EUROPE

Eleventh Standing Committee of the Regional Committee for Europe
Third session

Copenhagen, 31 March – 2 April 2004

EUR/RC53/SC(3)/REP
26 April 2004
41050
ORIGINAL: ENGLISH

Report of the third session

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Introduction

1. The Eleventh Standing Committee of the Regional Committee (SCRC) held its third session at the WHO Regional Office for Europe (EURO) in Copenhagen, Denmark, from 31 March to 2 April 2004.

2. In his introductory remarks, the Regional Director highlighted certain aspects of the Regional Office's work since the second session of the SCRC. Cohesion within the Organization had been strengthened and expanded through a mission by the Regional Office's Executive Management team to the headquarters of the Pan American Health Organization (PAHO), and by visits to EURO from nearly all the assistant directors-general from WHO headquarters. Close links were also being maintained with external partners such as the European Union (EU), and valuable new opportunities to develop complementary cooperation were now opening up. In the context of operational planning for the biennium 2004–2005, a "supplementary budget" that would detail the Regional Office's needs for voluntary donations was being drawn up and would be shared with the SCRC. Work to renew the regional health for all (HFA) policy framework was progressing well. The Framework Convention on Tobacco Control (FCTC) had been ratified by nine countries, including two Member States in the European Region: Malta and Norway.

3. The SCRC adopted the provisional agenda and programme for its third session with one minor change in timing.

4. The SCRC adopted without amendment the report of its second session, held in Yerevan on 24 and 25 November 2003.

Review of the provisional agenda for the fifty-fourth session of the WHO Regional Committee for Europe

5. The Regional Director outlined the draft provisional agenda and programme for the fifty-fourth session of the WHO Regional Committee for Europe (RC54) drawn up by the Secretariat on the basis of the SCRC's comments at its second session.

6. The SCRC welcomed the new agenda item on follow-up to issues discussed at previous RC sessions and suggested that it should be extended to two hours. No sub-headings should be listed, but the presentation should concentrate on the HFA update and the development of partnerships, while also providing summary information on the action taken with regard to the resolutions on tuberculosis, the Regional Office's country strategy, mental health and the European Health Report.

7. The SCRC agreed that the Executive President of RC53 would present its comments on the European strategy on geographically dispersed offices (GDOs), while the members from Austria, Denmark and Latvia would give its views on the strategy on noncommunicable diseases (NCDs), the proposed programme budget for 2006–2007 and the follow-up to the Fourth Ministerial Conference on Environment and Health, respectively.

Matters arising out of the 113th session of the Executive Board

8. The Director, Division of Administration and Finance submitted for the SCRC's approval the proposed format for presenting Executive Board resolutions of particular interest to the European Region of WHO. He noted that the Director-General was proposing to correct the slower pace of resource transfer to the European Region though his plan to ensure that 75% of WHO's resources would ultimately be devoted to countries and regions. The question was when that would happen; the first quarter of 2004 was already over. The SCRC accepted the proposed format.

9. The alternate representative of a member of the Executive Board briefly described the salient issues discussed by the Executive Board. The Regional Director informed the SCRC that the Regional Office was giving high priority to two: diet and physical activity, and health systems' quality and ability to respond to health threats. The aim was to support global initiatives while also addressing the Region's specific needs.

10. The Executive President of RC53 asked whether any progress had been made in resolving the situation of Member States that had lost their voting rights in the World Health Assembly owing to being in arrears of their assessed contributions: about 25 in total, with 8 in the European Region. The situation of each of the 25 was different, although most were burdened with debts arising from political changes, and the epidemiological situation was more severe in those in the European Region.

11. The SCRC agreed on the importance of finding a solution as quickly as possible, before that acute problem became chronic, especially since many of those countries were paying their current assessments. The SCRC expressed its willingness to take action on the issue and unanimously requested the Secretariat to present several possible approaches for consideration at its next session.

Partnerships for health

12. The Regional Adviser, External Cooperation and Partnerships described the proposed format for presenting to RC54 the Regional Office's main partnerships in the field of health. That would include interventions by one or two key partners in two different technical areas (noncommunicable diseases and environment and health) and under the item on the Regional Director's report, placed after Member States' responses and before those of nongovernmental organizations (NGOs). In addition, a short paper would spell out the Regional Office's policy on partnerships, giving successful examples (particularly in the areas of NCDs and the environment and health) and discussing relations with NGOs in the light of new global guidelines.

13. The SCRC recognized the importance of the issue and suggested that, since not all partners could be included in a discussion, those selected to participate should not be described as "key". The Executive President of RC53 suggested that relating the interventions as closely as possible to the topic being discussed would increase their interest and usefulness. The SCRC endorsed the proposed format.

Impact of implementation of the Regional Office's Country Strategy (outline of document for RC54), including presentation of a case study on the Biennial Collaborative Agreement process

14. The Director, Division of Country Support noted that the key methodological challenge in preparing the document for RC54 had been how to define the word "impact". The conventional definition entailed assessing the long-term results of interventions, and the *World Health Report 2000* had concentrated on three overall goals: good health, responsiveness to the expectations of the population, and fairness of financial contribution. Adopting a similar approach in the present case would entail making at least two cross-sectional measurements of progress towards each goal (i.e. before and after EURO's interventions), a task that would pose severe operational difficulties. On the other hand, it might be possible to study whether access to services had increased as a direct result of the Regional Office's Country Strategy, but there, too, measurement problems would be faced.

15. The approach adopted had therefore been to take process improvements as a proxy measurement, determining the effect of WHO activities on such parameters as the identification of needs, the decision-making process and the knowledge base in Member States. The baseline was the evaluation of the Regional Office's EUROHEALTH programme carried out in 2000. Quantitative data had been used where available, supplemented by narrative descriptions and qualitative information from the "closure

reports" on biennial collaborative agreements (BCAs) and other sources. Each country report therefore listed the priority areas for collaboration in the biennia 2002–2003 and 2004–2005, the main results achieved during 2002–2003, the main products delivered and lines of activity developed by EURO in the country, and other relevant aspects of EURO's country presence. One initial conclusion from the exercise was that WHO had not yet set up systems to assess how it performed in countries and whether Member States felt they were now better served by WHO.

16. The SCRC wholeheartedly welcomed the draft document. For the first time, a detailed picture was given of the diversity of WHO's work in the European Region, albeit focusing on activities carried out by the Regional Office. The introductory section on methodology should be retained in the version that was submitted to RC54, since it informed the technical debate that still surrounded the findings of the *World Health Report 2000*. It was suggested that future BCAs should include specific goals and indicators, to facilitate subsequent evaluations.

17. The structure and length of the country-specific reports were endorsed. More information should be provided about WHO's role as a normative technical agency. A note should be added to each report specifying whether a WHO country office existed in the Member State in question. While Member States should be consulted about the content of their respective country-specific reports, the SCRC emphasized that WHO should retain the final responsibility for authorship, as was the practice in other international organizations.

18. With regard to the conclusions from the exercise, the SCRC acknowledged that it was perhaps more difficult to measure impact in countries that were long-standing members of WHO than in newly independent states, and on health as a whole rather than in specific areas of the health system. Nonetheless, the conclusions should be couched in more positive terms: there was evidence that WHO was making a difference to the decision-making process in countries, and hence ultimately to health outcomes.

19. The Director, Division of Country Support concluded the item by presenting a case study of WHO's collaboration with Bosnia and Herzegovina. From being obliged to comply with donor-driven planning during the complex emergency in the 1990s, the Organization and the government had at the beginning of the current decade jointly assessed the country's health needs, identified its priorities and preferences, and engaged in a process of negotiation leading to the signature of a BCA for 2004–2005.

20. WHO was currently well placed to be a leading stakeholder and strategic partner in the health sector, with a results-based plan of work and a clear role and functions. In consequence, the European Commission had awarded WHO a €2 million grant for implementation of a health care reform project in the country, and donor agencies such as the Canadian International Development Agency, the Japanese International Cooperation Agency and the World Bank were coordinating their activities closely with those of the Organization.

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

21. The President of the EUR Staff Association, speaking on behalf of more than 600 staff spread across more than 30 countries, informed the SCRC that progress was being made on a number of issues that had been highlighted in previous years' addresses. A joint paper from all the WHO staff associations on partnership working had been well received at the 2003 meeting of the Global Staff Management Council, and a set of guiding principles on staff-management relations had been agreed. Other questions addressed at the Council (and on which recommendations had been submitted to the Director-General) included career development opportunities, and rewards and recognition. Meanwhile, a number of issues identified in a staff survey carried out at the Regional Office the previous year were being addressed in a serious manner.

22. On the matter of contractual reform, however, the Regional Office was faring less well, with over 60% of staff employed on short-term contracts. Steps still needed to be taken to reduce the number of long-serving staff on short-term contracts, and to prevent staff being recruited for core functions on inappropriate contracts. The Performance Management Development System (PMDS) had been taken up with enthusiasm across the Office, but much still needed to be done to improve its implementation and the Staff Association was looking forward to the long-awaited evaluation of the system.

23. One of the current objectives of the Staff Association was to increase support to outposted offices and field staff. Locally recruited staff should have adequate representation on local salary and post adjustment surveys, improvements to the fabric of the Copenhagen office should be replicated elsewhere, and serious attention should be paid to security at all WHO sites. Overall, however, the Staff Association was pleased to report that many aspects of the staff's conditions had improved in the past year.

24. The SCRC shared the Staff Association's concerns about the excessive use of short-term contracts and was interested to learn where matters stood with evaluation of the PMDS. In response, the Director, Division of Administration and Finance noted that 60 new posts had been created in the previous 12 months and pointed out that not all short-term staff should ultimately be on permanent contracts. It was hoped to complete the process of contractual reform by the summer of 2004. A revised version of the PMDS was currently being prepared by WHO headquarters.

25. The Regional Director acknowledged that one shortcoming of the PMDS was that it did not offer genuine incentives or recognition of devotion and professionalism. To help solve the problem of excessive use of short-term contracts, he urged Member States to make additional voluntary donations and to release them in a timely fashion.

Update on preparation of the proposed programme budget for the period 2006–2007 and the Eleventh General Programme of Work

26. The Director, Division of Administration and Finance outlined the key features of the proposed programme budget for 2006–2006. It would continue to be structured by "areas of work", it would include resource mobilization requirements, and it would set out new corporate priorities while keeping the regular budget allocation frozen. Most importantly, it would embody an explicit commitment to results at country level.

27. The milestones for preparation of the 2006–2007 proposed programme budget were similar to those applied in previous biennia, and included discussion of a draft at Regional Committee sessions in 2004, review of a revised draft by the Executive Board in January 2005, and approval by the Fifty-eighth World Health Assembly in May 2005.

28. The SCRC was then informed of the European Region's proposed budget for each area of work in 2006–2007, compared with the approved budget for 2004–2005. While the total integrated budget was scheduled to rise only slightly (from US$ 204 million to US$ 210 million), significant increases were proposed in the following areas: Child and reproductive health; Communicable disease prevention and control; and Evidence. The areas of Environment (including Food safety) and Global Fund diseases (malaria, tuberculosis and HIV infection/AIDS) were scheduled for a decrease in funds, in the latter case from US$ 40 million to US$ 27 million.

29. A comparison of projected funding by source of funds for 2004–2005 and 2006–2007 showed slight increases in the levels of resources available from the regular budget and other sources. Total unmet needs were calculated to remain approximately the same in both biennia, at US$ 106 million. In view of the projected significant increase in funds to be received from other sources at WHO headquarters, it was important for the European Region to secure its fair and timely share of voluntary donations.

30. The SCRC expressed concern at the projected decrease in funding for HIV/AIDS in 2006–2007, but was informed that the estimate of funding from other sources in 2004–2005 was being revised downwards, and that much of that funding was required for (one-off) infrastructure development.

31. A question was raised about the 13% charge that was levied on voluntary donations to meet "programme support costs". In reply, it was noted that the Director-General had decided to reduce that charge to 5% for activities related to poliomyelitis eradication, so a degree of flexibility was possible. The administrative support funds released at the beginning of each biennium alleviated the cash flow problem being faced by the Regional Office, and they enabled some staff costs to be met from voluntary donations.

32. The SCRC suggested that the Organization should look at its country presence in the light of practices in other agencies in the United Nations system, to see whether economies of scale could be achieved.

33. The main issue, however, was acknowledged to be the need to strike the right balance between the regular budget and funds from other sources, and to secure an adequate level of voluntary donations for the European Region. The SCRC welcomed the steps taken by the Secretariat to draw up a "supplementary budget", in the form of a detailed list of requirements in the latter category. In the absence of a written policy on voluntary donations throughout the Organization, its members agreed to continue to advocate for the adoption of a specific mechanism to compensate for the decision, the previous year, to discontinue implementation of the provisions of resolution WHA51.31 (on regular budget allocations to regions). They would also ask the Director-General what steps he had taken to meet the need for budgetary balance within the Organization, as recognized by him in his address to RC53.

34. The Senior Adviser, Programme Management and Implementation then briefed the SCRC on developments since the previous session with regard to preparation of the Organization's Eleventh General Programme of Work (GPW11), covering the period 2006–2015. A full draft was not yet available, but the process and content were being elaborated and a second draft outline had been prepared. A more developed outline would be submitted to Regional Committees in September 2004, and a full draft would be reviewed by them in September 2005. Regional consultations might be held in March or October 2005, with the final version submitted to the Executive Board and the World Health Assembly in 2006.

35. In the context of a changing world, GPW11 would place emphasis on health in its own right and set it within the broader development agenda. Prominence would be given to moral values such as solidarity and ethics, and to the need for good governance in the health sector. GPW11 would articulate different routes to health goals, lay out different scenarios and explore the role of WHO and Member States in each. The key challenges would be identified; they included redressing inequalities in health, meeting the needs of the poor and vulnerable, expanding the potential of health systems and making use of existing and new knowledge. WHO's role in that endeavour would be to exercise global leadership, serve countries, influence development policies, foster close relationships with governments and set clear priorities.

36. The SCRC looked forward to receiving a more developed outline and a detailed description of the process at RC54, and the SCRC would discuss the format and the need for regional consultations at that time.

The Fourth Ministerial Conference on Environment and Health, Budapest, 23–25 June 2004 (outline of document for RC54)

37. The Director, Division of Technical Support, Health Determinants recalled the process leading up to the Fourth Ministerial Conference on Environment and Health. The first conference (Frankfurt, 1989) had laid down the principles for work in that area, as embodied in the Frankfurt Charter, and had led to

the establishment of the European Centre for Environment and Health. The second (Helsinki, 1994) had reviewed the results of a comprehensive survey of environmental health in Europe[1] and created a process for drawing up national environmental and health action plans (NEHAPs). The third conference (London, 1999) had focused on action in partnership, resulting in a legally binding Protocol on Water and Health and a Charter on Transport, Environment and Health, as well a continued mandate for the European Environment and Health Committee (EEHC).

38. The fourth conference, under the slogan "The future for our children", had been preceded by four intergovernmental preparatory meetings during which the main outcomes, the Conference Declaration and the Children's Environment and Health Action Plan for Europe (CEHAPE), had been negotiated on a line-by-line basis. The Declaration would ensure a strong political commitment to tackling the impact of the environment on children's health, taking up new issues such as extreme weather events or housing and health, and adopting new tools for policy-making (e.g. an environment and health information system). It would also give a renewed and extended mandate to the EEHC, with an increase in Member States' representation. The CEHAPE would be structured around four regional priority goals, accompanied by a table of actions that countries could take to attain those goals.

39. The document to be presented to RC54 would accordingly describe the process leading up to the Conference, highlight the Conference outcomes and focus on the directions for WHO's work on environment and health in the coming five years. It would place emphasis on partnerships with other intergovernmental bodies. The accompanying draft resolution would urge Member States to implement the Declaration and the CEHAPE; identify the main directions for WHO's work; endorse the new EEHC; and call on WHO to maintain its leadership in that area.

40. The SCRC acknowledged the extensive work that had been done to finalize the Conference documents and bore witness to the results that had been achieved through the lengthy process since the first conference in 1989. The member from Austria, as the lead country for preparation of the CEHAPE, regretted that the table of actions would not be an integral part of the Action Plan, and recommended that declarations at future conferences should be limited to two or three pages in length, to capture the public's imagination.

41. Concern was expressed about potential overlaps with the United Nations Economic Commission for Europe's "Environment for Europe" process and it was suggested that the cycle of the two organizations' forthcoming conferences should be harmonized. The SCRC recognized, however, that some Member States were reluctant to proceed further in that direction, wishing to keep health aspects separate.

42. The new, clear mandate proposed for the EEHC was welcomed, but the SCRC was concerned that there would be very little time between the Fourth Conference and RC54 for Member States to submit candidates for membership of the expanded Committee. The Regional Director was therefore asked to include, in his letter of invitation to RC54, a statement giving advance notice of the likelihood of an extraordinary election of members of the new EEHC at RC54 and requesting Member States to also submit candidatures for that body.

Membership of WHO bodies and committees

43. The SCRC held a preliminary discussion on candidatures for membership of the Executive Board, the SCRC and the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases, and confirmed that Uzbekistan's candidature for the latter body was inadmissible owing to its late submission.

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[1] *Concern for Europe's tomorrow: health and the environment in the WHO European Region*. Stuttgart, Wissenschaftliche Verlagsgesellschaft, 1995

44. The Executive President of RC53 recalled that the Regional Committee the previous year had adopted resolution EUR/RC53/R1, whereby geographic groupings should be applied when selecting Member States in the European Region of WHO to submit candidatures for membership of the Executive Board. The Secretariat was accordingly asked to prepare a list of the candidatures received, arranged according to those geographic groupings, for consideration by the SCRC at its next session.

European strategy on noncommunicable diseases (outline of document for RC54)

45. The Director, Division of Technical Support, Reducing Disease Burden recalled that the global strategy for the prevention and control of NCDs had been reaffirmed by the World Health Assembly in 2000 (resolution WHA53.17). At RC52 in 2002, the Regional Director had proposed the development of a European strategy. A global strategy on diet, physical activity and health was to be submitted to the Health Assembly in May 2004.

46. The rationale for a European strategy was that NCDs were the main disease burden in the Region, accounting for more than 75% of all deaths in 2000. The Regional Office needed a coherent framework for its current and future work on NCDs and chronic diseases. It required a European dimension to the global strategies that took account of the Region's specificity and diversity, and it wished to promote a country-based approach that capitalized on existing knowledge, experience and practice.

47. The European strategy would therefore aim to control common risk factors in an integrated manner; to stimulate and empower NCD policy development in Member States; to influence non-health sector policies that had an impact on health; to foster health system reform, in order to better meet the long-term care needs of those with chronic disease; and to establish a database relevant to NCD prevention and control.

48. The draft paper for RC54 accordingly started by making the case for a European NCD strategy, detailing the burden (especially in economic terms) of NCDs in Europe. It then emphasized the multifactorial determinants of those diseases, highlighted the challenges faced and pointed to the need for integrated approaches. Following an inventory of commitments made and activities currently under way, it set out a limited number of key messages and focused on priority areas for WHO.

49. The Office-wide exercise and preparatory meetings held to date would be supplemented by an expert meeting in early May 2004, and a revised paper (taking account of the SCRC's comments) would be drawn up in early June 2004, for submission to RC54. The second phase of preparation, covering the period 2004–2005, would include consultation with Member States, development of modelling techniques and practical tools, mapping the European picture and strengthening the evidence base, and drawing on the outcomes of ministerial conferences. A third phase in 2006 would entail drawing up the final version of the strategy for submission to RC56.

50. The SCRC agreed with the concept of the RC54 paper as outlined, as well as with the steps suggested for further development of the European strategy on NCDs. It was opportune to review the place of disease prevention in European health systems, and it would be important to have extensive consultations with Member States to that end. Emphasis would need to be placed on secondary and tertiary, as well as primary, prevention.

51. The SCRC also drew attention to the need to include children in the NCD strategy, and to involve health system personnel in secondary and tertiary prevention. Lastly, it noted that the national level was the critical place for implementation of the strategy, and it acknowledged the need to tailor its different components to tackling the risk factors prevalent in each country.

Strategy of the WHO Regional Office for Europe with regard to geographically dispersed offices (outline of document for RC54)

52. The Regional Director informed the SCRC that a working group set up after the previous session had held two meetings, and that the draft RC54 document before the Committee had been drawn up in the light of its discussions. The paper was confined to geographically dispersed offices (GDOs), defined as technical entities located outside Copenhagen but otherwise fully integrated with the Regional Office, which had the mission of serving all countries of the Region in a specific technical area. They were therefore clearly different from WHO's country offices, which covered the whole range of WHO activities in a single country; and they were also quite different from WHO collaborating centres, which were not part of the structure of the Regional Office and whose staff were not WHO employees.

53. The WHO European Centre for the Environment and Health (ECEH) had been set up following the Frankfurt Conference in 1989, and the Region currently had five centres (in Barcelona, Brussels and Venice, as well as the two locations of ECEH in Rome and Bonn). GDOs were doing high-quality technical work in a number of areas that would not otherwise be tackled. They were financed from the Organization's regular budget (US$ 4.3 million in 2002–2003) and from other sources such as agreements with host countries and voluntary donations (US$ 20 million). They had a total staff of 97 people.

54. The current balance between the various centres and the Office in Copenhagen was considered to be acceptable. However, a new centre could be established if work needed to be done in a specific technical field, if the Regional Office did not have sufficient resources and if a Member State offered to host it. The RC54 paper contained guidelines for the establishment and management of a GDO and confirmed that the SCRC and the Regional Committee would be consulted before any centre was established or discontinued.

55. The SCRC commended the working group on an excellent and practical document that set out clear guidelines for the future. It confirmed that Copenhagen should not become a small core office charged mainly with coordinating external entities. It agreed that the Organization obtained added value from the GDOs in the European Region, but (like the EUR Staff Association) it was concerned at the sense of isolation which staff employed there might feel and the possible adverse effects on internal staff mobility and, ultimately, on the efficiency of operating a decentralized structure. It was of course necessary for staff in GDOs to have the same conditions of service as in other parts of the Organization.

56. The SCRC had reservations about the use of the term "dispersed" and agreed that "WHO centre" might give the impression of a high-level research institution, while "WHO unit" did not sound sufficiently prestigious. It therefore recommended that GDOs in future should be referred to as "WHO/EURO Offices".

57. The SCRC agreed that the following amendments should be made to the document for RC54:

- a table should be added to the paper, detailing the funding received by each centre;
- a reference to the need to maintain flexibility and efficiency should be made in paragraph 28, and to potential isolation of staff in paragraph 37;
- the Regional Director should play a proactive role in looking for alternative solutions (paragraph 30);
- the main conditions that needed to be met before a GDO was established should be referred to in the conclusions of the paper.

Other matters

Regional suggestions for elective posts at the Fifty-seventh World Health Assembly (General Committee and Committee on Nominations)

58. Following the discussion at the first session of the SCRC, the Secretariat had sought the opinion of the Organization's Legal Counsel on whether resolutions EUR/RC53/R1 and EUR/RC53/R6 applied to elective posts at the World Health Assembly. Given his view that the practice of "semi-permanency" was not the object of a legal obligation or a legal entitlement, the SCRC agreed that it was free to make a decision as it saw fit. It accordingly put forward France, the Russian Federation and the United Kingdom for membership of the Assembly's General Committee and Committee on Nominations, but wished to make it clear that those countries had been chosen on an individual basis, and not in their capacity as permanent members of the United Nations Security Council. In future years, therefore, other countries might well be selected to serve on those committees.

59. The SCRC also reviewed proposals for elective posts at RC54.