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Report of the Tenth Standing Committee of the Regional Committee

This document contains a report on the work done by the Standing Committee of the Regional Committee since the fifty-second session of the Regional Committee. It covers sessions held in September and December 2002 and in April and May 2003. The report of the SCRC's subgroup on evaluation of current arrangements for membership of the Executive Board is contained in an annex to the document.

The report of the SCRC's September 2003 session will be submitted to the Regional Committee as an addendum to this document.

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Introduction

1. The Tenth Standing Committee of the Regional Committee (SCRC), chaired by Dr Jarkko Eskola, held its first session at the WHO Regional Office for Europe in Copenhagen on Thursday 19 September 2002, immediately after the closure of the fifty-second session of the WHO Regional Committee for Europe (RC52). Dr Božidar Voljč was unanimously elected Vice-Chairman of the Tenth SCRC at its second session, held at the Slovenian National Blood Transfusion Centre in Ljubljana on 26 and 27 November 2002. The third session was held at the WHO Regional Office for Europe in Copenhagen from 9 to 11 April 2003, and the fourth at the Palais des Nations in Geneva on 18 May 2003.

Follow-up to the fifty-second session of the Regional Committee

2. At its brief first session, the SCRC made a preliminary assessment of the outcome of RC52, noting that the outspoken discussions held there would provide valuable guidance for the Regional Director and the Standing Committee.

3. The SCRC's second session began with a more detailed review of the action taken to follow up resolutions adopted by the Regional Committee. With reference to resolution EUR/RC52/R6 on the annual report of the European Environment and Health Committee, the SCRC called on ministers of health to play a prominent role in the Fourth Ministerial Conference on Environment and Health (Budapest, June 2004), drawing attention to the impact of environmental factors on health and health services. It also welcomed the closer cooperation between WHO and the United Nations Economic Commission for Europe within the framework of the pan-European programme on transport, health and environment ("THE PEP"). With regard to resolution EUR/RC52/R7, the SCRC agreed that it might not be possible to hold a major conference on poverty and health until 2007, in view of the schedule of conferences to be organized by the Regional Office in the years ahead. It emphasized, however, that poverty should not be viewed in isolation and was indeed a dimension of a large number of health issues (including mental health and nutrition, the subjects of two other forthcoming conferences).

Technical subjects

Mental health

4. The SCRC at its second session agreed with the suggestion that the theme of the mental health conference to be held in 2005 might be "Policies on mental health in Europe". It welcomed the approach of holding preparatory meetings in different parts of the Region and called for a pre-conference event to be held in a country of central or eastern Europe, focusing on the specific features of mental health in countries in economic transition.

5. Following selection of the topic as an item on the agenda of RC53 (see paragraph 57), an outline of the working document was presented at the SCRC's third session. Preparations for the conference were already under way: a venue and date had been agreed, a steering committee had been formed, consisting of representatives of interested Member States and co-organizing intergovernmental and nongovernmental organizations, and pre-conference events had been held in February (on human rights and mental health, in cooperation with the European Commission) and in March (on stigma and mental health, in conjunction with Greece's presidency of the European Council). It was hoped to organize further events on suicide prevention, societal stress, and the mental health of children and young people, and to involve more countries in providing case studies of good practice and reforms.

6. The SCRC pointed out that the paper for RC53 and the conference itself should cover both the societal and the individual aspects of mental health: the former related to prevention of mental illness and promotion of mental health, while the latter encompassed treatment and rehabilitation. It also emphasized

the vital importance of ensuring the mental health of children and adolescents, and it looked forward to a pre-conference event being organized on that subject.

7. Other topics that should not be overlooked included the need to improve the training of general practitioners and other primary care personnel, and to conduct operational or health service research into ways of involving such staff more fully in tackling mental health problems. Consideration should also be given to the role of the press and media in presenting mental health issues. Case studies of countries' experience would be an appropriate way of taking up those questions.

8. Against a background of very diverse situations in different countries, the aims of the conference should be to help Member States develop all aspects of their own policies on mental health and to pave the way for the adoption of a European action plan in that area.

Action by the Regional Committee

Review the paper on mental health (EUR/RC53/7)
Consider the corresponding draft resolution (EUR/RC53/Conf.Doc./2)

Children's and adolescents' health in Europe

9. The topic was chosen by the SCRC at its second session as an item for inclusion in the agenda of RC53 in view of the alarming deterioration in the health status of certain groups of children and adolescents.

10. At its third session, the SCRC was presented with an outline of the working paper for the Regional Committee. That document would begin by reassessing the situation and describing the many initiatives taken or planned. It would then follow the structure of the global document setting out WHO's strategic directions in that area (WHO/FCH/CAH/02.21 Rev.1), which singled out seven areas for priority action. A discussion would accordingly be launched at RC53 and taken forward at the Fourth Ministerial Conference on Environment and Health, culminating in the presentation of an action plan to the Regional Committee in 2005.

11. The SCRC welcomed the overall structure and thrust of the document, but it noted that some aspects appeared to have been overlooked: noncommunicable diseases, sexually transmitted infections, the role of the mass media and, more generally, the social determinants of health such as illiteracy, poverty and homelessness. It recommended that the paper should also draw attention to the inherent multisectoral nature of child health and present evidence from assessments of the health impact of policy interventions. Lastly, it should be action-oriented; in that connection, the SCRC expressed concern about an action plan not being presented until 2005, and it looked forward to specific proposals being worked out in the interim.

Action by the Regional Committee

Review the paper on children's and adolescents' health in Europe (EUR/RC53/11)
Consider the corresponding draft resolution (EUR/RC53/Conf.Doc./6)

Update of the regional Health for All (HFA) policy framework

12. At the SCRC's third session, the Regional Director recalled that the HFA movement had been launched with the adoption of resolution WHA30.43 by the World Health Assembly in 1977 and of the Declaration of Alma-Ata by the International Conference on Primary Health Care the following year. The European Region of WHO had adopted a regional strategy and targets in 1984 (resolution EUR/RC34/R5) and indicators in 1985. An update of the global policy had been endorsed by the World Health Assembly in May 1998. The Regional Committee in September that year had approved the

regional HFA policy framework for the twenty-first century (HEALTH21) and agreed that the next update of the policy should be submitted to it in 2005.

13. From the discussions he had held, the Regional Director had learned that Member States wished the updated policy to continue to have strong statements of the values enshrined in HFA and HEALTH21. Target-setting, on the other hand, was regarded as a process that should be carried out at country level. He was therefore suggesting that the updated policy should focus on the ethics of health systems, as requested by the SCRC subgroup on bioethics, exploring the rights and duties of the various parties involved, including the system itself.

14. Since the updated policy had to be submitted to the Regional Committee in 2005, it was envisaged to make an introductory presentation at RC53, followed by consultations with Member States on a first draft of an updated policy during 2004. The document to be prepared for RC53 might accordingly give the background, rationale and history of the HFA movement, contain a preliminary assessment of the implementation of HEALTH21 and the lessons learned, and set out the plan of the updated policy itself and the methodology to be used for elaborating it.

15. The SCRC wholeheartedly endorsed the values underpinning HFA and HEALTH21, drawing attention in particular to the need for the core ones of equity and solidarity to be reaffirmed in the light of changing political and economic circumstances. However, it acknowledged that the task of translating values into guidelines and practical tools would be a complicated one, given the different cultures and developments experienced in different parts of the Region.

16. On the other hand, the SCRC voiced concern about the idea of attempting to review or evaluate the implementation of HEALTH21 in the relatively short time frame since it had been adopted. Furthermore, a number of countries had only recently drawn up their own policies based on its premises, and some members felt it would therefore be inadvisable to introduce a new regional policy framework at present.

17. In response, the Regional Director repeated that the Regional Committee, when endorsing HEALTH21, had agreed that an update (and not a new policy) would be submitted to it in 2005. The question then was whether the update should merely consist of an addition or annex to the existing policy framework (filling in the gaps identified in an evaluation exercise), or whether it should reinvigorate and give more prominence to the basic values advocated by WHO, by raising the broad question of the ethics of health systems.

18. In conclusion, the SCRC agreed that in principle it would not be satisfied with an annex to HEALTH21. A separate document was needed, highlighting such basic values as solidarity, gender equity and access to health care, and approaches such as intersectorality, primary health care and public health. However, in view of the three initiatives currently under way on the three components related to implementation of HEALTH21, as well as the work on targeting due to be done by a "think-tank" of researchers and decision-makers, the SCRC requested the Regional Director to report back, at its next session, on the preliminary results in those four areas. It would then be in a position to give more informed advice about the content of the updated policy.

19. As requested, the Regional Director reported back at the SCRC's fourth session on the work being done in relation to the four sections or "pillars" of the updated policy. The Standing Committee agreed that the lessons learned from implementation of HEALTH21 would form an important basis for the updated policy. One member drew attention to the potential difficulty of asking Member States to report on their experience, when little had been done to stimulate countries to implement the policy framework in the first place.

20. In addition, some members of the Standing Committee were unclear about the meaning of "ethical governance". The Regional Director noted that the concept of "ethical governance for health" had been put forward by the think-tank on the grounds that endorsement of certain values should result in an ethical approach to how a system was managed or choices were made ("governance"). One member of the SCRC

understood the term as describing how, in ethical terms, a health system saw itself, organized itself, behaved and related to other governmental agencies.

21. On the basis of the additional information it had received, the Standing Committee approved the process and methodology proposed for preparing the updated policy framework. It suggested, however, that the terminology used in that context (e.g. "pillar" or "section") should be consistent, and that consultation with Member States should take place at an early stage, before RC54.

Action by the Regional Committee

Review the paper on methodology for updating the regional HFA policy framework (EUR/RC53/8)
Consider the corresponding draft resolution (EUR/RC53/Conf.Doc./3)

The Regional Office for Europe's Country Strategy

22. At its third session, the SCRC was informed that a progress report on implementation of the Regional Office's Country Strategy since 2000 would be submitted to RC53. It was proposed that the report would begin by recalling the background and key principles of the Country Strategy: servicing all countries in their diversity; strengthening international partnerships for health; being part of WHO's global Country Strategy; and incorporating the Regional Office's experience in ongoing work. It would go on to review the progress made, illustrated by specific examples for each of those four principles. A description would then be given of the Office reorganization, undertaken to strengthen WHO's country presence and improve its system for management of country work, and the paper would conclude with an outline of future prospects and needs.

23. The SCRC was impressed by the radical shift in approach that had been set in motion with the adoption of the Regional Office's new strategy for country work. Its members from countries with liaison offices testified to the fact that WHO's operational support had thereby been enhanced, and they were particularly appreciative of the way in which biennial cooperation agreements were worked out and agreed on the basis of each country's needs and WHO's possibilities. The increased cost of WHO's country presence was judged to be money well spent.

24. The Futures Forum was regarded as a very important initiative, *inter alia* for disseminating evidence on mechanisms for handling technological developments in the health field, and considerable interest was expressed in broadening its scope to include participants from outside western Europe. The current members of the Forum and the Regional Director were requested to consider that issue, which would be further discussed at a subsequent session of the SCRC.

25. It was suggested that the paper for RC53 might benefit from more detailed consideration of examples of bilateral partnership between countries facilitated through WHO in different parts of the Region. Apart from that, the SCRC endorsed the proposed outline of the document and the process for presenting it to the Regional Committee.

Action by the Regional Committee

Review the paper on the Regional Office's Country Strategy (EUR/RC53/10)
Consider the corresponding draft resolution (EUR/RC53/Conf.Doc./5)

Strategic orientations for the Regional Office for Europe's work with geographically dispersed organizational entities, including country offices

26. The Chairman noted at the first session that RC52 had referred back to the SCRC the review of "geographically dispersed offices" or outposted centres in the European Region (EUR/RC52/Inf.Doc./4).

27. At its third session, the SCRC was informed that the objectives of presenting a paper on the subject at RC53 were to describe the current state of various forms of the Regional Office's physical presence outside Copenhagen, to assess their strengths and weaknesses and the expectations of them, and to identify some options or strategic orientations for the following five years.

28. Two general questions would therefore need to be addressed: how much physical presence already existed and what would be justified in the future; and what balance should be struck between designing a standardized "global" model and building in the necessary flexibility to respond to changing opportunities and demands? In addition, there were a number of more specific questions to be answered, relating to WHO's centres, on the one hand, and its country offices, on the other.

29. The methodology for preparing the paper would accordingly consist of a review of major policy and strategy documents from WHO headquarters, the Regional Office and other selected organizations; a review of financial, administrative, technical and monitoring/evaluation information; a survey of staff and external stakeholders (including members of the SCRC), focusing on selected examples of country work; and two "brainstorming" meetings, with WHO staff and with selected users or potential users of WHO's work.

30. The paper would begin with a brief description of the existing presence in Member States and of the situation in other regions and organizations. It would then present an analysis of the perceptions and proposals of the Regional Office's stakeholders regarding those issues, and it would conclude with a set of strategic orientations and a list of questions for debate at RC53.

31. With regard to WHO's centres in various countries, the SCRC expressed concern that they had grown up organically, with little discussion of a deliberate structure and few provisions for formal annual reporting. Initially, they had concentrated on technical matters, but they had since expanded into the field of policy guidance, an area where the SCRC believed the Regional Office should play the main role. In addition, it was unclear whether they improved the Office's visibility in the Region as a whole, and there was a risk of imbalance since countries of central and eastern Europe might not be able to contribute to their running costs in the same way as western European ones were doing.

32. SCRC members from countries in which WHO had a country office perceived that arrangement as being beneficial, in that it strengthened the country's capacity to handle its health problems and served as a channel for the exchange of information with other countries and WHO. Other members noted, however, that liaison offices were not needed in every country. The SCRC recognized that there was a fundamental difference between a WHO centre and a country office, but it considered that both could equally well serve as a locus for WHO's presence.

33. Lastly, the SCRC noted that the Organization's collaborating centres were not sufficiently well integrated into arrangements for supporting country work, and it accordingly recommended that their role should be redefined and their details included on web sites maintained by country offices.

34. The SCRC endorsed the outline and methodology for preparing the paper for RC53 and looked forward to receiving a progress report at its fourth session.

35. As requested, the Standing Committee was briefed at its fourth session on the progress made towards defining strategic orientations for the Regional Office's work with WHO centres and country offices. Two different categories of questions had been identified: the first related to the use of existing resources, while the second raised policy issues about the added value of a dispersed, as opposed to a centralized, presence. The former could be answered relatively easily, using existing guidance and the lessons from case studies to improve management practices and ways of working. The latter, on the other hand, was proving extremely difficult to answer.

36. The preliminary findings from a policy review, a benchmarking exercise and a survey of staff and representatives of Member States were that there was no comprehensive WHO policy covering all aspects

of its country presence, nor did other international organizations have an explicit policy in that area. WHO's existing country presence (especially in the form of its country offices) was described as positive and improving, albeit not always optimal. There was no consensus among survey respondents about the right balance and level of WHO's presence in countries, especially in terms of its centres, although the latter's technical input to the Regional Office's work was widely acknowledged.

37. For those reasons, it was proposed that the draft resolution to be submitted to RC53 would advocate an interim approach of continuing with the current strategy, while supporting the launch of pilot trials of new arrangements for the Organization's physical presence.

38. The Standing Committee emphasized that there was a qualitative difference between a WHO country office, which aimed to serve a specific country, and a WHO centre that was engaged in programme activities for the Region as a whole. While recognizing that the geographical imbalance in the location of such centres had been caused mainly by the availability of funding, it drew attention to the need for transparency and looked forward to a discussion of the issue at the Regional Committee.

39. The Standing Committee endorsed the methodology and process being used to tackle the question in the period leading up to RC53 and looked forward to reviewing specific recommendations once lessons had been learnt from experiments with new arrangements.

Action by the Regional Committee

Review the paper on strategic orientations for the Regional Office's work with geographically dispersed organizational entities, including country offices (EUR/RC53/9)
Consider the corresponding draft resolution (EUR/RC53/Conf.Doc./4)

Global Fund to Fight AIDS, Tuberculosis and Malaria

40. The SCRC noted at its second session that four countries in the European Region of WHO were to receive considerable sums in the first round of disbursements from the Global Fund, and it agreed that implementation of the measures proposed might cause significant capacity problems for the Member States and for WHO in assisting them.

41. More generally, the SCRC expressed concern that the rules of the Global Fund were not clear about whether medium-income countries could apply for support, and it accordingly asked the Secretariat to provide Member States with a digest of information about the Global Fund.

Severe acute respiratory syndrome

42. At the SCRC's request, it was briefed at its third session on the latest developments with regard to SARS. WHO had issued a global alert on 12 March 2003 and a travel advisory on 4 April; as of 8 April there had been 2601 cases and 98 deaths throughout the world. Definitions of suspect and probable cases had been worked out, and affected areas were being identified. Probable cases had been reported by eight countries in the European Region.

43. It had been established that SARS could be transmitted from person to person by droplet infection, but large point source outbreaks also indicated other, unknown routes of transmission. The incubation period was 2–12 days, almost all cases developed pneumonia, the majority of cases were hospital workers and household contacts, and the case fatality rate was approximately 4%. A global surveillance network had been set up and the situation was being constantly monitored, with the latest information made available on a special web site (http://www.who.int/csr/sars/en/).

44. Members of the SCRC were appreciative of the opportunity to exchange experiences and obtain guidance on such matters as national travel advisories, the possibility of transmission during the incubation period, and the use of quarantine measures. They acknowledged that, while WHO could provide evidence-based advice, the necessary political decisions had to be taken by national governments themselves.

Managerial questions

External evaluation of the Regional Office for Europe's health care reform programmes

45. The Chairman noted at the first session that RC52 had referred back to the SCRC the report on the external evaluation of the Regional Office's work on health care reform (EUR/RC52/Inf.Doc./1 and /BD/2). Following a wide-ranging discussion on the report, including the Regional Director's comments on it, and the debate at RC52, the SCRC agreed that its current and former chairmen and the Regional Director should meet with the evaluators before the SCRC considered the matter again.

46. At the SCRC's second session, the Regional Director reported that he had duly met with its current and former chairmen, and they had reviewed a draft of the Secretariat's comments on the evaluators' report. The SCRC asked the Secretariat to finalize its comments and called on the Regional Director and the current and former chairmen to meet the external evaluators, as requested.

47. At a meeting on the day before the start of the third session, the Regional Director and the Chairman met one of the external evaluators, who was representing all the other evaluators who were not able to be present. They had an extensive discussion of the report and of the methods used in the evaluation. This discussion dispelled any misunderstandings that might have arisen.

48. The paper submitted to the SCRC at its third session contained the Secretariat's comments on the recommendations made by the external evaluators. The Secretariat's conclusion was that most of the recommendations related to changes and activities that were already being implemented at the Regional Office, with the approval of the Member States through their acceptance of the underlying policies and budget requirements in the Regional Committee.

49. The SCRC noted that the essential finding underlying the evaluators' report was universal respect for WHO. The full report reflected the wide diversity of activities carried out with professionalism and dedication. The SCRC recognized that most of the recommendations were already being implemented and noted with satisfaction the external evaluation group's very useful work and recommendations.

50. As requested by RC52, the SCRC would report to RC53 on this issue, as part of its own report.

The Organization's programme budget 2004–2005

51. At its second session, the SCRC noted that three of the four concerns expressed by RC52 had been or were being met: efforts had been made to ensure a more "transparent" presentation of both regular budget and extrabudgetary funds, and the Director-General was proposing an overall 4% increase in the budget, of which 2% was accounted for by inflation and 1.8% due to an expected salary increase for professional staff. Of the US $5 million in unallocated funds, US $1.5 million would go to East Timor and the remaining US $3.5 million would be distributed among the four regions that had had their budgets cut as a result of the implementation of resolution WHA51.31.

52. The SCRC reiterated the fact that European Member States continued to back full implementation of resolution WHA51.31. It strongly endorsed the approach of having European members of the Executive Board fully briefed on the situation by the Chairman and the Regional Director before the 111th session of the Board in January 2003, and it noted that amendments to the proposed budget could be made even during the Fifty-sixth World Health Assembly in May 2003. Looking forward to the

planned review of the effects of resolution WHA51.31 by the Health Assembly in 2004, the SCRC suggested that information on this issue might accordingly need to be submitted for consideration by RC53 in September 2003.

53. At its third session, the SCRC was informed that the Director-General had since decided to present a proposed programme budget to the World Health Assembly that would include a nominal increase of 3% in the regular budget allocation to substantive operations. That was attributable to a 1% increase in the salary charge and a 2% increase for inflation. In addition, part of the costs of the Office of the Special Representative of the Director-General in Moscow would be met from global resources. Other positive changes included agreement on the need for transparent distribution of extrabudgetary resources in 2004–2005, and on a revised presentation of the global distribution of the budget to include the share allocated to WHO headquarters.

54. The SCRC emphasized that a 3% increase in the budget was not an increase in real terms, but merely maintenance of the current level in the face of inflation and cost increases. It insisted on the need for a thorough evaluation of the implementation of resolution WHA51.31 before any decision was taken to discontinue its operation. A short paper would need to be discussed at RC53, before the subject was taken up at the World Health Assembly in 2004. Lastly, it voiced concern at the decision not to channel any unallocated funds towards the European Region and called for a clear policy to be established on how to distribute voluntary donations, which currently accounted for some two-thirds of the Organization's budget. The SCRC noted that distribution of extrabudgetary funds was also an important area for exercise of an oversight function by the Organization's governing bodies.

National counterparts and focal points

55. At its second session, the SCRC endorsed the terms of reference of the network of national counterparts for the European Strategy for Tobacco Control. More generally, it asked the Secretariat to prepare, for its subsequent session, a matrix showing the national and technical counterparts and focal points designated for each programme in each country of the Region.

56. The SCRC was subsequently presented with a document (EUR/RC52/SC(3)/7) and a CD-ROM containing information about the Regional Office's networks of counterparts and focal points.

Procedural matters

Regional Committee for Europe

57. At its second session, the SCRC agreed that each technical item on the agenda of RC53 should include a component on working in partnership with other organizations. That would free up sufficient time for the Regional Committee to consider five subjects under the heading "Policy and technical items". It decided that those five subjects should be:

- mental health;
- the health of children and adolescents;
- the Regional Office's Country Strategy;
- the strategic orientations of the Regional Office's work with geographically dispersed organizational entities, including WHO Liaison Offices; and
- new approaches to Health for All (HFA) in the European Region.

58. The SCRC also agreed that the evaluation of arrangements for membership of the Executive Board and the follow-up to external evaluation of the Regional Office's health care reform programmes should be taken up as part of the consideration of its own report (i.e. under provisional agenda item 5). Progress

reports on the situation with regard to HIV/AIDS and malaria could be included in the Regional Director's address. Lastly, it agreed that there would be no technical discussions at RC53; instead, a technical visit or presentation would be arranged in conjunction with the Austrian host authorities.

59. At its third session, the SCRC approved the provisional agenda for RC53, noting that it was up to the Secretariat to reach agreement with the host country on the format and topic of the special briefing session.

Executive Board

One hundred and eleventh session of the Executive Board

60. At its second session, the SCRC was informed that, as was customary, the Regional Director and the Chairman or the Vice-Chairman of the SCRC would meet European members of the Executive Board on the eve of its January session. The nomination for the post of Director-General of WHO would be of particular interest to Member States in the European Region. Nine candidatures had been received, including one from a European country. The SCRC wished to emphasize the importance of selecting a candidate with a strong background in public health.

61. At the SCRC's third session Professor Vilius Grabauskas, a European member of the Executive Board, reported on the Board's 111th session. In political terms, the most important issue had been the nomination of the new Director-General, and complicated technical and administrative questions (such as the Organization's proposed programme budget for 2004–2005) had been dealt with rapidly and smoothly.

Evaluation of current arrangements for membership of the Executive Board

62. The Chairman noted at the first session that RC52 had referred back to the SCRC the evaluation concerning membership of the Executive Board, using the terms of reference as previously endorsed (EUR/RC52/3 Add.1, Annex 1).

63. The SCRC at its second session agreed to its Chairman's suggestion that the subgroup set up to propose terms of reference for the evaluation should be reconstituted and asked to continue working on the evaluation itself. It looked forward to considering the subgroup's report at its third session.

64. At its third session, the SCRC was informed that the subgroup had in the meantime held three meetings: in Copenhagen on 9 January 2003, to agree on the main outline of its working methods; in Geneva on 21 February, to review the various aspects related to membership of the Executive Board (also attended by representatives of France, the Netherlands and the United Kingdom and by the WHO Legal Counsel, with other parties invited but unable to attend); and in Copenhagen on 8 April, to finalize its report and recommendations (see Annex 2).

65. The SCRC warmly congratulated the members of the subgroup on their very thorough work. It fully endorsed the whole set of recommendations, which it wished to be presented to the Regional Committee as a package. To promote their acceptance and to advocate ratification of the amendments to Articles 24 and 25 of the WHO Constitution, discussions with representatives of Member States should be held during the World Health Assembly. In view of the considerable amount of time the SCRC had spent on the issue in the previous six years, there would be no further benefit in having the matter referred back to it again if the proposals were unacceptable to the Regional Committee.

66. The subgroup proposed that the experience gained in implementing the above recommendations should be evaluated at the end of the first six-year cycle, and the findings reported to RC60 in 2010.

67. At its fourth session, the SCRC specifically requested that a new draft resolution should be prepared, to record the Regional Committee's endorsement of the arrangements it was proposing concerning membership of the Executive Board.

Action by the Regional Committee

Review the report of the SCRC subgroup (document EUR/RC53/4, Annex 2)
Consider the draft resolution on membership of the Executive Board (EUR/RC53/Conf.Doc./9)

World Health Assembly

68. The SCRC at its second session asked its subgroup on Executive Board membership to also review and make proposals concerning the practice whereby elective posts on some committees of the Health Assembly were traditionally reserved for countries that had "semi-permanent" membership of the Executive Board.

69. At the third session of the SCRC, the subgroup reported that it was of the view that the practice of semi-permanency should not apply to elective posts at the World Health Assembly (i.e. on the General Committee and the Committee on Nominations). The SCRC noted that, in future, the question of elective posts at the World Health Assembly would be considered in the light of that recommendation, if it were accepted by RC53.

Action by the Regional Committee

Review the relevant section of the report of the SCRC subgroup (document EUR/RC53/4, Annex 2, paragraph 20)

Membership of WHO bodies and committees

70. At its first session, the SCRC stated that it wished to continue with the current practice concerning election of members of WHO bodies and committees as provided for in Rules 14.2.2 (b) and (c) of the Rules of Procedure of the Regional Committee.

71. At its third session, the SCRC was presented with a document (EUR/RC53/5) setting out the nominations for membership of various WHO bodies and committees. Further discussions were held at its fourth session and during the World Health Assembly, and its recommendations would be elaborated at its session on the eve of RC53.

Reassignment of Cyprus to the European Region of WHO

72. At its second session, the SCRC was informed that, pursuant to resolution WHA49.6, the views of RC52 had been transmitted to the Director-General. However, it was concerned to learn that Cyprus's reassignment (if approved by the World Health Assembly) would most likely not be accompanied by a corresponding transfer of funds from the budget of the Eastern Mediterranean Region to that of the European Region. The Regional Director was accordingly urged to have further discussions with staff at WHO headquarters and to include the question in his report on the financial aspects of the reassignment, which would be submitted to European Member States prior to the Fifty-sixth World Health Assembly.

73. The SCRC at its third session advised the Regional Director that he should not request additional funds for the European Region with regard to Cyprus's potential reassignment to the European Region; the additional administrative burden could be absorbed within the current budget provision.

Other matters

Address by a representative of the European Region's Staff Association

74. As was customary, the President of the Staff Association briefed the SCRC at its third session on matters of concern to the staff. While the Association had traditionally played a consultative role vis-à-vis

the Administration, the recently introduced human resources reform package made it appropriate for the relationship between the two parties to be based in future on a much more equal footing. All the WHO staff associations had therefore agreed on a joint paper to be presented at the next meeting of the Global Staff Management Council, which outlined proposals for a way of working based more on partnership.

75. WHO's contractual reform, implemented in July 2002, was designed among other things to put an end to the unacceptable practice of long-term short-term employment of staff (60% of the staff at the Regional Office were on short-term contracts). During the three-year transitional period, good progress was being made in transferring staff to term-limited contracts.

76. The new performance management and development system (PMDS) had completed its first year of operation. While the Staff Association welcomed the introduction of the new system, believing that it should provide a fairer method of assessing the staff's performance, it was clear that much still needed to be done to improve its implementation.

77. A staff survey carried out the previous year had identified a number of areas of concern, including the quality of management, the challenges of working in a culturally diverse environment, and the existence of unnecessary bureaucratic burdens. The Administration was addressing some of the more critical issues, while the appointment of a Staff Development and Training Officer and the adoption of an SDT policy and programme testified to a more coherent approach to the important question of training.

78. In conclusion, the Staff Association believed that dialogue and transparent discussions were much the preferred way of working, and it intended to continue in that direction in the year ahead.

79. The SCRC welcomed the evidence of good relations between the staff and the Administration, and of progress being made in tackling the problem of excessive numbers of short-term staff. In view of the proposed increase in the programme budget for 2004–2005, it looked forward to a slight alleviation of the budgetary constraints on staffing. With regard to the introduction of PMDS, it agreed that performance evaluation and appraisal were necessary activities, but it felt that continuing professional development was even more important for the long-term health of the Organization. Lastly, it emphasized the vital necessity of continuing to ensure the security, health and safety of the staff.

Annex 1

Membership of the Tenth SCRC 2002–2003

Members

Armenia

Professor Ara Babloyan
Chairman, "Arabkir" Medical Centre

Belgium

Dr Godfried Thiers
Director, Louis Pasteur Public Health Research Institute

Croatia

Professor Marija Strnad
Deputy Director, National Institute of Public Health

Finland

Dr Jarkko Eskola[1]
Director-General, Department of Family and Social Welfare
Ministry of Social Affairs and Health

Greece

Professor Jenny Kourea-Kremastinou
Dean, National School of Public Health

Latvia

Dr Viktors Jaksons
Former Minister of Welfare

Luxembourg

Dr Danielle Hansen-Koenig
Director-General of Health
Health Directorate

Slovenia

Dr Božidar Voljč[2]
Director, National Blood Transfusion Centre

[1] Chairman of the Tenth SCRC
[2] Vice-Chairman of the Tenth SCRC

Tajikistan

Dr Alamhon Akhmedov[3]
Minister of Health

Professor Nusratullo Faizullaev[4]
Minister of Health

Observers

Dr James Kiely[5]
Chief Medical Officer
Department of Health and Children
Ireland

Professor Vilius Grabauskas[6]
Chancellor
Kaunas University of Medicine
Lithuania

[3] First and second sessions
[4] Fourth session
[5] As Executive President of the fifty-second session of the Regional Committee
[6] As a member of the Executive Board from the European Region

Annex 2

Report of the SCRC Subgroup on the evaluation of current arrangement for membership of the Executive Board

Terms of reference

1. The Regional Committee, at its fifty-second session in Copenhagen (16–19 September 2002), endorsed the compromise solution reached at the ad hoc session of the SCRC in June 2002 (document EUR/RC52/3, Annex 3) on the understanding that it had no formal status and merely represented a further transitional measure towards equitable representation, as provided for in the Constitution of WHO. To that end, it was agreed that the Regional Committee, supported by the SCRC, should continue to work on objective criteria, including geographical distribution, and explore further the concept of grouping (Appendix 1). Furthermore, the Regional Committee agreed to entrust to the SCRC the task of taking forward an evaluation of the current arrangements, using the terms of reference (Appendix 2) as endorsed by the SCRC, namely to:

- develop working methods and measurable criteria for making an effective evaluation of the present informal and voluntary arrangements for the European Region's selection of its members on the Executive Board (EB);
- collect and analyse information on and experience of EB membership practices in the European Region since the early 1990s;
- compare the selection practices in the European Region with those followed in other WHO regions;
- prepare and submit to RC53 a final report with summary conclusions.

2. At its second session in Ljubljana (26–27 November 2002), the SCRC agreed that the subgroup composed of Dr Jarkko Eskola, Dr Serguei Furgal and Dr Danielle Hansen-Koenig, which had been set up to propose terms of reference for the evaluation, should be reconstituted and asked to continue working on the evaluation itself. The subgroup was asked to present its report to the third session of the SCRC in April 2003.

3. The SCRC also asked its subgroup to review and make proposals concerning the practice whereby elective posts on some committees of the Health Assembly were traditionally reserved for countries that had "semi-permanent"[7] membership of the Executive Board.

Working methods

4. The SCRC subgroup held three meetings:

- a first meeting in Copenhagen on 9 January 2003, to agree on the main outline of its working methods;

[7] The practice whereby those European Member States that are permanent members of the United Nations Security Council (France, the Russian Federation and the United Kingdom) are elected by the World Health Assembly to be entitled to designate a person to serve on the Board for a three-year term and then, with a gap of one year, for another three-year period. The Member States subject to this arrangement have come to be known informally as "semi-permanent" members of the Board. This arrangement was in place in WHO's European Region until 1999, when an interim arrangement was agreed upon by the Regional Committee for Europe at its forty-ninth session, bringing the periodicity of semi-permanent membership to three out of five years.

- a second meeting in Geneva on 21 February 2003, to review the various aspects related to membership of the Executive Board; for further consultations, the subgroup invited interested parties to attend this meeting: representatives of France, the United Kingdom and the Netherlands attended, as well as the WHO Legal Counsel. Other parties could not attend due to other commitments. At this second meeting, the subgroup presented to the participants a draft document for discussion; it also asked the participants to submit to the subgroup any comments they might have on this draft document, before the third session of the SCRC (Copenhagen, 9–11 April 2003);
- a third meeting in Copenhagen on 8 April 2003, to finalize its report, including recommendations, for submission to the SCRC at its third session.

5. The subgroup reviewed documents previously discussed by the SCRC on the subject of membership of the Board, in particular documents EUR/RC47/SC(2)/12, EUR/RC47/SC(3)/13 and EUR/RC49/2 Add.1, as well as practices in other WHO regions and United Nations agencies.

"Semi-permanent" membership of the Executive Board

6. The discussion about criteria for membership of the Executive Board began with a discussion of the question of "semi-permanency", because the geopolitical situation of the Region has changed since 1948 and the number of countries in the European Region of WHO has increased to 51.

7. It is worth noting that no explicit reference to semi-permanency is found in any WHO Basic Document or Rules of Procedure.

8. In line with the principle of equity for all Member States, as embodied in the Constitution of WHO, all countries in the Region should have an equal right to a seat on the Executive Board.

Evaluation of membership of the Executive Board

9. The European Region currently holds seven out of a total of 32 seats on the Executive Board. Through Resolution WHA51.23, the World Health Assembly adopted amendments to Articles 24 and 25 of the WHO Constitution, which *inter alia* would give the European Region an eighth seat on the Board. However, to come into force, these amendments need to be ratified by two thirds of the Member States of WHO, i.e. 128 countries. As of February 2003, a total of 95 members have ratified these amendments, of which 25 are from the European Region. Appendix 3 gives an overview of the status of ratification by WHO's European Member States as of 1 May 2003.

10. The SCRC subgroup also reviewed the situation since 1993 of candidatures submitted by Member States, of nominations and elections made by the Regional Committee, and of withdrawals of candidatures for the sake of building consensus. Although the SCRC has noted with appreciation the interest shown by a certain number of Member States in regularly submitting candidates for membership of the Board and subsequently withdrawing their candidatures, this itself cannot, however, be regarded as a criterion for membership.

11. Appendix 4 contains an analysis of possible ways to increase the chances of non-"semi-permanent" countries being elected to membership of the Board. On the basis of this analysis, the following two steps could be considered:

1) to increase the number of seats for European Member States;
2) for the three "semi-permanent" members, to extend the break between the three-year term of office from one year to three years (i.e. to establish a "cycle" of membership of three years out of six).

12. Although efforts were also made to review the work of members of the Board (regular attendance, active participation and measurable contribution), this proved to be a difficult, if not impossible, task.

Criteria for membership of the Executive Board

Criteria regarding the Member State

13. The following criteria are proposed for the selection of the Member State:

(a) The Member State entitled to designate a person to serve on the Board should appoint a person technically qualified in the field of health, as spelled out in Article 24 of the WHO Constitution;

(b) Previous representation on the Board (Appendix 5 provides an analysis of the representation of European Member States):

- Country never represented on the Board (although a member of WHO before 1991)
- Country represented on the Board more than 20 years ago (see Appendix 5, Table 3).

(c) No country should be a member of the Board and the SCRC at the same time;

(d) Having already been a member of the SCRC is an asset;

(e) Having ratified amendments to Articles 24 and 25 of the WHO Constitution should be taken into consideration.

Criteria regarding the candidate

14. Article 24 of the WHO Constitution states that *"The Health Assembly, taking into account an equitable geographical distribution, shall elect the members entitled to designate a person to serve on the Board, provided that, of such Members, not less than three shall be elected from each of the regional Organizations established pursuant to Article 44. Each of these Members should appoint to the Board a person technically qualified in the field of health…"*. The persons appointed are formally the representatives of Member States.

15. The following guidelines are proposed to Member States for the selection of candidates:

(a) current position in the health administration in his/her country (or the position held in the near past) close to the political decision-making level;

(b) experience of working with international organizations, WHO or other United Nations organizations;

(c) ability to collaborate, coordinate and communicate within the country and between the countries;

(d) experience of coordinating high-level political and/or technical programmes, nationally (interregional, interministerial) or internationally (bilateral or intercountry);

(e) availability and commitment;

(f) gender (female candidates encouraged).

Geographical distribution

16. Article 24 of the WHO Constitution stipulates that the Health Assembly shall take into account an equitable geographical distribution. The need for equitable geographical distribution is reiterated in Rule 14.2.1 of the Rules of Procedure of the Regional Committee, namely that *"the Regional Committee shall, when electing the membership of the Standing Committee, take into account the need for equitable geographical distribution, adequate representation of the interests of the Region, the opportunity for all Member States of the Region to participate over time in the work of the Standing Committee…"*. Adequate geographical representation is essential but difficult to achieve by grouping countries in fixed groups.

17. In previous years the SCRC attempted on several occasions to make proposals on possible groupings but could not arrive at any firm recommendation on this question.

18. Criteria for geographical distribution seem to be essential and could be met by grouping countries according to the following scheme:

Geographical group	Number of countries	Percentage of countries in the Region	Number of seats on the Board	
			Until May 2002/ Since May 2003	Estimated number of seats
"North"*	17	32.69	4/3	3
"South"*	15	28.85	2/2	2
CIS*	12	23.08	1/2	2 or 1
"South-East"	8	15.38	0/0	0 or 1

* Geographical group including one of the three "semi-permanent" Member States

I. <u>Member countries of the European Union (EU) and the European Free Trade Association (EFTA) and southern European countries</u>: 32 countries (5 seats)

EU: 26
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. <u>CIS + "South-East"</u>: 20 countries (2 seats)

Divided into two subgroups:

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

19. The SCRC subgroup felt that reaching agreement by consensus within each group would be the most appropriate approach to selection of countries that would put forward candidatures for membership of the Board; however, alphabetical rotation on a voluntary basis within each group could also be considered.

Permanent membership of "semi-permanent" members of the Board on the World Health Assembly's General Committee and Committee on Nominations

20. It has been the longstanding practice that "semi-permanent" members of the Board have regularly been nominated for elective posts at the World Health Assembly (on the General Committee and the Committee on Nominations). The SCRC subgroup considers that the practice of "semi-permanency" should not apply to nominations for membership of these committees of the Health Assembly.

Summary recommendations

21. Considering that the guiding principle should be equity for all countries to participate over time in the work of the Board, the SCRC subgroup recommends the following for implementation as from 2004:

(a) Five objective criteria for the Member State, as listed in paragraph 13 above;

(b) Guidelines for the candidate, as listed in paragraph 14 and 15 above;

(c) Geographical groupings, as proposed in paragraphs 16 to 19 above;

(d) Ratification of the amendments of Articles 24 and 25 of the WHO Constitution;

(e) Periodicity of membership for the three "semi-permanent" members to be brought to three out of six years (three-year membership and three-year break), beginning with the United Kingdom in 2007 and continuing with the Russian Federation in 2008 and France in 2009;

(f) Evaluation of experience gained in implementing the above recommendations to be reported by the SCRC to the Regional Committee at its sixtieth session in 2010.

Appendix 1

Extract from the report of the fifty-second session of the Regional Committee for Europe

Recommendations on criteria for membership of the Executive Board

The Chairman of the SCRC recalled that, following informal consultations with European Member States or their Permanent Missions during the 109th session of the Executive Board, an ad hoc session of the SCRC devoted to the subject of the European Region's representation on the Board had been held in Geneva on 13 and 14 June 2002, which all Member States in the Region had been invited to attend. The SCRC, meeting in private immediately afterwards, had endorsed the observations and recommendations made on that occasion.

There were three aspects to the subject of criteria for membership of the Executive Board: the criteria themselves, the question of geographical grouping of countries, and the informal voluntary arrangement concerning those countries that were permanent members of the United Nations Security Council.

Since it was the prerogative of countries to select their representatives on the Board, the SCRC agreed that the suggested criteria, as set out in Annex 3 to document EUR/RC52/3, should be used as guidelines rather than applied in a prescriptive manner, although they had not been formally adopted by the Regional Committee. Subregional groupings were theoretically attractive but difficult to implement in practice, and the SCRC accordingly proposed that the issue should be kept on the table for further consultation.

With regard to "semi-permanent" membership of the Board, the SCRC recommended that the interim arrangement agreed by the Regional Committee at its forty-ninth session should be continued until its expiry in 2006, and that the Regional Committee should consider in 2003 moving by agreement to an extended periodicity of three out of six years for the countries concerned (i.e. the United Kingdom from 2007, the Russian Federation from 2008 and France from 2009). The SCRC also recommended that, before the fifty-third session in 2003, an evaluation should be made of the current arrangements, and it had endorsed the terms of reference for such an evaluation at its meeting on 15 September 2002.

The Regional Committee endorsed the compromise solution reached at the ad hoc session of the SCRC in June, on the understanding that it had no formal status and merely represented a further transitional measure towards equitable representation, as provided for in the Constitution of WHO. To that end, it was agreed that the Regional Committee, supported by the SCRC, should continue to work on objective criteria, including geographical distribution, and explore further the concept of grouping. Furthermore, the Regional Committee agreed to entrust to the SCRC the task of taking forward an evaluation of the current arrangements, using the terms of reference as endorsed by the SCRC, and reporting back to the Regional Committee at its fifty-third session.

Appendix 2

Terms of reference of the evaluation on membership of the Executive Board

Principles and practices applied for selection of Executive Board Members in the WHO Regional Committee for Europe since the early 1990s

1. For more than ten years, mainly due to a substantial increase in the number of Member States in the Region, issues related to membership of the WHO Executive Board (EB) have been discussed at length in the European Region. As part of the response to the increasing number of Member States, the Regional Committee decided to establish a Standing Committee of the Regional Committee (SCRC) in 1993.

2. More recently, the Regional Committee at its forty-seventh session in 1997 (RC47) asked the SCRC to look into the principles of distribution of European seats on the EB, also including the "gentlemen's agreement" on semi-permanent membership of the EB, and to report its recommendations to RC48 in 1998.

3. During the discussions at RC48, there was general agreement on the need to change the EB selection criteria so as to ensure that the Region and its policies were strongly represented in the EB discussions but, because of the complexity of the subject, the SCRC was requested to continue its work and to report back to RC49 in 1999.

4. An ad hoc meeting of the SCRC was held on 15 and 16 July 1999 to discuss the issue of semi-permanent membership of the EB. The report of that ad hoc session was duly presented to RC49, which adopted the SCRC's recommendations to apply an interim arrangement for the three current semi-permanent members of the EB and to introduce a new system in 2003, whereby agreement on candidates would be guided by objective criteria relative to geographical distribution and other elements, in line with the principles of solidarity and transparency underlying the HEALTH21 policy framework.

5. Subsequently, the SCRC set up a subgroup in 2000 to review the criteria for membership of the EB. The SCRC presented the work of its subgroup to RC51 in 2001 but noted that it was as yet unable to make any firm recommendation on the questions of semi-permanent membership and geographical grouping. RC51 agreed that further consultations should take place with WHO's European Member States on criteria for membership of the EB, and more specifically on the issues of geographical grouping and semi-permanent membership, and requested the SCRC to continue its work and to report back to RC52 in 2002.

6. In early 2002, all European Member States were informally consulted to seek their views on the nomination/election of European Members of the EB, in order to promote consensus-building.

7. These consultations took the form of an open ad hoc session of the SCRC, to which all European Member States were invited, in Geneva on 13 and 14 June 2002. In line with the agreement reached by consensus at that session, the SCRC decided to reconstitute its subgroup on membership of the EB, with the sole task of clarifying the terms of reference for the evaluation. The terms of reference should be presented by the SCRC to RC52 in September 2002, and the results of the evaluation to RC53 in 2003.

8. The subgroup accordingly met on 5 September 2002 and agreed on the following terms of reference, which are submitted to the SCRC for endorsement:

   – to develop working methods and measurable criteria for making an effective evaluation of the present informal and voluntary arrangements for the European Region's selection of its members on the EB;

- to collect and analyse information on and experience of EB membership practices in the European Region since the early 1990s;
- to compare the selection practices in the European Region with those followed in other WHO regions;
- to prepare and submit to RC53 a final report with summary conclusions.

Appendix 3

Amendments to Articles 24 and 25 of the WHO Constitution
Status of ratification by WHO's European Member States as of 1 May 2003

Country	**Acceptance**
Albania	
Andorra	31 March 1999
Armenia	
Austria	
Azerbaijan	
Belarus	
Belgium	8 March 1999
Bosnia and Herzegovina	
Bulgaria	
Croatia	29 June 2000
Czech Republic	12 November 2002
Denmark	20 January 1999
Estonia	
Finland	14 July 1998
France	5 October 2000
Georgia	
Germany	9 January 2003
Greece	7 December 1998
Hungary	
Iceland	29 May 2002
Ireland	26 June 2002
Israel	
Italy	
Kazakhstan	
Kyrgyzstan	
Latvia	
Lithuania	
Luxembourg	28 August 2000
Malta	29 March 2000
Monaco	
Netherlands	8 June 1999
Norway	25 October 1999
Poland	
Portugal	
Republic of Moldova	
Romania	22 June 1999
Russian Federation	
San Marino	5 November 1998
Serbia and Montenegro	
Slovakia	
Slovenia	21 October 1998
Spain	26 September 2001
Sweden	16 September 1998
Switzerland	13 November 1998
Tajikistan	21 July 1998
The former Yugoslav Republic of Macedonia	9 March 1999
Turkey	22 August 2002
Turkmenistan	
Ukraine	
United Kingdom of Great Britain and Northern Ireland	15 June 2001
Uzbekistan	

Appendix 4

Analysis of possibilities for membership of the Executive Board, Part I

The main ways to increase the chances of European Member States being elected to membership of the Executive Board are:

1) to increase the number of available seats

2) to extend the break between terms of office for the three "semi-permanent" countries

3) to discontinue the practice of "semi-permanency".

Aim of the analysis

To estimate how much various options for the practice of "semi-permanency" can modify the chances of other European Member States being elected as members of the Board.

Background information and assumptions

- There are seven seats on the Board available for European Member States.
- One term of office on the Board is three years (therefore the unit of measurement is the "seat-term", rather than the "seat-year").
- A country can occupy only one seat on the Board at a time and there are no unoccupied seats at any time.
- Selection of new members of the Board is "staggered" over time, i.e. the term of office starts in different years for different seats (there are two, two and three vacant seats to be filled during three consecutive years).
- The nomination/election of new Board members is done partly on a rotational principle (countries that were recently members of the Board are not normally selected again soon) and partly on an arbitrary basis, taking into account geographical distribution and availability of suitable candidates. However, in both cases the basic assumption is that each Member State should have an equal chance of being selected. This means that the probability can be calculated simply by assigning to each Member State an equal portion of the available seat-terms.
- The three "semi-permanent" countries (France, the Russian Federation and the United Kingdom) occupy a seat on the Board for three out of four years, i.e. one term of office with a break of one year.

Calculation of the average chance of having a seat on the Board

This can be calculated as a simple ratio of the available seats and the number of Member States "competing" for these seats.

The available seats are reduced by the seats occupied by the three "semi-permanent" Member States. However, as they occupy them for only three quarters of the time, the average number of seats occupied by the "semi-permanent" countries is 2.25 seats. Therefore, the number of available seats is 7 – 2.25 = 4.75.

The number of "competing" countries equals the number of all Member States minus the three "semi-permanent" countries, i.e. currently 51 – 3 = 48.

So, currently the average chance of a European Member State being a member of the Board at any point in time is 4.75/48 = 0.099. In other words, each country should be a member of the Board once in about 10 terms, i.e. once every 30 years.

Parameters:

MS	Number of European Member States
S	Number of seats on the Board available for European Member States
SPMS	Number of "semi-permanent" Member States
O	Option of semi-permanency, entered as the term + break instead of ratio, e.g. 4 instead of 3/4
Ch	Average chance of having a seat on the Board at any time (can be calculated as a simple ratio of the available seats and the number of countries "competing" for these seats)
T	Number of terms needed for a full rotation cycle of all Member States
Y	Number of years needed for a full rotation cycle

Formulas for calculation of Ch, T, Y:

Ch = (S-(SPMS∗(3/O)) / (MS-SPMS)
T = 1/Ch
Y = T∗3

Calculation of chances of having a seat on the Board for various values of parameters

Scheme	MS	S	SPMS	O	Ch	T	Y
1	**31**	**7**	**3**	**4**	**0.169643**	**5.894732**	**17.68**
2	51	7	3	4	0.098958	10.10526	30.31
3	51	7	3	5	0.108333	9.230769	27.69
4	51	7	3	6	0.114583	8.727273	26.18
5	52	7	3	4	0.096939	10.31579	30.94
6	52	7	3	5	0.106122	9.423077	28.26
7	52	7	3	6	0.112245	8.909091	26.72
8	**52**	**8**	**3**	**4**	**0.117347**	**8.521739**	**25.56**
9	52	8	3	5	0.126531	7.903226	23.70
10	**52**	**8**	**3**	**6**	**0.132653**	**7.538462**	**22.61**
11	51	7	0	1	0.137255	7.285714	21.85
12	**52**	**8**	**0**	**1**	**0.153846**	**6.500007**	**19.50**

Before the 1991–1992 increase in the number of the European Member States, the average chance of being elected as a member of the Board was higher, i.e. once in 17.68 years (Scheme 1).

Even complete discontinuation of the practice of "semi-permanency" (Scheme 12) would not bring the chance of election back to the situation before 1991–1992.

With the assumption of Alternative 1 (*eight seats on the Board available for European Member States*), the average chance of being a member of the Board would increase to once in 25.56 years (Scheme 8).

With the addition of Alternative 2 (*three years of membership of the Board out of six years for the "semi-permanent" Member States*), there would be a much higher chance of membership – once in 22.61 years (Scheme 10).

Therefore, two main steps seem to be essential and necessary to increase the average chances of European Member States being elected as members of the Board:

1) to bring into effect the increase in the number of seats for European Member States;

2) for the three "semi-permanent countries", to extend the break between three-year terms of office from one to three years (scheme "*three-year term of office out of six years*").

Appendix 5

Analysis of possibilities for membership of the Executive Board Part II

Three countries have never been members of the Executive Board (although they were members of WHO before 1991).

Table 1

Number of terms of office on the Board since 1948*								
No. of terms	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**≥7**
Country	Albania Monaco San Marino	Luxembourg Malta	Hungary Ireland Israel Romania	Austria Bulgaria Denmark Finland Greece Iceland Portugal Switzerland	Belgium Netherlands Norway Serbia and Montenegro Spain Sweden Turkey	Poland	Germany Italy	France (14) Russian Federation (13) United Kingdom (14)
No. of countries	**3**	**2**	**4**	**8**	**7**	**1**	**2**	**3**

* Membership of the former USSR continued by the Russian Federation; membership of the former Yugoslavia continued by Serbia and Montenegro.

According to statistical calculations (see Appendix 4), the average chance of a European Member State (except the three "semi-permanent" countries) being a member of the Executive Board at any point in time is currently about once in 10 three-year terms, i.e. once in 30 years, which means the implementation of this practice should be analysed over the period since 1973.

Table 2

Number of terms of office on the Board since 1973								
No. of terms	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**≥7**
Country	Albania Luxembourg Monaco San Marino	Austria Ireland Israel Malta Romania	Belgium Bulgaria Denmark Finland Greece Hungary Iceland Netherlands Norway Portugal Serbia and Montenegro Sweden Switzerland Turkey	Italy Poland Spain	Germany			France (8) Russian Federation (8) United Kingdom (8)
No. of countries	**4**	**5**	**14**	**3**	**1**	**0**	**0**	**3**

Before the 1991 increase in the number of the European Member States, the time needed for a full rotation cycle was approximately 18 years.

It seems reasonable to accept this period of time “since 1985” as an objective criterion for analysing countries’ representation on the EB.

Table 3

Number of terms of office on the Board since 1985						
No. of terms	**0**	**1**	**2**	**3**	**4**	**5**
Country	Albania Luxembourg Monaco San Marino	Austria Bulgaria Denmark Finland Greece Hungary Ireland Israel Malta Netherlands Norway Portugal Romania Serbia and Montenegro Switzerland Turkey	Belgium Germany Iceland Italy Poland Spain Sweden			France Russian Federation United Kingdom
No. of countries	**4**	**16**	**7**	**0**	**0**	**3**