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of the Regional Committee for Europe**
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Report of the fourth session

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Opening by the Chairperson and review by the Regional Director

1. The Twenty-fifth Standing Committee of the Regional Committee for Europe (SCRC) held its fourth session at WHO headquarters in Geneva, Switzerland, on 19 May 2018. The session was chaired by the Chairperson, Dr Amiran Gamkrelidze (Georgia). The Chairperson welcomed members and other participants and noted that the report of the third session of the Twenty-fifth SCRC, which had taken place in Copenhagen, Denmark, on 13 and 14 March 2018, had been circulated and approved electronically. In accordance with Rule 3 of the Rules of Procedure of the SCRC, all Members from the Region had been invited to participate in the fourth session without the right to vote, and the session was being video-streamed.
2. In her opening statement, the Regional Director reviewed the progress made since the previous session of the SCRC. The Organization's Global Policy Group (GPG), consisting of the Director-General, Deputy Director-General, regional directors and the Executive Director of the WHO Emergencies Programme, had met on two occasions and discussed a number of items related to the overarching theme of accelerating the transformation of WHO to implement the draft thirteenth general programme of work, 2019–2023 (GPW 13). Feedback from staff on GPW 13 had been obtained through a culture survey, and global and regional action plans were being developed to address the results of that survey, aligned with the Respectful Workplace initiative. GPG had endorsed a new planning framework, which used the strategic priorities, the “triple billion” impact targets¹ and the outcomes or platforms in GPW 13 as the primary dimensions for preparation of the Organization's programme budgets.
3. The proposed programme budget 2020–2021 would be presented to WHO regional committees for consultation in September/October 2018. Owing to the time constraints imposed by fast-track preparation of GPW 13, that document would not have the same level of granularity as in previous biennia, but a full budget detailing the Secretariat's contribution to its implementation would be submitted to the Executive Board (EB) in January 2019. The WHO Regional Office for Europe had already begun strategic bottom-up planning to strengthen WHO's work at country level: peer reviews and country reviews had been conducted, and delegations composed of EB and SCRC members had made a number of country visits.
4. GPG had reviewed the status of WHO's financing for the biennium 2018–2019 (the total WHO base budget was currently funded at 86%, a level that was higher than at the same time in the previous biennium). GPG had also discussed WHO's organizational approach to external relations and had provided feedback on the current draft of the WHO Investment Case, a key advocacy document for the Organization's financing campaign. Lastly, GPG had welcomed the call by the governments of Germany, Ghana and Norway for WHO to take global leadership on Sustainable Development Goal (SDG) 3 and looked forward to presentation of a road map to that end at the World Health Summit to be held in Berlin on 14–16 October 2018.
5. Recent key events in the Region had included the eighth meeting of the European Environment and Health Task Force in Bonn, Germany, on 20–21 March 2018; the high-level regional meeting, Health Systems Respond to Noncommunicable Diseases (NCDs):

¹ Achieving universal health coverage – 1 billion more people benefitting from universal health coverage. Addressing health emergencies – 1 billion more people better protected from health emergencies. Promoting healthier populations – 1 billion more people enjoying better health and well-being.

Experience in the European Region, held in Sitges, Spain, on 16–18 April 2018; and the ninth meeting of the European Advisory Committee on Health Research (EACHR), held at the Regional Office in Copenhagen, Denmark, on 3–4 May 2018. European Immunization Week had been celebrated across the Region in April, when Her Royal Highness Crown Princess Mary of Denmark, Patron of the WHO Regional Office for Europe, had visited a photographic exhibition at the Regional Office, organized jointly with the United Nations Children’s Fund (UNICEF). World Health Day on 7 April 2018 had been on the theme of renewing commitment to health for all and universal health coverage. To celebrate the 70th anniversary of WHO, a Health for All challenge was being organized and a “walk the talk” event would be held in Geneva on 20 May 2018.

6. Together with the Director-General of WHO and the acting Regional Director for the Eastern Mediterranean, the Regional Director had visited Israel and the occupied Palestinian territory in March 2018, and she had accompanied the Director-General on his first official visit to the European Commission. She had also met the new Director of the Centers for Disease Control and Prevention (CDC) in the United States of America on 24–25 April 2018.

7. Upcoming events would include the high-level conference, Health Systems for Prosperity and Solidarity, to be held in Tallinn, Estonia, on 13–14 June 2018, in conjunction with the 10th anniversary of the signing of the Tallinn Charter, and the Fifth High-level Meeting of Small Countries (the eight Member States in the WHO European Region with populations of less than 1 million) in Reykjavik, Iceland, on 26–27 June 2018.

Adoption of the provisional agenda and the provisional programme

8. The provisional agenda (document EUR/SC25(4)/2 – see Annex 1) and the provisional programme (document EUR/SC25(4)/3 Rev. 2) were adopted. See Annex 2 for the list of documents for the meeting.

Review of technical and policy topics and consultation process for RC68 agenda items

Review of the joint monitoring framework

9. The Director, Division of Information, Evidence, Research and Innovation, gave an update on the proposed joint monitoring framework on the SDGs, Health 2020 and the Global Action Plan for the Prevention and Control of NCDs. An online consultation with Member States had been organized in February–March 2018, inviting their guidance on the proposed list of 40 indicators, on the suggestion to include indicator 10.2.1 of the SDGs (proportion of people living below 50% of median income, by sex, age and persons with disabilities), and on the suggestion to report on the life satisfaction indicator by country rather than as a regional average. Of the eight Member States which had responded in writing to date, seven were in favour of the joint monitoring framework: one Member State did not comment. It was important to note that indicators outside the scope of one of the three policy instruments could not be added to the joint framework. There was agreement on the cut-off of 50% of median income, but no consensus on reporting on life satisfaction by country. The online consultation would accordingly be extended until 8 June 2018.

10. The Steering Group of the WHO European Health Information Initiative (EHII) and the EACHR had both recommended that the Regional Director should establish a high-level task force on big data for health in the WHO European Region. The role of that task force would include elaborating a working definition of big data and giving advice on data ownership, ethics and governance mechanisms. It was proposed that the task force might adopt a two-stage approach to its work, establishing technical subgroups and then reporting their findings to the Regional Director, who in turn would inform the ministerial level through a formal consultation or a ministerial conference.

11. In the ensuing discussion, SCRC members recognized the value of having a single reporting framework. The life satisfaction indicator was culturally bound (the greater the cultural influence on reporting, the less the data were comparable), and it was thus more appropriately reported on at the national rather than the regional level. It would be important to include the concept of health literacy in regular regional reporting, in part to build capacity (with WHO support) to counteract the spread of non-factual health information through social media. It was recalled that a new network operating under the umbrella of the EHII, and currently chaired by Austria, was working to harmonize the measurement of health literacy in the European Region. The emphasis on individual responsibility for healthy choices should be accompanied by government efforts to make policy that ensured the availability of healthy options for the population. The SCRC also supported the proposed initiative on big data for health; one member noted that a consultation and exchange of views on that issue had already taken place at subregional level, where the joint monitoring framework was already in use.

12. The Regional Director proposed that the concept note of the task force on big data for health should be refined through an inclusive process involving Member States which already had experience in that field. Further consultation with the SCRC could be held by teleconference, and the topic could be included as an item for discussion at the ministerial lunch on health information systems during the 68th session of the WHO Regional Committee for Europe (RC68).

Vaccine-preventable diseases and immunization: realizing the full potential of the European Vaccine Action Plan 2015–2020

13. The Director, Programme Management, recalled that at its second session the Twenty-fifth SCRC had supported the proposal to place the issue of the European Vaccine Action Plan 2015–2020 (EVAP) on the agenda of RC68 as a separate item. A midterm review of EVAP, conducted as an independent process, would be completed by mid-June 2018; the Director presented the initial results of that review (document EUR/SC25(4)/9). The final conclusions of the review and updated information for 2017 would be contained in a working document for RC68, while the full report of the review would be submitted as an information document.

14. The preliminary recommendations from the midterm review included the development of a coherent strategy to address the challenges that middle-income countries (MICs) were facing. The review also recommended that the Region should remain committed to the agreed targets and vigilant regarding threats and challenges. Political commitment, adequate resource allocation and continued advocacy for high immunization coverage towards measles and rubella elimination goals were particularly important, as was the need for the Region to explore new means of ensuring that vaccine shortages and supply disruptions had a lower

impact on immunization programmes. Ultimately, the midterm evaluation report emphasized the paramount importance of Member States continuing to convey their support for the EVAP goals and, in doing so, expressing their willingness to collaborate to close immunity gaps and to extend the benefits of vaccination equitably throughout the life course.

15. Participants commended the Secretariat on a very interesting and well produced document. One member of the SCRC, noting that countries were listed by name in certain paragraphs of the report, called for that practice to be followed consistently throughout the document.

Draft strategy on the health and well-being of men in the WHO European Region

16. The Director, Policy and Governance for Health and Well-being, recalled that previous drafts of the strategy on the health and well-being of men in the WHO European Region had been reviewed by the Twenty-fifth SCRC at its second and third sessions.

17. The Acting Programme Manager, Gender and Human Rights, noted that the draft strategy was a joint initiative by the Regional Office's Divisions of Policy and Governance for Health and Well-being, and of Noncommunicable Diseases and Promoting Health through the Life-course. Input had also been provided by the Division of Health Systems and Public Health and the geographically dispersed offices (GDOs) on primary health care in Almaty, Kazakhstan, and on NCDs in Moscow, Russian Federation. The draft strategy had been discussed in two expert meetings and in several forums, including the Healthy Cities Network and Regions for Health meetings, the 4th International Conference on Men and Equal Opportunities held in Stockholm, Sweden, and a meeting with civil society hosted by Ireland.

18. Three major changes had been made in the revised draft strategy: (a) references to masculinity had been clarified and expressed in terms of socially constructed roles for males and females; (b) key evidence had been integrated into the body of the strategy; and (c) key recommendations had been grouped within each of the five areas (governance, gender equality, health systems, health promotion, and the evidence base). A draft resolution for RC68 was under preparation; it would incorporate the suggestion that reporting on the men's health strategy should be done in conjunction with that on women's health, in order to reduce the reporting burden and underscore the gender-based approach.

19. SCRC members welcomed the revised draft strategy. Its thorough preparation, notably with the involvement of civil society organizations, should serve as a model for similar documents. It should be viewed in a broader gender perspective, together with the follow-up of the Strategy on Women's Health and Well-being in the WHO European Region, adopted in 2016, and Health 2020. In view of the significant differences in men's health throughout the Region, members commended the flexible approach to specific actions advocated in the revised draft strategy. They also welcomed the integration of statistics in the main document.

20. One member suggested that sexual and reproductive health should be part of the health systems "package", rather than the area of gender equality. Paragraph 34(n) should be reworded to read: "promoting evidence-based solutions and organizing information campaigns related to sexual and reproductive health services and products". Clarification was sought concerning the phrases "gender budgeting" (paragraph 31(h)), "gender-based policies,

services and programmes” (paragraph 37(b)) and “the medicalization of boys’ and men’s behavior” (paragraph 37(m)).

21. Responding to the comments, the Acting Programme Manager, Gender and Human Rights, explained that sexual and reproductive health services and products were deliberately mentioned both in the area of the strategy related to gender equality and in that dealing with health systems. Gender budgeting was a tool adopted by the United Nations in the context of the SDGs and was often seen as looking only at women’s needs. In the context of the revised draft strategy, however, it referred to financing the health priorities of both men and women.

22. The SCRC recommended that the revised draft strategy should be presented to RC68 and looked forward to its implementation.

Financial protection in the WHO European Region

23. The Director, Division of Health Systems and Public Health, introduced the findings of a new study on financial protection in 25 Member States of the Region, contained in document EUR/SC25(4)/19. The study was intended to provide evidence to support Member States in making informed policy choices and addressed the regional priority of moving towards universal health coverage and reducing impoverishing out-of-pocket payments for health care. It covered both higher-income and lower-income countries, with a focus on poorer groups in the population, and included policy proposals.

24. The study results showed that countries with lower levels of population coverage for health care tended to have weaker financial protection. Even in countries with 100% coverage, some households still had to deal with catastrophic out-of-pocket payments. Financial protection was stronger in countries where out-of-pocket payments were low.

25. Medicines were the main reason for catastrophic spending, especially among poor people. In the most affluent quintile of the population, the main cause of catastrophic health spending was dental care. Countries with strong financial protection tended to have low, fixed copayments with an annual upper limit and exempted the poor and people with chronic conditions from payment. Improving financial protection tended to reduce the unmet need for health care. Paying out-of-pocket for health care could push people into poverty or further impoverish those who were already poor, even in the most developed countries.

26. Discussions on financial protection would continue at the high-level regional meetings due to take place later in the year in Estonia and Kazakhstan,² as well as the forthcoming United Nations high-level meetings on universal health coverage and noncommunicable diseases (NCDs) in 2019. The regional report, *Can people afford to pay for health care?*, dealing with financial protection in Lithuania, was due to be launched in Vilnius at the end of May 2018.

27. In the ensuing discussion, members expressed appreciation for the financial protection metrics developed by the Regional Office. They noted that poor groups were typically less likely to access preventive care, and they stressed the significance of out-of-pocket payments for preventive care, including dental care.

² Health Systems for Prosperity and Solidarity: Leaving No One Behind (Tallinn, Estonia, 13–14 June 2018); Global Conference on Primary Health Care (Almaty, Kazakhstan, 25–26 October 2018).

28. The Regional Director noted that preventive care was included in the concept of universal health coverage. The Director, Division of Health Systems and Public Health, said that out-of-pocket payments had been fully taken into account in the survey. Unmet need was certainly a significant issue: the survey had found that even low copayments did not reduce unmet need – certain vulnerable groups had to be exempted from payment altogether. The informal meeting of European Union health ministers held in Sofia, Bulgaria, in April 2018, had addressed the issue of access to medicines.

29. The Standing Committee took note of the report.

Advancing public health in the WHO European Region for sustainable development

30. The Director, Programme Management, drew attention to document EUR/SC25(4)/23, entitled Advancing public health for sustainable development in the WHO European Region. The document was based on an earlier report, Facing the future: opportunities and challenges for 21st-century public health in implementing the Sustainable Development Goals and the Health 2020 policy framework, which had been submitted to RC67 as an information document in 2017. Public health is a societal function facing complex political, social, economic and environmental challenges to which multisectoral responses are required, involving both vertical and horizontal integration. The document reflects on 21st-century health policy development and public health practice, as a basis for guidance and support for Member States.

31. The document suggested areas in which public health could contribute to sustainable development: strengthening governance and the ethical framework for public health, increasing investment, improving the public health infrastructure and appropriately trained and oriented human resources, and strengthening the activities at the national and local levels. The document emphasizes the importance of addressing the determinants of health, working effectively with other sectors. An advisory group of independent experts would meet in Copenhagen on 11 June 2018 to review the document, which would then be submitted to Member States in a wide-ranging web-based consultation.

32. The Standing Committee took note of the report.

Implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases 2014–2020: lessons learned and the way forward

33. The Director, Programme Management, introduced document EUR/SC25(4)/11, which summarized progress on the implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases in the WHO European Region 2014–2020. The work has been guided by the SCRC subgroup on vector control, which proposed the discussion on the development of a regional action plan for vector-borne diseases at the Regional Committee. Proposed next steps included strengthening of intersectoral and intrasectoral collaboration, community engagement and mobilization to improve vector control and build resilience against future disease outbreaks, and enhancing vector surveillance and monitoring and evaluation of control programmes, as well as expanding the work to a broader range of vector-borne diseases. With the input of the

Standing Committee and its subgroup on vector control, the Secretariat would revise the document for submission to RC68.

34. The Chair of the subgroup on vector control drew attention to an expert workshop on vector control, due to take place in Athens, Greece, in June 2018.

35. In the ensuing discussion, one member said that any further action should be organized within the existing regional framework: there was no need for a regional action plan on vector control. He did not consider that expansion of the focus to a broader range of vector-borne diseases in the Region (such as Lyme borreliosis) had added value, and that these should be dealt with under the current regional framework.

Action plan to improve public health preparedness and response in the WHO European Region, 2018–2023

36. The Director, Programme Management, introduced the report on the draft action plan to improve public health preparedness and response in the WHO European Region, 2018–2023 (document EUR/SC25(4)/12). The document described the draft regional action plan, intended to strengthen and maintain regional IHR capacities to prevent, prepare for, detect and respond to public health threats and provide assistance to affected countries. It was aligned with the draft global five-year strategic plan to improve public health preparedness and response, 2018–2023, scheduled to be submitted to the forthcoming World Health Assembly for adoption.

37. The draft action plan considered both infectious diseases and other hazards covered by the International Health Regulations (IHR) (2005) and was consistent with other international commitments such as the Sendai Framework for Disaster Risk Reduction. It emphasized the leadership role of WHO and the importance of intersectoral action. It was designed around three strategic pillars: building and maintaining the core capacities of States Parties required under IHR (2005), strengthening event management and compliance with IHR (2005) requirements, and measuring progress and promoting accountability, and it paid particular attention to the new and important area of risk communication and to the established policy in the European Region of linking emergency preparedness with health systems strengthening and public health functions. The Secretariat would support States Parties in monitoring, evaluation and accountability through their mandatory annual reports under the IHR (2005), as well as other tools such as the joint external evaluations, already completed by 10 Member States of the European Region, after-action reviews of past incidents and, potentially, simulation exercises based on risks identified through the Regional Office's risk-mapping process. A draft resolution on the issue would be submitted to RC68.

38. The Standing Committee took note of the report.

Report on the WHO high-level meeting, Health Systems Respond to NCDs: Experience in the European Region (Sitges, Spain, 16–18 April 2018)

39. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, reported back on the high-level regional meeting, Health Systems Respond to NCDs: Experience in the European Region (Sitges, Spain, 16–18 April 2018). The meeting had

attracted many high-level political representatives, and the Regional Director had already presented its outcomes to the WHO Independent High-level Commission on NCDs. It had been innovative in both planning and execution, and she hoped that the ideas and methodologies it had produced would be scaled up and applied in other areas, such as the urban agenda, mental health and the interaction of health and the environment.

40. The Director, Division of Health Systems and Public Health, said that the meeting had focused on the potential for Member States with persistent high premature mortality from NCDs to “leapfrog” over decades of slow progress by speeding up the adoption of proven public health interventions and avoiding the errors of the past. It had featured a number of innovative activities: policy workshops, real-time country problem-solving, a “marketplace” of good practices and daily opportunities for organized physical activity. Participants had discussed the pre-final draft of a regional report, Health systems respond to noncommunicable diseases: time for ambition, 16 policy briefs describing good practices in individual Member States and 13 country assessments. The recommendations of the meeting, as expressed in its outcome statement, would be operationalized at the country level with the generous financial support of Germany.

41. Members who had attended the meeting commended the engaging, participatory approach that had been adopted and the acknowledgement that a population-based, data-driven approach, involving all sectors and all levels of society, would be essential for tackling NCDs. One member noted the need to explore further the role of health systems in primary health care, particularly at the local level: health systems could play a leadership role in involving other sectors in the prevention of chronic diseases, surveillance and infection control. Another said that the European Region should set an example by giving priority to the significant but often neglected issue of mental health.

42. The Regional Director drew attention to the integrated approach adopted during the five years of joint work by the Divisions of Health Systems and Public Health and Noncommunicable Diseases and Promoting Health through the Life-course that had culminated in the Sitges meeting. The nine “building blocks” of the comprehensive and aligned health system response to NCDs would contribute to the implementation of the three pillars of GPW 13. The Director, Division of Health Systems and Public Health, said that the outcomes of the Sitges meeting would feed into the forthcoming conferences in Tallinn and Almaty.

43. The Standing Committee took note of the report.

Engagement with non-State actors: Accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe

44. The Director, Strategic Partnerships, and WHO Representative to the European Union introduced the overview of applications by non-State actors not yet in official relations with WHO for accreditation to attend meetings of the Regional Committee (document EUR/SC25(4)/18). A draft resolution on the subject would be submitted to RC68.

45. One member noted that allowing non-State actors to attend meetings was only the first step. It would be necessary to identify ways of involving them more effectively in the work of

WHO in the European Region. The country visits had shown the value of effective collaboration with civil society.

46. The Standing Committee took note of the document and agreed to forward the draft resolution to RC68.

Information items

Countries at the centre: the strategic role of country offices in the WHO European Region

47. The Director, Country Support and Corporate Communications, said that GPW 13 placed countries at the centre of WHO's work, enshrining an approach that had long been adopted at the Regional Office for Europe.

48. Following visits by members of the Executive Board and the SCRC to Slovenia (1–3 February 2018) and the Russian Federation (1–3 March 2018), a delegation composed of SCRC members from Hungary, Iceland, the Netherlands and Slovenia had visited the WHO country office in Ankara and the WHO field office for emergencies in Gaziantep, Turkey, on 5–7 April 2018. The visit had shown how WHO provided technical guidance and support to work taking place at country level in an integrated and coordinated manner across all three levels of the Organization, coordinated by the country office, led by the WHO Representative and linking back to global policies and actions agreed at the World Health Assembly. At the same time, the visit had provided an opportunity to see WHO in operational mode, acting with multiple partners across WHO regions, delivering humanitarian aid in response to the conflict in the Syrian Arab Republic.

49. A report on all three visits had been prepared and would be submitted to RC68 as an information document.

50. The chairperson of the SCRC subgroup on countries at the centre referred to the very first opportunity for SCRC members, which had been to visit the Country Office in Georgia. This opportunity had been open to all SCRC members and was highly appreciated; the chairperson of the subgroup thanked Dr Gamkrelidze for the kind hospitality. Dr Petric went on to explain how all the visits were very useful for the SCRC members, enabling them to see the work of WHO country offices. She made particular reference to the visit to Turkey, where members of the delegation had seen how appropriate approaches to refugee health were being developed. It was clear that the role of WHO's country offices was not only to assist countries but also to get the best out of them. That entailed working together to get things done better, and then sharing that experience with other countries. She hoped that the opportunity to look at and share good practices would continue in the future.

51. The SCRC member from Turkey expressed appreciation to the Secretariat and members of the SCRC for the visit, which had been a learning experience both for the delegation and for officials from the host country. They had seen how a country office and a field office operated, and how relations had been built up with other stakeholders and partners. The visit had been very valuable to all those concerned.

52. The SCRC member from the Russian Federation also expressed satisfaction with the visit that had been made to her country, which had afforded an opportunity to bring together national staff from a wide range of ministries and sectors. WHO's country offices could play an important role in translating key policy documents into the language of the country and making information and reports related to WHO collaborating centres more accessible. The SCRC member from Uzbekistan, noting the role played by the WHO Country Office and WHO Representative in her country in supporting the health system reforms that were under way, extended an invitation to SCRC members to visit Uzbekistan.

53. The Regional Director emphasized that the purpose of the visits was also to build trust between Member States and WHO's country offices. The Organization had invested considerable resources in training WHO representatives, both in the European Region and globally, and she was pleased to hear that they had the necessary knowledge and skills to support countries.

54. Recalling the country performance report that had been presented to RC67 the previous year (document EUR/RC67/12), she asked members of the SCRC how they saw the evolution of reviews of WHO's work at country level, and how the report on the country visits should be presented; should generic issues be singled out for consideration? In view of the Regional Office's commitment to put 30% more resources into country offices, she would also appreciate receiving SCRC members' views on how to ensure oversight of those funds.

The European health report 2018

55. The Director, Division of Information, Evidence, Research and Innovation, recalled that at its second session the Twenty-fifth SCRC had been given an overview of the content of the European health report 2018. That flagship report, which was being issued at the mid-point of implementation of Health 2020, would not only give an overview of health status for the WHO European Region as a whole but also contain information on new concepts such as community empowerment and resilience, and the whole-of-society and life-course approaches. An online consultation among Member States had been conducted in February and March 2018, seeking guidance on three suggested options (minimum, pragmatic and ideal) for the quantitative and qualitative monitoring of those parameters. Responses received to date recommended starting with the minimum option and exploring the possibility of going further. The Regional Office was seeking funding to pilot an expanded approach, which could also cover health literacy and the cultural aspects of health.

56. The European health report 2018 was currently being finalized. Health and well-being in the Region had improved, in tandem with Health 2020, but more remained to be done: inequalities within countries were increasing. To continue to monitor progress, integrated, harmonized and interoperable health information is required. Moving beyond its traditional counterparts of ministries of health, the Regional Office was working with the European Commission and the Organisation for Economic Co-operation and Development (OECD) in that area. The report would be launched before, and be available in multiple languages at, RC68.

Impact of WHO reform on the work of the WHO European Region

57. The Director, Programme Management, introduced document EUR/SC(25)/10, WHO reform: new strategic vision and transformation plan. The Organization as a whole was undergoing changes under the Director-General's transformation agenda. The reform process was managed through the existing global networks of directors of programme management, directors of administration and finance and external relations managers across the Organization: WHO country representatives were also involved. Measures to improve the workplace culture were being introduced and aligned with the Respectful Workplace initiative. The Director-General was committed to enhancing partnerships with all stakeholders including the G7, the G20, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance. The Regional Office was concentrating particularly on determining the strategic priorities of countries over the next five years, including the staffing required for increased technical and policy support at country level.

58. The main changes were those required to align with the priorities of GPW 13, the SDGs and Health 2020; a new focus on impact and outcomes rather than deliverables; and the increased focus on country work and impact in countries. The Regional Office would focus on interdivisional and interprogramme delivery, including joint missions to countries. Of course, progress would be dependent on the funding provided by Member States for the implementation of GPW 13.

59. The Regional Director noted that changes related to the priority of placing countries at the centre would take into account the business model of the European Region, which provided support to countries from the Regional Office in Copenhagen and the GDOs as well as the country offices themselves.

60. The Standing Committee took note of the report.

Report on the geographically dispersed offices

61. The Director, Programme Management, introduced document EUR/SC25(4)/20, which reviewed the performance of the GDOs over the previous five years, in the case of the Barcelona, Bonn and Venice offices, and since their opening, in the case of the offices in Almaty and Moscow. A more detailed report would be submitted to RC68.

62. The Standing Committee took note of the report.

Oversight report on the budget and financial situation of the WHO Regional Office for Europe

63. The Director, Division of Administration and Finance, presented an update on the budget and financial situation of the Regional Office. At present, the Regional Office budget was 64% funded, with a projected final funding level of 76%, which was below the figure of 85% recommended by the Programme, Budget and Administration Committee and did not reflect the wide-ranging differences between individual programmes. However, it was expected that some resources would be distributed to the regions. The Standing Committee would be informed of any developments in that respect.

64. Information on the end of the biennium assessment for the Programme budget 2016–2017 was available on the Programme budget web portal (<http://open.who.int/2018-19/home>). For the first time, the information available included country reports, with detailed information and success stories for all regions. The Regional Office had also conducted internal assessments and peer reviews.

65. The Standing Committee took note of the report.

Membership of WHO bodies and committees

Elective posts at the Seventy-first World Health Assembly

66. The Regional Director informed the SCRC of the nominations that would be put forward for the posts of Vice-President of the Seventy-first World Health Assembly and Vice-Chairman of Committee A, as well as for membership of the General Committee (five seats) and the Credentials Committee (three seats).

Vacancies for election or nomination at RC68

67. The Standing Committee met in private to review the candidatures received for membership of the Executive Board (two seats), the SCRC (four seats), the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases (one seat), and the Regional Evaluation Group (six seats).

Other matters, closure of the session

68. The Chairperson encouraged members to attend the sports event, “walk the talk”, due to take place in Geneva the following morning. After the customary exchange of courtesies, he declared the session closed.

Annex 1. Agenda

1. Opening by the Chairperson and review by the Regional Director
2. Adoption of the provisional agenda and the provisional programme
3. Review of technical and policy topics and consultation process for RC68 agenda items
 - (a) Review of the joint monitoring framework
 - (b) Vaccine-preventable diseases and immunization: realizing the full potential of the European Vaccine Action Plan 2015–2020
 - (c) Draft strategy on the health and well-being of men in the WHO European Region
 - (d) Financial protection in the WHO European Region
 - (e) Advancing public health in the WHO European Region for sustainable development
 - (f) Implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases 2014–2020: lessons learned and the way forward
 - (g) Action plan to improve public health preparedness and response in the WHO European Region, 2018–2023
 - (h) Report on the WHO high-level meeting, “Health systems respond to NCDs: Experience in the European Region” (Sitges, Spain, 16–18 April 2018)
 - (i) Engagement with non-State actors: Accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe
- Information items (if time permits):
 - (j) The European health report 2018
 - (k) Countries at the centre: the strategic role of country offices in the WHO European Region
 - (l) Impact of WHO reform on the work of the WHO European Region
 - (m) Report on the geographically dispersed offices
 - (n) Oversight report on the budget and financial situation of the WHO Regional Office for Europe
4. Membership of WHO bodies and committees
 - (a) Vacancies for election or nomination at RC68 (private session)
 - (b) Elective posts at the Seventy-first World Health Assembly
5. Other matters, closure of the session

Annex 2. List of documents

Working documents

EUR/SC25(4)/1	Provisional list of documents
EUR/SC25(4)/2	Provisional agenda
EUR/SC25(4)/3 Rev.2	Provisional programme
EUR/SC25(4)/4	Provisional list of participants
EUR/SC25(4)/5	Draft provisional agenda of the 68th session of the WHO Regional Committee for Europe
EUR/SC25(4)/6	Draft provisional programme of the 68th session of the WHO Regional Committee for Europe
EUR/SC25(4)/7	Membership of WHO bodies and committees
EUR/SC25(4)/7 Add.1	Membership of WHO bodies and committees
EUR/SC25(4)/8	Progress report on implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020
EUR/SC25(4)/9	Vaccine-preventable diseases and immunization: realizing the full potential of the European Vaccine Action Plan 2015–2020
EUR/SC25(4)/10	WHO reform: new strategic vision and transformation plan
EUR/SC25(4)/11	Implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases 2014–2020: lessons learned and the way forward
EUR/SC25(4)/12	Action plan to improve public health preparedness and response in the WHO European Region, 2018–2023
EUR/SC25(4)/13	Progress report – Investing in Children: the European Child Maltreatment Prevention Action Plan 2015–2020
EUR/SC25(4)/14	Progress report – Investing in Children: the European Child and Adolescent Health Strategy 2015–2020
EUR/SC25(4)/15	Progress report on implementation of the European Strategic Action Plan on Antibiotic Resistance
EUR/SC25(4)/16	Draft strategy on the health and well-being of men in the WHO European Region
EUR/SC25(4)/17	Implementation of the European Environment and Health Process

EUR/SC25(4)/18	Engagement with non-State actors: Accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe
EUR/SC25(4)/19	Can people afford to pay for health care? New evidence on financial protection in Europe
EUR/SC25(4)/20	Progress report on the work of the geographically dispersed offices of the WHO Regional Office for Europe
EUR/SC25(4)/21	Draft provisional agenda of the 69th session of the WHO Regional Committee for Europe
EUR/SC25(4)/22	Items for future Regional Committee meetings
EUR/SC25(4)/23	Advancing public health for sustainable development in the WHO European Region
EUR/SC25(4)/24	Progress report on the implementation of the Strategy and action plan for refugee and migrant health in the WHO European Region

Draft resolutions and decisions

EUR/SC25(4)/Conf.Doc./1	Draft resolution – Report of the Regional Director on the work of WHO in the European Region 2016–2017
EUR/SC25(4)/Conf.Doc./2	Draft resolution – Report of the Twenty-fifth Standing Committee of the Regional Committee
EUR/SC25(4)/Conf.Doc./3	Draft resolution – Dates and places of regular sessions of the Regional Committee for Europe in 2019–2021
EUR/SC25(4)/Conf.Doc./4	Draft resolution – Appointment of a Regional Evaluation Group
EUR/SC25(4)/Conf.Doc./5	Draft decision – Engagement with non-State actors: Accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe
EUR/SC25(4)/Conf.Doc./6	Draft resolution – Action plan to improve public health preparedness and response in the WHO European Region, 2018–2023
EUR/SC25(4)/Conf.Doc./7	Draft resolution – Strategy on the health and well-being of men in the WHO European Region
EUR/SC25(4)/Conf.Doc./8	Draft resolution – Reaffirming commitment to health system strengthening for universal health coverage, better outcomes and reduced health inequalities