich-Schega
Director, International Health Relations
Federal Ministry of Health and Women

Belgium
Dr Godfried Thiers[3]
Director, Public Health Research Institute

Denmark
Dr Jens Kristian Gøtrik[4]
Director-General and Chief Medical Officer
National Board of Health

Adviser
Ms Marianne Kristensen
Senior Adviser, National Board of Health

Estonia
Mrs Triin Habicht[5]
Head, Health Policy Unit, Public Health Department
Ministry of Social Affairs

Dr Marge Reinap[6]
Chief Specialist in Public Health
Ministry of Social Affairs

Dr Ülla-Karin Nurm[7]
Head, Public Health Department
Ministry of Social Affairs

[3] Member *ex officio*, participating in his capacity as Executive President of the Regional Committee
[4] Chairperson
[5] First and third sessions
[6] Second session
[7] Fourth session

Hungary
Dr Gábor Kapócs[8]
Deputy Secretary of State
Ministry of Health

Dr Mihàly Kökény[9]
Government Commissioner for Public Health Coordination

Adviser
Ms Katalin Novák
Head, Department of International Cooperation and Coordination of European Integration
Ministry of Health

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

Netherlands
Mrs Annemiek van Bolhuis
Director, International Affairs Division
Ministry of Health, Welfare and Sport

Mr Lejo van der Heiden[10]
Coordinator, Global Public Health
International Affairs Department
Ministry of Health, Welfare and Sport

Serbia and Montenegro
Professor Tomica Milosavljevic[11]
Minister of Health of the Republic of Serbia

Dr Snezana Simic[12]
Assistant Minister of Health of the Republic of Serbia

United Kingdom
Dr David Harper
Director, Health Protection, International Health and Scientific Development
Department of Health

Adviser
Mr Anthony Kingham
Global Health Team, International Division
Department of Health

[8] First session
[9] Second, third and fourth sessions
[10] Alternate member, third session
[11] First, second and third sessions
[12] Fourth session

Uzbekistan
Professor Feruz Nazirov
Minister of Health

Dr Abdunumon Siddikov[13]
Head, Foreign Economic Relations
Ministry of Health

Observer

Luxembourg
Dr Danielle Hansen-Koenig[14]
Director of Health
Health Directorate

[13] Alternate member, second, third and fourth sessions
[14] As a member of the WHO Executive Board from the European Region