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Introduction

1. The Twenty-second Standing Committee of the WHO Regional Committee for Europe (SCRC) held its fourth session at WHO headquarters in Geneva, Switzerland, on 16–17 May 2015.

Opening by the Chairperson and the Regional Director

2. The Chairperson welcomed participants and recalled that the report of the third session of the Twenty-second SCRC, which had taken place in Copenhagen, Denmark, on 17–18 March 2015, had been circulated and approved electronically. The current session was open to observers from Member States and was being webcast in its entirety.

3. In her opening address, the Regional Director reported on her participation in a recent retreat (Muscat, Oman, 23–25 March 2015) and a teleconference of the Organization's Global Policy Group, composed of the Director-General, the Deputy Director-General and the six regional directors. The leadership group had issued a statement on the response to the outbreak of the Ebola virus disease[1] and was fully committed to implementing resolution EBSS3.R1 adopted by the Executive Board at its special session on the Ebola emergency. She reported that the Global Policy Group would meet jointly with category 5 leads during the World Health Assembly to discuss the reforms needed to increase WHO's emergency response capacity. The Global Policy Group had also discussed the place of health in the post-2015 development agenda and reviewed the proposed programme budget 2016–2017, the distribution of flexible funds and the preparations for the financing dialogue.

4. The Regional Director highlighted a number of major events since the Twenty-second SCRC's previous session, including a meeting on collaboration with the education and social sectors (Paris, France, 24 April 2015), the Mid-term Review of the European Environment and Health Process (Haifa, Israel, 28–30 April 2015) and a meeting on health in foreign policy and development cooperation (Berlin, Germany, 28–29 April 2015). They exemplified intersectoral and interagency action for health and well-being, the theme of the forthcoming 65th session of the WHO Regional Committee for Europe (RC65).

5. The Regional Director reported on her participation at the First Eastern Partnership Ministerial Conference on Tuberculosis and Multidrug-Resistant Tuberculosis in Riga, Latvia, on 30–31 March 2015, and in the informal meeting of European Union (EU) health ministers (Riga, Latvia, 20–21 April 2015). The European Advisory Committee on Health Research had met at the WHO Regional Office for Europe in Copenhagen, Denmark, on 15–16 April 2015. The theme of World Health Day 2015, food safety, had also underlined the need for intersectoral action. The 10th annual European Immunization Week (20–25 April 2015) had focused on the need for renewed commitment to immunization at political, professional and personal levels. In

[1] WHO leadership statement on the Ebola response and WHO reforms. Geneva: World Health Organization; 2015 (http://www.who.int/csr/disease/ebola/joint-statement-ebola/en/, accessed 19 May 2015).

preparation for a meeting of representatives of small countries in the WHO European Region to be held in July 2015, the Regional Director had visited Andorra and San Marino. As part of celebrations to mark the 150th anniversary of the death of Ignác Semmelweis, a Hungarian physician and scientist who pioneered antisepsis procedures to control hospital infections, the Regional Office was hosting an exhibition in his honour at the UN City in Copenhagen, Denmark.

Feedback from the Global Policy Group retreat, Oman, 23–25 March 2015

6. In addition to the issues mentioned in her opening address, the Regional Director reported that the Global Policy Group, when reviewing the report of the working group on strategic budget space allocation, welcomed the considerable progress in improving procedures for the distribution of flexible funds received by the Organization. The next financing dialogue (to be held in November 2015) would focus on results to be achieved in the two forthcoming bienniums. As part of continuing efforts to ensure coordinated resource mobilization, a global resource mobilization coordination team working group involving representatives of all regions and clusters would carry out further work on gap analysis and development of standard templates for funding proposals. The Regional Director would continue to provide strategic guidance to this team on behalf of the Global Policy Group.

7. The Global Policy Group had discussed the challenges for WHO to sign agreements and contracts with the European Commission, in particular its directorates-general for international cooperation and development, health and food safety, and environment, and the need to urgently find solutions. Within the framework for strengthening WHO's performance at country level, the Global Policy Group had also highlighted the need to improve the selection and roster of heads of WHO offices in countries, territories and areas, to harmonize the grading of their positions, and to introduce a common system for monitoring their performance.

8. Members of the Standing Committee welcomed the WHO leadership statement on the Ebola response and WHO reform. They saw the Global Policy Group as an important mechanism for providing advice to the Director-General and called for its mandate to be formalized and institutionalized. They also welcomed the initiative whereby the Group was to meet after the close of the Sixty-eighth World Health Assembly with the network of leading staff responsible for category 5 of the proposed programme budget 2016–2017 (Preparedness, surveillance and response).

Provisional agenda and provisional programme of the 65th session of the Regional Committee for Europe

9. The Regional Director presented the provisional programme of RC65. After discussion of her customary address on the first morning of the session (Monday, 14 September 2015), the report of the Twenty-second SCRC and the topic of WHO reform would be taken up in the afternoon, with the latter focused on regional implementation of programme budget 2016–2017, reform of WHO's work in emergencies, and global governance reform. Following the Director-General's address

and consideration of the European health report 2015 on the morning of Tuesday, 15 September, the remainder of the day would be devoted to intersectoral and interagency action for health and well-being, with a focus on environment and health, health in sustainable development and foreign policy, and health, education and social policy. The European Region's physical activity strategy and a roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control (FCTC) in Europe in the coming decade would be considered on the morning of Wednesday, 16 September; a private meeting for elections and nominations at the start of Wednesday afternoon would be followed by resumption of the public session, dealing with agenda items on partnerships and tuberculosis (TB) prevention and control. Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board were scheduled to be discussed on the morning of Thursday, 17 September, followed by an item on health systems strengthening. Progress reports would be considered on the afternoon of that day, before adoption of the report and closure of the session. It was planned to hold two ministerial lunches (on migration and health, and the Lithuanian health policy) and three technical briefings (on nursing and midwifery, evidence-informed policy-making, and women's health).

10. Members of the Standing Committee welcomed the focus of the discussion on WHO reform on the first day of the session and the overall theme of intersectoral action on the second day. Time should be set aside (possibly in connection with the item on WHO reform) to discuss the final report of the Ebola Interim Assessment Panel, which should be available by August 2015. The item on matters arising from resolutions and decisions of the World Health Assembly and the Executive Board could usefully be taken up while the Director-General was present. Provisions should be made to hold an informal discussion on WHO reform on the morning of Sunday, 13 September, before the opening of the session, focusing on governance reform. However, care should be exercised in taking back the conclusions of such a discussion to the global level: an over-active approach might be counterproductive.

Reports by the chairpersons of the SCRC subgroups

Subgroup on implementation of Health 2020

11. The SCRC subgroup on implementation of Health 2020 had met twice in 2014–2015: in Helsinki, Finland, on 8 December 2014 and in Copenhagen, Denmark, on 17 March 2015. At its first meeting, the subgroup had welcomed the increasing evidence of the impact of Health 2020 at the country level. The second meeting had focused on intersectoral approaches to better health, for which there was a rich legacy in the WHO European Region stretching back to the launch of the Healthy Cities movement more than 20 years earlier and encompassing the achievements of the European Environment and Health Process. A high-level conference organized by the Ministry of Health of Latvia, the country currently holding the presidency of the EU Council, had demonstrated that nutrition and physical activity for children and young people at school were good "entry points" for work with the education and social sectors, while considerable co-benefits could be achieved through an intersectoral approach to the prevention of noncommunicable diseases. The Regional Office was making a questionnaire-based survey of good practices in the application of such approaches in European Member States.

Subgroup on governance

12. The chairperson of the SCRC subgroup on governance recalled that, during the year, the subgroup had focused on five issues:

- nomination procedures for candidates for membership of the Executive Board and the Standing Committee;
- nomination procedures for candidates for the post of WHO Regional Director for Europe (Rule 47 of the rules of procedure of the Regional Committee);
- framework of engagement with non-State actors and involvement of nongovernmental organizations in future sessions of the Regional Committee;
- conference declarations; and
- unified formats/templates for policy papers.

13. Since the third session of the Twenty-second SCRC, the subgroup had concentrated on the latter two issues. It proposed that for a conference declaration to be submitted to the Regional Committee for endorsement, the following criteria should be met.

- The process for drafting the declaration or outcome document should be transparent and inclusive (two thirds of countries in the Region should be involved).
- Sufficient time (at least three months) should be allowed for consultation and negotiation of the draft declaration or outcome document.
- The conference should be attended at a high level.
- The SCRC should be involved in the process of drafting the declaration or outcome document and should have discussed it at a session before the conference.

14. Members of the Standing Committee recognized that it was difficult to define specific criteria for high-level representation at a conference. Credentials empowered participants to represent their countries, regardless of their position, but they were normally only required for attendance at sessions of the Organization’s governing bodies and negotiation of treaties. Nor was it easy to measure whether two thirds of countries had been involved in drafting a conference declaration or outcome document. One member noted that conference declarations were typically strong political statements by the ministers and other participants in a conference, whereas Regional Committee resolutions focused on action to be taken by the Regional Director and the Secretariat. The SCRC accordingly agreed to continue discussion of the criteria for presentation of conference declarations to the Regional Committee and the role of the Standing Committee in that process.

15. On the question of unified formats and/or templates for policy papers, the subgroup had requested the Secretariat to prepare an overview of definitions of policy papers used within WHO, including resolutions, decisions, declarations, charters, strategies, action plans, roadmaps and frameworks. It was also proposed that the Secretariat would map existing global and regional action plans for the fifth session of the Twenty-second SCRC in September 2015, focusing on their alignment as a

consequence of WHO reform. It was proposed that work on the issue should be continued by the Twenty-third SCRC.

16. At its previous session, the Twenty-second SCRC had also requested the subgroup to look into the reporting requirements of Regional Committee resolutions. The subgroup agreed that, in principle, the reporting timelines of regional action plans should be aligned as much as possible with those of global action plans. If no global action plan existed, a progress report on a regional action plan should normally be submitted to the Regional Committee after three years, and the topic should be taken up as a full agenda item after six years. The subgroup further agreed that changes to reporting requirements for resolutions already in force should be dealt with on a case-by-case basis, drawing on the mapping being done for the alignment of existing global and regional action plans.

Budgetary and financial matters

Oversight report, including implementation of the programme budget 2014–2015

17. The Head, Programme and Resource Management, said that the Regional Office continued the 2014–2015 biennium on a solid financial foundation. The budget as approved by the World Health Assembly (US$ 225 million) was currently funded at 98%, while the allocated budget (US$ 247 million) was funded at 89%. Funding was evenly distributed across the technical categories of the budget: 21 of 30 programme areas had secured over 80% funding of their allocated budgets. Only a few programme areas (such as neglected tropical diseases, violence and injuries, and nutrition) were poorly funded. Most of the current biennium's funds had become available later than in previous bienniums but there was a better quality of financial resources, owing to a larger share of fully flexible corporate funds. As a result, there was no significant gap expected in the funding of staff and activities.

18. Technical implementation was good: 96% of outputs were reported as being on track. On the other hand, the rate of financial implementation of the allocated budget was 49%, below the linear expected figure of 66%; implementation of available funds, however, stood at 58%, within the expected range. The Regional Office had analysed impediments to implementation and was taking urgent steps to improve the situation. Major challenges included low levels of staffing, low levels of funding for some programme areas, pressure on budget ceilings, and the impact of staff deployment for the Ebola outbreak. The lessons learned would be applied to operational planning and implementation of the programme budget 2016–2017.

19. Responding to questions raised by members of the Standing Committee, Secretariat staff explained that while the Regional Director had delegated authority to adjust budget ceilings within programme areas or categories, the adjustment of ceilings between categories was an Organization-wide process that had taken six months to complete. "Backstopping" funding had not been available to compensate for the reduction in the Regional Office's technical capacity resulting from the deployment of staff for the Ebola outbreak. Compliance and risk management had been strengthened through the imposition of stricter controls on non-staff contracts, the establishment of

administrative officer posts in some country offices, and the introduction of a "responsibility matrix" and target performance indicators for heads of country offices.

Regional plan for implementation of the programme budget 2016–2017

20. The Director, Division of Administration and Finance, introduced a first draft of the regional plan for implementation of the programme budget 2016–2017, which detailed the regional contribution to implementation of the global programme budget as approved by the World Health Assembly. The regional plan is the principal means of ensuring the programmatic and budgetary accountability of the Regional Office to European Member States, and it forms the basis of operational planning for the European Region. The plan describes the process of developing the programme budget through bottom-up planning in the context of WHO reform; it takes account of the budgetary implications of Regional Committee resolutions that are in force during the biennium; and it recalls the overarching strategic direction of work in the European Region provided by the Health 2020 policy framework and its accompanying targets and indicators.

21. Following a regional budget overview and a section outlining financing prospects and challenges, the plan contains, for each budget category and programme area, details of:

- the context in the European Region and an analysis of the situation;
- outcomes (joint responsibility of Member States and the Secretariat) and outputs (exclusive responsibility of the Secretariat), together with indicators of achievement at the regional level;
- the European Region's contribution to baseline and target values for global indicators; and
- the implementation strategy to achieve the expected results.

22. In line with the proposed increase of 8% for base programmes in the global programme budget 2016–2017 as compared with the programme budget 2014–2015, an increase of 9.2% was proposed for the European Region, giving a total proposed regional budget for 2016–2017 of US$ 245.8 million (close to the allocated budget for the biennium 2014–2015). Increased budget levels were proposed for all categories except category 3 (Promoting health through the life-course), with a 10% shift in budgets from the regional to the country level.

23. Inconsistencies and gaps in the regional plan would be resolved and the necessary adjustments to budget ceilings within categories would be made before the plan was finalized for submission to RC65.

24. The Regional Director noted that, at its twenty-second meeting held on 14–15 May 2015, members of the Programme, Budget and Administration Committee of the Executive Board (PBAC) had requested that additional information be provided to explain the prioritization process across categories, the additional results and activities that would be achieved through the budget increases, and options or alternative scenarios should the budget increase not be agreed. The Regional Office had provided

such information, and a document would be prepared for consideration by the World Health Assembly. No increase in Member States' assessed contributions was being requested, but it was hoped that the Health Assembly would agree to the 8% increase in the base budget for the Organization over the 2014–2015 biennium.

WHO reform: progress and implications for the European Region

25. The Regional Director presented a draft of a working document for RC65 on WHO reform, which focused on three key areas: strategic budget space allocation; the framework of engagement with non-State actors; and an overview of reform implementation with particular emphasis on governance reform. The paper would be updated in the light of discussions at the twenty-second meeting of the PBAC, the Sixty-eighth World Health Assembly and the 137th session of the Executive Board and would be expanded to cover human resources reform, in particular the implications of introduction of the Organization's staff rotation and mobility policy in 2016. A videoconference consultation on the revised document could be organized with members of the SCRC if necessary.

Technical agenda items for RC65

Promoting intersectoral and interagency action for health and well-being in the European Region – a framework for action

26. The Director, Division of Policy and Governance for Health and Well-being, recalled that intersectoral work was at the heart of the Health 2020 policy framework. Addressing the determinants of health and well-being required intersectoral action. A strategic framework for such action would encompass a number of complex health-related issues: reducing health inequalities; improving health throughout the life-course (including the health of children and vulnerable groups); tackling noncommunicable diseases and obesity, tobacco control and antimicrobial resistance; strengthening public health capacity and services; implementing the International Health Regulations (2005) (IHR); promoting health literacy; reducing environmental hazards; and linking health and sustainable development.

27. The Secretariat was engaged in a two-part process to identify and map innovative instruments, mechanisms and initiatives for intersectoral action, both within its own programmatic areas and (by means of a survey) in European Member States. In addition to organizing or participating in the three major events described by the Regional Director in her opening address, the Regional Office was issuing a large number of sectoral briefs illustrating the co-benefits of collaboration with key sectors. The Standing Committee's guidance was sought on the scope of a European regional process or platform to promote joint action with selected sectors, building on the advocacy and leadership role of health ministers and ministries.

28. Members of the SCRC welcomed the measures taken to promote an intersectoral approach and recommended that WHO should organize further technical meetings with representatives of sectors such as foreign affairs, education and social services, ideally with more stable representation. Informal networks could usefully be set up, but more

information was requested about the suggested formal European Region platform with priority sectors and key partners.

29. One member suggested that placing an interministerial committee on health under the prime minister, as had been done in his country, was an effective way of ensuring an intersectoral approach. In order to strengthen health ministries' capacity for advocacy and the promotion of policy coherence, the WHO training course on health diplomacy could be broadened to bring in issues of intersectoral work. The leading role of ministries of health in regulating the health system, based on the provision of data, should be made clear. Another member expressed concern about the slow progress on this very extensive document compared to other technical documents that were at a much more advanced state. The member was especially concerned about the lack of the strategic framework for action described in the document.

30. The Regional Director confirmed that the first draft of the working document for RC65 would be updated within two weeks to take account of comments made by members of the SCRC and the outcomes of the three recent meetings in Paris, France, Berlin, Germany, and Haifa, Israel. The revised draft would then be made available in a web-based consultation with Member States for a period of four weeks. The results of the mapping exercise would be presented to the Regional Committee in a separate information document.

Environment and health in the WHO European Region

31. The Coordinator, Environment and Health, recalled that the European Environment and Health Process (EHP) had been under way since 1989 and constituted a model of intersectoral work. The Mid-term Review meeting (Haifa, Israel, 28–30 April 2015), cosponsored by the United Nations Economic Commission for Europe (UNECE) and attended by representatives of 37 Member States and nine stakeholder organizations, had found evidence of considerable progress with regard to the commitments made at the Fifth Ministerial Conference on Environment and Health (Parma, Italy, 10–12 March 2010). The report of the Mid-term Review would be presented to RC65 as an information document.

32. Lessons learned from the review included the following.

- The EHP and its governance mechanisms were tools to achieve common objectives and clearly defined outcomes.
- The EHP was very useful for setting priorities and for linking the domestic agenda to multilateral instruments.
- A strong linkage between regional and national levels was needed.
- National implementation mechanisms should accompany political commitments.
- It was important to have good technical networks and platforms for collaboration.
- There should be a coherent linkage to other policy frameworks (Health 2020, the sustainable development goals).
- Through partnership between WHO and UNECE, the EHP had strong institutional legitimacy, a clear mandate, broad convening capacity and links to the governing bodies of both health and environment sectors.

33. The Standing Committee was asked to give guidance on whether two separate documents (a progress report on the EHP and a paper describing progress in meeting the Parma commitments) should be presented to RC65, and whether the Regional Committee should be invited to take a decision on the way forward to the next ministerial conference in 2017.

34. Some members of the SCRC gave examples of intersectoral cooperation on environment and health in their countries, through national projects involving regional and local structures as well as international donors, and platforms such as annual health forums. They commended the coordination between political and technical aspects that was evident in the EHP and advocated its extension to other sectors, possibly in a phased approach.

35. The Standing Committee agreed that two separate documents should be submitted to RC65, and that no resolution or decision was required.

Priorities for health systems strengthening in the European Region 2015–2020: walking the talk on people-centredness

36. The Director, Division of Health Systems and Public Health, said that a number of changes had been made to the draft of the working document for RC65 following feedback received from Member States and comments by the SCRC. In particular, the definition of a people-centred health system had been expanded and clarified, and explicit reference had been made to patient safety as part of health systems development. The section on health information had been revised in collaboration with the Division of Information, Evidence, Research and Innovation and in compliance with the World Health Assembly resolution of 2007.[2] Specific mention had been made of intersectoral actions to tackle equity and social determinants of health. A clearer description had been given of activities to strengthen health systems' resilience in the (ongoing) wake of the Ebola outbreak. Clear messages had been given on new ways of delivering health services through revised training and roles for health-care professionals. It had been specified that universal health coverage must reach vulnerable and marginalized groups (including asylum seekers and undocumented immigrants); that people-centred health systems, in calling for greater responsibility by patients for their own health and care, required actions to boost health literacy; and that involving patients in their own care was crucial but needed to be appropriate and context-specific. The document was aligned with the WHO global strategy on people-centred and integrated health services and the second global strategy on human resources for health (both to be submitted to the World Health Assembly for approval in May 2016).

37. A meeting with key health systems partners had been held in Brussels, Belgium, on 30 April 2015, attended by representatives of the European Commission (directorates-general for economic and financial affairs; employment, social affairs and inclusion; health and food safety; international cooperation and development; and research and innovation), the European Observatory on Health Systems and Policies,

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[2] Resolution WHA60.27. Strengthening of health information systems. In: Sixtieth World Health Assembly, Geneva, 14–23 May 2007. Resolutions, decisions and annexes. Geneva: World Health Assembly; 2007 (http://apps.who.int/gb/or/e/e_ss1-wha60r1.html, accessed 1 July 2015).

the European Patients' Forum, the Organisation for Economic Co-operation and Development (OECD), The Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank. The European Patients' Forum had expressed support for the priorities identified in the paper and emphasized the need for value-based health systems to improve health outcomes. Participants had agreed to capitalize on their comparative advantages in order to be more effective and responsive to Member States.

38. In response to a question raised by one member of the Standing Committee concerning the recruitment of 14 additional staff members in the 2016–2017 biennium, the Director, Division of Health Systems and Public Health, explained that six posts would be located in the WHO Barcelona Office for Health Systems Strengthening, six posts would be in the newly established WHO centre for excellence in primary health care in Almaty, Kazakhstan, and two posts (including one secondment) would be at the Regional Office in Copenhagen, Denmark.

39. One Member State and the SCRC Chairperson commended the efforts by the Division of Health Systems and Public Health to incorporate the comments from the consultations with Member States in such a coherent way as to render the current version ready for RC65 approval.

Proposed physical activity strategy for the WHO European Region 2016–2025

40. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, said that the proposed physical activity strategy for the WHO European Region 2016–2025 had been amended to incorporate comments made during a number of consultations with Member States and partners. He thanked Austria, Germany, Malta and Switzerland for supporting the meetings at which the document was formulated. At this stage, a political consultation had been concluded with supportive comments which were included in this draft of the strategy.

41. The Standing Committee valued the open and transparent process that had been followed in drawing up and revising the strategy and agreed that the document had been improved during the year. A separate paragraph should be included on opportunities for physical activity by people with disabilities, and instances of overlaps and repetition should be removed. Some corrections to the French translation were needed and would be proposed by the French delegation. The proposed strategy could then be presented to RC65 for approval.

Making tobacco a thing of the past: roadmap of actions to strengthen the implementation of the WHO Framework Convention on Tobacco Control 2015–2025

42. The Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, said that since the third session of the Twenty-second SCRC, a political consultation on the roadmap of actions had been held, and comments had been received from 12 countries, the European Commission and the Secretariat of the WHO FCTC. All those comments had been incorporated, except for the request "to take

account of the interests of investors", since that ran counter to the provisions of Article 5.3 of the Convention.

43. Members of the Standing Committee welcomed the roadmap, especially its focus on implementation of the WHO FCTC, and were pleased that the document had been drawn up in close cooperation with the Convention Secretariat. They looked forward to its adoption by RC65.

European action plan for tuberculosis prevention and control 2016–2020

44. The Regional Director's Special Representative for Multidrug-/Extensively Drug-resistant Tuberculosis and the Director, Division of Health Systems and Public Health, reported that most of the milestones for the activities to be undertaken by Member States, the Secretariat and partners in the seven areas of intervention in the Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015 had been achieved. Based on the lessons learned from implementation of the Consolidated action plan, the global strategy and targets for tuberculosis prevention, care and control after 2015 (the End TB Strategy)[3] had been adapted to the European regional context. An advisory committee on the European action plan 2016–2020 had been formed and had met in October 2014 and March 2015, while a technical advisory group meeting and a first regional consultation had been held in November 2014. The draft European action plan had been the subject of public consultation during March and April 2015. It would be submitted for final review at a meeting of national TB programme managers in Wolfheze, the Netherlands, at the end of May 2015.

45. The goal of the European action plan was to stop the spread of drug-susceptible and drug-resistant TB by achieving universal access to prevention, diagnosis and treatment in all European Member States. Specific targets to be achieved by 2020 were a 35% reduction in deaths due to TB, a 25% reduction in the TB incidence rate and a 75% treatment success rate among patients with multidrug-resistant TB. The European action plan had five main strategic directions and 13 areas of intervention aligned with the three pillars of the End TB Strategy (integrated, patient-centred care and prevention; bold policies and supportive systems; and intensified research and innovation).

46. Members of the SCRC welcomed the new European action plan and considered that it was well drafted, in line with the global strategy and ready for adoption by the Regional Committee. They further noted that the First Eastern Partnership Ministerial Conference on Tuberculosis and Multidrug-Resistant Tuberculosis had adopted a declaration in which participants had agreed to implement the End TB Strategy.

[3] Resolution WHA67.1. Global strategy and targets for tuberculosis prevention, care and control after 2015. In: Sixty-seventh World Health Assembly, Geneva, 19–24 May 2014. Resolutions, decisions and annexes. Geneva: World Health Assembly; 2014 (http://apps.who.int/gb/or/e/e_wha67r1.html, accessed 1 July 2015).

European health report 2015: Targets and beyond – reaching new frontiers in evidence

47. The Director, Division of Information, Evidence, Research and Innovation, said that the European health report 2015, which would be launched at RC65, would contain chapters on progress towards the Health 2020 targets, well-being and its cultural contexts, and new frontiers in health information and evidence, as well as technical annexes. A separate document containing highlights of the report would also be produced. The main findings in the report were that the European Region was on track to reach the targets but that there were still large (albeit narrowing) gaps between Member States in terms of indicators related to social determinants of health. The Region had the highest or second highest average values for three risk factors (alcohol consumption, tobacco use, and overweight and obesity). Measurement of subjective well-being was still in its infancy; there was also a need to measure non-traditional public health concepts promoted in Health 2020 such as empowerment and community resilience; and there was substantial room for improvement in existing data collections. International collaboration must be strengthened in order to move the health information agenda forward, and the Regional Office had accordingly launched the European Health Information Initiative, which has the support of 11 Member States, a charitable foundation, the European Commission and the OECD.

48. The Standing Committee was pleased that other partners, international organizations and non-State actors had joined the European Health Information Initiative and noted with satisfaction that the Regional Office was launching a new public health journal, *Public Health Panorama*. The fact that the European Advisory Committee on Health Research had peer-reviewed the European health report 2015 was welcomed. One member suggested that composite indicators may be considered for future reporting, as they are readily understood by politicians. Others requested that future reports should look at the progress made by the European Region with regard to strategic plans adopted at the global level, and that data should be disaggregated by gender, rural/urban population, etc.

Membership of WHO bodies and committees

49. The SCRC met in private session to review the candidatures received for membership of the Executive Board, the Standing Committee and the Environment and Health Ministerial Board.

Progress reports for RC65

Category 1 – Communicable diseases

Implementation of the Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015

50. The Standing Committee highlighted the quality of the report.

Category 3 – Promoting health through the life-course

Progress towards achieving the health-related Millennium Development Goals

51. The Standing Committee had no comments to make on the progress report.

The European Environment and Health Process

52. The Standing Committee recommended that two separate documents (a progress report on the EHP and a paper describing progress in meeting the Parma commitments) be presented to RC65.

Category 4 – Health systems

Behaviour change strategies and health: the role of health systems

53. In view of the fact that the progress report submitted could be regarded as an integrated report of interdivisional work within the framework of Health 2020 and a final report on the implementation of behaviour change strategies and health, the Standing Committee recommended that resolution EUR/RC58/R8 be "sunset".

Stewardship/governance of health systems in the WHO European Region

54. The Standing Committee acknowledged that the summary of the final report on implementation of the Tallinn Charter constituted a progress report on stewardship and governance of health systems in the WHO European Region and commended the quality of the report.

Category 5 – Preparedness, surveillance and response

Implementation of the International Health Regulations (2005)

55. The Standing Committee called for closer coordination between WHO headquarters and regional offices with respect to evaluation of the way in which countries implemented the IHR, and possibly for delegation to regional level of the functions of the IHR Review Committee. The Regional Director drew attention to the possibility of moving from self-assessment by countries to external verification (as was done for poliomyelitis eradication). One member of the SCRC cautioned against establishing review mechanisms for only one aspect of public health, rather than for health systems as a whole, especially in countries with limited capacities and resource constraints.

56. In response to a question raised by one member, the Standing Committee was informed that, under Articles 47 and 48 of the IHR, the Director-General established a roster of experts in all relevant fields of expertise and an emergency committee composed of experts selected by the Director-General from the IHR Expert Roster. At least one member of the Emergency Committee should be an expert nominated by a State party within whose territory the event arose. The Emergency Committee provided its views on:

- whether an event constituted a public health emergency of international concern;
- the termination of a public health emergency of international concern; and

- the proposed issuance, modification, extension or termination of temporary recommendations.

Review of draft resolutions for RC65

57. The Standing Committee reviewed and commented on draft resolutions for presentation to RC65. It agreed that Member States would be able to submit any additional comments they might have to the Secretariat up to the end of May 2015, after which a teleconference meeting of the SCRC could be organized if required.

58. The SCRC agreed that the standard operative paragraph in draft resolutions on technical matters ("to ensure necessary funding for the implementation of the resolution in future programme budgets and to report through the Standing Committee of the Regional Committee on funding gaps") could be omitted, since it was a requirement as part of WHO reform that the estimated costs of resolutions be fully included within the approved programme budget (see also paragraph 20 above).

59. The Standing Committee also agreed that reference to the Twelfth General Programme of Work 2014–2019 should be omitted in draft resolutions whose "lifespan" extended beyond that period.

60. One member of the SCRC suggested that the draft resolution on health systems strengthening be expanded to reflect a broader view of health systems as encompassing both health care and public health, and to include mention of the quality of services, adequate public financing and accountability. It was agreed that the member would submit a proposal for the wording in writing.

61. The Standing Committee recommended that the draft decision on Health 2020 be amended to refer to ways of taking forward intersectoral work at regional and national levels and forums to facilitate dialogue and cooperation between different sectors and agencies, rather than the stepwise creation of a regional platform for promoting intersectoral work. It also recommended that the reporting requirements be aligned with those for the general Health 2020 reporting.

Other matters

Preparation for sessions of global governing bodies, including nominations for elective posts

62. The Regional Director informed the Standing Committee of nominations for elective posts at the Sixty-eighth World Health Assembly (Vice-President of the World Health Assembly, Vice-Chairman of Committee B, Rapporteur of Committee A, and members of the General Committee and the Committee on Credentials).

Provisional agenda of RC66

63. The Regional Director presented a preliminary draft of the provisional agenda of RC66. In addition to the customary standard items and progress reports, it included the following policy and technical topics: Health 2020; noncommunicable diseases;

HIV/AIDS; measles, rubella and poliomyelitis; malaria; migration and health; health systems; women's health; evidence-informed policy-making; partnerships for health; and WHO reform.

64. The Standing Committee noted that it would not be possible to take up so many substantive items in the time available for the session but agreed that preparatory work for RC66 should continue.

Portuguese mortality information system

65. The Standing Committee was briefed on the electronic death certification system that had been introduced in Portugal in 2014 and the resulting online tool for real-time mortality surveillance. The SCRC requested the Secretariat to engage in a mapping exercise of the European Region to document the existence of similar electronic systems currently in use.

Conference preparation

Belarus

66. The Minister of Health of Belarus briefed the Standing Committee on preparations for the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, to be held in Minsk, Belarus, on 21–22 October 2015. The Conference was being organized by the Regional Office with the support of the United Nations Development Programme, the United Nations Population Fund and the United Nations Children's Fund. It would present findings from a wide range of disciplines to illustrate how the life-course approach could maximize the health potential of the entire population. Three key themes would run through the Conference: the need to act early, act on time and act together. The Conference would be the first meeting of ministers of health after the United Nations summit for the adoption of the post-2015 development agenda (New York, United States, 25–27 September 2015).

Turkmenistan

67. The Minister of Health and Medical Industry of Turkmenistan briefed the Standing Committee on preparations for the international forum in commemoration of the 20th anniversary of the national health programme, to be held in Ashgabat on 21–22 July 2015. The theme of the forum was "A vision for a healthier future: building on our achievements". Five key topics would be discussed:

- the new national health programme in the context of Health 2020;
- progress in noncommunicable disease prevention and control, including the WHO FCTC;
- progress towards the Millennium Development Goals in the previous 15 years and prospects for the next 10 years;
- foreign policy and the neutrality of Turkmenistan in the service of public health; and
- intersectoral action for health within Health 2020 and national work.

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