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REGIONAL OFFICE FOR **Europe**

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of the Regional Committee for Europe**

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Report of the fourth session

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Opening of the session

1. The Twenty-sixth Standing Committee of the Regional Committee for Europe (SCRC) held its fourth session at WHO headquarters in Geneva, Switzerland, on 18 and 19 May 2019. The session was chaired by the Chairperson, Mr Ioannis Baskozos (Greece). The Chairperson welcomed members and other participants and noted that the report of the third session of the Twenty-sixth SCRC, which had taken place in Copenhagen, Denmark, on 13 and 14 March 2019, had been circulated and approved electronically. In accordance with Rule 3 of the Rules of Procedure of the SCRC, all Members from the Region had been invited to participate in the fourth session without the right to vote, and the session was being video-streamed.

2. In her opening statement, the Deputy Director-General/Regional Director recalled that, on 6 March 2019, the Director-General and the six regional directors had announced a set of wide-ranging reforms of the Organization, launched under the slogan “Transforming for impact”. Work on the transformation of WHO had been developed through considerable time spent in discussions with staff, directors and coordinators, in order to forge a common understanding of the rationale for change and to involve them in redesigning the structure of the Organization, especially with a view to better implementation of the strategic priorities of the Thirteenth General Programme of Work, 2019–2023 (GPW 13), and its “triple billion” targets.¹ The most important elements of the transformed operating model at WHO headquarters had been finalized, and an updated organigram would be issued after the close of the Seventy-second World Health Assembly.

3. Briefing sessions had been held for the permanent missions of Member States in Geneva, and meetings had been organized both with health attachés and on a bilateral basis. Constructive discussions had been held at the recent session of the Programme, Budget and Administration Committee of the Executive Board, although Member States still wanted clarification of certain aspects of the transformation process, such as the accountability compact and the WHO Academy. Nonetheless, they had a clear understanding of how the Proposed programme budget 2020–2021 is aligned with GPW 13 and of the transformation towards impact at country level, and were looking forward to a relatively smooth discussion on the topic at the World Health Assembly.

4. As part of the transformation, the corporate structure of WHO had been reorganized on the basis of four “pillars”: programmes, emergencies, external relations and business functions. At its recent meeting, held in Bogotá, Colombia, from 14 to 17 April 2019, the Organization’s Global Policy Group (consisting of the Director-General, the Deputy Director-General and the six regional directors) had agreed that the alignment between the global and regional levels would take account of regional specificities and that the alignment would be at the level of the pillars. A new type of operational planning was currently being embarked upon for the Proposed programme budget 2020–2021: the coherent and cohesive approach being adopted called for considerable leadership and interaction. WHO headquarters would lead on carrying out normative and standard-setting work. The Organization would be providing the “global public goods” that countries need. The regional offices would lead the Organization’s provision of technical assistance. Country Offices would focus on engaging with governments in strategic policy dialogue, based on countries’ needs and priorities, and

¹ The targets are: by 2023, 1 billion more people benefiting from universal health coverage, 1 billion more people better protected from health emergencies, and 1 billion more people enjoying better health and well-being.

working with United Nations Country Teams to deliver shared goals in line with United Nations reform.

5. At the Global Policy Group meeting, regional directors had expressed dissatisfaction with disparities in funding levels: WHO headquarters was currently funded at a level of 110%, while some regions were at 70% or less. To remedy that situation, ways of distributing further funding to the regions were being explored. Delegation of authority to the regional directors was being finalized, as part of the new public accountability compact between the Director-General, the regional directors and the Organization's senior management team. While there was still some "disconnect" between the three levels of the Organization, the fact that the Director-General had for the first time brought a Regional Director to headquarters, appointing the Regional Director for Europe as deputy Director-General, sent a strong message to Member States about the importance attached to the concept of "one WHO".

6. The acting Regional Director reported that, as part of the transformation agenda, staff at headquarters and all regional offices had participated, in the week of 8 May 2019, in the official signing ceremony of WHO's first-ever Values Charter, to which all staff were individually and collectively committed. Other key regional events in the period since the third session of the Twenty-sixth SCRC had included: an international meeting on prisons and health (Helsinki, Finland, 26–27 March); the Sixth High-level Meeting of Small Countries (San Marino, 31 March – 1 April), attended for the first time by representatives of Estonia, Latvia and Slovenia; and the WHO European High-level Conference on Noncommunicable Diseases: Time to Deliver – Meeting NCD Targets to Achieve the Sustainable Development Goals in Europe (Ashgabat, Turkmenistan, 9–10 April). World Health Day, focusing on universal health coverage, had been celebrated on 7 April, and Her Royal Highness The Crown Princess Mary of Denmark had come to the WHO Regional Office for Europe on 29 April to discuss the annual programme of work and had made a statement during European Immunization Week (24–30 April). Two important regional workshops had been held in connection with that Week: on strengthening the financial sustainability of national immunization programmes in middle-income countries (Istanbul, Turkey, 19–22 March) and on strengthening evidence-based decision-making in immunization (Budva, Montenegro, 8–11 April).

7. The emergency risk communication package pioneered by the Regional Office had been rolled out globally on 2 May, and on 6 May WHO had decided to scale up its response to the ongoing measles outbreaks in the WHO European Region, which together were classified as a Grade 2 emergency on the three-point scale used in WHO's internal Emergency Response Framework. The annual meeting of the Technical Advisory Group for Tuberculosis had been held in Copenhagen, Denmark, on 9–10 April. The joint European Centre for Disease Prevention and Control–Regional Office TB Surveillance Network had held its annual meeting in The Hague, Netherlands, on 13–14 May, followed by the 2019 Wolfheze Workshops (16–17 May). On 6 May, the Italian National Institute for Health, Migration and Poverty had been designated as a WHO collaborating centre. The Fifth United Nations Global Road Safety Week had been celebrated from 6 to 12 May.

8. Forthcoming events included: a meeting of the Antimicrobial Medicine Consumption Network (Copenhagen, 28–29 May); the Annual Meeting of the WHO European National Healthy Cities Networks (Lisbon, Portugal, 29–31 May); the high-level conference on promoting health equity in the WHO European Region (Ljubljana, Slovenia, 11–13 June); the 12th meeting of the WHO European Childhood Obesity Surveillance Initiative (Bergen,

Norway, 13–14 June); the 25th annual meeting of the WHO Regions for Health Network (Aachen, Germany; Maastricht, Netherlands; Liège, Belgium; Hasselt, Belgium, 26–28 June); the 2019 WHO Summer School on Refugee and Migrant Health (Çeşme, Turkey, 15–19 July); and the Observatory Venice Summer School 2019 (Venice, Italy, 21–27 July).

Adoption of the provisional agenda and the provisional programme

9. The provisional agenda (document EUR/SC26(4)/2 – see Annex 1) and the provisional programme (document EUR/SC26(4)/3) were adopted. See Annex 2 for the list of documents for the meeting.

Provisional agenda and programme of the 69th session of the WHO Regional Committee for Europe

10. The Deputy Director-General introduced the provisional agenda (document EUR/SC26(4)/4) and programme (document EUR/SC26(4)/5) of the 69th session of the WHO Regional Committee for Europe (RC69).

11. The provisional programme had been refined since the Twenty-sixth SCRC's third session in March 2019. It was proposed that there would be no specific topic for discussion at the ministerial lunch on the second day of RC69; instead, ministers would be able to interact on the question of election of the Regional Director. The forthcoming publication, *Better Health for Europe: more equitable and sustainable*, would also be launched at the lunch. The technical briefing on the second day of the session would be on migration and health, the briefing on the third day would be on the work of parliamentary health committees, while that on the fourth day (held in parallel with the first session of the Twenty-seventh SCRC) would be on child and adolescent health. The President of Hungary would be unable to attend RC69. Keynote speakers would include the leading Swedish statistician Ola Rosling.

12. Members of the Standing Committee welcomed the provisional agenda and programme of RC69 and expressed the belief that the event would live up to their expectations.

Review of items for future Regional Committee meetings (rolling agenda)

13. In view of the fact that future Regional Committee meetings would take place under the leadership of the new Regional Director, who would be nominated at RC69, members of the SCRC agreed to submit their comments on the rolling agenda of the Regional Committee (document EUR/SC26(4)/13), if any, to the Secretariat and proposed that the matter be taken forward by the next SCRC.

Review of technical and policy topics and consultation process for RC69 agenda items

14. The Chairperson noted that a web-based consultation would allow Member States to submit comments on some of the technical documents for RC69 up to the end of June 2019. The Secretariat would incorporate the comments received and finalize the documents by mid-July at the latest.

Lessons learned from Health 2020 implementation

15. The acting Regional Director introduced document EUR/SC26(4)/14, which contained an analysis showing the public health importance of the Health 2020 policy framework in the fluid economic and political environment of the European Region. It explained why the policy framework could serve as guidance for Member States' health policy planning, and it summarized the innovative elements of Health 2020 and the lessons learned from its implementation. The document would be complemented by a package of background papers, including a study conducted by the European Observatory on Health Systems and Policies on Health 2020 implementation at national and subnational levels; a progress report on the use of the roadmap to implement the 2030 Agenda for Sustainable Development; the European Health Equity Status Report; and the outcome document of the high-level conference on promoting health equity in the WHO European Region.

16. The document focused on the strategic and political processes that, through Health 2020, had increased the "weight" of health in national governance and international relations. It highlighted how Health 2020 had drawn attention to concepts such as people-centredness, the rights-based approach to health, well-being, the life course, resilience and health literacy. The implementation of Health 2020 had made it necessary to build up a critical mass of public health intelligence. The document also explained how national health policies had changed due to Health 2020 and how monitoring systems had been arranged. Health 2020 could be seen as the forerunner of health-related Sustainable Development Goals (SDGs) and GPW 13.

Leadership in public health in the WHO European Region

17. The Chairperson of the SCRC subgroup on leadership introduced the draft paper (document EUR/SC26(4)/17) to which reference had been made at the Standing Committee's previous session and confirmed that it met the subgroup's expectations. The document considered the question of leadership in public health from the point of view of the Region as a whole, not just WHO.

18. SCRC members welcomed the draft paper, which would serve to share the European Region's experience with other regions. However, mention should be made of innovative elements, such as the use of health ambassadors and the investment in staff development through the establishment of the WHO Academy. Group work and teambuilding were also important features of leadership. The paper should give more prominence to the political context, especially in light of the political nature of the SDGs.

19. The Deputy Director-General called for the draft paper to highlight the need for intersectoral work and a whole-of-government and whole-of-society approach that reached out to all stakeholders. Case studies could also be included, to illustrate the ongoing reform of the United Nations and implementation of the 2030 Agenda for Sustainable Development.

Promoting health equity in the WHO European Region

20. The acting Regional Director recalled that the paper under consideration (document EUR/SC26(4)/11) set out the evidence and rationale for, and expected outcomes of, the regional high-level conference on accelerating progress for equity in health to be held in Ljubljana, Slovenia, on 11–13 June 2019. The paper had been presented to the Standing Committee at its two previous sessions, and no requests for revision had been received.

21. The member from Finland noted that the economics of well-being would be a theme of her country's presidency of the Council of the European Union starting in July 2019. The member from Slovenia observed that health equity was a very complex matter, involving leadership, partnerships and an intersectoral approach and requiring a different focus in different countries. She extended an invitation to attend the conference in Ljubljana and looked forward to widespread high-level participation.
22. The Deputy Director-General reported that the area of work on healthy populations was being scaled up at WHO headquarters, with increased attention being paid to the social and commercial determinants of health, health literacy, and the horizontal cross-cutting issues of equity, human rights and gender. The European Region had been a leader in that area, and the forthcoming conference offered a good learning opportunity for other regions.

Implementation of the Programme budget 2018–2019

23. The Director, Administration and Finance, gave an overview of implementation of the Programme budget 2018–2019 in the European Region, with reference to World Health Assembly document A72/34. As of 31 March 2019, the European Region had actual funds available to cover 87% of the approved Programme budget. The corresponding figure for the Organization as a whole was 94%, and the overall picture improved when projections were taken into account. The European Region had the highest proportion of locally generated voluntary contributions (72%) compared to other major offices, but a relatively low proportion (44%) of flexible, as opposed to earmarked, funding. Overall, 67% of the US\$ 63 million of undistributed funds at the Organization level were in the form of flexible funding.
24. At the level of programme areas, and even more so at that of technical programmes themselves, the ratio of available funds to approved budget by major office showed a very varied picture, with WHO headquarters being best placed and the African Region worst placed. The Regional Office for Europe had the highest level of expenditure of actual funds available (59%); when encumbrances were added, that figure rose to 68%. The denominator for those calculations had increased over time: the allocated budget for the European Region was currently some US\$ 12 million higher than the budget approved by the World Health Assembly in May 2017.

Proposed programme budget 2020–2021: the regional perspective

25. The Director, Administration and Finance, reported that work on operational planning related to the Proposed programme budget 2020–2021 had been under way since September 2018. The second (and final) face-to-face meeting in that process, to be held at the Regional Office in Copenhagen, on 3–5 June 2019, would involve institutionalization of GPW 13, finalization of iterative work on country support plans and on regional global public goods, as well as initiation of detailed workplan development. The last quarter of 2019 would be devoted to finalization and approval of workplans and allocation of funding.
26. Responding to questions raised by members of the SCRC, the Director, Strategic Partnerships, reported that the inaugural WHO Partners Forum had been held in Stockholm, Sweden, on 9–10 April 2019. Recommendations made at the Forum had included consolidating donor agreements, harmonizing reporting requirements and ensuring alignment of countries' support plans with the Proposed programme budget 2020–2021, with renewed

emphasis on outcomes and impacts. Small contributions of funds from small countries in the form of “seed money” could be channelled into multidonor trust funds. The Regional Office Secretariat was confident that full funding of the Programme budget 2018–2019 would be achieved.

The WHO transformation and its implications for the WHO European Region

27. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, in her capacity as lead for transformation, presented the report contained in document EUR/SC26(4)/8, which would be subject to revision following the World Health Assembly. Transformation at the European level was fully aligned with the global WHO transformation, and the first draft of the regional transformation plan had been completed. Efforts were being made to foster ownership of the process at the regional level. A European regional transformation team had been established and dedicated focal points appointed for the focus areas being developed. Transformation would be a bottom-up process, carried out in consultation with the SCRC and other mechanisms such as the European network of change supporters, the Staff Association and the Office of the Ombudsperson. Staff were eager for the transformation to get under way, in particular so that they would be able to gain a full understanding of the impact on programme planning.

28. In the Regional Office, the next step would be to develop and implement a plan for cultural change, based on the Values Charter and informed by the Respectful Workplace Initiative and the results of the recent United Nations survey on sexual harassment. The new operating model would determine how newly defined areas of work would be implemented through the programme budget and new task forces. A stronger collaborative culture would be promoted. The operating structure of the Regional Office was fully aligned with the four pillars introduced at headquarters. The WHO Academy would become active by 2021. Consideration was being given to which training courses offered in the European Region should be offered globally, such as the course on health financing run by the WHO Barcelona Office for Health Systems Strengthening, Spain.

29. One member of the SCRC requested clarification regarding separation of the normative and technical functions of the Organization. Would technical support from headquarters, such as that currently provided for issues related to illicit drugs, cease with the separation of functions and, if so, would it be replaced by technical support at the regional level? Secondly, she asked whether new partnerships would be used to ensure that initiatives at the regional level were linked to global initiatives on the same topic.

30. The Director, Noncommunicable Diseases and Promoting Health through the Life-course said that the regions would continue to contribute to normative work. There were around 400 regional global public goods in the European Region, which included normative work not being done elsewhere in the Organization. Those goods were available to Member States. Regarding illicit drugs, under the new structure, greater transparency with regard to planning would afford an opportunity to identify gaps and reprioritize, if necessary, according to the needs of Member States. Technical assistance would continue from headquarters level in accordance with competence and the agreed division of work. Lastly, there was a strong willingness to consider how partnerships could be coordinated globally.

31. The Deputy Director-General added that there had been a review of global public goods, to identify duplication, after which some 500 remained. Work on prioritization was still underway. Regional global public goods remained an important resource; an equally strong process was needed for their review. The fact that headquarters would take the lead on the Organization's normative function would not mean that the regions ceased to have a normative role. The regions would, however, take the lead in coordination of technical assistance; consideration would need to be given to how to engage with large entities that provide direct technical cooperation to countries. Operational planning would be used to move cultural change forward, build trust and foster interaction between the country teams and headquarters. The resource mobilization strategy had not yet been finalized; capacities would continue to be embedded in technical areas. Partnerships would be developed further at the global level. Work continued on establishing roles and responsibilities at all levels of the Organization and on operationalizing the rotation and mobility strategy, making it more attractive to staff and ensuring that optimum career development and capacity-building opportunities were available. Consideration was also being given to the hierarchical staffing structures of programmes and departments/divisions across the Organization, with a view to creating a leaner, less hierarchical structure.

Putting countries at the centre in the WHO European Region

32. The Director, Country Support and Communications, introduced a new draft report on putting countries at the centre (document EUR/SC26(4)/7), which highlighted the challenges and opportunities presented by country work over the years. The report set out the history of country work in the Region and the developments during the present Regional Director's tenure. It described the networks and mechanisms established, such as the Small Countries Initiative, the South-eastern Europe Health Network, Healthy Cities, the Regions for Health Network and other subregional partnerships. The report described the development of the system of national counterparts and country cooperation strategies. The report also highlighted how country offices had been upgraded from nationally led offices to internationally led offices and how the heads of WHO country offices had undergone professional development and training, which enabled nearly all of them to be successful in their applications for international positions. A review of the recruitment process for WHO representatives had also been completed under the leadership of WHO headquarters; a rigorous assessment system was now in place, with successful candidates listed on a roster.

33. The national counterpart system had changed the way the Regional Office engaged with countries without country offices. Another means of ensuring collaboration with countries without country offices was through taking advantage of contacts with senior policy-makers in networks where these countries come together such as the South-eastern Europe Health Network and the Small Countries Initiative. The report also looked at the future of work of WHO with all 53 countries in the context of GPW 13, and while discussions were under way to set up new country offices, as in Greece, other ways of ensuring closer liaison that were being considered included multi-country duty stations. The latter would make use of established WHO offices where strategic officers would be placed, in order to be more agile in liaising with neighbouring countries. Other mechanisms being discussed included setting up the Friends of WHO network as well as more formal networks, such as a network of parliamentarians.

34. The report concluded that Health 2020 had been the driving force in bringing countries to the centre of the Regional Office's work. Further steps were needed to align the structures and tools for cooperation with countries with the new operational structure. Biennial collaborative agreements were being aligned with GPW 13 and the new programme budget structure, and the Regional Office would continue to roll out country cooperation strategies that would be aligned with country support plans and the United Nations Development Assistance Frameworks, and also link to the Regional Office's biennial collaborative agreements. Lastly, the report explained persistent challenges and set out potential ways to overcome them.

35. Members of the SCRC welcomed the document, which was well-structured, transparent and informative. It was also timely, given the transformation agenda's focus on shifting human and financial resources to the country level. The increase in transparency in the approach to work with countries was particularly positive. A greater focus should, however, be placed on networks and ensuring they enjoyed sufficient human and financial resources. While cooperation between Member States and the Organization was improving considerably, collaboration among Member States should be enhanced, thereby ensuring more sharing of experiences across countries. With regard to the Regional Office's concerns about measuring its impact at the country level, the main indicator ought to be Member State satisfaction. The new network of parliamentarians would have a key role in that regard. Amendments were proposed to the annex with a recommendation to update it and ensure that the Greece Country Office was included, and also to update the paragraph on the Visegrad Group to reflect the group's true nature, which was not health-specific.

36. The Director, Country Support and Communications, responded that the paragraph on the Visegrad Group could indeed be revised. Challenges arose with regard to measuring impact in countries with no country office. Efforts needed to be made to share experiences in a two-way dialogue, by not only providing information from the Organization but also receiving comments from Member States. Networks were currently under the leadership of individual divisions or programmes and therefore functioned within their financial limitations. Efforts had been under way since 2017 to set up a network of parliamentarians; the Regional Office was working closely with the Interparliamentary Assembly of the Member Nations of the Commonwealth of Independent States and the Eurasian Economic Commission. A preparatory meeting for parliamentarians would be held in July 2019 to discuss the modalities of establishing a parliamentary network. A draft WHO–Inter-Parliamentary Union (IPU) resolution entitled “Achieving universal health coverage by 2030: the role of parliaments in ensuring the right to health”, was also to be discussed at this meeting so as to contribute to the final draft that was to be presented to the United Nations General Assembly in September 2019 and adopted by the Standing Committee on Democracy and Human Rights of the IPU at the 141st IPU Assembly in October 2019. The results of the preparatory meeting would be presented during a technical briefing at RC69.

37. The Deputy Director-General added that, since in GPW 13 and the Proposed programme budget 2020–2021 the plan was to direct more resources to countries, Member States rightly wanted to see more transparency and accountability. The Director-General was therefore keen for members of the Executive Board to conduct country visits. The SCRC's practice of visiting country offices would be emulated at the global level, bringing the same transparency to the global governing bodies as was already the practice in the European Region.

38. Networks existed at the policy, strategic and technical levels. They had expanded significantly in all regions. A review was required to assess their functions and usefulness and to consider how to enhance coherence between them. The Small Countries Initiative was an excellent example of a very useful network that was struggling to secure sufficient funding. During operational planning, consideration would need to be given to how to ensure the Initiative was properly funded. The network of WHO collaborating centres was also a great asset to the Organization, the utilization of which needed to be optimized. There were high expectations surrounding the network of parliamentarians.

Report on the work of the geographically dispersed offices in the WHO European Region

39. The Acting Director, Programme Management, presented the report on the work of the geographically dispersed offices (GDOs) in the WHO European Region (document EUR/SC26(4)/9), which focused on governance of the GDOs and their integration into the work of the Regional Office. The GDOs had been assessed according to the criteria for establishing GDOs, which had been set out in the GDO strategy discussed by the Regional Committee at its 62nd session (document EUR/RC62/11), and the five characteristics set out in document EUR/RC61/18. She underlined that the original strategy for GDOs, adopted through resolution EUR/RC54/R6, was still valid and testified to the foresight of the working group of Member States that had originally set out the model for GDOs in the Region. The GDOs were all providing increased technical capacity and were also recognized as centres of technical excellence in the Region, and some also delivered normative products at the global level. The distribution of functions between the GDOs and the Regional Office constituted an efficient division of labour as an integral part of the work of the Regional Office, managed by its respective technical programmes. They provided substantial added capacity and value to the portfolio of technical work in the European Region and had been found to be functioning in line with the GDO strategy criteria and to be fully in line with the Regional Office's management processes. A resolution on the matter had been prepared for adoption by RC69.

40. The Deputy Director-General added that the GDOs had grown from the need for greater technical capacity at the regional level, as the European Region had the smallest budget and largest number of Member States of the six WHO regions. During discussions at RC62, Member States had been assured that core functions would remain with the Regional Office.

Accelerating primary health care in the WHO European Region: organizational and technological innovation in the context of the Declaration of Astana

41. The Acting Director, Health Systems and Public Health, said that while the adoption of the Astana Declaration had been a demonstration of commitment to primary health care, health system challenges persisted, including the need for greater system alignment, broader provision of good quality services, and financial support. Consideration was therefore being given to how to help Member States advance primary health care and overcome those challenges.

42. The Head, WHO European Centre for Primary Health Care, presented the report on accelerating primary health care (document EUR/SC26(4)/10), which had been updated in the light of the comments made by the SCRC at its previous session in March 2019 regarding the

life-course approach and the continuum of care, with more specific references made to sexual and reproductive health. The matter of contextualization had been added to the section on ways forward, underscoring the need to consider policy accelerators in the context of national priorities.

43. At its 144th session, the Executive Board, when considering implementation of the Astana Declaration on Primary Health Care, had requested the Secretariat not to submit an operational plan to the World Health Assembly in 2019, and to establish a monitoring and evaluation framework for primary health care. The Board had also asked the Secretariat to evaluate the progress made in the 40 years since the adoption of the Declaration of Alma-Ata. Member States would receive questionnaires on the matter in due course. A common monitoring and evaluation framework was needed, to foster alignment between all six regions and headquarters.

44. One member of the SCRC expressed her government's commitment to investing in primary health care and underscored the importance of evaluating the impact of primary health care reforms in countries. Countries were still struggling with providing access to health care and universal coverage. Commitment to primary health care was essential in that regard.

Health literacy in the WHO European Region

45. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, presenting the report on health literacy in the WHO European Region (document EUR/SC26(4)/16) and its accompanying draft resolution for submission to RC69, said that the European Region was the first to develop a roadmap and strategy for health literacy. The roadmap was being developed by the Secretariat with considerable technical input and would be circulated among Member States for consultation. The roadmap would provide guidance for the drafting of an action plan, as requested in the resolution. Information to support the action plan was being collected concomitantly with activities to enhance health literacy. Action networks had thus been established on measurement of health literacy in populations and on the impact of health literacy on noncommunicable diseases and the life course, the work of which would inform the action plan.

46. One member of the Standing Committee underscored the importance of health literacy as a crucial element in the Organization's work; it was essential for ensuring the success of all other interventions to promote public health. The higher the levels of health literacy, the more effective all other measures would be.

Review of RC69 resolutions and decisions

47. The Standing Committee reviewed and commented on 12 draft resolutions for presentation to RC69 and agreed that Member States would be able to submit any additional comments they might have to the Secretariat until the end of June 2019.

48. Regarding governance, the Standing Committee took note of the draft decision, which addressed two distinct matters: the schedule of forthcoming posts for membership to the Executive Board and the Standing Committee of the Regional Committee, and amendments to the rules of procedure of the Regional Committee and of the Standing Committee of the

Regional Committee, with a view to bringing the language of those rules into line with that of the Framework of Engagement with Non-State Actors.

49. One member of the SCRC said that her Government would submit proposed amendments to the draft resolution on lessons learned from Health 2020 implementation, to add a reference to national legal provisions or circumstances, since the global health-related SDG monitoring framework had not been negotiated by governments.

50. The member from Poland indicated that Poland would be providing detailed written comments on the draft resolution on accelerating primary health care strengthening.

51. Regarding the draft resolution on accelerating progress towards healthy, prosperous lives for all, one member of the SCRC expressed surprise that no mention had been made of the outcome of the 11th European Public Health Conference. The Deputy Director-General explained that since the outcome documents of high-level conferences were no longer submitted to the Regional Committee as resolutions as a matter of course, the Conference had not been mentioned specifically. If Member States felt that the spirit and message of the Conference were not adequately reflected in the draft resolution, they could submit proposed amendments until the end of June.

Membership of WHO bodies and committees

Vacancies for election or nomination at RC69 in September 2019

52. The Standing Committee met in private to review the candidatures received for membership of the Executive Board (two seats) and the SCRC (four seats).

Elective posts at the Seventy-second World Health Assembly and the 145th session of the Executive Board in May 2019

53. The Deputy Director-General informed the SCRC of the nominations that would be put forward for the posts of Vice-President of the Seventy-second World Health Assembly and Vice-Chairperson of Committee B, Vice-Chairperson of the 145th session of the Executive Board and membership of its Programme, Budget and Administration Committee (one seat), as well as membership of the General Committee (four seats) and the Credentials Committee (three seats).

Closure of the session

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

Annex 1. Agenda

1. Opening of the session by the Chairperson and the Regional Director
2. Adoption of the provisional agenda and the provisional programme
3. Provisional agenda and programme of the 69th session of the WHO Regional Committee for Europe (RC69)
4. Review of technical and policy topics and consultation process for RC69 agenda items
5. Review of RC69 resolutions and decisions
6. Membership of WHO bodies and committees
 - Vacancies for election or nomination for the Executive Board and the Standing Committee of the Regional Committee, 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
7. Closure of the session

Annex 2. List of documents

Working documents

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EUR/SC26(4)/5	Draft provisional programme of the 69th session of the WHO Regional Committee for Europe
EUR/SC26(4)/6	Membership of WHO bodies and committees
EUR/SC26(4)/7	Putting countries at the centre in the WHO European Region
EUR/SC26(4)/8	The WHO transformation and its implications for the WHO European Region
EUR/SC26(4)/9	Report on the work of the geographically dispersed offices in the WHO European Region
EUR/SC26(4)/10	Accelerating primary health care in the WHO European Region: organizational and technological innovation in the context of the Declaration of Astana
EUR/SC26(4)/11	Regional high-level conference on accelerating progress for equity in health in the context of Health 2020 and the 2030 Agenda for Sustainable Development towards leaving no one behind in the WHO European Region
EUR/SC26(4)/12	Beyond 2020: status of WHO European regional action plans within the scope of the Sustainable Development Goals and WHO's Thirteenth General Programme of Work, 2019–2023
EUR/SC26(4)/13	Items for future Regional Committee meetings
EUR/SC26(4)/14	Health 2020: seven years on. Lessons learned from the implementation of the European health policy framework
EUR/SC26(4)/15	Lessons learned from Health 2020 implementation
EUR/SC26(4)/16	Draft WHO European Roadmap for implementation of health literacy initiatives through the life course
EUR/SC26(4)/17	The role and contribution of leadership to health policy and practice

Draft resolutions and decisions

- EUR/SC26(4)/Conf.Doc./1 Draft resolution on lessons learned from the implementation of Health 2020 – the European policy framework for health and well-being
- EUR/SC26(4)/Conf.Doc./2 Draft resolution on accelerating progress towards healthy, prosperous lives for all in the WHO European Region
- EUR/SC26(4)/Conf.Doc./3 Draft resolution on the report of the Regional Director on the work of WHO in the European Region in 2018–2019
- EUR/SC26(4)/Conf.Doc./4 Draft resolution on the report of the Twenty-sixth Standing Committee of the Regional Committee
- EUR/SC26(4)/Conf.Doc./5 Draft resolution on dates and places of regular sessions of the Regional Committee for Europe in 2020–2022
- EUR/SC26(4)/Conf.Doc./6 Draft resolution on the work of the geographically dispersed offices in the WHO European Region
- EUR/SC26(4)/Conf.Doc./7 Draft resolution towards the implementation of health literacy initiatives through the life course
- EUR/SC26(4)/Conf.Doc./8 Draft resolution on accelerating primary health care strengthening
- EUR/SC26(4)/Conf.Doc./9 Draft resolution on expression of appreciation to Dr Zsuzsanna Jakab
- EUR/SC26(4)/Conf.Doc./10 Draft resolution on nomination of the Regional Director
- EUR/SC26(4)/Conf.Doc./11 Draft decision on 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/SC26(4)/Conf.Doc./12 Draft decision on governance of the WHO Regional Office for Europe: amendments to the Rules of Procedure of the Regional Committee and of the Standing Committee of the Regional Committee