

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

Second session

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Report of the second session

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Opening of the session

1. The Twenty-seventh Standing Committee of the Regional Committee for Europe (SCRC) held its second session in Copenhagen, Denmark, on 26–27 November 2019. The Chairperson, Dr Søren Brostrøm (Denmark), welcomed members and other participants and noted that the report of the first session of the Twenty-seventh SCRC, which had taken place in Copenhagen on 19 September 2019, had been circulated and approved electronically.
2. The Chairperson extended his sympathies on behalf of the SCRC to all those affected by the earthquake that had occurred in Albania that morning.
3. In accordance with Annex 4 to resolution EUR/RC63/R7, the opening address by the WHO Regional Director for Europe ad interim would be video-streamed.

Adoption of the provisional agenda and the provisional programme

4. The provisional agenda (document EUR/SC27(2)/2 – see Annex 1) and the provisional programme (document EUR/SC27(2)/3) were adopted. See Annex 2 for the list of documents for the meeting.

Address by the Regional Director ad interim

5. In her opening address, the Regional Director ad interim summarized the work of the WHO Regional Office for Europe since the first session of the Twenty-seventh SCRC. With regard to the transformation process, activities had been focused on developing the Regional Office culture change action plan, with the aim of finalizing the draft plan in February 2020. The recently launched WHO Core Values in Action initiative provided an opportunity for staff members to share their stories on how they were putting WHO's core values into action. A staff meeting had been held in October 2019 to promote common understanding and strengthen staff ownership of the transformation process. Another important development was the establishment of the general service task force and its terms of reference. The regional transformation team had been working with staff at all levels of the Organization to support the development of the WHO Academy, which was intended to be one of the world's largest digital learning platforms, and which would support the learning and development needs of WHO staff and stakeholders in progressing towards WHO's "triple billion" targets: ensuring that by 2023, an additional 1 billion people benefit from universal health coverage; 1 billion more are afforded better protection in health emergencies; and 1 billion more enjoy improved health and well-being.
6. On 10 October 2019, UN City in Copenhagen had welcomed the United Nations Secretary-General, António Guterres, to UN City campuses 1 and 2 for the first time, where he had addressed several hundred members of staff at a town hall meeting and had emphasized the importance of working together in order to achieve the Sustainable Development Goals. He had also highlighted the central role of the United Nations and its agencies in addressing the challenges related to climate change. On 8 November, the Regional Office had welcomed a 41-member delegation from the Unit for Health and Health Care of the Swedish Ministry of Health and Social Affairs.

7. At the global level, important events had included the adoption of the United Nations Political Declaration on universal health coverage in New York, United States of America, on 23 September 2019, which represented a landmark for global health and development. On the same day, the Regional Director ad interim had chaired a side event on universal health coverage and health services for displaced populations. On 24 September, WHO and 11 other multilateral organizations had launched the Global Action Plan for Healthy Lives and Well-being for All, which aimed to provide more streamlined support to countries in efforts to deliver universal health coverage and achieve the health-related Sustainable Development Goals.

8. At the regional level, the fifth session of the Meeting of the Parties to the Protocol on Water and Health had taken place in Belgrade, Serbia, on 19–21 November, at which the Prime Minister of Serbia had affirmed her Government's full support for the work in this area. The Regional Director ad interim welcomed the recent ratification of the Protocol by Montenegro. Other regional events had included: a meeting of the health ministers of the Visegrad Group and WHO (Prague, Czechia, 11–13 November), at which the Regional Director ad interim had engaged in valuable discussions with the Prime Minister of Czechia on the country's alcohol policy; the School of Environment and Health (Bonn, Germany, 28–30 October); the Third All-Russian Forum on Public Health (Moscow, Russian Federation, 14–17 October), which had been held back-to-back with the First WHO NCD Investment Case Forum; the signing of a memorandum of understanding with the International Federation of Red Cross and Red Crescent Societies on 18 September, thereby reaffirming and consolidating the cooperation between the two organizations; and the European Health Forum Gastein (Bad Hofgastein, Austria, 2–4 October), at which WHO had organized a number of sessions, including those on health equity and financial protection.

9. Other key regional events had included: the Vector-Borne Disease Operational Readiness Workshop: Lessons Learned from the West Nile Virus Response in the WHO European Region (Copenhagen, 15–17 October); the 19th meeting of the European Technical Advisory Group of Experts on Immunization (Copenhagen, 29–30 October); the Partners Consultation on the 2030 European Regional Immunization Strategy (Copenhagen, 31 October); and the forthcoming coordination meeting on cross-border collaboration on prevention of malaria re-establishment between bordering countries of the WHO Eastern Mediterranean and European Regions (Dushanbe, Tajikistan, 27–28 November). The Regional Office had also contributed to the *Global tuberculosis report 2019*, released on 17 October.

10. Several regional events had been held on the issue of noncommunicable diseases, namely: an international conference on community-based mental health services that respect rights and promote recovery (Trieste, Italy, 23–25 September); a technical meeting of eight countries on novel tobacco products (Copenhagen, 2–3 October); a meeting on scaling up management of diabetes in the South-eastern Europe Health Network countries (Skopje, North Macedonia, 26 November); and a forthcoming meeting on results of the assessment of sexual reproductive, maternal, newborn, child and adolescent health in the context of universal health coverage in six countries in the WHO European Region (Copenhagen, 28–29 November).

11. Additional events had included: a public health systems retreat (Ohrid, North Macedonia, 1–3 October); a round table co-sponsored by the European Region on primary health care with the Ministry of Health of Kazakhstan (Astana, Kazakhstan, 25 October) to celebrate the first anniversary of the Declaration of Astana on primary health care;

the Advanced Course on Health Information and Evidence for Policy-making (Israel, 28 October–1 November); a workshop on the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (Copenhagen, 25–26 November); the launching of the first WHO report on the evidence base for art and health interventions (Helsinki, Finland, 11 November), representing the most comprehensive review of art and health undertaken to date; the sixth Evidence-informed Policy Network multi-country meeting (3–5 September, Istanbul, Turkey); and the forthcoming meeting on accelerating the implementation of the European Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making (Vilnius, Lithuania, 27–29 November). A number of awareness-raising and media campaigns had also been conducted, including on suicide prevention and on influenza vaccination among high-risk groups.

Address by the Regional Director Nominee

12. The Regional Director Nominee expressed his condolences and support to the Minister of Health of Albania and all those affected by the earthquake that had occurred in Albania that morning.

13. He thanked the Regional Director ad interim and the executive team of the Regional Office for their assistance in ensuring a smooth transition phase. Maintaining direct contact with Member States was vital; in that connection, he expressed appreciation to the President of the Board of Directors of the Federal Public Health Service of Belgium who had hosted a brainstorming session with staff from the Regional Office on the way forward for the coming year. He had also met with the Minister of Health of Malta to discuss the country's new national health strategy and had attended a meeting of the State Council in Kaliningrad, Russian Federation, on the subject of primary health care.

14. The Regional Director Nominee had been invited by the Minister of Health of Bulgaria to attend the meeting of 17 central and eastern European health ministers and the Minister of Health of China under the One Belt One Road initiative. The Regional Director Nominee and the Minister of Health of Bulgaria had subsequently been invited to visit China to showcase innovative developments in digital health. A delegation from China would be attending the second WHO Symposium on the Future of Digital Health Systems, to be held in Copenhagen on 4–5 March 2020. Before the end of 2019 the Regional Director Nominee would be conducting a visit to Greece, including a meeting with the Prime Minister of Greece to discuss how to safeguard the country's major reforms in primary health care. He would also be meeting with the Chef de Cabinet of the Prime Minister of Hungary to discuss ways of scaling up collaboration between the Regional Office and Hungary, and would be attending a high-level meeting of the Northern Dimension Partnership in Public Health and Social Well-being in Latvia, which would include discussions on WHO's country presence.

15. As part of his commitment to strengthening partnerships and to protecting and promoting public health, the Regional Director Nominee had met with the President of the European Health Forum Gastein to discuss how to continue collaboration between the two bodies and had attended the twelfth European Public Health Association conference held in Marseille, France, on 20–23 November. He had also met with the Director of the Regional Support Team for Eastern Europe and Central Asia of the Joint United Nations Programme on HIV/AIDS to discuss ways of synergizing and maximizing the work of both entities in the

context of the United Nations reform process, and with the Director-General of the European Commission's Directorate-General for Health and Food Safety.

16. Acknowledging the key contribution of staff to the transformation process, a robust action plan on internal communication had been put in place, as part of which an "Ask Hans" mailbox had been opened to enable staff to communicate any concerns or issues, including on harassment, in a confidential manner. The Regional Director Nominee had also continued to work with the Regional Director ad interim on the visibility and legitimacy of the Regional Office for Europe, and had met with the WHO Director-General and all Assistant Directors-General at WHO headquarters in Geneva, who had conveyed their strong support for the work of the Regional Office. The Belgian Ambassador had hosted a working lunch with 12 European donor countries which had also expressed a keen interest in supporting the Regional Director Nominee in his work. Regarding governance, efforts were under way to increase the effectiveness of the WHO Regional Committee for Europe and on how to make the Regional Committee more attractive to health ministers from a political perspective.

17. The Executive Board member from Finland, participating as an observer and acting as the designated link between the Executive Board and the SCRC, commended the work undertaken on art and health and suggested that it could be further expanded at both the European and global levels in order to highlight the health promotion, mental health and rehabilitation aspects of art and health.

The Danish health care system: an in-depth overview

18. The Chairperson, speaking in his capacity as Director General of the Danish Health Authority, summarized the status of public health in Denmark. The national health care system had evolved significantly over the last two decades, principally as a result of the introduction of major reform in 2007. The core principles of the reform were to increase the specialization and centralization of hospital services with a focus on ensuring quality over physical proximity to hospitals, which had resulted in the closure of some small local hospitals and the creation of larger centralized ones. The four national cancer action plans had also been instrumental in driving change. Patient rights had been developed, work on evidence-based medicine had been enhanced and national governance had been strengthened at all levels. However, despite the significant progress made, challenges remained. Social inequities persisted and preventable disease still posed challenges, in particular with regard to tobacco use. Efforts were under way to improve tobacco regulation, including on price and packaging. Alcohol consumption had decreased, particularly among young people, but more needed to be done. Although primary health care in Denmark was widely accessible and free of charge it was not sufficiently used, leading to an overuse of hospital services. The lack of provision of mental health care services would be tackled through a recently announced 10-year action plan for mental health.

19. Dr Annemarie Lauridsen, Deputy Permanent Secretary, Danish Ministry of Health and Senior Citizens, presented an overview of the Danish health care system. The Ministry of Health consisted of eight agencies, including the newly created Danish National Genome Center, which would be responsible for gathering and storing DNA analysis. The Danish health care system was based on four key principles: universal health coverage; free and equal access; financing of the system from general taxes; and a high degree of decentralization. In terms of structure, the Ministry of Health was responsible for the overall direction of the system and for regulatory, coordination and advisory functions; the five regions were

responsible for hospitals, hospital services and adult dental services, as well as for negotiating agreements with general practitioners and private specialist doctors; and the 98 municipalities had responsibility for home nursing, elderly care, preventive care, health promotion, rehabilitation outside hospital, treatment of alcohol and drug abuse, and child nursing. Expenditure on health was increasing and work was ongoing to make the health care system more effective and productive, in particular in the light of the growing elderly population. Efforts were under way to strengthen the primary health care sector, including by increasing intersectoral cooperation and developing digitalization solutions.

20. Dr Kåre Mølbak, Vice-President, Infectious Disease Preparedness, Statens Serum Institut, presented an overview of work on antimicrobial resistance in Denmark. A pioneer country in terms of conducting integrated surveillance of antimicrobial resistance, Denmark had been monitoring consumption of antimicrobial agents among both humans and animals since 1995. Action was shaped by a national strategy and national action plan, whose goals included promoting the use of penicillin V as the preferred antibiotic in primary care, reducing the use of critically important medicines in hospitals, improving animal welfare and sharing knowledge. National efforts had led to a decline in consumption of antimicrobial agents in both humans and animals, but work was needed to further reduce consumption, notably in hospitals. The International Centre for Antimicrobial Resistance Solutions had been established to close the gap between policy and practice, with a focus on low- and middle-income countries. Urgent action was needed to safeguard the progress made towards the achievement of the Sustainable Development Goals. The Centre was seeking partners, both for scientific collaboration and for financial support in developing the Centre. A One Health approach and collaboration with a wide range of sectors and partners were essential for tailoring solutions and implementation of action to diverse settings and health systems. Country ownership of projects was key, which should be solution-focused and sustainable. WHO, including the Regional Office for Europe, was working closely with the Centre on its projects and would form part of its governance structure.

21. Mr Rasmus Baagland, Senior Adviser, Danish Health Authority, presented an overview of health promotion packages in Denmark. Following the reform of the Danish health care system in 2007, the municipalities had been made responsible for health promotion and disease prevention. To assist them in that task, the Danish Health Authority had drawn up a number of packages of recommendations, with each package focusing on a specific area of public health and providing implementation methods and follow-up actions. An analysis of the burden of disease and risk factors, a national profile of Denmark and a survey of health behaviour in schools had contributed to the knowledge base for the recommendations. The Authority had also collaborated with the University of Southern Denmark on the evidence base for the recommendations. Support was provided to municipalities in implementing the recommendations and implementation was monitored. In response to interest shown by countries in the European Region, two of the packages had been translated into English, with further translations planned for the future.

22. The Regional Director Nominee expressed the strong commitment of WHO and the Regional Office to work with Member States and the International Centre for Antimicrobial Resistance Solutions on the issue of antimicrobial resistance. Agreeing with the need for a One Health approach and multidisciplinary collaboration, he stressed the importance of moving from the creation of solutions to their implementation. The issue of multidrug-resistant tuberculosis in the Region must also be tackled.

A forward look towards increased effectiveness and novel elements of governance of the WHO European Region: Standing Committee of the Regional Committee for Europe (SCRC) group reflections (closed session)

23. The Regional Director Nominee, summarizing his dialogue with the 53 Member States of the European Region on the action required in the Region, said that Member States had underlined the need to tackle the drivers of the disease burden and to address the determinants of health, with increased advocacy in support of health ministries with ministers of finance, prime ministers and heads of State, as well as strengthened links between health and social care. People-centred and financially sustainable health systems and public health had also been highlighted as areas for action, which should be centred on strengthening primary health care, increasing digitalization and ensuring both a sustainable health workforce and access to medicines. Member States had further stressed that all population groups should be safeguarded, with increased attention in the area of mental health.

24. As regards how action should be taken, Member States had called for health system foresight and an action-oriented roadmap to support countries in achieving the health-related Sustainable Development Goals and the goals of the Thirteenth General Programme of Work, 2019–2023 (GPW 13). Regarding health system transformation, there was broad support among Member States for the establishment of a European Academy on Transformational Leadership, and on increasing work at the subregional level. In terms of health security, Member States had emphasized the importance of empowering people and behavioural change.

25. Feedback provided by Member States had also underlined the need to increase the attractiveness of sessions of the Regional Committee for health ministers in order to secure their attendance, and for the programme to better reflect Member States' concerns and political priorities, for example in relation to ensuring cost effectiveness. Many Member States had also highlighted WHO country offices and country presence as an area for further work, including the need for concrete, tangible support. Several eastern European Member States had expressed the wish for increased support and attention by the Regional Office. The creation of a junior fellowship programme had been suggested as a means of increasing both the representation of countries within WHO and the cadre of junior staff. The Regional Office would be working more closely with health ministers especially at the start of their mandate to find ways to bring public health more to the fore. The Regional Director Nominee expressed his sincere thanks to Member States for their valuable participation in the dialogue.

26. The Programme Manager, Human Resources for Health, said that, in line with resolution EUR/RC60/R3, governance reform had been given prominence on the agenda of the SCRC. At its first session, the Twenty-seventh SCRC had decided that the subgroup on governance should continue its work. In line with the work of that subgroup, the group discussions that afternoon would examine the governance, political and technical dimensions of the Regional Committee.

27. The SCRC met in private in break-out groups to discuss ways of increasing the effectiveness and novel elements of governance of the European Region and the results were afterwards presented and discussed among all SCRC members.

The Regional Committee as a governance forum

28. SCRC members suggested that the following elements should continue: the holding of sessions of the Regional Committee in Copenhagen; invitations to non-State actors to attend; the report of the Regional Director; the processes for preparing documentation and resolutions; oversight of finance; the Healthy RC initiative; media support; paperless meetings; and the Regional Committee app. The idea was proposed of allowing SCRC members to participate in sessions of the Regional Committee in an individual capacity, which may ensure more continuity for smaller country delegations. It was also suggested to better explain elections of officers and other procedural aspects of the meetings, especially for newcomers.

29. Some SCRC members said that efforts should focus on uniting Europe as a continent. Members voiced broad support for shortening the length of Regional Committee sessions, possibly to three days. Time management during sessions of the Regional Committee could be stricter, with better management of panel discussions, adequate time allocated to the discussion of governance issues and the shifting of some items to a written procedure. Parallel sessions should be avoided to ensure maximum attendance. Greater alignment was required between the regional and global agendas, with items on the Regional Committee agenda structured around the “triple billion” targets of GPW 13. The agenda should also be structured so as to appeal to specific audiences. A Regional Committee app could be developed for continuous use throughout the year as a tool to inform and engage with Member States between meetings. The importance of receiving Regional Committee documents well in advance was emphasized in order to allow Member States to organize internal consultation. Communication with country offices could also be strengthened and greater focus could be accorded to media sessions and external communications. The themes, topics and host countries of ministerial conferences could be decided by the Regional Committee.

30. Some members suggested that the first day of the Regional Committee could be dedicated to activities involving and enhancing ministerial participation, with topics of relevance at the country level designed to maximize ministers’ input and value added. Others suggested that the ministerial lunches could have a lighter agenda. Ways of increasing ministerial, cross-sectoral and multistakeholder participation could be developed. Other suggestions included: making the report of the Regional Director more solution-focused; increasing the number of joint interventions setting out common regional positions; increasing multi-country cooperation; increasing the time allocated to Member State interventions; strengthening interregional collaboration; raising the visibility of side events; increasing the number of films and videos played during meetings; and better aligning governance cycles between the regional and global level and taking a longer-term perspective, also to increasing coherence with other United Nations bodies.

The Regional Committee as a political forum

31. Some SCRC members said that keynote presentations should continue. In terms of elements that could be introduced, suggestions included: inviting an inspirational speaker; enhancing ministerial participation; updating the format of the guided questions session at ministerial lunches; using the Regional Committee as a platform to create synergies among and increase collaboration between subregional groups and to exchange country experience; organizing each Regional Committee session around a particular theme with a political focus; shortening the duration of Regional Committee sessions; introducing co-owned facilitated

sessions; promoting the Regional Committee as a political forum to discuss regional public health issues and initiatives; and encouraging countries to propose items for inclusion on the agenda, thereby promoting co-ownership and co-design. A high-level ministerial panel could be organized at the end of each Regional Committee session to present the outcomes of the session. An increased number of outcome documents, such as political declarations, would provide ministers with tangible outcomes to disseminate at the country level. Various modalities could be used for ministerial meetings, such as lunches, coffee meetings, round tables or bilateral meetings, and ministers could be encouraged to attend the Regional Committee every other year as a means of increasing their attendance. Enabling non-State actors to make joint statements prior to those made by Member States could enhance their engagement. The strategic positioning of the European Region and its initiatives at the global level could be further considered.

The Regional Committee as a technical forum

32. Several SCRC members suggested that side events and technical briefings, particularly on the health sector and country success stories, should continue. Technical and policy support should be provided to Member States, together with an overview of the technical and strategic directions of the European Region. Collaboration between the Regional Committee, country offices and health ministries was essential to ensure maximum participation of delegations and optimum organization of meetings. When reporting on progress, an increased emphasis should be placed on accountability for the implementation of strategies. Subregional work should be presented during sessions of the Regional Committee, and all presentations should focus on outcomes. A review of the health care system in individual countries could be a useful means of exchanging experiences and act as the basis for discussions. The length and number of panel discussions could be reduced, or even eliminated altogether, and parallel sessions should be avoided in order to maximize the attendance of smaller delegations. Ways of enhancing the participation of non-State actors and the private sector in discussions, including on more complex topics, should be explored.

33. The Programme Manager, Human Resources for Health, thanked participants for their valuable contributions, which would be compiled by the Secretariat for further consideration at a future session of the SCRC. Uniting Europe as a continent was an excellent concept around which to shape the work of the Regional Committee. There appeared to be broad support among SCRC members regarding a number of elements, including: streamlining the timings of Regional Committee procedures; aligning the Regional Committee agenda with GPW 13; structuring various parts of the Regional Committee to appeal to different constituencies; and enhancing collaborative work. Presentations on the work of subregions were already part of the format of Regional Committee sessions, but the suggestions for further work in that area would be taken into account, as would the need to place an emphasis on success stories and exchanging experiences.

34. The Regional Director ad interim thanked participants for their suggestions, many elements of which the Regional Office would seek to include in the organization of future sessions of the Regional Committee.

35. The Regional Director Nominee expressed his appreciation to the previous and current leadership of the Regional Office; the many elements of Regional Committee meetings that SCRC members sought to maintain indicated that its work was on track. He was committed to

implementing the proposals put forward by SCRC members, but in an incremental manner. For example, the venue and duration of sessions of the Regional Committee were set out in a resolution and would therefore require more time to amend. He hoped to incorporate some of the suggestions in the organization of the 70th session of the Regional Committee for Europe (RC70) to be held in Tel Aviv, Israel, in September 2020. He trusted that countries would play their part in mobilizing ministers to attend the ministerial discussions at RC70.

Follow-up to the 69th session of the WHO Regional Committee for Europe and review of actions by the SCRC and the Secretariat

36. One member of the SCRC commented on the excellent organization of RC69. However, last-minute changes to the agenda had deterred a number of high-level participants from attending the meeting. Briefings prior to sessions of the Regional Committee should be conducted via WebEx only; other platforms used had not been user-friendly. Another member agreed with a number of elements highlighted in the report on lessons learned from RC69 (document EUR/SC27(2)/6), including that: more emphasis should be placed on the health aspects of issues; presentations should be more succinct to allow greater time for interventions by Member States; there had been increased interest from Member States in holding side events and activation sessions; a “Walk the Talk” event should form part of the programme of the meeting; and the use of disposable materials should be reduced.

37. The observer, participating as the designated link between the Executive Board and the SCRC, said that the time management of sessions of the Regional Committee could be improved, including the time allocated to panel discussions; panellists invited to attend meetings expressly to participate in panel discussions must be allocated adequate time. When planning the agenda, consideration should be given to the number of minutes required for each item, which would also help to manage any unexpected delays.

38. The Regional Director ad interim confirmed that participants’ comments would be taken into consideration in the organization of the next session of the Regional Committee.

Draft provisional programme of RC70 and brief discussion on the technical and policy topics on the draft provisional agenda of RC70

Draft provisional programme of RC70

39. The Chairperson reminded members of the SCRC that the provisional programme of RC70 (contained in document EUR/SC27(2)/5) was a preliminary draft that was open to modification.

40. The Regional Director Nominee said that input provided by SCRC members on the draft provisional programme would be consolidated for consideration by the Twenty-seventh SCRC at its third session in March 2020. There appeared to be broad agreement among members of the SCRC on the need to distinguish between the political, governance and technical dimensions of the Regional Committee and to ensure the attendance of ministers. He was committed to taking forward suggestions to align the work of the Regional Committee with GPW 13 and its “triple billion” targets and with the outcomes of the World Health Assembly.

A greater number of representatives of subregional and interorganizational bodies could be invited to attend RC70, including the European Commissioner for Health and Food Safety.

41. The Regional Director Nominee presented the draft provisional programme for RC70. Discussions on the first day would revolve around high-level participation, including a ministerial lunch and ministerial round table. The second day would include discussions on the development of the action-oriented European framework “United action for better health in Europe” and a European roadmap for the digitalization of health systems. Additional items on partnerships and on the position of the WHO European Region in relation to United Nations reform could also be added. The third day would focus on institutional issues. The item on the status of action plans of the WHO European Region beyond 2020 was a placeholder and could either be swapped for an alternative item, such as a review of countries’ health systems, or left as space to deal with any unexpected delays. Taking on board suggestions to shorten the duration of sessions of the Regional Committee, he suggested that the fourth day could be a lighter day in terms of workload. In response to a request for clarification raised the previous day, he explained that the criteria for the selection of countries to host a session of the Regional Committee were set out in a resolution adopted each year on the date and venue of the next Regional Committee and an information document (document EUR/RC66/Inf.Doc./5).

42. The Chairperson recalled that the SCRC member from Armenia had proposed the addition of agenda items on regulation of tobacco and novel tobacco products, the International Health Regulations (2005), prevention and control of emerging and re-emerging infectious diseases, increase of immunization coverage, epidemiology and awareness-raising.

43. Many members stressed the importance of aligning the Regional Committee agenda with the global health agenda, in particular the “triple billion” targets of GPW 13 and its fourth “pillar” on business functions. There was broad agreement that the first day should be dedicated to political discussions and high-level participation, tailoring the themes and timetable of the discussions to ensure maximum attendance, including by moving the round-table discussion to earlier in the day. Space should be created on the agenda to allow for networking among ministers. The theme of the ministerial lunch, “Strengthening nursing and midwifery across the WHO European Region towards universal health coverage”, could be introduced during the opening session so as not to overcrowd the discussions at the lunch. One member suggested reducing the length and number of panel discussions.

44. SCRC members emphasized that discussions should be organized by theme. A number of members suggested placing increased emphasis on the item on the European roadmap for the digitalization of health systems and moving it to the first day, with a discussion on country-level results and the importance of protecting patient data. Several members suggested that the item on the European framework “United action for better health in Europe” should also be moved to the first day, given its importance in shaping future action at the regional level. Others suggested that greater prominence and time should be accorded to the item on action plans of the European Region beyond 2020 in view of their role in driving country action. The item on matters arising from resolutions and decisions of the World Health Assembly and the Executive Board might instead be integrated and addressed, where relevant, under the other items on the agenda. Support was expressed for technical briefings and items on: partnerships; health systems; health in prisons; health security; governance; health coverage; access to affordable, innovative medicines; environment and health; and climate change. Some members suggested including an item on creating a roadmap to

strengthen alcohol policies in the European Region, which should highlight the need for multistakeholder action.

45. The observer, participating as the designated link between the Executive Board and the SCRC, agreed that the agenda should be aligned with GPW 13 and work at the global level. It would be preferable to invite the European Commissioner for Health and Food Safety to attend the first day of sessions of the Regional Committee to coincide with the high-level segment. Responses by Member States to the addresses by the Director-General and the Regional Director could be combined for more effective time management. Agenda items should be clustered by type. The item on the Decade of Healthy Ageing, 2020–2030 would be better placed on the second day. Discussions on alignment of the WHO European Region with the United Nations reform process could be added. Further consideration should be given to increasing the visibility of the topics of health security, the International Health Regulations (2005), re-emerging and vector-borne diseases, and immunization. Representatives of collaborating organizations could be invited to make a statement under the relevant agenda item.

46. An observer, participating in his capacity as Executive President of RC69, said that the Regional Director Nominee should strongly encourage health ministers to attend the Regional Committee. He suggested the addition of a discussion at RC70 on shortening the duration of sessions of the Regional Committee and supported the inclusion of the topics suggested by the member from Armenia, as well as the topic of access to medicines.

47. The SCRC member from Armenia stressed that the topics of novel tobacco products and vaccine hesitancy should be incorporated in the agenda of RC70 in view of their impact at the regional level; the other items he had suggested could be moved to a subsequent session of the Regional Committee.

48. The Regional Director Nominee welcomed the feedback on the draft provisional programme and agenda for RC70, all of which would be considered. He had noted in particular the call to align the agenda of the Regional Committee with the global agenda and the “triple billion” targets, as well as the support among members for focusing the first day of the Committee on political discussions, including on the European framework “United action for better health in Europe” and the two items on digital health. Discussions at the ministerial lunch could perhaps be lighter, with more intense discussions taking place at the ministerial round table. Consideration would be given to combining feedback from Member States on the addresses by the Director-General and the Regional Director. Topics suggested by members, including alcohol use, climate change and health security, could be included at RC70, but with the aim of tabling associated action plans or resolutions for discussion at a subsequent session of the Regional Committee. A discussion on shortening the duration of the Regional Committee could also be included on the agenda at RC70, with the aim of implementing the related outcomes at RC71. He would seek to emphasize the importance of the Regional Committee among political stakeholders. The Regional Office was working to increase synergies with other partners and to leverage WHO’s strengths compared to other organizations.

49. The observer, participating as the designated link between the Executive Board and the SCRC, explained that, owing to insufficient evidence, the Officers of the Executive Board had decided not to include a policy discussion on novel tobacco products on the agenda of the next session of the Board in February 2020 and would instead organize a technical briefing on

the subject. Work would be undertaken at WHO headquarters to increase the evidence base in that area and develop related policies.

Brief discussion on the technical and policy topics on the draft provisional agenda of RC70

European framework: “United action for better health in Europe”

50. The Regional Director Nominee introduced a concept note outlining the proposed content of the European framework “United action for better health in Europe” (document EUR/SC27(2)/8). The framework would set the priorities of the WHO European Region for the next five years. It would be strongly aligned with the aims of GPW 13, its “triple billion” targets and the Sustainable Development Goals and would provide tools and instruments to support Member States in contributing to the achievement of those goals. The framework would seek to enhance synergy between the Regional Office and WHO headquarters. It would also take account of the huge diversity of the Region, as well as the importance of partnerships, multistakeholder action and subregional work. In line with the Declaration of Astana, primary health care would be the uniting element throughout the priorities set out in the framework. It would seek to leverage WHO’s advantage compared to other organizations and would echo the outcomes of the High-level Meeting of the United Nations General Assembly on Universal Health Coverage.

51. One SCRC member called for further reflection on the content of the concept note; the reference to “large numbers of refugees and migrants”, for example, was not necessarily accurate. Reference should be made to the quality of health systems and health as a bridge to peace. Work was needed to further align the framework with GPW 13. To clarify its content and purpose, the title of the framework could be changed, for example to a roadmap or strategy. One member suggested that the cross-cutting themes of the framework should include the theme “responsibility” and that the paragraph on working with other international organizations should include the Eurasian Economic Union, which would shortly be signing a memorandum of understanding with the Regional Office.

52. The observer, participating as the designated link between the Executive Board and the SCRC, suggested that the European framework could include a section on how the European Region was seeking to have an impact at the global level, and in which areas.

53. The Regional Director Nominee thanked participants for their comments. He underlined that the concept note was a preliminary draft that would be refined and shaped through a consultative process. Alignment of the framework with GPW 13 would be strengthened. The draft framework would be formally discussed at RC70, with the endorsement of a number of flagship initiatives, followed by further intersessional consultations, with the aim of submitting the finalized document for approval at RC71.

European roadmap for the digitalization of health systems

54. The Regional Director Nominee introduced a concept note outlining the proposed content of the European roadmap for the digitalization of health systems (document EUR/SC27(2)/7). The action-oriented roadmap would assist countries both in their progress towards building safe and inclusive digital health services by leveraging existing best practices, and in operationalizing the WHO global strategy on digital health 2020–2024.

It would be based on core principles of equity and governance, and would reflect the differing levels of maturity among national health systems. The roadmap would also be linked with existing WHO priorities and mechanisms of relevance to digital health and would seek to ensure alignment with the efforts of international stakeholders. The roadmap would go through four phases: development, consultation, refinement and delivery. The second WHO Symposium on the Future of Digital Health Systems, to be held at the Regional Office in Copenhagen on 4–5 March 2020, would provide an opportunity to increase co-ownership and partnerships.

55. One member welcomed the step-by-step guidance set out in the roadmap and the proposed inclusion of best practices and tools. The roadmap must be universal and flexible, with both a country- and regional-level perspective. She queried whether consultations at the refinement stage would be conducted among Member States or limited to the Regional Office only. Another member questioned whether there would be sufficient time between the adoption of the WHO global strategy on digital health 2020–2024 and the adoption of the roadmap. The approach of the roadmap required further clarification, namely whether its focus was on data or digitalization. Several members commended the action-oriented approach of the roadmap and called for emphasis to be placed on protecting patients' rights and ensuring the safety and security of personal data. Others called for private sector engagement to be promoted, and for WHO to take a leading role in the certification of digital health systems. Another member said that the European Region should play a central role in defining common standards. The roadmap should take a results-oriented approach and promote intercountry collaboration, the development of national plans and exchanges of best practices and success stories.

56. The observer, participating as the designated link between the Executive Board and the SCRC, said that the roadmap should contain a set of concrete measures and actions. Coordination with other processes was extremely important, as were links with the wider global development of technology and digital space. Designing a strategy for future decades could prove problematic given the speed of technological change. The use of personal apps and devices for the collection of health data should be addressed, as well as health care services offered by private entities and the corresponding issues of data use, data sharing and data security. A flexible approach was required in order to respond effectively to differing national contexts.

57. The Regional Director Nominee noted participants' comments, including requests for additional guidance and concrete actions to be included in the roadmap and for a review of the proposed timeline.

58. The Unit Leader, Digital Health and Innovation, thanked participants for their valuable input. Most of the points and concerns raised on technical issues had already been or would be addressed in the roadmap. The roadmap would seek to define a standardized approach, but would not be overly prescriptive to allow for flexibility at the national level. A focus on partnerships would be ensured, both within countries and at the international level between intergovernmental organizations and a range of stakeholders, and mechanisms for developing partnerships would be proposed. The roadmap would follow a results-oriented approach, bringing all elements of the discourse on digital health together in an easily understandable format. Although the timeline was ambitious, there was a greater risk in not taking action than in taking action. Efforts would be made to ensure that the roadmap was as complete and concise as possible for discussion at RC70.

Consideration of the SCRC subgroups on governance and country work

59. The Chairperson recalled that at its first session the Twenty-seventh SCRC had agreed that its subgroups on governance and country work should continue their work during 2019–2020.

60. Dr Hans Troedsson, Special Adviser to the Regional Director Nominee, said that Member States should reflect on whether the standardized WHO model for country work, which was mainly based on work in low-income countries, was the most cost-effective and suitable model for the European Region. Other mechanisms for collaboration with WHO could be developed that might be better adapted to the Region and might better support and respond to country needs.

61. The SCRC members from Armenia, Bulgaria, Republic of Moldova and Switzerland indicated that they wished to join the subgroup on country work. The members from Croatia, Hungary, Poland and Uzbekistan volunteered to continue participating in the subgroup. The member from Poland agreed to chair the subgroup. Several members underlined that changes to WHO country work and ways of strengthening capacity, where necessary, should be proposed on the basis of an evaluation of WHO's work in large versus small country offices. To increase effectiveness, one member highlighted the importance of aligning work not only at the global, regional and national levels but also with other bodies of the United Nations system and of creating synergies. It was important to avoid duplication of work between the two subgroups. Further consideration should be given to the terms of reference of the proposed network of parliamentarians and their role in efforts to achieve universal health coverage.

62. The member from Hungary volunteered to continue chairing the subgroup on governance. She explained that a face-to-face meeting had been held in March, in addition to several online consultations. Discussions had included WHO reform and its impacts on the European Region, the link between the Officers of the Executive Board and the Region, and simplification of the toolkit for evaluating nominations to the Board and the SCRC.

63. The members from Denmark, Hungary, Lithuania, Poland, the Republic of Moldova and the Russian Federation indicated that they wished to continue to participate in the subgroup, while the members from Belgium and Switzerland joined the subgroup as new members. It was suggested that paragraph 1 of the terms of reference of the subgroup should also refer to increased "efficiency" and to the political, governance and technical dimensions of the Regional Committee, emphasizing that ministerial participation should be the result of an increased political focus of the Regional Committee, rather than a goal in itself.

Presentation on the financial health of the WHO Regional Office for Europe

64. The Director, Administration and Finance, presented an overview of implementation of the Programme budget 2018–2019 in the European Region. As at 31 October 2019, 94% of the approved Programme budget was funded, including the projections. With utilization of 85% of available funds, the European Region was performing above the Organization's 79% average. With respect to projections for the base budget, the European Region was performing slightly better compared with the previous biennium at a similar time, owing to a larger

budget and increased available funding. However, the increase in funding was uneven across programmes and categories. Utilization of funding for leadership and governance, and administration and infrastructure had increased since the previous biennium in line with the strategic shifts of GPW 13. The increase in funding and the generous contributions from Germany had led to greater flexibility in the strategic allocation of resources. With regard to the corporate services and enabling functions, the efficiency-based business model of the European Region had been the approach for the Region, which had the smallest budget per Member State in comparison with other WHO regions. The European Region received the second lowest proportion of flexible funding after the African Region to the total funds made available. Increased flexibility was therefore required, in addition to the strengthening of both resource mobilization and allocation oversight, which would be enforced through the establishment of a new global mechanism for improved management of available resources.

65. Turning to the Programme budget 2020–2021, the level of approved budget had increased compared with the previous biennium. At the time of reporting, the Programme budget 2020–2021 was 63% funded. Additional fundraising was needed to ensure a fully funded approved budget. In that respect, the European Region was in a better position compared with the same point in the previous biennium owing to a larger budget, which would support the new leadership in changing focus. Operationalization of the Programme budget 2020–2021 included face-to-face meetings of country representatives and Regional Office teams and a comprehensive review meeting with WHO headquarters for operational planning, development and reviews of ongoing regional and global public health goods and the signing of several biennial collaborative agreements. Next steps included the finalization of biennial agreements, reviewing human resources plans and workplan funding. The workplans had been developed to allow for a timely start, systematic monitoring and flexibility for any structural change that might occur in 2020. Work had already begun on the technical end-of-biennium performance assessment of the Programme budget 2018–2019 for the European Region, which would form part of the report on implementation of the Programme budget 2018–2019 for WHO to be submitted to Member States in May 2020.

66. One member of the SCRC queried whether any additional documentation on the financial status of the European Region was available to assist members in preparing for meetings of the SCRC.

67. The observer, participating as the designated link between the Executive Board and the SCRC, requested further information on the new global mechanism for resource mobilization, including on how the involvement of the European Region in the related discussions at the global level would be ensured, particularly in relation to the development of partnership agreements.

68. Responding to the comments, the Director, Administration and Finance, said that the standard practice at the second session of the SCRC had been to provide an update since the last report at the Regional Committee in the form of a presentation only, but that a briefing note could be made available in the future. Further information was already available on the programme budget web portal, which was updated on a quarterly basis. The new global mechanism would be based on a former mechanism for strategic management of financial resources and would be designed to strengthen oversight of resource allocation.

69. The WHO Representative to the European Union and Director for Strategic Partnerships in the WHO European Region said that a global resource mobilization network had been

established to bring together representatives of all WHO regions. Work was ongoing globally to develop a short overview of the global resource mobilization strategy for the Executive Board, the initial step in the development of a tool for contributor engagement management, and a strategic mechanism for the allocation of resources among regions and priorities. In addition, the Regional Office was looking at ways of increasing country-level support for resource mobilization, including with regard to local partnership building and communication. In terms of future fundraising, two timely ongoing developments were highlighted: it was critical that health and health-related elements were included in the United Nations Sustainable Development Cooperation Framework which was currently being developed in most of the Member States in the European Region with a United Nations country team presence, and in the national collaboration plans which were being developed by national governments with the European Union. For those countries with a United Nations country team, strong engagement both from national authorities and from donors was essential to ensure that funding from the United Nations multi-donor trust fund was allocated to health.

70. The Director, Programme Management ad interim, said that work was under way to re-establish the former mechanism on strategic management of financial resources, which had provided an effective overview of funds available across the whole Organization, highlighting those programmes with deficits in funding.

71. The Regional Director Nominee said that, of the projected US\$ 100 million to be received in corporate flexible funds for the biennium 2020–2021, US\$ 65–70 million would be allocated to category 6, corporate services and enabling functions. To align with his vision for a strong technical Regional Office, funding for categories 1, 2, 3, 4 and 5 must also be ensured. US\$ 3 million had been received from WHO headquarters to help to close the salary gap, although there might be a further gap of around US\$ 1–2 million. The Regional Office was working with the Government of Italy to bridge the anticipated shortfall in funding for the next biennium of around US\$ 650 000 for the geographically dispersed office in Venice. He had requested WHO headquarters to conduct an audit of the Regional Office in order to provide a clear picture of the current financial situation.

Membership of WHO bodies and committees

72. The SCRC met in a private session to discuss vacancies for election and nomination at RC70 in September 2020 and elective posts at the Seventy-third World Health Assembly and the 147th session of the Executive Board in May 2020.

Other matters, closure of the session

73. The Chairperson noted that the Executive Board member from Finland would continue to ensure the link between the Twenty-seventh SCRC and the Executive Board.

74. The Executive Board member from Finland recalled that the main role of the Officers of the Executive Board was to set the agenda of the Board. The shortened length of the World Health Assembly in May 2020 would have implications for the agenda of the Board. In view of the large number of proposed agenda items, efforts were being made to move some of the substantive discussions from the session of the Board to the three-day meeting of the Programme, Budget and Administration Committee. A list of expected outcomes for each

agenda item had been created. The possibility of removing items from the agenda in cases where documentation was not provided on time could be discussed by the Board. Regarding the agenda of the World Health Assembly, it had been suggested that, if so decided by the Board, Committees A and B could begin their work simultaneously. Speaking times would be shortened. To avoid overstepping its mandate, the Secretariat had been hesitant about providing additional guidance within documentation on action required, but Member States could encourage the Secretariat to do so. Further explanation of the items included on the rolling agenda in the long term would also be useful.

75. Mr Gian Luca Burci, Special Adviser to the Regional Director Nominee, said that the procedure for holding a maximum of two meetings in parallel was set out in a resolution of the World Health Assembly; a waiver of that procedure could be decided by the Health Assembly only.

76. After the customary exchange of courtesies, the Chairperson declared the second session of the Twenty-seventh SCRC closed.

Annex 1. Agenda

1. Opening of the session by the Chairperson, the Regional Director ad interim and the Regional Director nominee
2. Adoption of the provisional agenda and the provisional programme
3. The Danish health care system: an in-depth overview
4. A forward look towards increased effectiveness and novel elements of governance of the WHO European Region: Standing Committee of the Regional Committee for Europe (SCRC) group reflections (closed session)
5. Follow-up to the 69th session of the WHO Regional Committee for Europe and review of actions by the SCRC and the Secretariat
6. Draft provisional programme of the 70th session of the Regional Committee for Europe (RC70) and brief discussion on the technical and policy topics on the draft provisional agenda of RC70
7. Consideration of the SCRC subgroups on governance and country work
8. Presentation on the financial health of the WHO Regional Office for Europe
9. Membership of WHO bodies and committees
 - Vacancies for election and nomination at RC70 in September 2020
 - Elective posts at the Seventy-third World Health Assembly and the 147th session of the Executive Board in May 2020
10. Other matters, closure of the session

Annex 2. List of documents

Working documents

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| EUR/SC27(2)/1 | Provisional list of documents |
| EUR/SC27(2)/2 | Provisional agenda |
| EUR/SC27(2)/3 | Provisional programme |
| EUR/SC27(2)/4 | Draft provisional agenda of the 70th session of the WHO Regional Committee for Europe |
| EUR/SC27(2)/5 | Draft provisional programme of the 70th session of the WHO Regional Committee for Europe |
| EUR/SC27(2)/6 | Lessons learned from the 69th session of the WHO Regional Committee for Europe |
| EUR/SC27(2)/7 | European roadmap for the digitalization of health systems |
| EUR/SC27(2)/8 | European framework: “United action for better health in Europe” |

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