



**EUROPE**

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

**Palais des Nations, Geneva, 18 May 2003**

---

EUR/RC52/SC(4)/REP  
8 September 2003  
31948  
ORIGINAL: ENGLISH

**REPORT OF THE FOURTH SESSION**



## Opening of the session

1. The Tenth Standing Committee of the Regional Committee (SCRC) held its fourth session at the Palais des Nations in Geneva on 18 May 2003. In his introduction, the Regional Director noted that the Regional Office for Europe (EURO) was developing its rapid response capacity, especially in relation to the epidemic of the severe acute respiratory syndrome (SARS). He also reported that several important meetings had been organized by the Greek government during its term as President of the European Union (EU), on subjects such as mental health and health systems in EU accession countries.
2. The Chairman welcomed Professor Nusratullo Faizullaev, attending for the first time as the representative of Tajikistan.

## Adoption of the draft report of the third session

3. The draft report of the third session was adopted with one amendment. The last sentence of paragraph 53 should read: "In view of the considerable amount of time the SCRC had spent on the issue [of membership of the Executive Board] in the previous six years, there would be no further benefit in having the matter referred back to it again if the proposals were unacceptable to the Regional Committee."

## Update of the regional health for all (HFA) policy framework

4. As requested by the Standing Committee at its previous session, the Regional Director reported back on the work being done in relation to the four sections or "pillars" of the updated policy. Under the first section, on the lessons learnt from implementation of HEALTH21, the European Observatory on Health Care Systems in Brussels was looking at the use of targets, not only in the context of that policy framework but also in health policies as a whole. It was also conducting a literature search and interviews to see how often Member States' health policies made reference to HEALTH21. The Standing Committee's views were sought on the degree of importance to be attached to that section.
5. A "think tank" had been convened in Barcelona the previous week, to review the values inherent in the HEALTH21 policy framework (the second section). It had concluded that those values should now be linked to other commitments entered into by Member States in WHO's European Region, such as the Millennium Development Goals and conventions or treaties concerned with human rights. In addition to retaining the three basic values underpinning HEALTH21 (equity, solidarity and people's involvement), it had recommended that a fourth value (of "ethical governance") should be explicitly added.
6. Under the third section ("Tools for decision-making"), two main types of tools had been identified: instruments (such as checklists) for assessing whether health systems were organized and operating in accordance with a specified set of values; and resources (such as databases, reports on health systems performance, risk assessment, etc.) that governments could use to develop policy in line with values.
7. The guidelines for implementation of the updated policy by the Member States (the fourth section) might therefore include case studies showing examples of good practice with regard to ethical governance.
8. The Standing Committee agreed that the lessons learnt from implementation of HEALTH21 would form an important basis for the updated policy. One member drew attention to the potential difficulty of asking Member States to report on their experience, when little had been done to stimulate countries to implement the policy framework in the first place.

9. In addition, some members of the Standing Committee were unclear about the meaning of “ethical governance”. The Regional Director noted that the concept of “ethical governance for health” had been put forward by the think tank on the grounds that endorsement of certain values should result in an ethical approach to how a system was managed or choices were made (“governance”). One member of the SCRC understood the term as describing how, in ethical terms, a health system saw itself, organized itself, behaved and related to other governmental agencies.

10. On the basis of the additional information it had received, the Standing Committee approved the process and methodology proposed for preparing the updated policy framework. It suggested, however, that the terminology used in that context (e.g. “pillar” or “section”) should be consistent, and that consultation with Member States should take place at an early stage, before the fifty-fourth session of the Regional Committee (RC54).

### **Strategic orientations of the Regional Office’s work with geographically dispersed organizational entities, including WHO country offices**

11. As requested at its previous session, the Standing Committee was briefed on the progress made towards defining strategic orientations for EURO’s work with WHO centres and country offices. Two different categories of questions had been identified: the first related to the use of existing resources, while the second raised policy issues about the added value of a dispersed, as opposed to a centralized, presence. The former could be answered relatively easily, using existing guidance and the lessons from case studies to improve management practices and ways of working. The latter, on the other hand, was proving extremely difficult to answer.

12. The preliminary findings from a policy review, a benchmarking exercise and a survey of staff and representatives of Member States were that there was no comprehensive WHO policy covering all aspects of its country presence, nor did other international organizations have an explicit policy in that area. WHO’s existing country presence (especially in the form of its country offices) was described as positive and improving, albeit not always optimal. There was no consensus among survey respondents about the right balance and level of WHO’s presence in countries, especially in terms of its centres, although the latter’s technical input to EURO’s work was widely acknowledged.

13. For those reasons, it was proposed that the draft resolution to be submitted to RC53 would advocate an interim approach of continuing with the current strategy, while supporting the launch of pilot trials of new arrangements for the Organization’s physical presence.

14. The Standing Committee emphasized that there was a qualitative difference between a WHO country office, which aimed to serve a specific country, and a WHO centre that was engaged in programme activities for the Region as a whole. While recognizing that the geographical imbalance in the location of such centres had been caused mainly by the availability of funding, it drew attention to the need for transparency and looked forward to a discussion of the issue at the Regional Committee

15. The Standing Committee endorsed the methodology and process being used to tackle the question in the period leading up to RC53 and looked forward to reviewing specific recommendations once lessons had been learnt from experiments with new arrangements.

### **Review of draft resolutions to be presented to RC53**

#### **EUR/RC53/Conf.Doc./1**

16. The Standing Committee, recognizing the need for its report to be formally adopted by the Regional Committee, asked for the draft resolution to be amended accordingly. At the same time, it

requested that a new draft resolution should be prepared, to record the Regional Committee's endorsement of the arrangements it was proposing concerning membership of the Executive Board.

#### **EUR/RC53/Conf.Doc./2**

17. One member of the Standing Committee questioned the use of the phrase "consumers' and relatives' organizations" when referring to participants in the Ministerial Conference on Mental Health in Europe (Helsinki, January 2005). It was also agreed that the phrase "the 51 European Member States" should be replaced by "all European Member States".

#### **EUR/RC53/Conf.Doc./3**

18. As agreed earlier (see paragraph 10 above), the Standing Committee confirmed that operative sub-paragraph 1(c) should be amended to read: "the update [of the regional health for all policy framework] should be based on four pillars...", and the order of operative sub-paragraphs 2(b) and 2(c) should be reversed.

#### **EUR/RC53/Conf.Doc./4**

19. The Standing Committee proposed editorial amendments to operative paragraphs 2 and 3, and it specified that the Regional Director should be requested to report back to the Regional Committee at its fifty-fifth session in 2005 on progress made in developing the strategy or strategies for the Organization's physical presence in countries (see paragraph 15 above).

#### **EUR/RC53/Conf.Doc./5**

20. Not wishing to prejudge the outcome of the process aimed at defining strategic orientations for EURO's work with WHO centres and country offices, and assuming that links with WHO's global Country Focus Initiative would ensure an appropriate response to performance at country level, the Standing Committee decided that operative sub-paragraph 2(a) should be amended to read "[Requests the Regional Director] to continue initiatives that facilitate implementation of the European Country Strategy...".

#### **EUR/RC53/Conf.Doc./6**

21. The Standing Committee confirmed that, in line with resolution EB111.R11, the draft resolution for the Regional Committee should consistently refer to "adolescents" instead of "young people". It also agreed that the second preambular paragraph should be amended to read "... and that in turn healthy adults are assets in the creation of a more socially and economically productive society". Lastly, it proposed that the third preambular paragraph should read "Conscious of the fact that health is determined by the physical, economic, social, family and educational environment, as well as by the quality of health care provision, and that children and adolescents need a supportive environment in which to grow and develop into healthy young adults".

#### **EUR/RC53/Conf.Doc./7 and Conf.Doc./8**

22. The Standing Committee endorsed without amendment the two draft resolutions on the appointment of a Regional Search Group and on the date and place of regular session of the Regional Committee in 2004 and 2005.

## **Membership of WHO bodies and committees**

23. The Standing Committee held further discussions on the nominations received for membership of various WHO bodies and committees, with a view to consulting Member States' delegations during the forthcoming World Health Assembly and presenting a set of proposals following its session on the eve of RC53.

## **Officers of the fifty-third session of the Regional Committee for Europe**

24. The Standing Committee noted that it was customary to invite the Minister of Health of the host country to serve as President of the session, with the current Deputy Executive President (and Chairman of the Standing Committee) taking on the office of Executive President.

25. Proposals for the offices of Deputy Executive President and Rapporteur would be considered by the members of the Standing Committee during their attendance at the Fifty-sixth World Health Assembly. If necessary, their views could also be transmitted to the Secretariat in writing.

## **Review of the provisional agenda of the Fifty-sixth World Health Assembly**

26. The Standing Committee agreed to defer consideration of the provisional agenda of the Fifty-sixth World Health Assembly to the meeting of representatives of European Member States, due to take place immediately after the close of the SCRC's fourth session.