



EUROPE

**Fourteenth Standing Committee of the Regional Committee for Europe
Second session**

The Hague, 30 November – 1 December 2006

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Report of the second session

Introduction

1. The Fourteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its second session at the Golden Tulip Bel Air Hotel in The Hague on 30 November and 1 December 2006. The session was chaired by the Vice-Chairperson, since the Chairperson was engaged in handling the repercussions of a case of polonium poisoning in the United Kingdom.
2. The provisional agenda and programme were adopted, with the addition of one topic (International cooperation in the field of health) under the item “Other matters”. The report of the Fourteenth SCRC’s first session was adopted without amendment.
3. In his introductory remarks, the Regional Director paid tribute to the exceptional support that WHO had received over the years from the former Chief Medical Officer of Denmark, culminating in his serving as Chairperson of the SCRC the previous year and his current membership of the Executive Board. He informed the SCRC of the election of Dr Margaret Chan as Director-General of WHO and explained why, in the interests of fairness to all the candidates, he had written an article about the future of the Organization (largely inspired by the report of the Working Group on the Future of the WHO Regional Office for Europe) that had been published in the *Lancet* shortly before the election. He drew attention to the success of the WHO European Ministerial Conference on Counteracting Obesity that had been held in Istanbul on 15–17 November 2006, and he noted that the Regional Office had recently carried out an interesting exercise to audit the Swiss health system, at the request of the government and the Organisation for Economic Co-operation and Development (OECD).

Follow-up to the fifty-sixth session of the Regional Committee (RC56): review of SCRC and Secretariat actions

Report of the Regional Director (resolution EUR/RC56/R1)

4. The SCRC noted that most of the items covered in the Regional Director’s report that were listed for follow-up related to specific fields of action; however, a more overarching task was to clarify, in practical terms, the links between the Organization’s General Programme of Work (GPW), its Medium-Term Strategic Plan 2008–2013 (MTSP) and country actions.

Prevention and control of noncommunicable diseases in the WHO European Region (resolution EUR/RC56/R2)

5. The SCRC recommended that follow-up to adoption of the European Strategy for the prevention and control of noncommunicable diseases should include the drafting of an action plan, and it confirmed that, at the request of a European Member State, the issue would be taken up at global level by the Executive Board at its 120th session (EB120) in January 2007.

The future of the WHO Regional Office for Europe (resolution EUR/RC56/R3)

6. The SCRC recalled that one conclusion of the document presented to RC56 was that it would need to be regularly reviewed and updated. Indeed, a continuous, open-ended debate was required on how best a strategic and dynamic planning process could be further developed, in which process the respective roles of the WHO Regional Office for Europe (EURO), the SCRC, the Regional Committee and Member States themselves should be further articulated. The need for that debate had been underlined by the positive reception given to candidates for the post of WHO Director-General who had spoken in favour of decentralization and a “bottom-up” decision-making process. The SCRC accordingly agreed to place the subject on the agenda of its next session; in the meantime, a small

working group, consisting of the members from the United Kingdom, Hungary, the Netherlands and Norway, would consider how best to structure that debate.

Proposed programme budget 2008–2009 and Medium-term strategic plan 2008–2013 (resolution EUR/RC56/R4)

7. The Secretariat confirmed that the views of the Regional Committee had been transmitted to the responsible officials at WHO headquarters, but that no changes to the proposed programme budget had been made since RC56. European members would therefore have an important role to play at the forthcoming meeting of the Programme, Budget and Administration Committee (PBAC) and at EB120 (see also paragraphs 13–19 below).

Enhancing health security

8. The SCRC was informed that health security was to be the subject of The world health report 2007, and that the Secretariat had already provided input to WHO headquarters based on the discussion at RC56.

Follow-up to previous sessions

Implementation of the European strategy on tobacco control

9. The SCRC welcomed the news that Michael R. Bloomberg, Mayor of New York was finalizing a major donation to WHO and other partners towards an initiative to end the global tobacco epidemic. It was confirmed that there were close links between the EURO and the European Union (EU) on tobacco control measures.

Report on implementation of the DOTS strategy for tuberculosis control and progress achieved in malaria control

10. The SCRC was informed that the ministerial forum on “Tuberculosis – a regional emergency” was likely to be held in Germany in connection with the summit meeting of the Group of eight developed countries (G8) on 22 October 2007.

Indicators of implementation of the Health for All policy framework

11. At the outcome of the discussion on indicators for Health for all (HFA) at RC56, the SCRC had been asked to look into ways of implementing the option of selective country monitoring. The SCRC recognized that, like work on alcohol control and occupational health, the area of HFA monitoring was constrained by resource shortages.

12. While the SCRC acknowledged that the Secretariat’s commitment was to implementing the programme budget (whose preparation was influenced by all Member States), and that priority should be given to meeting needs that were common to many countries, it believed that the Secretariat should also take responsibility for rebalancing the allocation of funds to respond to requests that arose during a given biennium. The SCRC could, however, facilitate the Secretariat’s work by pointing out, for instance, that a given request was not in line with EURO’s priorities, the five main areas in the Organization’s Eleventh General Programme of Work, its six core functions, etc.

Proposed programme budget 2008–2009

13. As mentioned earlier, there had been no changes since RC56 in the Organization’s proposed overall budget (US\$ 4.2 billion), the total of assessed contributions or the regular budget (US\$ 1 billion), and the internal distribution of the regular budget by location. Applying the “validation mechanism” that had been developed to verify the appropriateness of strategic resource

allocations between WHO's regions and headquarters yielded an average value for the European Region of 6.9% in 2008–2009. Given a total regular budget of US\$ 1 billion, that would represent a figure of US\$ 69 million; however, the regional allocation currently suggested was US\$ 64 million.

14. While operational planning had not yet started, the Regional Office had been requested to provide WHO headquarters with a broad breakdown of the proposed total regional budget (US\$ 277 million) by strategic objective (SO) and Organization-wide expected result. That exercise had been done and anticipated that in 2008–2009 more than half the regional budget would be spent on country operations. New biennial collaboration agreements (BCAs) for such operations would be prepared in time for consultations with countries during the Sixtieth World Health Assembly (WHA60) in May 2007. EURO would the following week be engaged in looking at the content of work on the 16 strategic objectives around which the next programme budget would be structured.

15. The SCRC's consensus view was that the proposed increase in Member States' assessed contributions, from US\$ 915 million in 2006–2007 to US\$ 1 billion in 2008–2009, was unlikely to be accepted at the World Health Assembly, since it would represent the second consecutive increase in contributions to WHO during a period of budgetary constraints at national level. On the other hand, the European Region should speak out strongly in favour of a regional allocation that respected the average value obtained from application of the validation mechanism (i.e. 6.9%).

16. The SCRC agreed that the European members of the PBAC (Denmark and Portugal) should be fully briefed along those lines by the Chairperson of the SCRC before the PBAC meeting on 17 and 18 January 2007 (which other Member States with permanent missions in Geneva could attend and participate in). The subject should also be included in the customary letter that the Regional Director sent to European members of the Executive Board before its January session, and the matter would be raised at the meeting to be held on the Sunday before the opening of EB120. And thirdly, the Chairperson of the SCRC would write a letter to the newly elected Director-General of WHO, setting out the background to the issue (including references to the moves towards decentralization and "bottom-up" planning) and putting forward again the views that had been expressed by Member States at RC56.

17. One member of the SCRC suggested that consideration should be given to adopting a more vigorous fundraising strategy at regional level and even in countries, similar to that adopted by the United Nations Children's Fund (UNICEF) and its national offices. The Secretariat confirmed that the Organization already had an integrated strategy, where negotiations with major donors were carried on at headquarters, technical programmes were encouraged to raise funds in a decentralized fashion. Another member noted that some major donors deliberately gave unearmarked funds to WHO as a whole and trusted the Organization to allocate funds appropriately. In general, the SCRC agreed that clearer analysis and definition of the respective roles of WHO's regional offices and headquarters would help with allocation of the budget.

18. In reply to a question raised by one SCRC member at its previous session, the Secretariat analysed the indicative increases and decreases in budget areas between the current and next biennia. That analysis was made more complicated by the fact that the current budget was structured into 36 areas of work (AoWs), whereas the 2008–2009 budget would be articulated around 16 SOs. All of the 14 SOs that could be considered as related to technical fields were proposed to have increased funding in dollar terms, but five were scheduled to be reduced in percentage terms. Only three, however, were to experience genuine percentage decreases: HIV/AIDS, tuberculosis and malaria (still the largest single SO, with US\$ 36 million, but where the intention was to shift the emphasis from tuberculosis interventions to more policy-oriented work); life course/child and adolescent health/reproduction (the special efforts focused on implementation of the child and adolescent health strategy were to be completed by the end of 2007); and environmental health (where EURO had traditionally had a much higher percentage effort than WHO globally).

19. Some members of the SCRC expressed concern about the reductions in the latter two SOs, in view of the importance of work on physical activity and lifestyles following the WHO European Ministerial Conference on Counteracting Obesity (Istanbul, November 2006) and the preparations for the Fifth European Ministerial Conference on Environment and Health in 2009. More generally, the SCRC wished to be involved in a discussion of the priorities that the Regional Office was envisaging in its 2008–2009 workplan.

Issues to be taken up with European Members of the Executive Board

20. In addition to the proposed programme budget 2008–2009 and the global strategy on noncommunicable diseases, the SCRC suggested that European Board members should be urged to raise the questions of human resources for health under item 4.7 of the provisional agenda of the Board's 120th session, and to pay particular attention to the issues of tuberculosis control (provisional agenda item 4.3) and the destruction of variola virus stocks (item 4.12).

Provisional agenda of the fifty-seventh session of the Regional Committee (RC57)

21. The SCRC agreed that three topics should be included as major technical items on the provisional agenda of RC57: human resources for health; obesity and an action plan on nutrition and physical activity; and maternal and child health in relation to the Millennium Development Goals and health systems. Enough time should be set aside in the programme for an extended discussion of the first topic. The emerging issue of the pharmaceutical market could be taken up at RC58, as might a review of some half a dozen of the major resolutions adopted by the Regional Committee in the previous 10 years.

22. The SCRC also noted that technical briefings would be held on the International Health Regulations; the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes; and citizens' voices in public health. The annual report of the European Environment and Health Committee, a report on implementation of the Regional Office's health systems initiative, and an action plan on noncommunicable disease control would be covered as "follow-up issues" from RC56. In his report, the Regional Director would include the issues of mental health, the future of the Regional Office, HIV/AIDS and, at WHO headquarters' request, the work of the Special Programme for Research and Training in Tropical Diseases.

Review of criteria for selection of candidates to WHO bodies and committees

23. The Standing Committee recalled that in 2003 the Regional Committee had recommended (by resolution EUR/RC53/R1) that the criteria developed by an SCRC subgroup should be applied when selecting European Member States to submit candidatures for membership of the Executive Board. Those criteria had subsequently also been implicitly applied when considering candidatures for membership of the SCRC.

24. Following discussion at the Fourteenth SCRC's first session in September 2006, two of its members had elaborated the following general principles, aligned as closely as possible with those used for Executive Board candidatures, which could be applied to applicants for membership of the Standing Committee:

- to maintain the practice that a Member State is selected, but on the basis of the candidate proposed by the country. The candidate must be a technically qualified person with

experience both in the health administration of the country and in working with international organizations;

- to use the principle of geographical groupings for the distribution of seats;
- to adhere to the principle of equal opportunity, so that the number of years that a country has not been represented on the Standing Committee, or the fact that it has never been represented, is a selection criterion;
- to preclude a country being a member of the Standing Committee and the Executive Board at the same time;
- if several Member States remain as candidates after the above criteria have been applied, to take account of the following criteria concerning the nominated individual, in order to arrive at a ranking for nomination:
 - number of years and type of experience of the candidate;
 - type of work and number of years of international experience or of working with international organizations;
 - gender (female candidates to be encouraged);
 - ability to collaborate, coordinate and communicate within the country and between countries;
 - experience in coordinating high-level political and/or technical programmes, nationally (interregional or interministerial) or internationally.

25. The SCRC gave its preliminary agreement to those general principles; members would have the opportunity to make further comments (by electronic mail, if necessary) once they had reviewed the present draft report of the second session. The Secretariat was asked to place the subject on the agenda of the SCRC's fourth session.

Review of dates of SCRC sessions

26. With a view to allowing better analysis and input into documents for sessions of the Regional Committee, the SCRC agreed to hold its autumn session in late October/early November and to add one extra session during the year, to be held in January, at which the orientation or outline of RC documents could be reviewed. That would enable almost final drafts to be prepared in time for its May session. The arrangement should be evaluated at the first session of the Fifteenth SCRC in September 2007, to see whether it would also be needed in 2007–2008.

27. The Fourteenth SCRC accordingly agreed to hold its 2007 sessions on 15 January and on 3 and 4 April at the Regional Office in Copenhagen, on 13 May in Geneva and on 16 September in Belgrade.

Regional suggestions for elective posts at the Sixtieth World Health Assembly in May 2007

28. The SCRC agreed by consensus on European candidatures for elective posts at the Sixtieth World Health Assembly: Vice-President of the Assembly, Chairperson of Committee B, four seats on the General Committee, three seats on the Committee on Credentials and six seats on the Committee on Nominations. The SCRC observed that, in principle, the practice whereby the European permanent members of the United Nations Security Council also had permanent seats on the General Committee and the Committee on Nominations should be gradually phased out, a process that had begun the previous year.

Offers received to host future sessions of the WHO Regional Committee for Europe

29. The SCRC noted that offers to host the fifty-ninth session of the Regional Committee had been received from Georgia, Kazakhstan and the Russian Federation. It requested the Regional Director to inform countries that further offers would be welcome, but to set a deadline for such offers so that the Standing Committee could review them and make a proposal at its April 2007 session.

Other matters

International cooperation in the field of health

30. The Danish Minister for the Interior and Health had written to the Executive President of RC55 in early September 2006 expressing concern that activities on blood transfusion and organ transplantation previously carried out by an expert group under the Council of Europe's European Health Committee (CDSP), and therefore covering all 46 member countries of the Council, would on 1 January 2007 be transferred to a "partial agreement" that included only 34 countries. He had accordingly proposed that the main activities of a technical nature in that area should be taken over by EURO, while the particular aspects related to human rights would remain the responsibility of the Council of Europe.

31. The SCRC requested the Secretariat to place the issue on the agenda of its April 2007 session and to prepare a more elaborated plan for its consideration.

Membership of WHO bodies

32. The SCRC was informed of the seats that would be vacant in 2007 on the Executive Board, the Standing Committee and the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases, as well as of some implications of applying geographical groupings in the case of the former two bodies. It looked forward to reviewing candidatures received at a later session.

33. The SCRC expressed concern that, if WHO's recently formed International Medical Products Anti-Counterfeiting Taskforce (IMPACT) was a consultative rather than a purely technical body, then national governments should have been asked to nominate representatives. The Secretariat was requested to obtain further information about the Taskforce.