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REPORT OF THE NINTH STANDING COMMITTEE OF THE REGIONAL COMMITTEE

This document contains a report on the work done by the Standing Committee of the Regional Committee (SCRC) since the fifty-first session of the Regional Committee. It covers sessions held in September and December 2001 and in April and May 2002. The report of the SCRC's Subgroup on Bioethics and the report of the ad hoc session of the SCRC in June 2002 are contained in annexes to the document.

The report of the SCRC's September 2002 session will be submitted to the Regional Committee as an addendum to this document.

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Introduction

1. The ninth Standing Committee of the Regional Committee (SCRC), as constituted following decisions taken by the Regional Committee at its fifty-first session (RC51), met for the first time at the Palacio Municipal de Congresos in Madrid, Spain on Thursday 13 September 2001, with Dr James Kiely as Chairman. Dr Jacek Piatkiewicz was elected Vice-Chairman. The second session was held in Bucharest, Romania on 9 and 10 December 2001. At the third session, held at the WHO Regional Office for Europe in Copenhagen from 4 to 6 April 2002, Dr Alamhon Akhmedov was elected Vice-Chairman, since Dr Piatkiewicz had been replaced by Professor Jerzy Szczerban as Poland's member on the SCRC. The SCRC held its fourth session at the Palais des Nations in Geneva on 12 May 2002. A fifth ad hoc session was held at WHO headquarters in Geneva on 13 and 14 June 2002.

2. A sixth and final session will be held in Copenhagen on 15 September 2002, just before the start of RC52; the report of that session will be contained in an addendum to this document. The members of the ninth SCRC are listed in Annex 1.

Technical subjects

Tobacco

3. At its first session, the SCRC noted that there had been some discussion of tobacco at RC51, in the context of the forthcoming WHO European Ministerial Conference for a Tobacco-free Europe (Warsaw, February 2002), and agreed that it was important for a representative of the SCRC to continue to attend meetings of the Committee for a Tobacco-free Europe (CTE). In his introductory remarks at the second session, the Regional Director noted that preparations for the Conference were well advanced, and the SCRC agreed to re-appoint Professor Ayşe Akin as its representative on the CTE for a further one-year period.

4. At the SCRC's third session, the Regional Adviser, Tobacco-Free Initiative, reported on the participants, programme and keynote speakers at the Ministerial Conference. He also described the process of drawing up the Warsaw Declaration and outlined its main points, and he presented the concept and structure of the proposed European Strategy for Tobacco Control. Having reviewed the steps being taken to ensure a coordinated European approach in negotiations towards the Framework Convention on Tobacco Control (FCTC), he concluded by highlighting the proposed elements of a draft Regional Committee resolution on tobacco.

5. The Standing Committee commended the Regional Director and staff at the Regional Office on organizing a very successful conference, which had been marked by strong statements by the Director-General, the Regional Director and the European Commissioner for Health and Consumer Protection. It fully endorsed the Warsaw Declaration and encouraged all Member States to do the same. Likewise, it approved the timetable for preparation of the European Strategy. As evidence of its philosophical and strategic commitment to measures against tobacco, it recommended that the draft RC resolution should make reference to the desirability of speeding up the development, adoption and ratification of the FCTC and of appropriate enabling instruments.

6. The draft resolution on the European Strategy for Tobacco Control was endorsed without comment by the SCRC at its fourth session.

Action by the Regional Committee

Review the European Strategy for Tobacco Control (EUR/RC52/11)

Consider the corresponding draft resolution (EUR/RC52/Conf.Doc./8)

Poverty and health

7. Members of the SCRC expressed the view, at its first session, that the discussion on poverty at RC51 might have raised expectations, especially with regard to specific practical action, that it could be difficult to live up to. They agreed that the SCRC could usefully have a further discussion of that subject during the year, to see exactly what technical actions WHO could take, and decided to place the subject on the agenda of RC52. At its second session, the SCRC confirmed that the question of poverty and health was an item that had to be taken up in pursuance of a resolution adopted at the previous RC session.

8. The Assistant Director, WHO Venice Centre on Investment for Health and Development briefed the Standing Committee at its third session on the action taken pursuant to resolution EUR/RC51/R6. The Standing Committee was very happy with the technical way in which the Regional Office was tackling the politically difficult subject of poverty – developing the knowledge base (initially through case studies) was acknowledged to be the right approach. In answer to a question, it was explained that the 12 countries so far involved had been selected not only because they had already made case studies but also because they had evaluated them. It was hoped that the series would be expanded in future.

9. The SCRC again pointed to the importance of coordination with other organizations (such as the International Monetary Fund and the World Bank) in tackling the root causes of poverty. It also recommended that the paper submitted to RC52 should make reference to the goals (especially on poverty and HIV/AIDS) set out in the United Nations Secretary-General's Millennium Report.

10. Lastly, the SCRC appreciated the importance of ensuring that the health sector did not itself contribute to the problem by restricting access to health services, and it suggested that WHO might consider organizing a conference on "Health systems and poverty". It was also proposed that a member of the Standing Committee might be included in the group making a technical assessment of the case studies.

11. At the SCRC's fourth session, the draft resolution on poverty and health (EUR/RC52/Conf.Doc./4) gave rise to some discussion about the role of health systems in reducing poverty, and about whether the Regional Director should be requested to seek funds from donors (including those outside the European Region), which could then be channelled towards Member States with low levels of income. The SCRC was informed that WHO's fundraising mechanisms and arrangements for handling voluntary donations were currently under review, but they did not prevent the Regional Office from approaching donors direct. On the other hand, it was agreed that poverty was a problem faced by all Member States, although to differing degrees. Under those circumstances, the SCRC decided to endorse the draft resolution without amendment.

Action by the Regional Committee

Review the paper on poverty and health (EUR/RC52/8)

Consider the corresponding draft resolution (EUR/RC52/Conf.Doc./4)

Tuberculosis, AIDS and malaria

12. When making its first review of the provisional agenda for RC52, the SCRC agreed that there would be time to take up two substantive "new" items, and suggested that one of them should be tuberculosis/AIDS/malaria (to match the scope of the Global Fund).

13. Dr S.M. Furgal briefed the SCRC at its second session on a consultative meeting of representatives of member countries of the Commonwealth of Independent States that had been held in Moscow in November 2001. The meeting had recommended, among other things, that public health indicators related to HIV/AIDS, tuberculosis and malaria should serve as the main criteria for eligibility to receive resources from the Global Fund, and its governance should include links to the governing bodies of relevant international organizations, such as WHO and UNAIDS.

14. Having heard a presentation from the Director, Technical Support at its third session, the Standing Committee agreed that the threats to health posed by the three diseases, when considered individually, were very complex and challenging; when taken together, they were indeed frightening. The initiative taken by the international community of establishing a Global Fund was therefore welcomed. Cooperation was emphasized as being vitally important: malaria containment and control, in particular, would require joint efforts by neighbouring countries and regions (especially Europe and the Eastern Mediterranean). Coordination between participating agencies and national bodies would also have to be ensured in the context of activities financed by the Global Fund, and WHO would have a key role to play in that regard. At country level, the high-level working group established by the Russian Federation to tackle the problem of tuberculosis was suggested as being a good way of fostering dialogue between partners, with the Office of the Special Representative of the WHO Director-General in Moscow playing a key role in mobilizing funds for tuberculosis control and in interagency coordination of tuberculosis activities with collaborating international actors.

15. On the question of the draft resolutions for submission to RC52, the SCRC was of the view that they should be kept as short as possible, and that overlaps should be avoided. Furthermore, it recommended that the accompanying working document should recognize the important effects of poverty on the incidence of the three diseases.

16. At its fourth session, the SCRC drew attention to the problems caused by some countries' reluctance to adopt the WHO-advocated strategy of directly observed treatment, short course (DOTS) for tackling tuberculosis. Recognizing that WHO could only play an advocacy role in that connection, the SCRC accordingly endorsed the draft resolution on the subject.

17. With regard to scaling up the response to HIV/AIDS, the SCRC proposed that a reference to the recent meeting of regional directors of the co-sponsoring organizations in Moscow should be added in the preamble of the draft resolution, while the wording of operative paragraph 2(c) should be amended to include a mention of support to Member States not only for improved prevention of HIV transmission but also for better treatment of HIV infection and AIDS.

18. The draft resolution on scaling up the response to malaria was endorsed without comment.

Action by the Regional Committee

Review the paper on tuberculosis, HIV/AIDS and malaria (EUR/RC52/9)

Consider the corresponding draft resolutions (EUR/RC52/Conf.Doc./5, /6 and /7)

The role of the private sector in the health system

19. The other substantive "new" item proposed by the SCRC at its second session for inclusion on the provisional agenda of RC52 was privatization/commercialization in the health sector. However, it agreed that it would need to do further work on conceptualizing that issue, taking account of the outcome of discussions at EB109 on public/private interactions and contractual arrangements in health systems. In the meantime, Member States would be asked to submit "case studies" of their experience in that area.

20. At the SCRC's third session, the Regional Adviser, European Observatory on Health Care Systems noted that market-based mechanisms had been or were being introduced into the health systems of many European countries, and that the private sector was playing an increasing role there. The Standing Committee agreed that the area under discussion was a complex one, where the use of precise terminology was important. The main issue was to identify the conditions under which the state could engage with the private sector to deliver fair and affordable health services. It was noted that entrepreneurialism was not exclusively a private sector phenomenon, and that commercialization *per se* had little or no place in the health system. On the other hand, privatization (i.e. the process of transferring public assets to private ownership) could be a good servant, provided public regulation was strict enough.

21. Members of the SCRC described some of the problems being faced by their countries in connection with privatization. They included the challenges of ensuring equity in systems with mixed public and private financing, of maintaining physician autonomy under arrangements of "managed care", and of securing the large investments required to set up and operate inpatient services. The SCRC therefore agreed that it would be useful for WHO to encourage the exchange of experiences, to compile case studies and assess different approaches, and to give countries differentiated guidance that would be applicable in their own particular contexts. By doing so, it would help governments to strengthen their stewardship function, and it could (through an iterative process) refine the conceptual frameworks applicable in the field.

22. In the period leading up to RC52, the SCRC therefore called for the draft paper to be further refined, with the addition of references to the role of the voluntary sector and the importance of appropriate legislation. The paper should consider a number of key aspects, including definitions, conceptual frameworks and the role of values. Its purpose would be to set out how WHO could best assist Member States in this field.

Action by the Regional Committee — **Review the paper on the role of the private sector in the health system** (EUR/RC52/10)

Bioethics and health

23. At its first session, the Vice-Chairman recalled that bioethics had been mentioned during the panel discussion at RC51 and by the Director-General in her address. He distributed the first report of the SCRC's subgroup on bioethics.

24. The SCRC agreed at its second session to the Vice-Chairman's proposal that Dr Božidar Voljč, who was a member of the Slovenian National Committee on Bioethics, should be invited to join the subgroup.

25. Dr S.M. Furgal, a member of the SCRC's subgroup on bioethics, presented the subgroup's report and position paper at the third session. The principles advocated by the subgroup for use by the Regional Office when choosing bioethical issues to work on were (a) to avoid subjects already covered by internationally agreed texts or by other organizations; and (b) to concentrate on specific subjects relevant to WHO's work in the European Region. In two of the areas identified by the Director-General in her February 2002 paper on the issue (research involving human beings, and advances in medical science and biotechnology), the Regional Office should accordingly focus on gathering and disseminating information on bioethics, and on promoting the education and training of health professionals in that field. In the third area (health systems and public health practice), however, the Office's involvement could be more intensive: translating the notions of equity, solidarity, social justice and transparency into ethical tools for assessing health interventions. On that basis, the Senior Policy Adviser in the Office of the Regional Director (another member of the subgroup) identified five specific fields of work for the Office in the current biennium.

26. The Standing Committee agreed with its subgroup that WHO should tackle only those areas that were not covered by other organizations and which affected health. Furthermore, it should avoid making categorical statements in difficult areas such as cloning, and it should seek to clarify the definitions used in the field.

27. The SCRC endorsed the subgroup's recommendations and agreed that they should be further developed and presented to RC52 (see Annex 2).

Action by the Regional Committee — **Take note of the SCRC position paper on bioethics and ethics in health systems** (Annex 2)

Managerial questions

The Regional Office's programme of cooperation with countries

28. The Director, Country Support briefed the SCRC at its second session on the process that had led to the finalization of biennial collaborative agreements (BCAs) with most countries in central and eastern Europe (CCEE) and newly independent states (NIS). Each country had been asked to specify its own health priorities, as well as its priorities for cooperation with WHO. The SCRC expressed its support for the courageous and ambitious approach adopted, noting that it was encouraging countries to look closely at their priorities and ways of cooperating with WHO.

29. The Acting Director, Country Support informed the SCRC in April 2002 that the three-month period for launching the implementation of BCAs was over. Twenty-five out of 28 agreements had been signed by the end of February 2002. In addition to being strategic documents that set out "country expected results", the BCAs had also been operationalized in the form of work plans for use in the Monitoring of Country Operations and Coordination of Activities or MOCCA system. A recent workshop for WHO Liaison Officers had focused on revising and improving those work plans.

30. Plans for strengthening WHO's country presence included establishing single country offices that integrated all staff and all resources (including extrabudgetary ones); securing better working conditions for all Liaison Officers; and appointing international staff in selected countries (five in the first instance, and five more should additional resources become available). The next steps also entailed reinforcing the Country Support Division and ensuring its functional integration within the Regional Office, in the spirit of "One WHO".

31. The Standing Committee was pleased that the funding of country programmes had increased, but it recognized that this might pose a challenge to absorption capacity at national level and to managerial capacity at the Regional Office. However, it noted that the MOCCA system was evidence of a judicious and rigorous management approach. It welcomed the greater delegation of authority to WHO's country offices, and the initiative taken of integrating WHO's liaison offices more closely within United Nations teams.

External evaluation of the Regional Office's health care reform programme

32. At its second session, the SCRC had before it a paper prepared by the team of external evaluators following their briefing meeting at the Regional Office on 26 and 27 November 2001. The team invited the SCRC to approve the draft terms of reference as set out in that paper, to comment on the outlined methodology and to approve the support required from the Regional Office.

33. The SCRC agreed with the evaluation team that the main purpose of the evaluation should be to assess the extent to which the Regional Office had influenced governments to incorporate in their health care reform programmes the principles enshrined in the Ljubljana Charter on Reforming Health Care. The period under review should therefore be from 1996 to the present.

34. Similarly, the SCRC endorsed the proposed methodology of the evaluation, which would consist of a questionnaire-based survey of Member States' health ministries and several key independent experts, discussions with current and former WHO staff, and visits by team members to selected countries.

35. In April 2002 Dr José-Manuel Freire, a member of the external evaluation team, presented a progress report on the team's work. A number of members of the SCRC were concerned that the findings of the evaluation should be made available to the countries visited. However, Dr Freire recalled that the evaluation team's terms of reference, as agreed by the SCRC at its previous session, were to evaluate the role and impact of WHO in relation to the health care reforms taking place in the European Region. It was not trying to assess the success of those reforms from the point of view of individual countries.

36. Given the fact that WHO's input to health care reform was often channelled through other organizations and bodies, the SCRC was conscious of the difficulty of assessing its impact, but confirmed that this was the correct approach. The questionnaire being used in the evaluation had been designed not only to reflect the complexity of the issue but also to single out WHO's role. The SCRC hoped that the findings of the evaluation would help to clarify WHO's future role, answering questions such as whether it should continue to give guidance, and whether that guidance would best be directed towards national governments, international organizations or other partners.

Action by the Regional Committee

Review the information document containing a summary report of the external evaluation of the health care reform programme
(EUR/RC52/Inf.Doc./1)

The Organization's strategic programme budget for the biennium 2004–2005

37. At its first session, one member of the SCRC expressed dissatisfaction that the European Region's urgent budgetary needs were apparently still being ignored at the Organization's global level. Concern was particularly expressed about the low level of the country programme allocation in the European Region, which was several times lower than that of other regions with the same indicators.

38. The Director, Administration and Management Support informed the SCRC at its second session that strategic planning for the biennium 2004-2005 had already started. That process would involve more consultation with Member States and regional offices, and Member States had accordingly been asked, after RC51, to identify their priorities for the biennium 2004–2005. Broadly speaking, however, it was proposed that the Organization's priorities and areas of work would remain unchanged, to ensure continuity, but "Health and the environment" would be singled out as a priority, while one area of work would be renamed as "Strategic cooperation with and capacity-building in countries", to better reflect the country programme in the proposed programme budget. Furthermore, the Director-General had committed herself to equitable distribution of extrabudgetary resources across the Organization as from the biennium 2004–2005.

39. In the ensuing discussion, one member of the SCRC reiterated concern about the failure to comply fully with the provisions of resolution WHA51.31 (on redistribution of regular budget resources to regions). However, the change in approach with regard to extrabudgetary resources was welcomed, and it was noted that such resources could quite readily be raised to increase WHO's presence in countries.

40. The Senior Adviser, Programme Management and Implementation reported to the SCRC at its third session that many European Member States had cited four areas of work as priorities: organization of health services; surveillance, prevention and management of noncommunicable diseases; health promotion; and mental health and substance abuse. It was anticipated that the regular budget baseline for the European Region would be US $54.332 million. The additional US $1.561 million over the 2002–2003 baseline (which resulted from continued implementation of the provisions of resolution WHA51.31) would all be allocated to country activities. Projections of funds expected from other sources had not yet been received, although assurances had been given that the proposed programme budget would not only include both regular budget and extrabudgetary funds but also show the breakdown of distribution of the latter between the global and regional levels.

41. The SCRC expressed concern about the difficulty of making projections of the extrabudgetary funds that would be received, given that many donor organizations worked on a one-year budget cycle. Equally, it was not clear how regional priorities would be reflected in the global budget. To mitigate the latter problem, the SCRC called for a paper to be presented to RC52 that would identify, separately, the staffing and funding allocated to each area of work at regional level.

42. At the fourth session the Director, Administration and Management Support informed the SCRC that in the meantime the Secretariat had received a request from WHO headquarters for a breakdown of

country funds by area of work and for estimates of the projected need for funds from other sources, again distributed by area of work. The Regional Office had therefore made a tentative breakdown of country funds, based on the actual figures for 2002–2003, the responses from Member States to the survey on their priorities carried out in the autumn of 2001, and the Regional Office's strategy for cooperation with countries. None the less, it reserved the right to modify that breakdown after detailed consultation with Member States nearer the time of implementation. The projected need for funds from other sources totalled US $115 million (or 8% of the global amount that might be available, assuming the level for 2002–2003 was maintained in the following biennium). A sum of US $72 million would be channelled into country work, with US $43 million going to intercountry activities and the Regional Office.

Action by the Regional Committee

Review the Organization's proposed programme budget 2004-2005 and the regional perspective on it (EUR/RC52/12 and /12 Add.1)

Consider the corresponding draft resolution (EUR/RC52/Conf.Doc./9)

Implementation of recommendations from audits and management reviews

43. The paper prepared for the SCRC at its second session covered audits and management reviews carried out in 2000–2001 in three areas: (a) general administration within and outside the Regional Office; (b) WHO's liaison offices in European Member States; and (c) WHO European Centres.

44. With regard to the content and implications of the reports on the first two of those areas, the SCRC noted with satisfaction that audits (both internal and external) of the overall managerial, administrative and financial framework at the Regional Office and of selected aspects of the Office's country presence had revealed no major problems and had confirmed that records could be relied on and were well maintained. It welcomed the fact that a large number of the auditors' recommendations had now been acted on.

45. So far as the third area was concerned, the SCRC expressed its appreciation of the review carried out, at the Regional Director's request, by Professor Vittorio Silano. From the experience gained with EURO's "geographically dispersed offices", the SCRC agreed that a sustainable level of interest needed to be built up before a centre was established, and that no centre should be opened before a host agreement had been formally signed with the host country. Sustained input would continue to be required from both the Member States and the Regional Office once a centre was established. The director and professional staff of such centres should be recruited and employed under the usual conditions prevailing in WHO. It was important to retain overall policy leadership at the Regional Office, and to ensure that centres operated in clearly defined and delegated functional domains. For that reason, the SCRC sounded a note of caution about establishing too many centres covering too broad fields. Lastly, the SCRC encouraged centres to network with each other and called for their activities to be subject to regular evaluation.

46. More generally, the SCRC emphasized that it had an oversight and governance role to play in the overall process of conducting audits and reviews, and that it needed access to information in order to play that role. After some discussion, it agreed that internal audit reports should remain confidential, but that summaries should be made available to it in the same way as was done for the Executive Board's Audit Committee. It noted that reports of external audits were not confidential documents, while those on management reviews could be released at the discretion of the Regional Director.

47. From the SCRC's analysis of the reports covered by the paper, it was apparent that there were issues of strategic importance in all three areas (such as programme planning and the use of funds, or the role and functions of liaison officers), where the SCRC would need to be continuously involved. Equally, there were issues where there should be no SCRC involvement. And finally, there were questions that

might require "management by exception", where the SCRC should be provided with the necessary general information to help it play an advisory role.

48. In conclusion, the SCRC recommended that Professor Silano's report should be made available to the Regional Committee, in view of the fact that it brought up a number of general policy issues.

Action by the Regional Committee

Take note of the recommendations and conclusions of the review of "geographically dispersed offices" in the European Region (EUR/RC52/Inf.Doc./4)

WHO policy on collaborating centres

49. At its third session, the Director, Administration and Management Support informed the SCRC that substantial changes had been made to the policy and procedures for designating institutions as WHO collaborating centres. The new policy and procedures had been introduced at the Regional Office in 2001. A regional screening committee had been established, which forwarded its recommendations to the corresponding body at global level prior to the final decision being taken by the Director-General. The European Region had the largest number of collaborating centres worldwide (509 out of 1175), and the task of assessment and redesignation was therefore a considerable and ongoing one.

50. The SCRC acknowledged the importance of collaborating centres: for WHO, they were part of its visible presence at country level and a valuable working link, while the individual institutions gained considerable prestige from bearing the WHO logo. The Standing Committee accordingly welcomed the new policy and procedure but drew attention to the need to ensure equitable geographical distribution (particularly with regard to the central Asian republics). In addition, it suggested that national governments should be involved at an earlier stage in the process, for instance by being informed of the content of centres' work plans once they had been drawn up.

Procedural matters

Regional Committee

Follow-up of resolutions adopted at the fifty-first session

51. When reviewing the resolutions adopted by RC51, the SCRC at its second session was informed that *The European health report* would be published before RC52. Subsequent European reports would be issued at three-year intervals. The SCRC emphasized that, notwithstanding possible practical difficulties, it was important to take account of the specific features and needs of the European Region when drawing up such reports.

52. It also welcomed the work being done by the Regional Office to develop an information system on alcohol use (as a follow-up to resolution EUR/RC51/R4) but regretted that the area was under-resourced. European members of the Executive Board were urged to place emphasis on that issue when WHO's global priorities for the biennium 2004–2005 were discussed.

Preparations for the fifty-second session

53. The SCRC recognized that items on the provisional agenda for RC52 could be divided into three categories:

(a) mandatory and customary items, such as the address by the Director-General, the report of the Regional Director, the report of the SCRC itself, and the description of action taken in cooperation with other organizations;

(b) items that had to be taken up in pursuance of resolutions adopted at previous RC sessions (for 2002, those included Poverty and health, Bioethics, and progress reports on poliomyelitis, EURO's country strategy, and implementation of the Food and Nutrition Action Plan); and

(c) "new" subjects, either technical or political.

54. The SCRC agreed that the duration of RC sessions should be maintained at four days. The three progress reports mentioned above would therefore need to be summarized by the Regional Director in his statement to the RC, with further details presented (if necessary) in information documents. There would accordingly be time to take up two substantive "new" items at RC52. The SCRC suggested that those should be tuberculosis/AIDS/malaria and privatization/commercialization in the health sector. In addition, the SCRC recalled that delegates at RC51 had asked for budget discussions to be held each year, and it accordingly recommended that the Organization's strategic budget for 2004–2005 should be included as a short item on the agenda of RC52.

55. The SCRC greatly regretted that ageing was not regarded as a priority for the Organization, and that no regular budget-funded staff were assigned to work on that subject at EURO. None the less, it recommended that the issue should be taken up at RC53, with preparatory work done by convening an expert meeting, if necessary.

56. Lastly, the SCRC felt that the question of health impact assessment could usefully be taken up in a technical discussion to be held during the session.

57. At its third session, the SCRC endorsed the draft provisional agenda for RC52, as drawn up in the light of comments made at its previous session. It agreed to the inclusion of a specific item on the European Strategy for Tobacco Control (Fourth Action Plan for a Tobacco-free Europe), with the subject of bioethics being covered under the sub-item on the report of the SCRC subgroup on that issue.

58. With regard to the item entitled "Partnerships for health", the SCRC acknowledged that partners were vitally important for the work of WHO and accordingly welcomed the proposal to continue the practice, introduced at RC51, of organizing a round-table discussion between representatives of WHO's major partners. The Regional Director was asked to select a suitable moderator to facilitate that discussion, calling on other nongovernmental organizations (NGOs) to speak as appropriate. In addition, NGOs would be invited to take the floor on items of direct concern to them, and to submit statements in writing.

59. Members of the SCRC raised three further issues that they wished to see drawn to the attention of the Regional Committee. It was agreed that the recommendations and conclusions contained in Professor Silano's report on the Regional Office's centres or "geographically dispersed offices" would be distributed to members of the Regional Committee, and that the Regional Director should review its implications in his statement. Similarly, his statement should cover the progress achieved in carrying out the Regional Office's strategy for cooperation with countries. In addition, he was requested to sound an alert to the acute problems of drug abuse and mental health that some countries were facing, and to the importance of tackling them through country programmes. However, the SCRC acknowledged that the strategic aspects of the latter two subjects needed to be given more detailed consideration, in order to identify the added value to be gained from WHO's greater involvement in those fields, and it accordingly suggested that they might be placed on the agenda of RC53.

60. In addition, the SCRC asked the Regional Director to include in his statement to the Regional Committee a description of the work being done to give effect to the Munich Declaration on "Nurses and Midwives: A Force for Health".

61. At its fourth session, the SCRC agreed that meetings of RC52 could begin at 08.30 on Tuesday and Wednesday, in view of the number of items on the provisional agenda.

62. When reviewing the draft resolutions to be submitted to RC52, the SCRC was also informed that two further draft resolutions might be submitted for review at its September session: one on the environment and sustainable development (in preparation for the European conference to be held in Budapest in 2004), and the other on the eradication of indigenous poliomyelitis from the European Region.

63. At its third session the SCRC had before it a preliminary version of document EUR/RC52/5, containing the curricula vitae of nominees for membership of the Executive Board and other committees, and at its fourth session it made an initial perusal of the candidatures received, with a view to reaching consensus on the recommendations that it would submit to the Regional Committee following its session on the eve of RC52.

Executive Board

Matters arising from the 109th session

64. The European member of the Executive Board invited to attend sessions of the SCRC as an observer drew the attention of its members, at the second session, to a number of important items on the agenda of EB109 (14–21 January 2002), urging them to communicate any concerns to the Chairman or European members of the Board.

65. At its third session, he subsequently reported on the main points raised at EB109. The SCRC welcomed the briefing given and acknowledged that increasing use was unfortunately being made of WHO's governing bodies as fora for discussing political issues. However, it looked forward to an extensive debate on the Report of the Commission on Macroeconomics and Health at the forthcoming World Health Assembly, and called on the Regional Office to work out approaches for giving effect to its recommendations in the specific circumstances of the NIS.

Interaction between global and regional governing bodies

66. The SCRC was unanimously in favour of continuing the practice of asking a European member of the Executive Board to attend its sessions as an observer. That arrangement gave European Member States a better picture of the Board's deliberations, enabled them to channel their views to the Board, and fostered the spirit of "One WHO". The SCRC thanked Dr Godfried Thiers most warmly for his effective liaison and looked forward to the new European Board members selecting a replacement for him at their session after the forthcoming World Health Assembly. Dr Thiers recommended that, in the interests of continuity, the person selected should be in the second year of his or her mandate.

Membership of the Executive Board

67. At its first session, the SCRC recognized that one undoubtedly political issue that it would have to resolve during the year was the question of semi-permanent membership of the Executive Board.

68. In order to make progress on the question, the Regional Director offered (at the SCRC's second session) to consult with the Member States, i.e. their permanent missions in Geneva, during EB109 and WHA55, and then to map their views and submit his findings to the Chairman of the SCRC in May 2002. The SCRC accepted the offer with thanks, recommending that he should accelerate the process if possible.

69. The Regional Director subsequently reported that he had had informal consultations with European Member States or their Permanent Missions during EB109 and asked them to set out their views. A wide range of replies had been received. The SCRC agreed to hold an ad hoc session devoted to that issue, open to representatives of all European Member States, in Geneva on 13 and 14 June 2002. The Secretariat was requested to prepare a document for that session which would contain an explanation of the point at issue, the historical background, and a description of the efforts made to date (including the ad hoc session of the SCRC held in July 1999 and the compromise solution endorsed by RC49). In addition, the

document should set out the practice followed in other organizations and map the "epidemiology" of responses to the Regional Director's letter.

70. The Regional Director informed the SCRC at its fourth session that the Ad Hoc Open-ended Intergovernmental Working Group on the Review of the Methods of Work of the Executive Board had recently confirmed that the question of semi-permanent membership of the Board would not be taken up at global level; a solution would therefore need to be found by the European Region. Preparations for the ad hoc session of the SCRC were well under way, a document would be circulated to all European Member States in advance, and approximately half of the Member States in the Region had already expressed their views to him. While those ranged from non-recognition of any form of semi-permanency to maintenance of the status quo, the vast majority of countries were prepared to be flexible in order to reach agreement by consensus.

71. In addition, the Regional Director recalled that the Director-General had recently written to all Member States, urging them to ratify the changes to WHO's Constitution, under which the European and Western Pacific regions would each gain an extra seat on the Board.

72. The Chairman of the SCRC confirmed that the purpose of the ad hoc session, as set out in the letter of invitation sent to all European Member States, was to reach agreement not only on the question of semi-permanency but also, and more generally, on the criteria for membership of the Board.

Action by the Regional Committee — **Review the report of the ad hoc session of the SCRC** (Annex 3)

Other matters

Address by a representative of the European Region's Staff Association

73. The President of the EUR Staff Association (EURSA) addressed the SCRC at its third session on a number of the staff's concerns. WHO's human resources reform measures were nearing implementation, and a contractual package had been approved by the Executive Board in January. Much of the year to come would be taken up with giving effect to its provisions concerning the 68% of Regional Office staff who were on short-term contracts. In general, however, there were excellent staff/management relations at regional level and at global level through the Global Staff/Management Council. Furthermore, the recent appointment to the long-vacant position of Staff Development and Training officer testified to a commitment on the part of management to create an organizational culture in which staff were encouraged to achieve high levels of performance.

74. The SCRC wholeheartedly acknowledged the professionalism and dedication of the staff throughout the Region. However, it was interested to know whether the existence of centres and offices outside Copenhagen posed difficulties of communication for the Staff Association, but was reassured to learn that extensive use was made of videoconferencing and email communications, in addition to personal visits whenever possible. It agreed that the implementation of contractual reform would be the major issue in the year ahead, and recognized the absolute necessity of tackling the wider issue of career development for all categories of staff.

Annex 1

MEMBERSHIP OF THE NINTH SCRC
2001–2002

Members

Finland

Dr Jarkko Eskola
Director-General, Department of Preventive Health and Social Policy
Ministry of Social Affairs and Health

Greece

Professor Jenny Kourea-Kremastinou
Dean, National School of Public Health

Ireland

Dr James Kiely[1]
Chief Medical Officer
Department of Health

Latvia

Mr Viktors Jaksons
Minister of Welfare

Luxembourg

Dr Danielle Hansen-Koenig
Director-General of Health
Health Directorate

Poland

Dr Jacek Antoni Piatkiewicz[2]
Deputy Minister
Ministry of Health and Social Welfare

Professor Jerzy Szczerban[3]
President, Science Council to the Minister of Health
Ministry of Health and Social Welfare

Romania

Dr Radu Constantiniu
Director-General, International Relations
Ministry of Health

Russian Federation

Dr S.M. Furgal
Director, Department of International Cooperation
Ministry of Health

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[1] Chairman of the SCRC.
[2] First and second sessions.
[3] Third and subsequent sessions.

Slovenia

Dr Božidar Voljč
Director-General, National Blood Transfusion Centre

Tajikistan

Dr Alamkhon Akhmedov
Minister of Health

Observers

Dr Godfried Thiers[4]
Director, Louis Pasteur Public Health Research Institute
Brussels
Belgium

Professor Ayşe Akin[5]
Department of Public Health
Hacettepe University School of Medicine
Turkey

[4] As a member of the Executive Board from the European Region.
[5] As Executive President of the fifty-first session of the Regional Committee.

Annex 2

REPORT OF THE SCRC SUBGROUP ON BIOETHICS

BIOETHICS AND ETHICS IN HEALTH SYSTEMS WHO/EURO INVOLVEMENT: A POSITION PAPER FROM THE SCRC

Background to the Regional Office's involvement in bioethical issues

Secretariat

1. Although most programmes deal with ethical issues, there has been no formalized policy on these. Even the Ljubljana Charter and the HEALTH21 policy framework do not explicitly translate their values, principles and proposed targets into ethical activities. Some other disparate activities can be found in specific fields like patients' rights, but with little relevant follow-up and coordination.

Governing bodies

2. Starting at the forty-eighth session of the Regional Committee for Europe (RC48), numerous references have been made at the Regional Committee and its Standing Committee (SCRC) to the lack of action on ethics, to the weakness of an early report on ethics prepared by the Secretariat at the WHO Regional Office for Europe (WHO/EURO), and to the need for more attention to be paid to the issue. This led to the setting up of a subgroup on bioethics within the framework of the SCRC. A first meeting of the subgroup in Warsaw in March 2001 identified major questions to be answered by Member States regarding the involvement of WHO/EURO in this field.

3. At RC51 in Madrid, the Director-General announced a new global WHO initiative on ethics. A draft document is being circulated, and two posts in WHO headquarters are currently being advertised.

4. RC51 gave a mandate to the SCRC to take bioethical issues forward, which in turn led to the second meeting of the bioethics subgroup in March 2002.

Scope of bioethics

5. Ethics can be defined as "the science of morals in human conduct" and "a set of moral principles and/or rules of conduct" [*The Concise Oxford Dictionary, 9th ed.* Oxford, Oxford University Press, 1995]. Bioethics has traditionally been defined as "the ethics of medical and biological research". Lately, the term has come to be defined more broadly, to describe an interdisciplinary field concerned with ethical issues in the life sciences, health and health care.

6. Bioethics is a systematic and scientific discipline closely linked to various scientific and technical developments in the biomedical field yet challenged by them. At the same time, it is strongly related to a wide range of political and social issues in fields such as legislation, human rights, the environment and education. Since ethics is a diverse and plural field, and one that is ultimately dependent on individual and group values, the collective seeking of norms and standards is therefore an important dimension of international work in this field.

7. During the second half of the 20th century, a rapid development of methods and approaches in scientific bioethics started from clinical medicine, mainly focused on multifaceted aspects of doctor/patient relations. In the 1980s and 1990s, following notable progress in applied genetics, biotechnology and other biomedical areas, ethical aspects of interventions in reproductive health and the human genome moved high up the agenda.

8. The most likely future direction for the development of bioethics in the 21st century, in addition to the above areas, will also encompass public health policies, strategies and interventions, and the development and functioning of health systems: nowadays, the most sophisticated problems arise in the domains of health management and the structure, functioning and financing of health facilities.

9. The past decade has witnessed unprecedented progress in the field of medicine. However, innovative technologies in diagnosis and treatment require substantial financial resources. At present, not one country in the world, even the most affluent one, can afford to meet the costs incurred in connection with ensuring a modern level of health services delivery equally for all who are in need of them. Consequently, there is a discrepancy between the ample opportunities of contemporary medicine, on the one hand, and the reality limited by the narrow bounds of public financing, on the other. These circumstances form the basis for discrimination (which turns out to be typical of many countries) in providing health care services for vulnerable population groups. For instance, one of the problems faced by the team evaluating health system reforms for the SCRC is the lack of criteria against which to judge the benefits of the reform programmes that have been introduced by a number of Member States. In the absence of indicators based on such criteria, it is very difficult to see what benefits have resulted from health system reforms and how they impact on the principles that are promoted by WHO/EURO (solidarity, equity, social justice, transparency, human rights, etc.), which have not been formally translated into ethical indicators.

10. The issue of a rational health system structure, including determination of its sources of funding, will therefore become a pivotal one in modern bioethics.

The Subgroup's recommendations to WHO/EURO

11. The principles on which selection of bioethical issues can be made are set out below.

12. First, although WHO/EURO's activities touch on many ethical issues and are affected by them, there are several bioethical subjects that have already been well covered by other internationally agreed texts. There is no relevance in WHO/EURO revisiting these. It should instead concentrate on those subjects that have not been considered by other organizations.

13. Second, WHO/EURO should concentrate on those subjects that are very clearly the responsibility of WHO in the European Region. WHO/EURO should not move on its own into areas that are covered by organizations such as the Council of Europe or the European Union. On the contrary, in these areas, WHO/EURO should actively participate in the work of others, including WHO headquarters.

14. Specifically, the Director-General in a paper dated 8 February 2002 has identified the following areas for WHO action.

Health systems and public health practice

15. WHO/EURO is recognized as an adviser and provider of evidence for its Member States on health systems and public health practice, areas that appear to be a neglected so far as ethical questions are concerned: no international body has formalized texts and tools linking the organization and financing of health systems to ethical issues.

16. The major focus of WHO/EURO's action on bioethics could therefore be to develop such ethical tools or indicators and to relate them directly to some of the actions and targets in the Health for All policy, the HEALTH21 framework and the Ljubljana Charter. This would entail translating the notions of equity, solidarity, social justice and transparency into ethical tools for assessing health interventions, as well as giving the public health view on ethical issues and addressing the main gaps in the debate on health and ethics.

17. Particular attention needs to be paid to the relationship with the Council of Europe**,** and to a lesser extent with the European Union**.** While the principle of non-duplication should apply, there are some

areas (e.g. patients' rights) on which WHO/EURO should have something to say and where it should not leave the subject entirely to other bodies. For instance, the ministerial conference on human rights and health (mainly dealing with ethics through health systems), scheduled to be held in Oslo in July 2003 and organized by the Council of Europe with Norway, could be an opportunity for WHO/EURO to be more than an observer. This would require WHO/EURO to be able to work on this issue and prepare a specific position on the subjects covered by the conference.

18. Dealing with rapidly advancing issues requires both focused, expert knowledge and an interdisciplinary, systematic cross-departmental approach. For WHO/EURO, such a systematic approach might include the establishment of a WHO/EURO working group, bringing together programme managers and experts from Member States in identified project areas. Such a group might review the situation of ethical issues in health systems in the European Region (including an analysis of existing country systems) and identify priorities for action by WHO/EURO in this area. A consultation with experts, including some politicians, could be convened in 2003 to take forward the work on ethical principles in health systems and public health.

Research involving human beings and advances in medical science and biotechnology

19. These two areas are already well covered by other organizations and are arguably not the exclusive responsibility of WHO.

20. It is worth mentioning here the ongoing United Nations initiative to discuss human cloning, in which WHO headquarters is involved but where it is not the leader of the process.

21. One question raised is whether WHO/EURO can avoid dealing with controversial technical subjects on which no international agreements have been reached. Many problems faced by contemporary medicine require ongoing revision and coordination of the efforts made by the health services of different countries with regard to bioethics (organ and tissue transplantation, genetics, genomics and proteomics, abortions, euthanasia, human cloning). The multidisciplinary nature of objectives in these areas should be emphasized, particularly those on technical subjects and controversial matters such as assisted reproduction, where there is no international text.

22. Although WHO/EURO should not attempt to achieve international agreement on subjects where other international bodies have tried and failed, it may be WHO/EURO's responsibility to document whether Member States have in place some mechanisms to provide guidance for their own health professionals on those subjects, and to advocate (if needed) their implementation through national legislation. Again, the principle to be followed is not to duplicate the work of other international bodies.

23. WHO/EURO could therefore generate considerable added value by helping to gather and disseminate information on bioethics, describing the state of implementation in Member States and helping them to identify and implement the legal and technical tools on bioethics that are already available (i.e. produced by other organizations). Promoting the education and training of health professionals in bioethics could be part of this "package".

24. However, WHO/EURO would need to be careful in selecting the areas in which it intervened. It should not intervene on the generality of human rights, but it should certainly intervene on patients' rights, with the interface between the two being formed by the topic of people's rights.

Annex 3

REPORT OF THE AD HOC SESSION OF THE SCRC GENEVA, 13–14 JUNE 2002

Introduction

1. In accordance with the wishes expressed by the WHO Regional Committee for Europe at its fifty-first session (RC51), the SCRC entered into consultations with European Member States on the issue of the European Region's representation on the Executive Board, and in particular on the questions of semi-permancy and geographical grouping, as well as on the issue of general criteria for membership.

2. These consultations took the form of an ad hoc session of the SCRC, to which all Member States were invited, in Geneva on 13 and 14 June 2002. Immediately following the ad hoc session, the SCRC met in private and endorsed the following observations and recommendations.

General criteria

3. The suggested criteria for determining representation, reflected in paragraph 13 of document EUR/RC51/SC(5)/4, were designed to enhance the quality and effectiveness of the European Region's representation on the Executive Board (EB). It was felt that, while it was the prerogative of countries to select their representatives, these criteria should be used as guidelines for countries in selecting their delegations in general and their EB representatives in particular, rather than applied in a prescriptive manner.

4. In addition, consolidation of the coordination between the SCRC and European EB representatives would further enhance the quality and effectiveness of European representation.

Geographical grouping

5. The issue of equitable geographical representation on the Board is a complex area. The example of coordination among the Nordic countries on EB representation and a range of other issues was recognized as being an attractive model that could be followed by other parts of the Region. The concept of subregional groupings or "constituencies" might be further explored on a voluntary basis. This issue should be kept on the table for further consultation.

Semi-permanent membership of the Executive Board

6. It was recalled that "the WHO Constitution embodies the principles of equity for all Member States and that it is therefore desirable to adjust the present situation towards an equitable one", as advocated at a previous ad hoc meeting of the SCRC in July 1999 (document EUR/RC49/2 Add.1).

7. Statements made by a number of participants recognized the continuity provided and the value of the work done over the years by the semi-permanent members.

8. The momentum for change had been recognized by the interim arrangement arrived at in Copenhagen in 1999. It was difficult to envisage returning to the *status quo ante* (whereby semi-permanent members would serve on the Board for 3 out of 4 years). The consensus view was that, at least, the current interim arrangement (3 out of 5 years) should be followed through, so that each semi-permanent member would complete its mandate (i.e. the United Kingdom in 2004, the Russian Federation in 2005 and France in 2006).

9. The SCRC also recommended to the Regional Committee to consider in 2003, following an evaluation, to move by agreement to an extended periodicity of 3 out of 6 years, beginning for the United Kingdom in 2007, for the Russian Federation in 2008 and for France in 2009.

10. The terms of reference for the evaluation should be presented by the SCRC to the Regional Committee in 2002, and the results of the evaluation to the Regional Committee in 2003. With the sole task of clarifying those terms of reference, the SCRC agreed to reconstitute its subgroup on membership of the Executive Board. Dr Jarkko Eskola (Finland), Dr Danielle Hansen-Koenig (Luxembourg) and Dr Serguei Furgal (Russian Federation) agreed to serve on the subgroup, which might call on the services of a resource person.

Amendments to Articles 24 and 25 of the Constitution

11. The meeting reiterated the need to urge Member States that have not yet done so, including those in the European Region, to ratify the amendments to Articles 24 and 25 (which *inter alia* would give the European Region an eighth seat on the Board). The SCRC asked the Secretariat to work out a mechanism to that end.