

**Twenty-sixth 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-sixth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its second session in Athens, Greece, on 5–6 December 2018. The Chairperson welcomed members and other participants and noted that the report of the first session of the Twenty-sixth SCRC, which had taken place in Rome, Italy, on 20 September 2018, had been circulated and approved electronically.
2. The Chairperson, Dr Ioannis Baskozos (Greece), opened the session, welcoming all participants to Athens and expressing appreciation on behalf of the SCRC to Mr Andreas Xanthos, Minister of Health of Greece, who would address the Standing Committee.

Address by Mr Andreas Xanthos, Minister of Health of Greece

3. The Minister of Health of Greece welcomed the Regional Director for Europe and the members of the SCRC to Athens, and expressed his appreciation for the increased cooperation between his Ministry and the WHO Regional Office for Europe, following the recent opening of the WHO Country Office. Outlining the major health reforms that were ongoing under his Ministry's leadership and with crucial support from the Regional Office, he said that health was a matter of equity, equality, social justice and social cohesion, and should take account of the needs of every individual.
4. Despite a prolonged and painful financial crisis, fiscal adjustment and austerity that had wounded society and the public health system, the Ministry of Health, in cooperation with the Regional Office, had successfully begun to implement a plan for universal health coverage. Critical reforms had been undertaken, which would improve the quality and resilience of the health system, and which had a focus on primary health care, prevention and strengthening public health. Investment in human resources for primary health care was a priority; around 100 family health care units had been established over the past 12 months, the first annual evaluation of which had been jointly organized by the Ministry and the WHO Country Office and would take place that week.
5. Providing quality health care to refugees and migrants was a matter of priority, and the State, civil society, nongovernmental organizations and volunteers were contributing to efforts in that regard. The know-how of WHO and the International Organization for Migration had been essential. Despite the numerous associated challenges, migration had not been allowed to become a public health problem, which had contributed to constraining racism, xenophobia and stigma. Efforts would continue to further improve health-care indicators for the permanent and temporary populations of Greece alike. The deepened cooperation with WHO, through the Country Office, helped to guarantee the reliability and effectiveness of the health system, for which his Ministry was particularly grateful. He wished the Standing Committee a productive session.

Address by the Regional Director

6. 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 and regional processes and events that had taken place since the first session of the Twenty-sixth SCRC.

7. At the global level, two major events had taken place in New York: the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs) and the High-level Meeting of the General Assembly on Ending Tuberculosis (TB). The WHO Regional Office for Europe and the Member States of the European Region had been particularly active in side events at those meetings. Several Member States had, however, asked whether such high-level events on health-related matters should continue in the context of the General Assembly, or whether the World Health Assembly should be the principal platform for such discussions. The Global Conference on Primary Health Care had taken place in Astana, Kazakhstan, to mark the 40th anniversary of the Declaration of Alma-Ata. The Conference had been very well attended, thus illustrating Member States' commitment to primary health care. Several members of the Standing Committee had played important roles in the meeting. Primary health care would be on the agendas of the 69th session of the Regional Committee (RC69) and the Seventy-second World Health Assembly in preparation for the United Nations General Assembly high-level meeting on universal health coverage in 2019.

8. World Antibiotic Awareness Week had been held in November to raise awareness of antibiotic resistance, with a focus on One Health and the links between the overuse of antibiotics in agriculture and increasing antibiotic resistance in humans, which had potentially devastating consequences. The Regional Office had marked World AIDS Day on 1 December with the publication of a report jointly with the European Centre for Disease Prevention and Control. The situation in the eastern part of the Region continued to give cause for concern; the Regional Office was working with countries individually to develop roadmaps for action to reverse national trends.

9. At the regional level, the European Health Forum Gastein Conference and the World Health Summit had both attracted high levels of participation. The Summit session on migration and refugee health, which had included a policy dialogue and a panel discussion, had been particularly pertinent. The 11th European Public Health Conference had been held in Slovenia at the end of November, and the 70th anniversary of WHO had been celebrated in Budapest. The regional United Nations Development Group was working well; at its recent meeting, the Group had decided to add primary health care as another work theme of the issue-based coalition on health, bringing together the whole United Nations family at the regional level. Efforts were being made to strengthen the links between the Development Group and the United Nations country teams. The Regional Director had attended and addressed the Inter-Parliamentary Assembly of Member Nations of the Commonwealth of Independent States. The Assembly was playing an important role in encouraging national parliaments to ratify the Protocol on Illicit Trade in Tobacco Products to the WHO Framework Convention on Tobacco Control.

10. At country level, several high-level visits had taken place: a delegation from Norway had visited the Regional Office to discuss access to medicines, antimicrobial resistance and NCDs. The Regional Director had travelled to Brussels to meet the new Director-General for Health and Food Safety of the European Commission, where they had agreed to evaluate the Vilnius Declaration and to organize the European dimension of the Senior Officials Meeting that would be held in the summer of 2019. The European Committee of the Regions, with which the Regional Office had concluded a memorandum of understanding, had visited Copenhagen to discuss strengthening policy dialogue and collaboration on areas of mutual interest.

11. An official visit had been conducted to Uzbekistan, where the new President was focusing on two priority areas: security and health. Health reforms were underway and the Regional Office's guidance had been sought and heeded. A joint United Nations meeting had been held in Belarus to discuss how to broaden access to affordable and quality-assured medicines and diagnostic techniques for HIV, TB, hepatitis and malaria. Lastly, the Director-General had visited Brussels, where he had met with the WHO Representative to the European Union, Leen Meulenbergs, the President of the European Commission, Jean-Claude Juncker, and various ministers and other high-level officials.

12. Turning to the issue of internal governance of the Organization, the Regional Director explained that she and the Regional Director for South-East Asia had been asked to advise the Director-General on the headquarters operating model. The Director-General had expressed an interest in being more engaged in the work of the regional committees, and had appointed a chef de cabinet to liaise with the Regional Office to optimize preparations in that regard. A WHO leadership retreat was due to take place soon in Nairobi, Kenya, to discuss implementation of the Thirteenth General Programme of Work (GPW 13). Detailed preparations had been undertaken in the European Region with input from WHO representatives, to encourage a unified approach to the programme budgets for the bienniums 2018–2019 and 2020–2021. In order to ensure an enhanced bottom-up approach to budgeting for 2020–2021, contributions from Member States specifying their priorities would be essential. Thus far, despite repeated calls for contributions, nine Member States had failed to submit their country priorities. Lastly, a “values jam” had been held at the global level to discuss staff values linked to the WHO vision and mission. Some 2700 staff members had participated, which demonstrated their willingness to participate and engage with senior management.

13. One member of the Standing Committee said that her government had organized a side event on alcohol harm reduction at the United Nations General Assembly, to discuss the need for stronger international cooperation and the possibility of working towards a framework convention on alcohol. While the World Health Assembly should remain the principal platform for the discussion of health-related issues, health was a major precondition for development and must be on the United Nations agenda.

Follow-up to RC68: evaluation and review of actions by the SCRC and the Secretariat

14. The Regional Director said that RC68 had garnered record participation, with several high-level guests. The increased political weight of the session was testament to the increasing importance of health on political and development agendas. Despite some complex issues on the agenda, a spirit of consensus had prevailed throughout, which could be largely attributed to the substantial amounts of preparatory work done with the SCRC, allowing Member States to be well prepared for the discussions. That effort had resulted in a demanding agenda being effectively managed. Feedback from Member States had been that Secretariat presentations had been too lengthy. Consultations on draft resolutions had been efficient and effective, resulting in all of the draft resolutions being adopted by the Regional Committee. The draft report of the session was currently being circulated among Member States for their approval.

15. Consideration was being given to how to improve interaction with non-State actors, who despite being able to take the floor in Regional Committee meetings, were still only

granted very limited speaking time. The possibility of allowing them to set up stands in the venue of the Regional Committee's session to showcase their work and engage with delegations during coffee and lunch breaks was being contemplated. The "Voices of the Region" video clips had received positive feedback. Improvements were still required with regard to time pressure on agenda items, such as a more effective way to inform delegations when discussions on a given agenda item would resume if they overran the time initially allocated in the programme of work.

16. Members of the SCRC commended the positive spirit of consensus that had prevailed throughout the discussions at RC68. They agreed that improving interaction with non-State actors was necessary, particularly in the context of building partnerships at country level. The healthy meetings format adopted at RC68 was very welcome and should be continued in future sessions. One member suggested imposing a time-limit for Secretariat presentations and asked whether it might be possible to compile advance preliminary lists of requests for the floor for each agenda item to give an approximate indication of how many Member States wished to speak and thereby assist the officers of the Regional Committee in time management. Incentives could be given to non-State actors to join forces and issue combined statements, such as allocating more speaking time for joint interventions. The officers could benefit from more assistance in managing requests for the floor.

17. The Regional Director said that Secretariat presentations should be limited to five minutes. Efforts would be made to impose that time-limit more strictly. Predicting the number of Member States that would wish to take the floor could be difficult; she would consult with the information technology team to see whether a function for signing up to preliminary lists of speakers could be added to the Regional Committee mobile application. Efforts were being made to enhance interaction with non-State actors.

Provisional agenda of RC69

18. The Regional Director presented the draft provisional agenda for RC69, which, as agreed at the SCRC's first session, would not be overburdened with technical items to give Member States time to consult and interact on matters related to the election of the Regional Director. Consideration was being given to finding a foresight speaker who would discuss links between scientific research and policy-making. The Director-General might wish to bring up particular issues under the agenda item on matters arising from resolutions and decisions of the World Health Assembly and the Executive Board, particularly with regard to the transformation agenda. Policy and technical topics would be: Health 2020 implementation; primary health care and follow-up to the high-level meeting in Astana; the work of the geographically dispersed offices (GDOs); health literacy; promoting health equity; work at the country level; regional implications of WHO transformation; and items related to the programme budget. The election of the Regional Director would take place in a closed meeting on the second day of the session.

19. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that there were six time-bound regional action plans relating to NCDs and the life course that were due to expire. Consideration would be given to how best to update or replace them to ensure coherence with GPW 13 and the Declaration of Astana. There would be a transition phase, during which the original action plans would remain operational pending revision or renewal.

20. Members of the SCRC welcomed the proposed provisional agenda, and expressed particular satisfaction with regard to the inclusion of discussions on the work of the GDOs and on primary health care, which was essential for leaving no one behind. An update on human resources for health would also be useful. It would perhaps be useful to organize items for discussion by type, thereby allowing the Regional Committee to discuss all technical and policy matters together, and all governance-related agenda items together. Such an approach would help Member States to organize their delegations effectively to ensure that the appropriate representatives were present in the meeting room at the appropriate time.

21. One member suggested that the policy topic of incontinence, as part of healthy ageing, might be incorporated into the agenda somehow, in order to raise awareness. Another member asked whether an informal pre-session briefing would be organized the day before the opening of the session, as in previous years, to inform discussions on a particular agenda item, such as work in countries. Although the SCRC conducted country office visits, other Member States might also benefit from a briefing on WHO's operations at country level.

22. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that consideration was being given to the inclusion of healthy ageing and incontinence as either a technical briefing or a ministerial lunch.

23. The Regional Director said that a technical discussion on human resources for health might be organized as a side event. A pre-session briefing on country work would indeed be useful and could be planned in greater detail in due course. Member States would be informed of the format of the briefing in good time to allow them to prepare. Consideration could be given to rearranging the proposed programme to group policy items together on the first and second days of the session, and governance and managerial items on the third and fourth days.

Concept notes and review of main technical and policy topics and consultation process for RC69 agenda items

Health 2020 implementation since 2012

24. The Director, Policy and Governance for Health and Well-being, introduced a concept note outlining the proposed content of a working document for RC69 on the lessons learned from the implementation of Health 2020. The document would assess the progress made in Health 2020 implementation, building and strengthening partnerships in the WHO European Region and any gaps in alignment between Health 2020 and the 2030 Agenda for Sustainable Development. It would describe the alignment of national policies and strategies with Health 2020, the evidence base supporting Health 2020 implementation, the development of a monitoring system to measure progress using the Health 2020 indicators, and lessons learned throughout the implementation period. The document would have the potential to inform a discussion about the usefulness of such regional policy frameworks to guide activities in Member States and the Regional Office beyond 2020. It would be supported by three information documents: a progress report on attainment of Sustainable Development Goals (SDGs) in the WHO European Region; a European health equity status report; and an assessment of the role of national health policies in implementing Health 2020.

25. Members of the SCRC welcomed the concept note and agreed that the moment was opportune to assess the impacts of Health 2020. The work on partnerships was particularly important; more focus should be placed on the subregional level to ensure policy coherence.

Given the recurring theme of inequity in discussions on Health 2020 and SDG implementation, the work of the Coalition of Partners was particularly welcome. Models of good practice with regard to primary health care and ensuring access to prevention and treatment could usefully be included in the working document.

26. The Director, Policy and Governance for Health and Well-being, said that efforts were made to group together countries that shared common challenges, such as through the South-eastern Europe Health Network (SEEHN) and the small countries initiative. She agreed that reference to models of good practice would be very useful. Models and examples of experience would be collected from across divisions in the Regional Office for incorporation into the working document.

WHO transformation and its regional implications

27. The Director, Programme Management, recalled that the WHO transformation was an initiative of the Director-General, which was intended to have a measurable impact at country level, and on the lives of individuals. It would be linked to GPW 13 and its triple billion targets, and the health-related SDGs, with the aim of leaving no one behind. It would also be in line with United Nations reform. The transformation agenda would move forward from the WHO reform process initiated by the previous Director-General, and the regional efforts that had been undertaken in that context.

28. Much had been done to launch the transformation process, including consultations and diagnostic work that had been undertaken to map programmes and enabling processes in the context of the GPW, and to map administrative processes through quantitative analysis and through the visits of the global transformation teams. A baseline survey and a “values jam” had been conducted, which had asked staff to consider the WHO vision and mission and to consider how to improve performance, knowledge and skills.

29. The transformation would focus on operationalizing GPW 13 through a Member State-led bottom-up prioritization process, combined with Secretariat accountability and deliverables set out in the programme budget. The high-level proposed programme budget for the biennium 2020–2021 would be presented to the Executive Board in January 2019, including the budget envelopes for the major offices, which would subsequently be submitted to the World Health Assembly. Following approval by the Health Assembly, the Regional Office would begin to consider the regional implementation plan, which would be presented to the Regional Committee. A new operating model for the Organization was being developed, with input from the Regional Director for Europe and the Regional Director for South-East Asia, which was intended to avoid a siloed approach and work on the basis of three strategic priorities. Other areas of focus included harmonizing norms and standards, ensuring WHO was fit to deliver, organizational culture and staff engagement, and external engagement and partnerships.

30. Thirteen core technical, corporate and business processes had been identified and were being redesigned on the basis of best practice, in a three-phase approach beginning with planning and budgeting, adding normative work, data collection, external communication, resource mobilization, recruitment and performance management in the second phase, and finally adding strategic policy dialogue, research, innovation, internal communications and the supply chain in the third phase. In line with the three-phase plan, by the end of the year new processes for performance management, recruitment and supply chain would be in place,

a new headquarters model would have been designed with alignment between the three levels of the Organization, WHO corporate values would have been set with new, agile ways of working established, and a new Organization-wide external engagement model would have been designed.

31. One SCRC member noted that the transformation was an ambitious undertaking for the Organization and asked how Member States would be required to engage in the process.

32. The Director, Programme Management, said that efforts were being made to create platforms for Member State input through the Executive Board, the Regional Committee and the SCRC. Feedback had already been requested from Member States regarding their priorities for the bottom-up prioritization process. The Regional Office hoped to be able to present a document to the Regional Committee detailing the country priorities of Member States for the GPW 13 period.

33. The Regional Director added that the transformation process was indeed complex. Member States would need to be involved in the external elements, such as country performance analysis and bottom-up prioritization. A clear distinction needed to be made between elements that fell under the responsibility of the governing bodies and others that needed to be addressed by the executive management. At the regional level, the transformation would remain on the agenda of the Regional Committee. The remaining elements of the transformation agenda would be finalized in early 2019, and full implementation would follow.

Promoting health equity in the WHO European Region

34. The Director, Policy and Governance for Health and Well-being, introduced a concept note describing the background and rationale for a planned high-level conference on promoting health equity in the WHO European Region. Equity was a major theme in GPW 13 and the 2030 Agenda for Sustainable Development. A new economic analysis of high-income countries in the European Region showed that reducing life expectancy gaps between the people with the most and least years in education by 50% would lead to economic returns of up to US\$ 134 billion from reducing years spent in poor health. Increasing health equity was therefore key to accelerating progress towards inclusive development. The Regional Office was doing its utmost to ensure that equity was at the centre of its programmes. Technical guidance on policy options had been issued, which applied not only to the health care sector but also to other sectors responsible for shaping the environmental, economic and social determinants of health. The proposed high-level conference would bring together Member States, non-State actors and experts, and its outcome document would provide the basis for a working document and resolution to be submitted to RC69, to set the European action agenda on health equity for the coming 10 years.

35. In the ensuing discussion, members of the SCRC welcomed the document and the intention to hold a high-level conference. Health equity was particularly important in the context of the 2030 Agenda and leaving no one behind. Ensuring health coverage for vulnerable and hard-to-reach groups continued to pose challenges in all countries in the WHO European Region. Work to analyse the economic footprint of the health sector was particularly important for substantiating the argument that investment in health was worthwhile. The date and place of the high-level conference should be set as soon as possible to enable Member States to make the necessary arrangements to attend. One member of the

SCRC said that the links between health literacy, financial literacy and the impacts of exposure to unhealthy commercial pressures should be explored further.

36. The Director, Policy and Governance for Health and Well-being, said that great efforts were being made to develop tools and products within the Health Equity Status Report Initiative to support countries to take action on health equity. The economic footprint was indeed particularly important. Several tools would be launched in 2019, including one to provide policy guidance on reducing inequities in early years, youth, working ages and later life. The date and place of the high-level conference would be agreed as soon as possible and Member States would be informed without delay.

Health literacy in the WHO European Region

37. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, presented the concept note that would form the basis of a working document on health literacy for presentation to the Regional Committee. Research had shown that there was inadequate health literacy among adults in the WHO European Region. While health literacy had been mainstreamed in recent meetings and political commitment had been expressed, the time had come to set out a roadmap to increase individual and institutional capacity for making healthy choices. The concept note outlined the priority-setting process and the proposed outline of the roadmap, and the timeline for its preparation. The initiative involved the whole Regional Office; an annex to the document contained a breakdown of the input from each division. Health literacy was relevant to all aspects of the Regional Office's work, and the work conducted by the Division of Information, Evidence, Research and Innovation through the M-POHL network, which measured health literacy at the country level and operated under the WHO European Health Information Initiative, would be essential. An action network on implementation would be launched in January 2019, in which all Member States would be invited to participate.

38. In the ensuing discussion, members of the SCRC welcomed the proposed format for the roadmap and the breakdown of activities by division of the Regional Office, while noting that the timeline was ambitious. The document appeared to focus particularly on digital health literacy; attention should also be paid to those people in the Region who did not seek health information online and did not have access to new technologies. Information on healthy eating at all stages in the life course was crucial. Themes for awareness-raising days could include hand-washing and healthy eating. Country experiences and best practices could be shared, and connections should be made with health inequities and the disparities in health literacy across the Region, such as challenges with respect to oral health awareness in the eastern part of the Region.

39. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that joint work would be done to look into the links between health inequities and health literacy. Every effort would be made to respect the proposed timeline; if necessary a revised timeline would be presented to the SCRC at its next session. She had taken note of the point regarding digital health and the potential increase in health inequities owing to the digital divide. The roadmap would build on ongoing initiatives, through capacity building and other methodologies for promoting health literacy among the population. Improvements in institutional health literacy were also much needed, particularly in schools, hospitals and parliaments. Global hand-washing day was 15 October. An oral health initiative was under

way in the European Region. In that regard, there were several low-cost interventions that could be particularly effective. The initiative would be showcased in the coming months.

WHO's work at country level

40. The Director, Country Support and Communications, presented a concept note that would serve as a basis for a working document to inform discussion on WHO's work at the country level at RC69. The Regional Office had developed innovative ways of engaging at country level and had worked to upgrade the country offices, including through a transition to international leadership. Engagement took place both on a one-to-one basis with individual countries, and in "intercountry" mode to address common challenges faced by Member States. WHO's work at country level took place in a variety of settings, including schools, cities and parliaments. Limited resources continue to pose a challenge. The document for discussion at RC69 would not only assess the current situation and persistent challenges but would also be forward-looking, and would include consideration of methods of resource mobilization and allocation and more innovative ways to engage with higher income countries that did not have country offices. A more detailed version of the document would be available at the SCRC's next session, which would include information on measures taken, progress made, challenges remaining, and on preparations for the implementation of GPW 13, which aimed to ensure a real impact at country level.

41. In the discussion that followed, members of the SCRC welcomed the document and the initiative to assess how to improve work in countries. Closer attention should be paid to defining the role of country offices, particularly in Member States with economies in transition, and setting clear criteria for a country office presence. Flexibility was required with regard to work in countries; there was no one-size-fits-all approach. WHO should not only provide technical assistance but also expert knowledge and cooperation. While the transition from WHO nationally-led to internationally-led country offices had generally been positive, not all internationally recruited heads of country offices would necessarily have the requisite local knowledge and expertise. Knowledge transfer was therefore essential. Further consideration should be given to how WHO should interact with Member States that did not have a country office.

42. The Director, Country Support and Communications, said that country visits had clarified WHO's work at country level and informed discussions on GPW 13. Internationally recruited heads of country office went through rigorous recruitment processes; the Regional Office was confident that, as experts and diplomats, they would adjust and acquire the necessary local knowledge. The discussion on criteria for establishing a country office presence had been ongoing for some time. In some cases, such as Greece, country offices had been established at the request of the government, which had recognized that a WHO presence would be beneficial in the national context. Country offices played an important role in promoting health diplomacy and cooperation, irrespective of the economic status of the country in which they were based.

43. Country offices did not just provide technical assistance but also played a role in sharing information and good practices; sharing resources was particularly important as there was a strong reliance on voluntary contributions. Technical assistance was usually delivered through a plan based on a bilateral collaborative agreement and the resources required were not necessarily planned in advance. It was important that Member States recognized that in such a large and geographically diverse region, resources were limited. Multi-country

initiatives such as SEEHN and the small countries initiative provided a platform for sharing expertise. When working one-on-one with countries, WHO must tailor its provisions to countries' specific needs and priorities.

44. The Regional Director added that it would be useful for the SCRC subgroup on countries at the centre to discuss how WHO could engage with Member States that did not have a country office. WHO representatives were to be independent and internationally recruited. Transitioning to internationally-led country offices was important to increase the independence of the WHO representatives.

Accelerating primary health care in the WHO European Region: introducing, implementing and scaling up organizational and technological innovation in the context of the Declaration of Astana

45. The Director, Health Systems and Public Health, presented a preliminary draft document on primary health care and technological innovation, which described 12 evidence-based policy accelerators for strengthening primary health care in the WHO European Region and thereby for implementing the Declaration of Astana. Goal 3 of the SDGs on good health and well-being was underpinned by universal health coverage, which could not be achieved without primary health care. That link, while perhaps obvious to those in the health sector, was not necessarily always fully understood and must be promoted to ensure that the Declaration of Astana would be included in the outcome document from the United Nations General Assembly high-level meeting on universal health coverage in 2019. There was clear evidence that Goal 3 was closely linked to several of the other SDGs, in particular Goal 1 on ending poverty, Goal 5 on gender equality and women's empowerment, Goal 10 on reducing inequalities and Goal 11 on sustainable cities and communities. Primary health care therefore had a pivotal role to play.

46. Over the 40-year history of primary health care, many major global developments in the journey towards people-centred health systems strengthening, based on primary health care, had begun in the European Region. The policy accelerators would be accompanied by a special edition of *Public Health Panorama*. The Regional Director would host a meeting in February 2019 on digitalization; Member States needed to know how to optimize digitalization and link domestic investments to ensure that limited resources were not wasted. The Regional Office would provide support to Member States through the European Centre for Primary Health Care in Almaty, Kazakhstan, as well as by continuing to develop and refine mechanisms for knowledge sharing on best practices, expanding learning networks with the support of WHO collaborating centres, facilitating dialogue between relevant stakeholders, and establishing a database for monitoring performance across countries in the Region.

47. SCRC members agreed that primary health care was essential to achieving universal health coverage and gave examples of how they were reforming primary health care at the national level. They welcomed the outcome of the high-level meeting in Astana and the renewed focus on the link between primary health care and universal health coverage. Nurses' profiles should be strengthened and mental health care and psychiatry should be considered for inclusion in primary health care provision. Primary health care reform often needed an initial investment and therefore should not be viewed as a cheap solution, particularly by health professionals. Quality assurance was particularly important, along with prevention, education, and youth-friendly health services. Budgeting to ensure the allocation of adequate

financial resources to provide good quality, State-run primary health-care services was essential.

48. The Director, Health Systems and Public Health, said that having visited two of Greece's 100 new State-funded, community-based, primary care clinics, he had been particularly struck by how surprised the patients had been by the exceptional quality of care provided by the State. Their message had been very positive and had proven that primary care was not "poor care for poor people" and that it protected people from financial hardship.

49. The Regional Director added that the Declaration of Astana must be followed up and translated into action as a matter of priority.

Programme budget 2020–2021 and its regional perspective and report of the Secretariat on budgetary and financial issues (oversight function of the SCRC)

50. The Director, Administration and Finance, presented the report of the Secretariat on budgetary and financial issues and said that the first six-monthly review of implementation of the programme budget for the biennium 2018–2019 had shown that implementation was predominantly on track in programme areas, owing to strong collaboration with and commitment of national counterparts, good partnerships and the availability of the right type of resources at the right time. The main challenges identified were resource constraints and lack of flexibility and commitment. The mid-term review was ongoing and showed that overall, 60% of the budget was funded, with some categories healthier than others; flexibility of funds was therefore important. For instance, while programme areas in category 1, communicable diseases, were well funded, area communication, in category 6, was at risk. The Regional Office was, however, ahead of the linear projection on available resource spending and therefore had absorption capacity and flexibility for reprioritization. At the global level, 62% of the budget was funded for the whole Organization, with headquarters funded at 80%. The Eastern Mediterranean Region was the lowest funded. Such imbalances could occur as a result of delays in distribution of corporate funding and high specificity of funding. While it was not a case of needing to compete, per se, with headquarters for resources, greater oversight and closer review of how resources were distributed was required.

51. With regard to the preparation of the programme budget for the biennium 2020–2021, work had been ongoing in all programme areas since RC68. An overview would be presented to the Executive Board. Internal networks needed to be re-established to coordinate work across outcomes and strategic priorities. With regard to priority setting, the aim was to have an impact at country level, and bottom-up priority setting was central to the preparation of the proposed programme budget. More work was required on the long- and medium-term human resources plan. Several areas required further clarification, including cross-cutting areas such as vector-borne diseases, waterborne diseases and antimicrobial resistance. A more tangible focus on solutions was required, rather than focusing on problems, with regard to determinants of health; intersectoral partnerships must be clarified, and the impact framework must be aligned. The monitoring framework must be developed, which would formalize the accountability for achieving results.

52. Members of the SCRC welcomed the efforts to prepare the proposed programme budget for the biennium 2020–2021 in line with GPW 13 and underscored the importance of the

bottom-up prioritization. Not all Member States in the European Region had contributed to the prioritization process, and consideration should be given to the potential reasons for this. Member States that did not have a WHO country office were perhaps unable to seek support. The Standing Committee could play a role in that regard. Questions were raised with regard to how issues that were pertinent to more than one pillar of the GPW would be addressed, what would be done to ensure that reporting under the monitoring mechanism for the programme budget for 2020–2021 did not overburden Member States, and how the monitoring framework would be aligned with that of the 2030 Agenda. Further clarification was requested with regard to the division of responsibility for outcomes between the Regional Office and Member States, and on the format of the country support plans. With regard to implementation of the Programme budget 2018–2019, further information was requested on the particular programmes at risk in the European Region and mitigation measures.

53. The Director, Administration and Finance, responded that in the European Region, programmes on healthy ageing, malaria, and the prevention aspect of health emergencies were all lagging behind in terms of budget implementation. The Regional Office ensured that those programmes remained operational by requesting flexible resources, which it allocated to those areas. With regard to the preparation of the programme budget for the biennium 2020–2021, some complexities had been encountered with regard to country prioritization processes. Countries that did not have a WHO country office might indeed require further support.

54. The Director, Programme Management, added that although a deadline had not been set for the country prioritization process, there had been a common understanding that the process should be completed before RC68. Nine Member States still had not submitted their priorities. The country support plans would take the form of collaboration plans on action at country level, where policy or strategic input from WHO could be required. Full consensus had not yet been reached on the impact framework. The next challenge would be to establish baselines, targets and agreed indicators. Those must be set jointly with Member States, since there was joint accountability for the outcomes. After the World Health Assembly, the operationalization of programme budget for the biennium 2020–2021 would begin and the regional implications would be presented to RC69.

Membership of WHO bodies and committees

55. The Standing Committee met in a private session to discuss vacancies for election or nomination at RC69, elective posts at the 72nd World Health Assembly and the 145th session of the Executive Board, and the election of the Regional Director.

Terms of reference for the two SCRC subgroups

Subgroup on governance

56. The Chairperson of the SCRC subgroup on governance said that at its first session, the Twenty-sixth SCRC had decided to continue the work of the subgroup on governance. The subgroup's new terms of reference had been drafted. The subgroup would focus its attention on two major issues: simplification of the tool for scoring candidatures to WHO posts; and follow-up to global discussions on governance. The subgroup comprised members from Denmark, Hungary, Lithuania, Poland, the Republic of Moldova, the Russian

Federation, Slovakia and Slovenia. The subgroup had held a videoconference to consider its draft terms of reference and discuss simplification of the scoring tool. It was decided that it would hold its first face-to-face meeting prior to the next session of the SCRC in March 2019. No comments had been made with regard to the draft terms of reference.

57. A revised scoresheet had been developed for evaluating nominations to the Executive Board and the SCRC. Following requests for clarification on whether the SCRC was required to select Member States or individuals for those posts, the guidance on evaluating nominations had also been revised. The SCRC was required to select Member States, but would also give some consideration to the experience and know-how of the individual candidates. The score sheet had been divided into two sections: one on criteria for the selection of the Member State (time elapsed since last membership; collaboration with WHO; future commitments and objectives; commitment to WHO priorities); and a second section on the individual candidates, which had been simplified. The curriculum vitae form that candidates were required to complete would be simplified and brought into line with the guidance, in order to reflect the simplified selection criteria.

58. The Standing Committee approved the draft terms of reference for the subgroup and welcomed the simplified criteria for evaluating nominations to the SCRC and the Executive Board. The simplification process had been the result of experience and a concerted effort to eliminate elements that were hindering proceedings.

Subgroup on countries at the centre

59. The Chairperson of the SCRC subgroup on countries at the centre said that at its first session, the Twenty-sixth SCRC had agreed that the subgroup should continue its work. The subgroup comprised members from Croatia, Hungary, Poland, the Republic of Moldova, Slovenia, Turkey and Uzbekistan. New draft terms of reference had been prepared, which set out the subgroup's functions, including participation in country visits and reporting on them and the added value they played in WHO's work at country level; providing guidance on the structure and content of European country performance reports for submission to the Regional Committee; and assisting in the organization of the Regional Committee plenary session on countries at the centre. Two new items had been added to the terms of reference: to assist in reaching out to countries to provide feedback on the ongoing prioritization process for GPW 13; and to assist the Regional Office in exploring new ways of working with countries that did not have a WHO country office. The necessary arrangements were currently being made for the subgroup's agreed visit to Kyrgyzstan.

60. The Director, Country Support and Communications, informed participants that the planned visit to Kyrgyzstan would take place in the last week of March 2019. The programme for the visit was being organized with the country office in collaboration with the Strategic Relations with Countries unit in the Regional Office. The SCRC delegation would meet with the staff of the country office, and high-level officials including the Prime Minister, the Minister of Health and representatives of United Nations sister agencies, the United Nations Resident Coordinator and other relevant stakeholders.

61. The Standing Committee approved the subgroup's revised terms of reference.

Other matters

62. The SCRC member acting as the link between the SCRC and the Executive Board suggested that the modalities of the link function should be discussed at a future session of the Standing Committee.

63. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, informed participants about the upcoming WHO European High-level Conference on Noncommunicable Diseases, “Achieving Sustainable Development Goal targets in the WHO European Region through prevention and management of noncommunicable diseases over the life-course”, to be held on 9–10 April 2019 in Ashgabat, Turkmenistan. The Conference would be an important opportunity to discuss how to convert global and regional commitments into actions at the country level across sectors, with multiple stakeholders and in different settings.

Closure of the session

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

Annex 1. Agenda

1. Opening of the session by Mr Andreas Xanthos, Minister of Health, Ministry of Health, Greece
2. Opening of the session by the Chairperson and the Regional Director
3. Adoption of the provisional agenda and the provisional programme
4. Follow-up to the 68th session of the WHO Regional Committee for Europe (RC68): evaluation and review of actions by the Standing Committee of the Regional Committee for Europe (SCRC) and the Secretariat
5. Discussion on preparations for RC69, including progress report documentation, concept notes for and review of the main technical and policy topics, and the consultation process for RC69 provisional agenda items
6. Membership of WHO bodies and committees
 - Vacancies for election or nomination at RC69 in September 2019
 - Elective posts at the Seventy-second World Health Assembly and the 145th session of the Executive Board in May 2019
 - Election of the Regional Director
7. Feedback from subgroups of the SCRC on governance and countries at the centre
 - Discussion on the terms of reference of the two SCRC subgroups:
 - Subgroup on governance
 - Subgroup on countries at the centre
8. Other matters, closure of the session

Annex 2. List of documents

EUR/SC26(2)/1 Rev.1	Provisional list of documents
EUR/SC26(2)/2 Rev.1	Provisional agenda
EUR/SC26(2)/3 Rev.1	Provisional programme
EUR/SC26(2)/3 Add.1	Draft provisional programme for the session on the work of the WHO Country Office in Greece
EUR/SC26(2)/4 Rev.1	Draft provisional agenda of the 69th session of the WHO Regional Committee for Europe
EUR/SC26(2)/5 Rev.1	Draft provisional programme of the 69th session of the WHO Regional Committee for Europe
EUR/SC26(2)/6	Challenges and opportunities: WHO's work at country level
EUR/SC26(2)/7	Lessons learned from Health 2020 implementation
EUR/SC26(2)/8	Health literacy in the WHO European Region
EUR/SC26(2)/9	Lessons learned from the 68th session of the WHO Regional Committee for Europe
EUR/SC26(2)/10	Report of the Secretariat on budgetary and financial issues (oversight function of the SCRC)
EUR/SC26(2)/11	Regional high-level conference on promoting health equity in the WHO European Region (including the outcome of the regional conference)
EUR/SC26(2)/12	Accelerating primary health care in the WHO European Region: introducing, implementing and scaling up organizational and technological innovation in the context of the Declaration of Astana