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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 third session in Copenhagen, Denmark, on 13 and 14 March 2018. The Chairperson welcomed members and other participants and noted that the report of the second session of the Twenty-fifth SCRC, which had taken place in Tbilisi, Georgia, on 28 and 29 November 2017, had been circulated and approved electronically.

2. In her opening address, which was video-streamed in accordance with Annex 4 of resolution EUR/RC63/R7, the WHO Regional Director for Europe summarized some of the important global processes that had taken place since the second session of the Twenty-fifth SCRC: the 142nd session of the WHO Executive Board (EB142) had taken place from 22 to 27 January 2018 in Geneva, Switzerland. The Board had discussed the draft thirteenth general programme of work, 2019–2023 (GPW 13) (document EB142/3 Rev.2). Members had welcomed the inclusive and consultative process used in the preparation of the document and had supported its strong country focus with three strategic priorities and alignment with the Sustainable Development Goals (SDGs). A side event organized jointly by the Government of Georgia and the WHO Regional Office for Europe on country performance had provided an opportunity to showcase WHO's country work. The event had been well received and Member States had shown great interest in WHO's country work.

3. The WHO Global Policy Group had held one face-to-face meeting and several teleconferences to discuss GPW 13 and WHO's transformation agenda. The agenda aimed to improve Organization-wide coherence across all three levels of the Organization and to modify the existing procedures and structures in order to enable implementation of the strategic shifts set forth in GPW 13. The proposed changes concerned external engagement and partnerships, staff engagement and organizational culture and the development of fit-for-purpose processes and tools. In order to translate the strategic priorities set forth in GPW 13 into an operational programme budget (PB) 2020–2021, the new impact and outcome framework and accountability were crucial and being finalized by the Secretariat. In future, the work of WHO regional offices and headquarters would be driven by country needs and priorities, which would provide the basis for the scope of country work, reflected in a "country support plan", and the PB. Priorities would be set for five years and subject to biennial review.

4. The SCRC's guidance was sought with regard to the proposed timeline for the PB process. In order to enable timely submission for consideration by the WHO regional committees, the document would need to be finalized by June 2018. At the same time, more time was needed to facilitate bottom-up priority setting and dialogue with Member States. It had therefore been proposed to present a high-level strategic document containing a summary of country and regional priorities and a budget envelope by major office at the three levels, instead of a fully developed PB, to the regional committees. The document would be complemented by a narrative describing the WHO country office operating modalities and refined roles and responsibilities across the three levels of the Organization. On the basis of the input from the regional committees, a full and detailed PB would be prepared for consideration by the Seventy-second World Health Assembly through the Executive Board. She asked whether the SCRC would support a high-level strategic discussion on the draft PB 2020–2021, and agree to the presentation of a high-level budget document at the 68th session of the WHO Regional Committee for Europe (RC68).

5. Turning to affairs in the Region, she briefed the SCRC on major recent events: A retreat had been held at the Regional Office in February 2018, bringing together European heads of WHO country offices to discuss integrated and inter-programmatic delivery during the biennium, as well as future strategic priorities. The WHO European Healthy Cities Network Summit of Mayors, held on 12–13 February 2018 in Copenhagen, Denmark, had brought together 43 mayors and 85 other political representatives from across the WHO European Region and beyond. The meeting had discussed ways to place health and well-being at the heart of urban development and adopted the Copenhagen Consensus, which presented a transformative approach to creating happier and healthier cities for all. The South-eastern European Health Network Ministerial Meeting on Immunization, held on 20 February 2018 in Podgorica, Montenegro, had discussed accelerated actions to implement the Chisinau Pledge and endorsed a statement of intent to speed up progress towards implementation of the European Vaccine Action Plan 2015–2020. She had presented a new WHO Montenegro study on noncommunicable diseases (NCDs) to Parliament, which had revealed that increased taxes applied to tobacco products and sugary drinks would have a significant positive impact in terms of avoiding premature mortality and decreasing new NCD cases. The Government of Montenegro had shown firm resolve to address NCD risk factors and it had been agreed to extend the work to other south-eastern European countries. At the Fourth Global Forum on Human Resources for Health, held in Dublin, Ireland, on 13–17 November 2017, the Regional Office had introduced the sustainable health workforce toolkit, developed to support Member States in their efforts to create a fit-for-purpose and sustainable health workforce.

6. At the country level, the Regional Office had organized visits to Slovenia and the Russian Federation to obtain a first-hand impression of WHO's work at country level (see paras. 36 and 37 below). New WHO country offices in Athens, Greece, and Tel Aviv, Israel, were scheduled to open in 2018. The Minister of Health of Belarus had visited the Regional Office on 4 December 2017 and a new biennial collaborative agreement (BCA) had been formally signed on that occasion. The newly appointed Director of the European Centre for Disease Prevention and Control had also visited the Regional Office on 15 January 2018, and a set of new General Principles of Collaboration between the two organizations had been endorsed. The Regional Office had hosted the visit of a delegation from the Netherlands, on 5 December 2017, to discuss ways to improve progress in evidence-based approaches to preventing HIV/AIDS in preparation for the 22nd International AIDS Conference to be held in Amsterdam, Netherlands, on 23–28 July 2018. The Regional Office had also hosted the visit of a delegation from Finland, on 6 March 2018, to identify ways to strengthen collaboration with WHO particularly on emergencies and communicable and noncommunicable diseases. World Health Day, to be held on 7 April 2018 under the heading "Health for All", would provide an opportunity to call on world leaders to take concrete steps towards universal health coverage.

7. Several high-level events were planned for the Region. The first event, to be held in Sitges, Spain, on 16–18 April 2018 and entitled "Health Systems Respond to NCDs: Experience in the European Region" would provide a platform for countries to share experiences on strengthening health systems for better NCD outcomes and inspire action for accelerating health system strengthening to reduce premature NCD mortality. The second event would be held in Tallinn, Estonia, on 13–14 June 2018 in commemoration of the 10th anniversary of the adoption of the Tallinn Charter: Health Systems for Health and Wealth. The third event, to be held on 25–26 October 2018 in Almaty, Kazakhstan, would mark the 40th anniversary of the Declaration of Alma-Ata. The Regional Office was also

preparing for the thirteenth European Immunization Week on 23–29 April 2018. WHO headquarters would organize a health promotion event in Geneva, Switzerland, on 21 May 2018, entitled “Walk the talk: the health for all challenge”.

8. Members of the SCRC asked whether the proposed high-level strategic PB document would contain specific information for each region. There was some concern about the way in which countries without BCAs could contribute to bottom-up priority setting and, more generally, how Member States could engage in the discussions, given that the issue had never been placed on the agenda of the global WHO governing bodies. There was a suggestion to develop strategic collaboration documents that set forth clear priorities, objectives and implementation needs for all Member States, unifying WHO’s approach to country cooperation. A question was raised regarding the timeline for operationalizing the new “countries at the centre” approach.

9. The Director, Programme Management, said that the high-level strategic PB document would be the same for all regions. More details of the regional implications of the draft proposed PB would be available by the Seventy-first World Health Assembly. A document defining the strategic priorities for countries, including the Member States without BCAs, would be prepared and the outcome framework for Member States’ engagement in bottom-up priority setting were still being finalized.

10. The Regional Director said that it might indeed be useful to unify the approach to country strategic cooperation by way of a common collaboration document. She suggested that the SCRC place the topic on its agenda for a future meeting in order to discuss options, share information, review documents and identify the best way forward. At the same time, she cautioned against spending excessive time on developing new documents, as the main focus should be on implementation. The current debate might provide an opportunity to bring the issues of WHO country performance into the discussions in the global governing bodies.

Adoption of the provisional agenda and the provisional programme

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

Review of the outcome of the 142nd session of the Executive Board and its impact on the work of the WHO European Region

12. The SCRC member from Turkey briefed the Committee about the discussions at EB142. The main focus had been GPW 13; regional directors’ strong support for the document had inspired greater confidence among Member States regarding its highly ambitious triple billion goal. In his opening speech, the new Director-General had laid out his priorities for the Organization, highlighting the need for a culture and mindset change to make WHO more efficient and transparent. He had also stated his intention to transform existing financing mechanisms to improve efficiency. There had been broad support for his vision.

13. When discussing WHO reform, Member States had requested clarification on the proposed shift to results-based management. The Executive Board had taken note that

awareness of the details of the new WHO Health Emergencies Programme and related organizational changes needed to continue, even among staff, and had highlighted the need for sustainable funding, human resource capacity-building and a global supply chain management system. The Board had also expressed concern over the implications of poliomyelitis (polio) transition, especially in the area of human resources, and requested the preparation of a detailed strategic plan on polio transition in line with the priorities and strategic approaches of GPW 13. Following a discussion on health, environment and climate change, the Board had observed that knowledge of the effects of climate change remained incomplete and requested the Director-General to develop a comprehensive global strategy on the matter. Attention had been drawn to the value of the United Nations "Delivering as One" approach.

14. The global shortage of, and access to, medicines and vaccines had been one of the most hotly debated items on the agenda. Member States had called on WHO to play a more active role, continue to be part of intellectual property discussions, and support fair pricing initiatives, local investment and measures to lower prices of vaccines and medicines. The Director-General had briefed the Board on his consultations with private sector entities and had declared his intention to increase WHO's role in improving access to medicines and vaccines. The global strategy and plan of action on public health, innovation and intellectual property and the actions recommended by the expert panel tasked to review the strategy and plan of action had also been discussed. While most Member States had suggested working with the World Trade Organization (WTO) to use the Agreement on Trade-Related Aspects of Intellectual Property Rights for the benefit of public health, some had been of the view that intellectual property was not a speciality of WHO and should be considered by WTO. The Board had considered a report on the global snakebite burden and the Secretariat had committed to reviewing the inclusion of snakebite in the WHO neglected tropical diseases portfolio. In the light of discussions about maternal, infant and young child nutrition and safeguards against possible conflicts of interest in nutrition programmes, it had been suggested to include nutrition as a priority of GPW 13. There had been strong support for the proposal to develop a WHO global action plan on physical activity.

15. One member of the SCRC commended the constructive atmosphere that had reigned during EB142, but noted some departure from established practices with regard to the way in which WHO governing body sessions were handled under the new management. While there were good reasons for the proposal to present a high-level strategic document, rather than a fully developed PB, to RC68, some caution was in order to ensure that the role of the regional committees was not diminished. Already, RC67 had been asked to discuss a concept paper on GPW 13, rather than a comprehensive document as had been past practice. It was important to reflect on whether or not departure from standard practice was useful.

16. The Regional Director concurred, encouraging the SCRC to bring the issue to the attention of the WHO leadership. While the departure from past procedure with regard to the draft proposed PB 2020–2021 was justified, it was important to point out that Member States had agreed to the new procedure on an exceptional basis, and that future timelines needed to be considerate of the roles and responsibilities of the WHO governing bodies at the different levels of the Organization.

Reports by the chairpersons of the Twenty-fifth SCRC subgroups

Subgroup on governance

17. The chairperson of the subgroup on governance said that the subgroup had met immediately before the current meeting to discuss the process of nomination of members of the SCRC and Executive Board. The members of the subgroup had reaffirmed their confidence in the new tool as a solid basis for assessing candidates and supporting decision-making. However, they considered that the tool placed too much emphasis on the individual candidate while the members of the Executive Board and SCRC are States, which could decide to change their representatives. The subgroup asked the Secretariat to develop new criteria to evaluate the proposal to put more emphasis on countries' profiles and commitment. It was also underscored that the tool should serve as a guide for delegations which were considering proposing candidates. The subgroup had called upon the SCRC to explain the rationale behind their recommendations in more detail during the period between the May SCRC meeting and the Regional Committee, in order to promote consensus.

18. The subgroup had expressed its satisfaction with the Secretariat's overview of governance reforms in the period 2010–2017 and was pleased at how much the Region had achieved in improving its governance in many important respects. It was suggested that more information should be included on visits to country offices, which provided valuable models for global practice. A report on governance would be submitted to RC68; it would be either an information or a working document, depending on the outcome of governance discussions at the forthcoming session of the World Health Assembly.

19. The subgroup finally discussed the developments with regard to global governance reform based on the Director-General's report to the January Executive Board (document EB142/5), although its consideration was postponed to EB143 in May. The subgroup focused in particular on part A of the report, which contains a comprehensive set of proposals to improve the efficiency and strategic focus of the governing bodies. With regard to the proposal to reserve, in principle, the right to take the floor to Board members, the subgroup agreed that it was unrealistic and counterproductive to try to completely reverse the current practice. The subgroup also agreed that the practices and procedures of the Board cannot be seen in isolation from a broader consideration of its role in WHO's governance, even though it acknowledged that global consensus on this would be hard to reach.

20. With a view to looking realistically for achievable improvements, the subgroup agreed on a number of proposals. First, the existing procedures could be applied more strictly: for instance, the shorter time allocated to non-Board members and non-State actors could be more strictly enforced, and members could be encouraged to engage in active debate, rather than merely reading out prepared statements. Much emphasis was placed on the Secretariat's responsibility in steering the Board's deliberations, for example by submitting early reports, introducing each item and clarifying what action and guidance it was seeking from the Board. The subgroup considered that the Board's current working methods were not conducive to mutual trust or candid discussion. Measures such as closed meetings or retreats might remedy that problem, although the need to maintain transparency must be respected.

21. From a regional perspective, the subgroup discussed the possibility and desirability of entrusting European Board members with regional statements if discussions in the Board were

restricted to Board members. The subgroup considered that Board members must maintain an appropriate balance between their status as independent members and their role as representatives of their region. There was also a need to take into account the current practice of European Union (EU) coordination and avoid overlaps or conflicts.

22. The Director-General's proposal to strengthen the role of the Bureau intersessionally should be considered in the light of a broader discussion of the role of the Board and that of the regional coordinators. The subgroup agreed that a joint regional statement on governance reform should be prepared.

Subgroup on vector control

23. The chairperson of the subgroup on vector control said that the subgroup had met for the first time immediately before the current meeting. The Secretariat reported on the regional epidemiological situation of (re-)emerging vector-borne diseases: the risk of diseases such as dengue, chikungunya and Zika virus disease was increasing owing to the rapid spread of the vector *Aedes albopictus*. The spread of another important vector, *Aedes aegypti*, was continuing on the island of Madeira and the Black Sea coasts of Georgia, Turkey and the Russian Federation. Entomological surveillance, vector management and disease surveillance capacity in the Region was weak.

24. The subgroup emphasized the need for effective implementation of existing standards and strengthening of preparedness and response capacity in all Member States of the Region. The lack of human resource capacity, particularly in entomological surveillance and vector management, required urgent action: the key role of WHO in that area had been specifically mentioned.

25. The subgroup had endorsed the outline of the report to the Regional Committee on implementation of the Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases 2014–2020. The subgroup would provide feedback on the draft report, which would be finalized by early April and submitted to the Twenty-fifth Standing Committee of the Regional Committee for Europe at its fourth session in May 2018. The subgroup had proposed that a technical consultation on vector control should be convened in Athens, Greece, between mid-April and the end of May 2018; however, the Secretariat had indicated that no financial resources were currently available for that activity.

26. The subgroup fully supported the discussion at the Regional Committee on the proposal to develop a European regional action plan on vector control pursuant to World Health Assembly resolution WHA70.16. In addition to the diseases and vectors covered by the Regional framework, the proposed action plan should also cover leishmaniasis, Crimean-Congo haemorrhagic fever and other tick-borne diseases.

27. In order to achieve the regional goal, it would be necessary to strengthen intersectoral collaboration and coordinate vector control activities by both health and non-health sectors; increase community engagement and mobilization; enhance vector surveillance, and monitoring and evaluation of interventions; and ensure strong political commitment, supported by the necessary human and financial resources, for an integrated approach to vector control at both the national and subnational levels.

28. The Director, Programme Management, thanked the subgroup for its guidance and stressed the need to provide for disease management as well as vector control.

Provisional agenda and provisional programme of RC68

29. The Regional Director presented the draft provisional agenda (document EUR/SC25(3)/5) and draft provisional programme (document EUR/SC25(3)/6) for RC68. The substantive items for discussion included implementation of the Roadmap to implement the 2030 Agenda for Sustainable Development; the outcomes of the high-level regional meeting, Health Systems Respond to NCDs: Experience in the European Region (Sitges, Spain, 16–18 April 2018), and the high-level meeting, Health Systems for Prosperity and Solidarity: Leaving No One Behind (Tallinn, Estonia, 13–14 June 2018), with a joint draft resolution on health systems strengthening from the perspective of NCDs; development of a five-year regional action plan to improve public health preparedness and response; the draft strategy on men's health; vaccine-preventable diseases and immunization; the strategic role of country offices in the Region, including recommendations for five further country visits; accreditation of non-State actors; and vector-borne diseases. Two ministerial lunches were planned, on migration and health and health systems innovations, respectively. The latter would include a briefing on the work of the Health Systems Foresight group. The lunchtime technical briefings would deal with the work of the European health equity status report: environmentally sustainable urban transport; health literacy; and a country briefing by Italy, as the host State.

30. Responding to questions from members, she confirmed that the WHO Director-General planned to attend the entire session, if his schedule permitted, and to address the Regional Committee on the morning of Tuesday, 18 September. One member suggested that the item on immunization should be taken up while high-level participants were present in order to mobilize greater commitment to immunization programmes throughout the Region. Another asked to be informed about any issues likely to be discussed under "matters arising" as soon as possible after the World Health Assembly.

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

Outcome statement: Health Systems Respond to NCDs. High-level regional meeting, Sitges, Spain, 16–18 April 2018

31. The Director, Division of Health Systems and Public Health, said that the high-level regional meeting, Health Systems Respond to NCDs: Experience in the European Region (Sitges, Spain, 16–18 April 2018) would be accompanied by a special issue of Eurohealth magazine on the need to accelerate the reduction of health inequalities between the western and eastern parts of the European Region, by "leapfrogging" over the decades of continuous but slow reduction in mortality from NCDs and moving directly to the most advanced public health approaches. A draft report had already been circulated for comments, and a series of 15 good-practice briefs would be prepared.

32. Two further major events, marking notable anniversaries in the history of public health, would take place in 2018. The first (Tallinn, Estonia, 13–14 June 2018) would mark the 10th anniversary of the Tallin Charter and would take as its theme the “three Is” – include, invest and innovate. The second would mark the 40th anniversary of the Alma-Ata Declaration and take place in Kazakhstan on 25–26 October 2018. A draft resolution on the outcomes of the Sitges and Tallinn conferences would be submitted to RC68.

33. All three events would emphasize the complexity of people-centred health systems, which require a response tailored to the individual situation, as well as the need to strengthen health systems in order to reduce health inequities. They would all showcase innovations by Member States in the lead-up to the United Nations high-level meeting on universal health coverage scheduled for 2019.

34. The outgoing Director, Noncommunicable Diseases and Promoting Health through the Life-course, presented the draft outcome statement for the Sitges conference (document EUR/SC25(3)/8), which focused on promoting people-centredness, investing in the health workforce and in innovative information solutions, and expanding coverage policies for medicines.

35. The SCRC took note of the draft outcome statement.

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

36. The chairperson of the subgroup on countries at the centre reported on the country visits conducted since the SCRC’s second session. On 1–3 February 2018, a delegation comprising WHO staff, the Executive Board member from the Netherlands and SCRC members from Germany, Italy and Malta, and led by the Slovenian SCRC member, had visited Slovenia. The delegation had engaged with high-level Government representatives, Parliament, directors of national institutions, WHO country office staff and non-State actors. The visitors had gained an insight into Slovenia’s collaboration with WHO on issues ranging from tobacco control and health financing to environmental health and subregional cooperation, among others. The Slovenian hosts had highlighted the value of WHO’s expertise and the important role of the country office in the area of communication, coordination and health diplomacy.

37. On 1–3 March 2018, a delegation comprising the Regional Director, an Executive Board member from Kazakhstan and SCRC members from Greece and Slovenia had visited the Russian Federation. The visitors had learned of the commendable work carried out by the Russian Federation in NCD prevention and control, including through the geographically dispersed office in Moscow and in collaboration with the WHO country office. They had also observed the way in which the geographically dispersed office and the country office – which were located in the same building and sometimes shared resources, but served different objectives – interrelated with and complemented each other. The delegation had been able to address the State Duma and had engaged with the Dutch ambassador and staff from the American embassy; both embassies carry out activities on tuberculosis and HIV/AIDS and rely on the WHO country office for information, cooperation and health diplomacy. The visitors had also met local non-State actors.

38. The visits had shown that, despite their difference in size, the WHO country offices in the two countries served much the same purpose. It had also become clear that there was no

one-size-fits-all solution to country work, and no clear distinction between receiving and donor countries. All countries, regardless of their size or circumstances, could contribute to global health objectives. It had further been apparent that country offices owed much of their success to dedicated, well-performing staff. The visits had helped create awareness of opportunities and revealed that country cooperation with WHO was even better than expected.

39. Members of the SCRC who had participated in the visits concurred on the value of the exercise, including for delegates from countries without country offices. They had been impressed by the extent of the collaboration and by the expectations of, and goods delivered by, the country offices. One member commended the excellent organization of the visits, noting that the warm welcome and openness with which the visitors had been met should not be taken for granted. It had been interesting to see the importance countries attached to WHO's normative work, which informed national legislation and health reforms. It was suggested that SCRC sessions held outside Copenhagen might provide an opportunity for similar engagement with host countries, garnering additional political support. The impact of country office work and the importance of political commitment at the highest level were noted. One member requested that future visits should benefit from longer-term planning to enable interested members to arrange their schedules accordingly.

40. The Director, Country Support and Corporate Communications, said that further visits were planned to Turkey, on 5–7 April 2018, and Kyrgyzstan, on 1–4 May 2018. A delegation composed of SCRC members from Hungary, Iceland, the Netherlands and Slovenia would visit the WHO country office in Ankara and the WHO field office for emergencies in Gaziantep. The office in Turkey was the largest in the European Region; at the same time, the visit would provide an opportunity to see WHO in an operational mode in Gaziantep in response to the conflict in the Syrian Arab Republic. The mission to Kyrgyzstan would involve SCRC members from France, Georgia, Slovenia and Turkey and provide insight into the work of a medium-to-large office with a strong focus on health system strengthening.

41. The Regional Committee will be informed of the visits to country offices by SCRC and EB members and information on these visits will be included in the information document for the session. The information document is the country performance report, which predominantly focuses on the most recent status of the European Region's country presence as well as on WHO's achievements and impact at the country level. The Secretariat also planned to issue a special edition of the Regional Office's journal, Public Health Panorama, highlighting specific achievements led by the country offices in the WHO European Region.

42. One member of the SCRC welcomed the idea of inviting WHO representatives to attend Regional Committee meetings, which would help Member States gain a deeper understanding of country work and enable them to provide direct feedback and express their appreciation. It might be useful to extend the practice to global governance meetings.

43. The Regional Director said that country visits were an important tool for understanding and building trust in WHO's work at country level. More advanced planning would certainly be beneficial. The country offices visited thus far had not been chosen on the basis of their performance: virtually all country offices in the Region functioned well and much had been invested in human resource capacity-building. As health was recognized increasingly as multisectoral with the highest political and community engagement, country offices establish valuable links with governments and institutions and civil society. A discussion was needed

on the way in which those functions could be exercised in countries without country offices to close the gap.

44. WHO country offices in the Region have had great impact, particularly considering their limited funding. Capacities within the Regional Office were considerable and backup was provided as required. However, in the era of health systems reform and universal health coverage, the Regional Office was struggling to provide timely responses to the increasing number of urgent requests for support. Mobile teams located at subregional hubs might be a way forward, and the current discussion on GPW 13 could provide an opportunity to identify additional resources that could be mobilized to build such capacity. Replying to a question about the Russian Federation's contribution to regional efforts, she said that the geographically dispersed office for NCDs in Moscow provided crucial support for NCD activities across the Region.

Development of a five-year regional action plan to improve public health preparedness and response in the WHO European Region

45. The Director, Programme Management, recalled the discussions at EB142 on the draft five-year global strategic plan to improve public health preparedness and response, 2018–2023. Some Member States had expressed concerns about the monitoring and evaluation tools referred to in the draft global strategic plan, especially the joint external evaluation tool. One Member State had suggested amendments to the draft five-year global strategic plan and to the proposed self-assessment tool which will be presented to the World Health Assembly in May for endorsement.

46. The Regional Office has continued work on the regional action plan, taking into account the regional context and the discussion of the issue at RC67. The technical content is complete, but finalization of the plan is awaiting the final outcomes of the discussion on the draft global strategic plan. The plan is built on three pillars: building and sustaining Member State capacity to implement International Health Regulations (IHR) (2005), improving event management systems and ensuring accountability within the overall IHR framework. The Regional Office organized a high-level technical consultation on "Accelerating implementation of the International Health Regulations (IHR) and strengthening emergency preparedness and response in the WHO European Region" (Munich, Germany, 13–15 February 2018).

47. A revised version of the draft plan, taking into account the discussion at the Executive Board, will be circulated to the SCRC in May. The regional priorities identified by Member States are to ensure a multisectoral approach to public health preparedness and response and to ensure that emergency preparedness is linked with health systems and public health functions in the interests of sustainability. Depending on the discussions at the World Health Assembly related to the global strategy, the Regional Office will make the necessary revisions to the regional action plan after the Health Assembly in order to ensure alignment in the final document to be submitted to the Regional Committee.

48. In the ensuing discussion, members agreed that the finalization of the regional action plan should await the final version of the global strategic plan in order to ensure full alignment between the two, and called for the convening of further annual meetings of national IHR focal points on the pattern of the Munich meeting. It was essential to build on

the momentum created by the Member-State-driven joint external evaluation process: however, there should be no reopening of the issue of global governance of the IHR (2005). The European Region had established a number of good practices in the building of health security and sustainable health systems, which other regions might find useful.

49. The Director, Programme Management, said that a number of evaluation tools would be used in addition to the joint evaluation tool: Member States still need to reach a consensus on the approach to be adopted. The regional action plan would be aligned with its global counterpart, while taking into account regional priorities and sensitivities. The Regional Office was working with Member States to align its work on health emergencies with its support for sustainable health systems and the work on universal health coverage at WHO headquarters. There are no plans to reopen the issue of IHR (2005) governance at global level; instead, efforts will be devoted to ensuring that the existing Regulations were fully implemented.

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

50. The outgoing Director, Noncommunicable Diseases and Promoting Health through the Life-course, presented the report on the draft strategy on the health and well-being of men in the WHO European Region (document EUR/SC25(3)/14), which was intended to address the high levels of premature mortality among men that had long been accepted as a biological fact. Recent statistics provided a useful insight into the gender, socioeconomic and cultural dimensions of men's health, which could be addressed through the proposed strategy.

51. The Director, Policy and Governance for Health and Well-being, informed the SCRC that a regional report on men's health and well-being would be ready for RC68.

52. The Acting Programme Manager on Gender and Human Rights, Policy and Governance for Health and Well-being, said that the WHO European strategy for men's health and well-being was the first of its kind and was driven by a growing interest in men's health in the Region in recent years. Several European Region Member States had developed men's health reports, and Ireland had been the first country to adopt a National Men's Health Policy. During the discussions on the Strategy on Women's Health and Well-being in the WHO European Region, adopted in 2016, it had become clear that a similar tool would be needed to promote men's health. Evidence supported the idea that gender equality stood in direct relation to health outcomes in men. Socioeconomic determinants, societal stereotypes, harmful aspects of masculinities and unresponsive health systems undermined men's health and well-being. Although other action plans and strategies, such as the WHO Action Plan for the Prevention and Control of NCDs in the European Region, also contributed to better health outcomes in men, the strategy was unique in addressing men's health from a gender perspective.

53. Members of the SCRC underscored the timeliness of the strategy, as men continued to perform worse than women in nearly all areas of health. As action on men's health was intensified, it was important to maintain a strong focus on women's health too. One member noted that the strategy might benefit from greater concision and a clearer focus on health-seeking behaviour and gender-responsiveness of health systems. The term "masculinities" was viewed with some scepticism. Although the concept was certainly commendable, its

meaning was not entirely straightforward. Unless it was properly understood by all, the term might cause some confusion and even deepen stereotyping. One member suggested a greater focus on mental health and de-stigmatization of psychological disorders. It was also proposed to devote additional attention to social determinants of men's health and to highlight the positive role of men in society.

54. The Acting Programme Manager on Gender and Human Rights, Policy and Governance for Health and Well-being, responding to the comments made, said that the draft strategy on men's health was intended to complement, not detract resources and attention from, the Strategy on Women's Health and Well-Being. Taking note of members' concerns about the term "masculinities", she said that although the definition of the new term needed to be refined, the introduction of new terminology could be an instrument for change. The final document would place greater focus on mental health and also reflect on assets and positive experiences.

Joint Monitoring Framework on the SDGs, Health 2020 and NCDs

55. The Director, Division of Information, Evidence, Research and Innovation, said that the multi-stakeholder expert group which had met in Vienna, Austria, in November 2017 had drawn up a list of 40 indicators for the proposed joint monitoring framework. Ten of those indicators were common to the SDGs, Health 2020 and the Global Action Plan for the Prevention and Control of NCDs, and 15 of them were also included in GPW 13.

56. An online consultation with Member States was currently under way, inviting their guidance on the proposed list of 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. She called upon SCRC members to encourage the relevant officials in their governments to participate in the consultation as quickly and fully as possible. It was expected that the joint monitoring framework would be adopted at RC68.

57. The framework was intended as a minimum set of information to reduce the reporting burden on Member States and prevent duplication. Member States would be able to report online every six months through the European Health Information Gateway. They would be encouraged to report fully on all three frameworks, according to their own normal schedules of data collection, but they would not be asked to repeat information which they had already submitted under the joint framework. The data can be directly accessed by the Global Health Observatory at WHO headquarters who would pass this on to the United Nations.

58. In the ensuing discussion, members expressed strong appreciation and support for the joint monitoring framework; one member suggested that the indicator relating to low incomes should be set at 60% of the median income rather than 50%, since the former figure was used by the EU. It would be valuable to measure life satisfaction, but no reliable methodology was currently available to ensure comparability between countries. It was likewise difficult to monitor community resilience, particularly in respect of the role of nongovernmental organizations in the various Member States. It was suggested that the qualitative indicators should include details of legislation currently in force.

Enhancing the reporting of key qualitative Health 2020 concepts

59. The Director, Division of Information, Evidence, Research and Innovation, said that four expert groups had identified five key qualitative concepts related to community resilience, community empowerment and well-being, using data from the Health Evidence Network (HEN) series of reports. A proposed procedure for monitoring and proposed indicators would be included in the European health report 2018. An online consultation among Member States was currently under way, seeking guidance on three suggested options (minimum, pragmatic and ideal) for the quantitative and qualitative monitoring of community empowerment and resilience and a narrative approach to monitor well-being.

60. The monitoring would use routinely collected information, and much of the work would be done by WHO collaborating centres. Information from the online consultation on the joint monitoring framework would also be used. The final list of indicators would be circulated to Member States. At RC68, Member States would provide feedback on the European health report 2018 and the progress report on Health 2020 monitoring, which would be transmitted to the next expert group meeting in October 2018.

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

61. The Director, Strategic Partnerships, and WHO Representative to the EU gave details of applications by non-State actors not yet in official relations with WHO for accreditation to attend meetings of the Regional Committee for Europe (document EUR/SC25(3)/7) and introduced a draft decision to be submitted to RC68. At that session, organizations already working with the Regional Office would be invited to participate in the discussion of specific topics, in accordance with the existing practice; from 2019 onwards, organizations authorized under the accreditation procedure or already in official relations with WHO would be eligible to attend the whole session. The accredited organizations would be listed on the Regional Office website and their details passed on to WHO headquarters for inclusion, in due course, in the register of non-State actors.

62. Nineteen applicants met the criteria for participation in the Regional Committee meeting; that did not, however, automatically mean that they would also be eligible to attend the World Health Assembly.

63. Members took note of the eligible applications and agreed that a final review of the document and the draft decision should be further reviewed at the open meeting of the SCRC in May.

Oversight report on the work of the Regional Office

64. The Director, Division of Administration and Finance, presented a report by the Secretariat on budget and financial issues for the biennium 2016–2017 (document EUR/SC25(3)/16) in compliance with the oversight function of the SCRC.

65. The budget for the biennium had been realistic, but there had been some misalignment of funds between the various budget sections and a large proportion of funds earmarked for

specific programmes. A total of 96% of available resources had been disbursed, and compliance, risk management, transparency and accountability had been among the priority areas with continuous improvements.

66. As at the end of the biennium, 85% of the base programme budget allocated to the Regional Office had been utilized, although there had been significant differences in financing between and within categories and programme areas, with some persistent “pockets of poverty”. Flexible funding had decreased by US$ 6 million compared with the previous biennium; that had a disproportionate impact on areas which were already underfunded, including category 6. The biennium had been marked by an unprecedented level of crisis response activities, particularly for activities in response to the crisis in the Syrian Arabic Republic operated by the WHO field office in Gaziantep, Turkey, for which a budget of approximately US$ 57 million had been utilized.

67. Budget centres in the Region had identified 269 risks in 2017, all of which had been quality-checked for relevance, criticality and attainability of response actions, the latter being tracked every six months. Twenty-six of the budget centres were rated as strong, with improvements being recorded in the areas of risk management and travel, although risk management was still rated as merely adequate.

68. The WHO country office in Turkey, including the Gaziantep field office, and the Division of Administration and Finance had been subjected to internal audit in 2017: of a total of 50 audit recommendations for both reviews, 10 had already been implemented, and 17 more were almost complete.

69. Funding was currently available for 52% of the approved regional programme budget for 2018–2019. Taking into consideration the funds in the pipeline and potential flexible funds expected to become available from the global level, the funding gap as of early March 2018 was 35% – a level similar to that at the same point in 2017, but with fewer prospects for extrabudgetary funding and a lower level of flexible funds.

70. The Director, Programme Management, noted that the most vulnerable programmes were still maternal and child health, sexual and reproductive health and some communicable diseases like HIV and vector-borne diseases. For the 2018–2019 biennium, the Regional Office was working to mobilize more extrabudgetary resources, from country partners and other sources, and implementing efficiency measures together with monitoring implementation of expenditures carefully.

71. In the ensuing discussion, members asked what contingency plans the Regional Office had prepared to cover the budget shortfall in the event of a further decrease in extrabudgetary funding. An observer noted that the decrease in flexible funding was presumably partly due to a reduction in the funding transferred from WHO headquarters, since resource mobilization was now more strongly focused on the regional and country levels. She asked about the extent to which direct financial cooperation (DFC) agreements were used in the Region and about the likely impact of potential future reductions in funding that might occur as a result of changes in the foreign aid policy of the Organization’s major donor, the United States of America, or the planned scaling-down of polio programmes. Since staffing was the most expensive item in the budget, she asked for information about current staffing levels and any plans to reduce staff numbers as a result of the budget funding gap, and about the implications of the managed mobility policy for the Regional Office in terms of the costs of transferring

staff to a different duty station and the human resources capacity required to administer the process.

72. The Director, Division of Administration and Finance, responding to points raised, said that, in 2016–2017, 60% of funding had been raised at regional level, and 40% had been transferred from WHO headquarters. Emergency programmes and HIV and sexual and reproductive health programmes were expected to be affected by changes in United States funding policies, but measures would be taken to secure alternative funding for those programmes. DFC agreements were used very rarely in the Region, for instance for emergency programmes, and much less often than in other regions. The potential loss of funding associated with the scaling-down of polio programmes was not considered a risk for the Region, although there was a risk that it might not be possible to transfer the human resources and/or infrastructure previously used for those programmes to others. The managed mobility programme was intended to manage staff movements more efficiently; it may not necessarily result in more staff being transferred. A voluntary mobility programme had been in operation for the previous two years, which had provided valuable indications of the number of staff likely to move and the associated costs.

73. The Director, Strategic Partnerships, and WHO Representative to the EU noted that 94% of the Regional Office's contributions were earmarked and that the main donors to the Region were Member States (44% of voluntary contributions received). The small number of donors (10) responsible for a large proportion of the voluntary contribution to the European Region (63%) left the Regional Office vulnerable to changes in donor policy. The European Region was at a disadvantage when applying for global funding because it was perceived as a "rich" region, and it was therefore important for Member States to invest in their own Region: the Regional Office was developing a regional resource mobilization strategy intended to show donors the impact of their funding at country level.

74. The Director, Programme Management, said that activities related to polio eradication had been incorporated into the existing immunization programmes, so that the reduction in funding would not have a serious impact. The Regional Office tried to avoid DFC agreements where possible. The small number of major donors was a risk, but other funding agreements had been concluded to fill gaps in specific programmes. The Secretariat planned to hold a meeting of donors to identify funding aligned with GPW 13 priorities. The shift from a global financing model to regional and country-level financing incurred short-term costs associated with new needs and the pursuit of cost efficiencies: the extent of those costs would become clearer by the time of the World Health Assembly. The Regional Office was building capacity for resource mobilization at the country and regional levels, mapping existing donors and identifying potential new ones. The Secretariat could provide more information at the next session of the SCRC about the capacity that the Regional Office would require in countries to deliver GPW 13.

75. In response to a question about the planned global dialogue on financing the WHO Contingency Fund for Emergencies, the Director, Programme Management, said that she would be glad to provide more detailed information to interested members. The main issue at stake was that the Fund had never been fully funded and lacked a functioning replenishment model.

Membership of WHO bodies and committees

Elective posts at the Seventy-first World Health Assembly

76. The Regional Director proposed the following distribution of elective posts at the Seventy-first World Health Assembly, subject to the agreement of the Member States concerned: Vice-President of the Health Assembly – Azerbaijan; Vice-Chair of Committee A – Denmark; General Committee – Bulgaria, France, Russian Federation, Turkey, United Kingdom of Great Britain and Northern Ireland; Credentials Committee – Iceland, Serbia, Turkmenistan. Members agreed by consensus on those nominations.

Progress reports

Implementation of the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region

77. The Director, Division of Information, Evidence, Research and Innovation, described the progress made in the implementation of the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region. The progress report (document EUR/SC25(3)/9) would be revised in the light of the present discussion and submitted to RC68.

78. One member asked how the Regional Office aimed to establish and maintain national governance in e-health standards and interoperability (para. 44 (a) of the progress report), and whether research publication output in the Member States of eastern Europe and central Asia was the best measure of research capacity (para. 44 (e)).

79. The Director, Division of Information, Evidence Research and Innovation, replying to a question from another member, said that Member States looked to the WHO European Health Information Initiative for different types of support: those in eastern Europe tended to be interested in the mechanisms for the translation of evidence into policy, while those in the EU expressed strong interest in the work on cultural contexts of health. When asked by one member to define the kind of support WHO would like to see from Member States, the Director responded that the most valuable support Member States could provide would be an increase in the budget ceiling, since the category that covers health information activities is the lowest-funded throughout WHO.

Roadmap of actions to strengthen the implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025

80. Members of the SCRC deplored the fact that the progress made towards the overall reduction in tobacco consumption was not greater, but commended the achievements of the Russian Federation and Ukraine as positive examples. One member noted the critical value of WHO technical support in strengthening national capacities and updating tobacco control legislation. Another member reported that her country’s efforts to reduce smoking among young people had been more successful than efforts to get long-term smokers to quit. It would

be useful to learn about best practices implemented in other Member States. Several members shared their concern over the difficulty of protecting tobacco-control policies from the interests of the tobacco industry. The important role of non-State actors in promoting anti-smoking measures was noted. One member called on WHO to support Member States' efforts to empower civil society at a time when the European Commission had reduced funding.

81. The outgoing Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that despite the bleakness of results in some areas, the Region was performing better than generally supposed. One example was the World No Tobacco Day Awards 2017, where the Region had put forward 25 strong nominations when it had struggled to nominate even one or two candidates several years before. The striking drop in tobacco consumption in the Russian Federation and Ukraine and the success of France, Norway and the United Kingdom in defending new anti-tobacco legislation gave reason for hope. Still, overall progress was too slow and there was no room for complacency. Major challenges included the pushback from the tobacco industry, the growth in electronic nicotine delivery systems, and the growing focus on harm reduction, rather than supply or demand interventions. As tobacco control measures were regaining momentum, heightened vigilance was in order with regard to reactions from the industry. Support for Member States in the implementation of the Convention must be strengthened. The Secretariat would also take into consideration the suggestion to step up its support for non-State actors.

Indicators for Health 2020 targets

82. The Director, Division of Information, Evidence Research and Innovation, described the progress made in implementing, streamlining and enhancing the Health 2020 monitoring framework in line with resolution EUR/RC63/R3.

83. The SCRC took note of the progress report (document EUR/SC25(3)/11), including the new indicators drawn up by the Regional Office.

Implementation of the Physical Activity Strategy for the WHO European Region 2016–2025

84. One member of the SCRC welcomed the importance attached to the benefit of sports in the promotion of healthy living, drawing attention to the relevance of the information contained in the report for urban planning, among others.

85. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that the Strategy was the first of its kind and had inspired the development of a global action plan on physical activity. It was gratifying to note that innovation coming from the Region was emulated at the global level. As implementation had commenced only recently, it would be premature to report on impact, and the document instead provided an overview of the large number of outputs and activities. The importance of physical activity for achieving NCD-related SDG targets and for the promotion of health and well-being, including mental health, was largely underestimated. As levels of physical activity were stalling, or even declining, efforts must be stepped up.

Implementation of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025

86. The SCRC welcomed the fact that the report reflected both shortcomings and achievements. Success stories were considered an important part of the picture and the member from Finland, one of the co-chairs of the WHO Independent High-level Commission on Noncommunicable Diseases, stated his country's intention to support the same approach in the work of the Commission. The member from Lithuania commended WHO for its timely support for his country at a time of political crisis relating to alcohol and tobacco control. WHO's intervention through the WHO country office was an excellent example of organizational teamwork and a great asset to NCD prevention and control. One member requested information about the WHO global dialogue on financing for prevention and control of NCDs, to be held in Copenhagen, Denmark, on 9–11 April 2018.

87. The outgoing Director, Noncommunicable Diseases and Promoting Health through the Life-course, paid tribute to donors, the geographically dispersed office for NCDs in Moscow, Russian Federation, and dedicated country-level stakeholders, whose contributions had enabled the transformative work carried out in recent years. Despite the emergence of new donors and sources of financing, much of the work on NCDs remained dependent on the financial contribution from the Russian Federation. The country had recently renewed its pledge for another five years and had stated its intention to provide another grant to WHO headquarters that mirrored its European commitments.

88. With nearly all countries in the Region on track to achieve SDG target 3.4, accounting for nearly 25% of WHO Member States, and several countries in Latin America, the Caribbean and the western Pacific also performing well, the situation was slightly less bleak than expected. Although the sombre picture drawn by reports coming from WHO headquarters was not entirely inaccurate, successes should also be acknowledged. The progress report, however humble, showed that progress had been made. Still, there was no room for complacency, as the Region could achieve much more than the 33% reduction in premature mortality target if all the "best buys" were fully implemented. His team stood poised to share information on European success stories to inform advocacy work.

89. He expressed his appreciation for the courage displayed by the Minister of Health of Lithuania who, at a time of political crisis, had taken great personal risks to push the health agenda. Supporting countries in such situations was one of WHO's functions. The NCD community must remain vigilant and respond in a timely manner to any "outbreaks" of harmful ideas that threatened to undermine progress.

90. The incoming Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that the WHO Global dialogue on financing for prevention and control of NCDs would be hosted jointly by WHO and the Government of Denmark. Its outcome was expected to feed informally into the third United Nations High-level Meeting on NCDs. The Global dialogue would be supported by the International Federation of Pharmaceutical Manufacturers and Associations, NCD Alliance, World Diabetes Foundation, World Economic Forum, and other non-State partners. Financing had been identified as the most vulnerable point for NCD prevention and control. The purpose of the Global dialogue was to share information on existing and potential sources of finance and explore new opportunities for multistakeholder and multisectoral partnerships, building on the 2030 Agenda for Sustainable Development. One of the focus areas would be taxation.

91. The Director, Programme Management, speaking on behalf of the Regional Office in the absence of the Regional Director, thanked the Government of Denmark for hosting the meeting, which would be opened by the Patron of the Regional Office, Her Royal Highness the Crown Princess of Denmark.

Implementation of the Strategy and action plan for refugee and migrant health in the WHO European Region

92. The Coordinator, Public Health and Migration, informed the SCRC of progress in the negotiation of the global compact on refugees and the global compact for safe, orderly and regular migration, both mandated by the United Nations New York Declaration for Refugees and Migrants of 2016. The global compact for refugees would provide a strong legal framework for the reception, admission and long-term management of refugees. The final phase of negotiations, based on the zero draft of the global compact, was scheduled to take place in Geneva, Switzerland, for several days each month between March and July 2018, and an intergovernmental conference to adopt the compact was scheduled for September 2018. The chapter on health in the zero draft stressed the need to incorporate health services for migrants into national health systems. WHO and the Office of the United Nations High Commissioner for Refugees were currently negotiating a memorandum of understanding on joint activities under the global compact and elsewhere.

93. The zero draft of the global compact for safe, orderly and regular migration did not include a binding legal framework or a specific priority related to health care. The final phase of negotiations, based on the zero draft, was currently under way in New York, United States of America, with monitoring, evaluation and minimization of the reporting burden as major concerns expressed by Member States. The International Organization for Migration is proposed to be the lead agency for implementation of the future compact. WHO is concerned that so far public health is not receiving sufficient emphasis. WHO provided inputs to the global compact on safe, orderly and regular migration consultation forums and is acknowledged as the agency responsible for health leadership and support for Member States and partners in promoting the health of migrants. The Regional Office was preparing a series of technical reports, to be issued throughout 2018.

94. The Director, Programme Management, replying to a point raised by a member, said that the process of negotiating the two compacts was driven by Member States: there was therefore a limit to the active role which the Secretariat could play. The Assistant Director-General for Migration and Health at WHO headquarters would continue to advocate for an appropriate role for the health sector.

95. One member said that the terms “refugees”, “migrants” and “asylum seekers” should be used coherently throughout the document. Also, the respective responsibilities of WHO and other United Nations organizations in the field needed to be defined more clearly. It would further be useful to replace the term “immigration status” in paragraph 38 of the report with the term “migration status”, which was used in the draft global compact for migration and the New York Declaration for Refugees and Migrants. Another member proposed including a reference to the impact of migration on local and national health systems, including with regard to tuberculosis and HIV/AIDS.

96. The Director, Policy and Governance for Health and Well-being, said that the information on national implementation of the Strategy and action plan was based on a questionnaire sent to all Member States, in which the Regional Office had requested information on a number of high-level indicators designed to provide a snapshot of implementation of the nine strategic areas within the Strategy and action plan. Implementation at the regional level mainly occurred through the Regional Office's Migration and Health programme, which had been expanded since its establishment in 2011. Particularly noteworthy was the work of the Knowledge Hub on Health and Migration, located in Sicily, Italy, which had hosted a first summer school on refugee and migrant health in 2017, with 76 participants from 25 countries. The Division would review the progress report in the light of the SCRC's suggestions.

Address by a representative of the Staff Association of the European Region of the World Health Organization

97. The Vice-President of the Staff Association of the European Region of the World Health Organization, acknowledging the strong staff-management relationship in the WHO European Region, said that in order for staff to deliver their mandate with the highest level of expertise, a safe environment was needed. Staff at the Regional Office remained concerned about the global mobility policy. Although the transition to mandatory mobility for all professional staff was scheduled to commence on 1 January 2019, and staff were entitled to receive one year's advance notice, no communication had been received by the staff affected to date. Moreover, the mechanism for assigning staff to available posts globally, and elements to ensure career development, had yet to be finalized. While staff remained optimistic that the global mobility concept could be an empowering mechanism, uncertainty about their future role and changes in terms of location or job description were deeply unsettling. In the roll-out of the new policy, highest consideration should be given to its impact on the people concerned. Communication and guidance from WHO to its staff on the matter needed to be improved.

98. The increased use of consultants and the lack of clarity about the Organization's future business model also remained a cause for concern. The distinction between work performed by staff and work performed by consultants was sometimes blurred. Consultants would soon account for nearly half of WHO's workforce and worked side by side with staff, but had no involvement in staff-management relations. The growing use of consultants also affected the United Nations Joint Staff Pension Fund and staff health insurance. It was unhelpful to treat consultants as "second-class citizens", and the Regional Office should set the example by abolishing the term "non-staff".

99. Staff had almost entirely lost confidence in the independence and technical competence of the United Nations International Civil Service Commission (ICSC). Its recent changes in methodology for calculating the post adjustment index for professional staff had led to significant salary cuts for United Nations employees at several duty stations, heightening the sense of insecurity among staff. While a change in methodology was not a problem in itself, the ICSC had repeatedly refused to answer relevant questions and an independent examination had revealed significant methodological flaws in the cost-of-living survey conducted at United Nations headquarters. As similar surveys were planned for other duty stations, including Copenhagen, Denmark, Member States must ensure that ICSC performed its functions with full independence and impartiality.

100. While embracing the transformative power of change and welcoming the Director-General's decision to engage elected staff representatives at every opportunity, staff were concerned over the great number of new initiatives introduced under the transformation agenda. As WHO embarked on its new course, Member States should help staff remain relevant to the Organization's mandate.

101. The Respectful Workplace Initiative had greatly contributed to improving the staff's sense of security in the workplace and the Regional Director's leadership in that regard was greatly appreciated. Still, harassment remained high on the agenda and the Staff Association would continue to engage with the Executive Management of the Regional Office to respond accordingly, including by developing a prevention policy.

102. The Regional Director thanked the Vice-President of the Staff Association and underscored the excellent collaboration between the Staff Association and the Executive Management of the Regional Office. Mobility, although not in the form of a corporate, harmonized policy, was already a reality across the Organization. Whatever the final shape of the global mobility policy, it needed to build on existing experience and practices and be implemented in such a way as to serve both staff and organizational needs. The Regional Office would remain actively engaged in the process and engage with staff throughout the different stages.

103. The Regional Office also participated actively in the development of the transformation agenda and a relevant meeting with staff would be held shortly. Under the new business model currently being developed at WHO headquarters to deliver on the objectives of GPW 13, staff and non-staff contracts would be used within clearly established parameters. The use of consultants would certainly continue, as it was one of the most practical ways of working, but differences in contracts in no way affected ethical values and codes of conduct. Recent changes to the consultant policy had helped clarify the terms and conditions. The Programme, Budget and Administration Committee of the Executive Board would hear an update on engagement with the ICSC at its forthcoming meeting, which might provide an opportunity for the Staff Association to share its concerns.

104. Members agreed that a safe working environment was crucial to good performance. Staff are WHO's greatest asset and staff concerns needed to be taken into consideration. Mobility must be managed fairly, using positive incentives. One member pointed out that Member States' understanding of the full implications of the policy for the Organization and its staff remained limited and more time was needed to discuss the details.

Other matters, closure of the session

105. The SCRC and the Regional Director expressed their warm appreciation of the sterling work done by the outgoing Director, Noncommunicable Diseases and Promoting Health through the Life-course, and welcomed his successor.

106. Acknowledging the support provided by the Secretariat and the Regional Director, the Chairperson congratulated the SCRC on the good progress made in preparation for RC68. 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 the outcome of the 142nd session of the Executive Board and its impact on the work of the WHO European Region
4. Report by the Chairperson of the SCRC subgroup on governance, including brainstorming on global governance issues
5. Provisional agenda and provisional programme of the 68th session of the WHO Regional Committee for Europe (RC68)
6. Review of technical and policy topics and consultation process for RC68 agenda items
   (a) Outcome statement: Health Systems Respond to NCDs. High-level regional meeting, Sitges, Spain, 16–18 April 2018
   (b) Countries at the centre: the strategic role of country offices in the WHO European Region
   (c) Development of a five-year action plan to improve public health preparedness and response in the WHO European Region
   (d) Draft strategy on the health and well-being of men in the WHO European Region
   (e) Joint Monitoring Framework on the SDGs, Health 2020 and NCDs
   (f) 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
7. Oversight report on the work of the WHO Regional Office for Europe
8. Membership of WHO bodies and committees
   (a) vacancies for election or nomination at RC68
   (b) elective posts at the Seventy-first World Health Assembly
9. Progress reports
   (a) Implementation of the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region
   (b) Roadmap of actions to strengthen the implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025
   (c) Indicators for Health 2020 targets
   (d) Implementation of the Physical Activity Strategy for the WHO European Region 2016–2025
   (e) Implementation on the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025
   (f) Implementation of the Strategy and action plan for refugee and migrant health in the WHO European Region

10. Address by a representative of the Staff Association of the European Region of the World Health Organization

11. Other matters, closure of the session

Annex 2. List of documents

Working documents

EUR/SC25(3)/1 Rev.2	Provisional list of documents
EUR/SC25(3)/2	Provisional agenda
EUR/SC25(3)/3 Rev.2	Provisional programme
EUR/SC25(3)/4	Provisional list of participants
EUR/SC25(3)/5	Draft provisional agenda of the 68th session of the WHO Regional Committee for Europe
EUR/SC25(3)/6	Draft provisional programme of the 68th session of the WHO Regional Committee for Europe
EUR/SC25(3)/7	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(3)/8	Outcome statement: Health Systems Respond To Noncommunicable Diseases, high-level regional meeting (Sitges, Spain, 16–18 April 2018)
EUR/SC25(3)/9	Progress report on implementation of the Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region
EUR/SC25(3)/10	Progress report on the Roadmap of actions to strengthen the implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025
EUR/SC25(3)/11	Progress report on indicators for Health 2020 targets
EUR/SC25(3)/12	Progress report on implementation of the Physical Activity Strategy for the WHO European Region 2016–2025
EUR/SC25(3)/13	Progress report on implementation on the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025
EUR/SC25(3)/14	Draft strategy on the health and well-being of men in the WHO European Region
EUR/SC25(3)/15	Progress report on the implementation of the Strategy and action plan for refugee and migrant health in the WHO European Region
EUR/SC25(3)/16	Report of the Secretariat on budget and financial issues (oversight function of the SCRC)

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