



EUROPE

**Tenth Standing Committee of the Regional Committee for Europe
Second session**

Ljubljana, Slovenia, 26–27 November 2002

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REPORT OF THE SECOND SESSION

Opening of the session

1. The Tenth Standing Committee of the Regional Committee (SCRC) held its second session at the Slovenian National Blood Transfusion Centre in Ljubljana on 26 and 27 November 2002. The Chairman, Dr Jarkko Eskola, welcomed those members attending for the first time.

2. The Regional Director reported on some salient features of work done by the Regional Office for Europe (EURO) in the period since the closure of the fifty-second session of the Regional Committee (RC52). Close cooperation had been maintained with WHO headquarters in the run-up to the launch of the WHO report on violence and health¹. Headquarters staff had also participated in an annual coordination meeting with the European Commission held at EURO. A number of western European countries were asking for WHO's assistance with designing new national policies on public health, and a WHO review of Finland's health promotion policy had been formally handed over to the Minister of Health and Social Services the previous day. The European Advisory Committee on Health Research, a small group of experts currently looking at the use of evidence in public health, had met at EURO from 19 to 22 November, and the Regional Director had attended a meeting of WHO's Global Cabinet in New Delhi on 13 and 14 November.

Election of a Vice-Chairperson

3. Dr Božidar Voljč was unanimously elected Vice-Chairman of the Tenth SCRC.

Adoption of the draft report of the first session

4. The draft report of the first session was adopted without amendment, although one member (who had not been present at that session) did not agree that the issue of poverty should not be a separate item on the agenda of RC53.

Review of SCRC and Secretariat actions following RC52

Report of the Regional Director (*resolution EUR/RC52/R1*)

Strategy on noncommunicable diseases

5. The SCRC was informed that EURO was under-resourced in the area of noncommunicable diseases but was working to find solutions to that problem in conjunction with the NCD cluster at WHO headquarters.

Mental health conference

6. The SCRC agreed with the suggestion that the theme of the conference, to be held in 2005, might be "Policies on mental health in Europe". It welcomed the approach of holding preparatory meetings in different parts of the Region and called for a pre-conference event to be held in a country of central or eastern Europe, focusing on the specific features of mental health in countries in economic transition.

"One-stop shop" for information

7. The SCRC acknowledged that EURO's work on information was of high priority, since action in all areas of public health needed to be based on sound, well researched evidence. It was pleased to learn that the Regional Office had responded to a "call for proposals" by the European Commission.

¹ KRUG, E. ET AL., ED. *World report on violence and health*. Geneva, World Health Organization, 2002.

Certification of the European Region of WHO as a territory free from indigenous wild poliovirus (*resolution EUR/RC52/R2*)

8. The SCRC recognized that the very high marginal cost of the action required to sustain the European Region as polio-free (such as reporting on and responding to the appearance of wild strains) entailed a considerable ongoing commitment by countries.

Recommendations of the FAO/WHO Pan-European Conference on Food Safety and Quality, 25–28 February 2002 (*resolution EUR/RC52/R3*)

9. The SCRC was informed that the Food and Agriculture Organization of the United Nations had confirmed its willingness to cooperate with the Regional Office on the subject of food safety. Good professional relations were also being maintained with the European Commission.

Proposed programme budget for 2004–2005 (*resolution EUR/RC52/R4*)

10. Three of the four concerns expressed by RC52 had been or were being met: efforts had been made to ensure a more “transparent” presentation of both regular budget and extrabudgetary funds, and the Director-General was proposing an overall 4% increase in the budget, of which 2% was accounted for by inflation and 1.8% due to expected salary increase of professional staff. The US \$5 million unallocated funds would be distributed with US \$1.5 million going to East-Timor and the remaining US \$3.5 million distributed among the four regions having had their budget cut as a result of resolution WHA51.31.

11. The SCRC reiterated the fact that European Member States continued to back full implementation of resolution WHA51.31. It strongly endorsed the approach of having European members of the Executive Board fully briefed on the situation by the Chairman and the Regional Director before the 111th session of the Board in January 2003, and it noted that amendments to the proposed budget could be made even during the Fifty-sixth World Health Assembly in May 2003. Looking forward to the planned review of the effects of resolution WHA51.31 by the Health Assembly in 2004, the SCRC suggested that information on this issue might accordingly need to be submitted for consideration by RC53 in September 2003.

Annual Report of the EEHC and Fourth Ministerial Conference on Environment and Health (*resolution EUR/RC52/R6*)

12. The SCRC welcomed the closer cooperation between WHO and the United Nations Economic Commission for Europe within the framework of the pan-European programme on transport, health and environment (“THE PEP”). So far as intersectoral collaboration was concerned, the SCRC called on ministers of health to play a prominent role in the Fourth Conference, drawing attention to the impact of environmental factors on health and health services.

Poverty and health – Evidence and action in WHO’s European Region (*resolution EUR/RC52/R7*)

13. In view of the schedule of conferences to be organized by the Regional Office in the years ahead, the SCRC agreed that it might not be possible to hold one on poverty and health until 2007. It emphasized, however, that poverty should not be viewed in isolation and was indeed a dimension of a large number of health issues (including mental health and nutrition, the subjects of two other forthcoming conferences).

Scaling up the response to tuberculosis in the European Region of WHO (*resolution EUR/RC52/R8*)

14. The SCRC was informed that the Regional Office had drawn up a plan of work for tuberculosis control in 2003, building on the DOTS (directly observed treatment, short-course) Expansion Plan

endorsed by RC52. One member drew attention to the threat of cross-border transmission in central Asia and called for countries to pool their efforts against tuberculosis.

Scaling up the response to HIV/AIDS in the European Region of WHO (resolution EUR/RC52/R9)

15. Four countries in the European Region of WHO were to receive considerable sums in the first round of disbursements from the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the SCRC agreed that implementation of the measures proposed might cause significant capacity problems for the Member States and for WHO in assisting them.

Scaling up the response to malaria in the European Region of WHO (resolution EUR/RC52/R10)

16. The SCRC called for WHO to give continued support to countries in malaria control and to develop the concept of working towards making the European Region free from malaria, now that poliomyelitis had been eradicated.

17. More generally, the SCRC expressed concern that the rules of the Global Fund to Fight AIDS, Tuberculosis and Malaria were not clear about whether medium-income countries could apply for support, and it accordingly asked the Secretariat to provide Member States with a digest of information about the Global Fund and to prepare a short briefing paper on the issue for its next session.

European Strategy for Tobacco Control (Fourth Action Plan for a Tobacco-free Europe (resolution EUR/RC52/R12))

18. The SCRC was informed that the Regional Office was offering to organize further subregional meetings, as well as a meeting for European Member States in Geneva before the final session of the Intergovernmental Negotiating Body, which representatives of other ministries (especially those for foreign affairs and agriculture) would be invited to attend.

The role of the private sector in the health system

19. The SCRC acknowledged that the private sector had a role to play in countries' health systems but emphasized that proper systems of governance had to be in place, to keep in check the tendency towards commercialization. In that connection, it recalled the discussion held by the Ninth SCRC at its third session (April 2002), when it had noted that "commercialization *per se* had little or no place in the health system". It welcomed the debate that had taken place at RC52 and the work currently being done by the Regional Office in that area.

Cyprus's request for reassignment from the Eastern Mediterranean to the European Region of WHO

20. The SCRC was informed that, pursuant to resolution WHA49.6, the views of RC52 had been transmitted to the Director-General. However, it was concerned to learn that Cyprus's reassignment (if approved by the World Health Assembly) would most likely not be accompanied by a corresponding transfer of funds from the budget of the Eastern Mediterranean Region to that of the European Region. The Regional Director was accordingly urged to have further discussions with staff at WHO headquarters and to include the question in his report on the financial aspects of the reassignment, which would be submitted to European Member States prior to the Fifty-sixth World Health Assembly.

First review of the draft provisional agenda for RC53

21. The SCRC agreed that each technical item on the agenda of RC53 should include a component on working in partnership with other organizations. That would free up sufficient time for the Regional

Committee to consider five subjects under the heading “Policy and technical items”. It decided that those five subjects should be:

- mental health;
- the health of children and adolescents;
- the Regional Office’s country strategy;
- the strategic orientations of the Regional Office’s work with geographically dispersed organizational entities, including WHO Liaison Offices; and
- new approaches to health for all (HFA) in the European Region.

22. The SCRC also agreed that the evaluation of arrangements for membership of the Executive Board and the follow-up to external evaluation of the Regional Office’s health care reform programmes should be taken up as part of the consideration of its own report (i.e. under draft agenda item 5). Progress reports on the situation with regard to HIV/AIDS and malaria could be included in the Regional Director’s address. Lastly, it agreed that there would be no technical discussions at RC53; instead, a technical visit or presentation would be arranged in conjunction with the Austrian host authorities.

Evaluation of current arrangements for membership of the Executive Board

23. The SCRC agreed to its Chairman’s suggestion that the subgroup set up to propose terms of reference for the evaluation should be reconstituted and asked to continue working on the evaluation itself. It looked forward to considering the subgroup’s report at its third session.

Follow-up to the external evaluation of the Regional Office’s health care reform programmes

24. The Regional Director reported that he had met with its current and former chairmen, and they had reviewed a draft of the Secretariat’s comments on the evaluators’ report.

25. The SCRC asked the Secretariat to finalize its comments and called on the Regional Director and the current and former chairmen to meet the external evaluators, as requested. It looked forward to considering a detailed report at its next session.

Issues to be taken up with European members of the Executive Board in January 2003

26. As was customary, the Regional Director and the Chairman or the vice-chairman of the SCRC would meet European members of the Executive Board on the eve of its January session. Items on the agenda of EB111 of particular interest to the European Region included the proposed programme budget for the period 2004–2005 (item 4), the assessment of health systems’ performance (5.4), the strategy for child and adolescent development (5.5), implementing the recommendations of the *World report on violence and health* (5.9) and assessed contributions (6.1). One member suggested adding an item on the International Year of Freshwater (2003); it was noted that this question might be considered at the eve-of-session meeting, or that he might write to the Director-General and propose its inclusion.

27. In addition, the nomination for the post of Director-General of WHO would be of particular interest to Member States in the European Region. The SCRC was informed that nine candidatures had been received, including one from a European country. It wished to emphasize the importance of selecting a candidate with a strong background in public health.

Terms of reference of the network of national counterparts for the European Strategy for Tobacco Control

28. The SCRC endorsed the terms of reference as contained in document EUR/RC52/SC(2)/7, with one amendment: the end of paragraph 3 should read "... gain support from relevant national and international experts and institutions, to strengthen the strategy and build capacity in the field of tobacco control at country level."

29. More generally the SCRC asked the Secretariat to prepare, for its next session, a matrix showing the national and technical counterparts and focal points designated for each programme in each country of the Region. Such a paper might also be useful to the Regional Committee when it considered the agenda item at RC53 on the Regional Office's resources outside Copenhagen.

Regional suggestions for elective posts at WHA56

30. The SCRC asked its subgroup on EB membership to review and make proposals concerning the practice whereby elective posts on some committees of the Health Assembly were traditionally reserved for countries that had "semi-permanent" membership of the Executive Board.

Other matters

31. The SCRC regretted the fact that, owing to budget limitations, there was no specific programme on ageing in WHO's European Region. Under those circumstances, it urged the Regional Director to include the medical aspects of ageing in all relevant programmes, notably those on noncommunicable diseases and mental health.