



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

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**Twenty-third Standing Committee of the  
Regional Committee for Europe**

First session

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## **Report of the first session**

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## **Introduction**

1. The Twenty-third Standing Committee of the Regional Committee for Europe (SCRC) held its first session at the LITEXPO, Vilnius, Lithuania, on Thursday 17 September 2015. The incoming Chairperson extended a welcome to the new members from Georgia, Iceland, Italy and Tajikistan, and to the representative of Sweden who, as a European member of the Executive Board, would ensure the link between the Executive Board and the Twenty-third SCRC in the year to come.

## **Election of officers of the Twenty-third SCRC**

2. Ms Dagmar Reitenbach (Germany) was elected as the Vice-Chairperson of the Twenty-third SCRC.

## **Reflections on the 65th session of the Regional Committee for Europe**

3. Members of the Twenty-third SCRC exchanged initial reflections on the 65th session of the Regional Committee for Europe (RC65). SCRC members expressed appreciation to the host country and to the Secretariat for a successful RC session.

4. SCRC members welcomed the proposal to have a written consultation with Member States on draft resolutions for the Regional Committee for a period of one month following the session of the SCRC that is held in May in conjunction with the World Health Assembly.

5. Members welcomed the discussion on migration and health during RC65, which was timely and appropriately covered through an exchange of views at a ministerial lunch and subsequently in a technical briefing dedicated to the issue.

6. Panel discussions held in future years should be more interactive, with panelists strongly recommended not to deliver prepared statements. It was not advisable to hold two panel discussions back-to-back.

7. One member observed that the agenda item on matters arising from resolutions and decisions of the World Health Assembly and the Executive Board had taken the form of an information briefing, rather than generating a lively discussion.

8. In view of the success of the informal discussion held by Member States in the afternoon on the day before the opening of RC65, another member suggested that informal parallel meetings could be held during a Regional Committee session.

9. The role of the Executive President of the RC in chairing specific agenda items prepared by the SCRC, such as elections and nominations, should be reconsidered.

10. The Standing Committee observed that Member States' representatives attending a Regional Committee session needed information about the programme of the session in good time, so that they could prepare their interventions and statements. The annotated agenda is a good format for providing this information. Experience at RC65

had confirmed that a minimum of 90 minutes was needed to fully consider a substantive agenda item. One member welcomed the increased engagement by nongovernmental organizations during the session.

11. One member suggested that a prominent scientist or expert could be invited to deliver an address at a Regional Committee session on a burning problem that was expected to mark the year to come. He also supported greater involvement of European professional associations in Regional Committee sessions, since they had wide experience of evidence-based medicine. Another member suggested taking advantage of the presence of WHO representatives and heads of country offices to organize a technical briefing at which three or four of them could describe their work. Such an approach could also be adopted in the context of WHO's governing bodies at the global level.

12. The Regional Director said that the Secretariat would make an internal evaluation of the panel discussions at RC65 and prepare a paper for consideration by the Twenty-third Standing Committee at its second session. She also asked the Standing Committee to consider whether it was worth continuing with the practice whereby a finalized draft report of the first three days of a session was submitted to the Regional Committee for approval or whether it might be preferable (in the interests of the quality of the report) to present a draft report for information on the last day of the session and finalize it afterwards. A paper setting out possible solutions could be presented to the SCRC at its next session.

### **Subgroups of the Twenty-third SCRC**

13. The Standing Committee agreed that its subgroup on governance would continue its work, chaired by Dr Ivi Normet (Estonia) and composed of the members from Finland, France, Germany and Latvia. The member from Italy agreed to replace the outgoing member from Israel on that subgroup.

14. In view of the high-level meeting on migration and health to be held in Italy in November 2015, the Standing Committee agreed that it would decide at its second session whether to establish a subgroup on that topic. It would also give further consideration to the question of establishing a subgroup to look into the role played by regions in the coordination of arrangements for monitoring and reporting on implementation of the International Health Regulations (IHR) (2005). The Regional Director confirmed that she would like the European Region to play a role in piloting an IHR (2005) evaluation.

### **Preliminary outline of the 66th session of the Regional Committee for Europe**

15. Members of the SCRC recommended that migration and health should be discussed during RC66 on a day when ministers would be expected to be present. Similarly, it was not advisable to take up a substantive item, such as health systems, on the last day of the session.

16. The Standing Committee was informed that the topic of WHO reform might need to be taken up on two occasions during RC66, in view of the introduction of WHO's mobility scheme at the start of 2016 and the possible approval of the framework of engagement with non-State actors by the Sixty-ninth World Health Assembly.

17. One member suggested that hepatitis in general, and hepatitis virus B and C in particular, could be added to the subitem on HIV/AIDS. The Secretariat offered to prepare separate concept notes on those two topics, as well as on other items proposed for inclusion in the agenda of RC66, for further discussion at the second session of the SCRC in November 2015.

18. Commenting on the significance of the technical briefing on evidence-informed policy-making (EIP) during RC65, one member endorsed the proposal that a regional action plan on EIP should be discussed at RC66.

19. One member questioned the need for two sessions on WHO reform and noted that a substantive item taken up during the plenary of a Regional Committee should be allocated at least 90 minutes.

### **Dates and places of future sessions of the Twenty-third SCRC**

20. The Twenty-third Standing Committee agreed to hold its second session in Paris, France, on 26 and 27 November 2015; its third session at the Regional Office in Copenhagen, Denmark, on 15 and 16 March 2016; its fourth session at WHO headquarters in Geneva, Switzerland, on 21 and 22 May 2016; and its fifth session at the Regional Office in Copenhagen, Denmark, on 11 September 2016.

## **Annex. Provisional agenda**

- (1) Opening by the Chairperson and Regional Director
- (2) Adoption of the provisional agenda and programme
- (3) Welcome and introduction of new members of the Twenty-third Standing Committee of the Regional Committee for Europe (SCRC)
- (4) Reflections on the 65th session of the Regional Committee for Europe (RC65)
- (5) Election of officers of the Twenty-third SCRC
- (6) Dates and places of future meetings
- (7) Set up subgroups of the Twenty-third SCRC (if any)
- (8) Preliminary outline of the 66th session of the Regional Committee (RC66)
- (9) Other matters, closure of the session

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