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Opening of the session

1. The Twenty-fourth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its third session in Copenhagen, Denmark, on 15–16 March 2017. The Chairperson welcomed members and other participants and noted that the report of the second session, which had taken place in Berlin, Germany, on 1 December 2016, had been circulated and approved electronically.

2. In her opening address, which was video-streamed in accordance with Annex 4 of resolution EUR/RC63/R7, the WHO Regional Director for Europe said that the highlight of the 140th session of the Executive Board (EB140) had been the interviews and subsequent selection by vote of a shortlist of three candidates for election to the post of Director-General. The Executive Board had also discussed the draft proposed programme budget (PB) for 2018–2019 (document EB140/36). The proposed PB 2018–2019 provided increases in funding for the WHO Health Emergencies Programme, work on antimicrobial resistance and implementation of the Sustainable Development Goals (SDGs). Categories 2, 4.4 and 6 would be subject to budget cuts at the global level, but the planned budget for categories 2 and 4.4 would be maintained at the country level.

3. The proposed PB 2018–2019 was further discussed by the Global Policy Group (GPG) and it was agreed that a new version, taking into account feedback from Member States, would be drafted. The revised PB 2018–2019 would provide for a 3% increase in assessed contributions (considerably less than the 10% increase in assessed contributions proposed initially) and would be submitted for consideration by the Seventieth World Health Assembly in May 2017.

4. The Executive Board adopted decision EB140(9) on promoting the health of refugees and migrants, requesting the Director-General: to develop a framework of guiding principles and priorities; to prepare a situation analysis identifying and collecting experiences and lessons learned; to draft a global action plan on the health of refugees and migrants; and to make every effort to ensure that aspects of health were adequately addressed in the global compact on refugees and the global compact for safe, orderly and regular migration.

5. The 25th meeting of the Programme, Budget and Administration Committee of the Executive Board (PBAC) had called for discussion on: the role of PBAC members vis-à-vis observers; the role of the Chairperson and the Secretariat in guiding PBAC discussions; and the way in which the PBAC report was drafted.

6. Prior to the closing of EB140, the Director-General awarded Dr Ray Busittil (Malta) the WHO Golden Medal in recognition of his contributions as Chairperson.

7. The GPG had met in March 2017 and had discussed, among other agenda items, the arrangements for the handover to the new Director-General. It had also worked on a repository of tools to be used for the implementation of the health-related SDGs, prepared a document providing a full overview of WHO's activities and discussed the new WHO Health Emergencies Programme. The Director-General had specifically requested the Regional Director to lend support to WHO headquarters in the area of migration and health. The GPG had reaffirmed that linking environment, climate and health remained a priority for WHO. It had also adopted a report on ways to strengthen

programme area and category networks as vital elements of Organization-wide coherence. In reviewing the financial situation for the 2016–2017 biennium, the GPG had expressed concern at the significant imbalance between the levels of funding for WHO headquarters and for the regions and had asked the Director-General to re-allocate undistributed funds to address the situation. A working group had been set up, co-led by the Regional Director for Europe and the Regional Director for South-East Asia, to further review the resource mobilization and to prepare an action plan for short-, medium- and long-term implementation. The GPG had further agreed on a set of measures for the application and selection processes for heads of WHO country offices.

8. The High-level Conference on Working Together for Better Health and Well-being: Promoting Intersectoral and Interagency Action for Health and Well-being in the WHO European Region, held in Paris, France, on 7–8 December 2016, had been highly successful, with participants requesting that it become a standing event. The first WHO global meeting on health and migration, hosted by the Regional Office for Europe in Copenhagen, Denmark, on 12–14 December 2016, had culminated in the development of an Organization-wide framework on health and migration. The framework would be submitted for consideration by the Seventieth World Health Assembly in May 2017. On 23 February 2017, the Director-General had visited Copenhagen to present a WHO Medal to the Patron of the Regional Office for Europe, Her Royal Highness, the Crown Princess of Denmark. The Crown Princess of Denmark had been awarded the Medal in recognition of her commendable contributions to global health.

9. At the country level, a meeting had been held in Moscow, Russian Federation, to review the programme of work for the WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCDs), the Region's geographically dispersed office for NCDs; agreement had been reached on funding and on the workplan for 2017. The Regional Director had visited Israel on 6–8 March 2017 to discuss ways to strengthen collaboration and WHO support to improve access to health in the Occupied Palestinian Territories, among other issues. The new Minister of Health of Armenia had visited the Regional Office on 10 March.

Reports by the chairpersons of the Twenty-fourth SCRC subgroups

Subgroup on governance

10. The chairperson of the subgroup on governance said that the subgroup had met to discuss the draft report on governance in the WHO European Region (document EUR/SC24(3)/9). The document, prepared by the Secretariat, would be submitted to the WHO Regional Committee for Europe at its 67th session (RC67) in September 2017. The subgroup recommended taking a case-by-case approach to considering whether policies and resolutions adopted at the global level would require regional adaptation, and that such strategies should be included under the RC agenda item on matters arising from resolutions and decisions of the World Health Assembly and the Executive Board. The Member States of the European Region were already familiar with the concept of the "rolling agenda", which would be instituted at the global level through a six-year

forward-looking planning schedule, taking into account the global forward-looking agenda presented in document EB140/INF./3. The alignment of the regional and global rolling agendas would require further consideration. The classification of document types for submission to governing bodies sessions had been presented as information; the proposed classification would be more beneficial if considered at the global level.

11. The subgroup had considered the Regional Director's proposals for increasing the visibility of regional governance reports at the global level. It had also discussed the criteria for deciding how declarations from regional high-level conferences could be considered by the Regional Committee and had agreed on criteria, including a transparent and inclusive drafting process of outcome documents of these high-level conferences. Such conferences should be attended at a high level and representatives should be officials, appointed by the national government. The subgroup had discussed the new procedure for web-based consultations on Regional Committee documents and had reflected that the large volume of documentation could pose a challenge.

Subgroup on migration and health

12. The chairperson of the subgroup on migration and health said that the focus of the public debate on migration in the European Region had shifted from migrant's needs to issues such as criminal trafficking, on-the-ground intervention in transit countries and support for countries of origin. That shift would affect the direction of funding.

13. The Executive Board had failed to reach agreement on a draft resolution on promoting the health of refugees and migrants, partly due to the lack of consensus of some Member States who had endorsed the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region in resolution EUR/RC66/R6 at RC66 in 2016. The Executive Board had instead adopted a decision on promoting the health of migrants and refugees, which would underpin WHO's position, including during the negotiations of the United Nations Global Compact for Safe, Orderly and Regular Migration and the United Nations Global Compact on Refugees.

14. The recently launched European Knowledge Hub on Health and Migration, with the financial support of the regional health authorities of Sicily, Italy, and the European Commission, would produce further evidence on migration and health, provide training opportunities for Member States – including an annual summer school and periodic webinars – and host high-level meetings and dialogues to advance the policy agenda and promote consensus among Member States.

15. The Regional Office played a key role in migration and health by facilitating policy dialogues with Member States, assisting with the local adaptation of the toolkit for assessing health systems capacity to manage large influxes of refugees, asylum-seekers and migrants, developing regional contingency plans to address the public health needs of migrants and refugees, and providing regular situation updates. Greater attention should be paid to the integration-related social, educational, labour and health aspects of migration. RC68 would consider the first progress report on the implementation of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region, which would be based on input from Member States and other sources.

16. During the discussion that followed, disappointment was expressed with regard to the failure of Member States to uphold regional positions in global discussions; the reasons for this should be discussed. The establishment of the European Knowledge Hub was welcomed; the annual summer school of the European Observatory on Health Systems and Policies could provide an opportunity to build a network of technical experts from Member States to liaise with the European Knowledge Hub and to facilitate cross-border cooperation.

17. The Regional Director highlighted the importance of reaching out to the WHO Eastern Mediterranean and African Regions to build consensus and promote greater understanding of the essence of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region and its contribution to the global debate. She urged Member States to ensure that their representatives in the negotiations on the two global compacts were well-briefed to promote the inclusion of health as a priority. The Executive Board's decision on promoting the health of refugees and migrants would provide useful support.

Subgroup on implementation of International Health Regulations (2005)

18. The chairperson of the subgroup on implementation of IHR (2005) said that the subgroup had been briefed on a variety of issues, including: the ministerial meeting of the Global Health Security Initiative, which had taken place in Brussels, Belgium, in March 2017; the forthcoming G7 Summit, which would focus on migration; the forthcoming G20 Summit, which would focus on global health, health systems strengthening and crisis response; and the forthcoming Global Platform on Disaster Risk Reduction, which would take place in Cancún, Mexico.

19. With regard to monitoring and evaluation, the joint external evaluation process, while important, was not sufficient on its own. After-action reviews and exercises were key to identifying gaps and would complement the joint external evaluations. A standardized approach to conducting monitoring activities was essential, and the Regional Office had taken the lead in that regard. The Regional Office could facilitate bilateral cooperation at the regional level with strategic partners, such as the European Commission and the European Centre for Disease Prevention and Control. The WHO Office in Lyon, France, under the Department of Global Capacities, Alert and Response, was a particularly useful resource.

20. A meeting of national focal points held in Saint Petersburg, Russian Federation, in February 2017 had drawn attention to the need for national focal points to be acknowledged by and to work with all government sectors; this would ensure adequate preparedness to respond to major threats. Technical support to and training for national focal points could be provided by the WHO Office in Lyon in collaboration with the Regional Office; standard operating procedures and clearly defined roles and responsibilities were needed. National focal point meetings would become an annual event; the meetings would address both technical and policy issues, and would involve the participation of ministers and other high-level officials.

21. Cooperation with other WHO regions for IHR (2005) implementation should be promoted, taking full advantage of the experience of the WHO Lyon Office, particularly on the role of transport networks and laboratory preparedness. The use of regional resources, such as the European Commission Health Security Committee, should be optimized. Notification and information sharing based on the IHR should be improved and strengthened. An analysis of alert and response operations and the use of the IHR should be carried out by all regional offices, similar to the analysis now provided by the Regional Office.

Provisional agenda and programme for RC67

22. The Regional Director presented the draft provisional agenda and programme for RC67, revised in the light of the discussions and comments made at the SCRC's second session. In addition to the standard resolutions adopted at every session, resolutions were foreseen for the following technical items: roadmap to implement the 2030 Agenda for Sustainable Development; improving environment and health in the context of Health 2020: outcomes of the Sixth Ministerial Conference on Environment and Health; towards a sustainable health workforce in the WHO European Region: framework for action; and partnerships for health in the WHO European Region. The SCRC's guidance was sought on whether decisions might be required on governance and on strengthening Member State collaboration on improving access to medicines in the Region.

23. Two ministerial lunches were planned for RC67 – one would be an informal discussion with the new WHO Director-General and the other would address mental health, including depression. The inclusion of dementia and psychosocial and intellectual disabilities in the mental health discussion was under consideration. A study of institutional homes for persons with intellectual disabilities was under way; preliminary results could be presented during the mental health discussion.

24. Four topics had been selected for technical briefings: WHO's country work – covering both country presence and country performance – with the participation of heads of WHO country offices; antimicrobial resistance, in connection with lessons learned from multidrug resistant tuberculosis (MDR-TB); immunization, with a focus on cross-border surveillance of immunization in the light of large-scale migration; and big data, including the potential impacts of big data and case studies from countries. Breakfast meetings and parallel lunch sessions were being planned and would cover: investment for health and well-being, strengthening community and health systems resilience, marking the tenth anniversary of the adoption of the Tallinn Charter: Health Systems for Health and Wealth; and discussing a health systems strengthening approach for tuberculosis in the European Region, with the participation of representatives of the Global Fund and a presentation on the midterm review of the Tuberculosis Action Plan for the WHO European Region 2016–2020.

25. The SCRC welcomed the revised programme of work. The host country should be invited to organize a lunch or briefing to share its experiences on a selected item on the agenda. Such an event would afford a valuable opportunity for the host country to share its know-how and best practices. Consideration should be given on how to ensure interactive participation of ministers in the ministerial lunches. The agenda was heavy;

particular attention should be paid to the time allocated to discuss matters arising from resolutions and decisions of the World Health Assembly and the Executive Board.

26. The Regional Director said that the host country had been invited to hold a discussion on a topic of its choice. The Prime Minister of Hungary would be invited to open the session, and the President of Hungary would also be invited to participate. Presidents and prime ministers would be invited to attend the discussion on the 2030 Agenda. Ministers would be provided with a list of topics to prepare for the ministerial lunches and relevant agenda items, to facilitate their active participation. Consideration would also be given to the possibility of inviting an eminent guest speaker.

27. Although heavy, the agenda for RC67 would be manageable. Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board would be linked to the discussion on governance and could be scheduled for the afternoon of Monday, 11 September, to allow time to include the discussion on country presence. The discussion with the Director-General could not be planned in detail until the new Director-General had been elected. The background documentation and focus areas for that discussion would be prepared and circulated to Member States in good time.

28. The observer from Hungary said that preparations for RC67 were well under way in Budapest. The host country had not yet selected a technical briefing topic: several potential topics had emerged, including: strengthening primary health care and the role of general practitioners; investment in the health workforce and strengthening the role of advanced nursing practice; and early childhood intervention.

29. The Director, Information, Evidence, Research and Innovation, said that the Hungarian authorities would be intensely involved in the technical briefing on big data, and she hoped that a member of the Hungarian delegation would chair the briefing.

Governance in the WHO European Region

30. The WHO Representative to the European Union and Executive Manager for Strategic Partnerships said that the draft report on governance in the WHO European Region (document EUR/SC24(3)/9) had been prepared in consultation with the SCRC subgroup on governance. The report proposed a case-by-case approach to considering whether policies and resolutions adopted at the global level would require regional adaptation. The working document for the agenda item on matters arising from resolutions and decisions of the World Health Assembly and the Executive Board would explain the policies and strategies approved at the global level, and would outline the Regional Director's proposals for taking them forward in the European Region.

31. Members of the SCRC said that an overview in tabular format would be useful, and asked how the Standing Committee would be involved in the preparation of the document. The WHO Representative to the European Union and Executive Manager for Strategic Partnerships explained that the document would need to be drafted after the Seventieth World Health Assembly, following a consultation with the Secretariat. A teleconference could then be held with the Standing Committee, to discuss and finalize the document before its submission to RC67.

32. The rolling agenda of the Regional Committee would be aligned with the WHO global six-year forward-looking agenda and would be presented to the SCRC at its fourth session in May 2017. The governance report proposed classifications of the four main categories of policy documents, as agreed by the SCRC subgroup on governance. Similar discussions at the global level, however, would be required for the classification system to have a real impact. Since the summary reports of regional committee sessions presented to the Executive Board did not generally attract a great deal of attention or generate much discussion, the governance document included proposals for raising the profile of those regional reports. One member of the SCRC suggested that short policy briefs could be prepared on the main decisions taken by the Regional Committee, to increase the circulation of key messages among ministers and policy-makers.

33. The governance report set out criteria for how outcome documents of high-level regional meetings should be referred to the Regional Committee; if the criteria were met, the Regional Director would include an appropriate agenda item on the provisional agenda of the Regional Committee. The advice of the SCRC would then be sought on how to proceed. With regard to the preparation of other working documents and resolutions for submission to the Regional Committee, two new time frames had been set to improve the coherence of the consultation process with Member States. The first, for working documents, was a one-month period from mid-February to mid-March, and the second, for draft resolutions, was a one-month period following the closure of the World Health Assembly.

34. Members of the SCRC welcomed the transparency and timeliness of the new consultation schedule; however, they pointed out that Member States would be faced with a large number of documents to consider at one time. Greater clarity in the documents, for example, by including in the abstract on the cover of each document a clear indication of the input required from Member States and/or by the addition of specific questions for Member States' consideration, would be very useful. Consideration might also be given to staggering the delivery of documents for consultation, to avoid overburdening Member States. The rolling agenda showed that Member States would be required to review 11 progress reports for RC68. The volume of documentation for that session could prove burdensome if not properly managed.

35. It was noted that the deadline for the submission of feedback from Member States on the consultations of technical documents for RC67 was fast approaching and no comments had been received. The SCRC therefore agreed to extend the deadline for the current round of consultations by one week.

36. The WHO Representative to the European Union and Executive Manager for Strategic Partnerships said that, with regard to strengthening technical collaboration with countries, the document proposed: including a section on country offices in the regular oversight report prepared for the SCRC; preparing a working document for the Regional Committee on the management and programme results of country offices, in addition to the biennial report on WHO country presence; and inviting heads of country offices to attend the Regional Committee and to participate in a technical briefing on the Regional Office's work in countries. The SCRC's guidance was sought on whether a decision on governance in the European Region would be required at RC67.

37. One member of the SCRC said that the results of work in countries without country offices should also be shared. She requested clarification on how reporting on country presence would tie in with reporting on country performance. The Regional Committee should issue a decision on the governance report.

38. The Regional Director said that, at the global level, a paper on both country presence and country performance would be prepared for the Seventieth World Health Assembly; the same approach would be followed at the regional level. The European Region had a highly integrated approach for carrying out work between the Regional Office and country offices, which should be reflected in the governance report.

39. The WHO Representative to the European Union and Executive Manager for Strategic Partnerships thanked the members of the SCRC for their comments, which would be incorporated in the document prior to submission to RC67. While the governance report reflected the language of the Health Assembly decision, which pertained to the biennial country presence report, the Regional Committee would also be informed about country performance.

40. The SCRC agreed that a decision by the Regional Committee would be needed to reflect the decisions proposed in the working document on governance.

Draft provisional agenda for RC68

41. The Regional Director presented document EUR/SC24(3)/18 on items for future Regional Committee meetings (rolling agenda) and document EUR/SC24(3)/19 on the draft provisional agenda for RC68. An overview of resolutions had been compiled for SCRC members and was available on the Regional Office's ShareFile site. In addition to standing items, the draft agenda for RC68 included the following proposed policy and technical topics: the European health report 2018; follow-up on the implementation of the Roadmap to implement the 2030 Agenda for Sustainable Development in the European Region and Health 2020, including a joint monitoring framework; financial protection in the WHO European Region; policy implications of health systems response to noncommunicable diseases; a regional action plan for IHR (2005) implementation; a European strategy on men's health and well-being; the draft proposed PB 2020–2021, along with a regional perspective; implementation of PB 2016–2017; and the Thirteenth General Programme of Work. A number of progress reports under categories 1–6 and one cross-cutting progress report on Health 2020, including indicators, would also be discussed.

Discussion on technical agenda items for RC67

Roadmap to implement the 2030 Agenda for Sustainable Development, building on the Health 2020 policy framework

42. The Director, Division of Policy and Governance for Health and Well-being, presented the draft roadmap (document EUR/SC24(3)/16) and a supporting document entitled, Facing the future: opportunities and challenges for 21st-century public health in implementing the SDGs and the Health 2020 policy framework (document

EUR/SC24(3)/16 Add.1). She emphasized that the Director-General had appointed a global coordination team comprising representatives of regional offices, which was currently preparing for the forthcoming High-level Political Forum on Sustainable Development, during which SDG 3 (the "health goal") would be one of the key topics for discussion.

43. The Coordinator, Vulnerability and Health, said that the 2030 Agenda provided new directions and opportunities to strengthen Health 2020 implementation and provided a longer time frame to continue implementing common objectives once the Health 2020 policy framework had expired. There had been significant implementation gaps in several of the health-related Millennium Development Goals (MDGs); cross-cutting strategic directions and enablers were needed to rectify the situation. The targets and indicators under SDG 17 could prove useful in that regard.

44. The roadmap proposed five interdependent strategic directions and four enabling measures to advance the implementation of the 2030 Agenda and Health 2020. A joint monitoring framework had been prepared, which linked Health 2020 indicators with those under the SDGs. Priorities for the Regional Office included: working with countries; providing technical support to countries; strengthening partnerships; and monitoring and reporting.

45. During the discussion that followed, members of the SCRC underscored the value of strong public health systems, investment in health, strong global and regional partnerships, and local action. Growing inequalities in health, the health-versus-revenue dilemma, emerging needs for care as well as cures for the ageing population, and the ageing health workforce were identified as major challenges. One member pointed out that out-of-pocket payments could be useful to direct patients towards the appropriate care. The roadmap should include recommendations for merging social and health systems, examples of best practice and worst-case scenarios, and recommendations on guidelines adapted to advanced health technologies. WHO country offices could play a key role in ensuring a coherent approach across the United Nations system.

46. Some members expressed concern about the potential reporting burden and strongly supported avoiding any duplication of effort. The proposed joint monitoring framework had been well received. However, further clarification on the framework's implications for national health information systems and the role and involvement of the European Commission and the Organisation for Economic Co-operation and Development (OECD) would be needed.

47. The Director, Division of Policy and Governance for Health and Well-being, said that issues such as investment for health and public health aspects of the SDGs would be addressed in the supporting documents and could easily be integrated in the roadmap.

48. The Director, Division of Information, Evidence, Research and Innovation, said that in order to avoid duplication of reporting, a framework had been proposed whereby Member States would report on health-related SDG indicators under the Health 2020 reporting process, and the Regional Office would convey that information to WHO headquarters; 76% of Health 2020 indicators were fully aligned with SDG indicators. The draft joint monitoring framework would be discussed the following week at the meeting of the Steering Group of the European Health Information Initiative

(EHII) and during the forthcoming visit of senior staff of the European Commission's Directorate General for Health and Food Safety. As the EHII was a joint initiative, the European Commission and the OECD had been involved from the outset in the development of the joint monitoring framework. In order to establish a common set of indicators, all indicator sets currently used in the European Region were being mapped in cooperation with the European Commission and the OECD. The need for such a monitoring framework would be decided by Member States. Member States of the WHO Western Pacific Region were currently considering a similar approach, recognizing the excessive burden of reporting under the SDGs.

49. The Director, Division of Health Systems and Public Health, informed the SCRC that, in the context of the category 4 network, WHO directors were currently discussing options for implementing resolution WHA69.1 on strengthening essential public health functions to support the realization of universal health coverage. Discussions had focused on the development of a roadmap for the essential public health functions. There was also a proposal for a framework for action towards a sustainable health workforce that would consider demographic specificities. Out-of-pocket payments might be acceptable as long as health-care suppliers steered patients toward the right choices.

50. The Regional Director said that the main challenge was to combine the wealth of information gathered by mapping resolutions, policy documents and MDG targets, among others, into a concise document. The roadmap document would pave the way forward and promote intersectoral action and partnerships to support the implementation of Health 2020 and the 2030 Agenda, while the annex would provide a summary of achievements under the Health 2020 policy framework to date. The roadmap would be accompanied by two documents: one on public health taking into account Health 2020 and the SDGs and one on investment in health, which would contain important messages for policy-makers. At the High-level Conference on Working Together for Better Health and Well-being: Promoting Intersectoral and Interagency Action in December 2016, the International Labour Organization (ILO) and WHO had agreed to intensify cooperation on social protection and universal health coverage, policies that support the WHO concept of "leaving no one behind".

Improving environment and health in the context of Health 2020: outcomes of the Sixth Ministerial Conference on Environment and Health

51. The Director, Division of Policy and Governance for Health and Well-being, drew the SCRC's attention to three draft outcome documents (documents EUR/SC24(3)/15, EUR/SC24(3)/15 Add.1 and EUR/SC24(3)/15 Add.2) prepared in advance of the Sixth Ministerial Conference on Environment and Health, to be held in Ostrava, Czech Republic, in June 2017: a draft ministerial declaration; a draft implementation plan; and newly revised institutional arrangements for the European Environment and Health Process. Guidance from the SCRC would be particularly relevant for the proposed institutional arrangements, to ensure alignment with the overall governance structure of WHO and to reflect a true understanding of the intersectoral nature of WHO's work.

52. The Coordinator, Policy and Governance for Health and Well-being, said that the ministerial declaration would underpin efforts to meet existing commitments, complete unfinished business, and address the foreseeable environmental burden of disease, while the implementation plan would support efforts at the national level. The European Environment and Health Process was recognized as a means of implementing Health 2020, particularly by building resilient communities, and thereby meeting the SDGs. Countries already had monitoring and reporting systems in place for implementation of the 2030 Agenda, through which they would be able to report on the priorities set out in the ministerial declaration. The reform of the governance structure of the European Environment and Health Process took into account these new priorities and goals.

53. Feedback on the first draft of the ministerial declaration had been incorporated into the revised text, which aimed to reflect the diversity of the European Region, acknowledging differences in priorities for Member States, while promoting solidarity and the notion that the advancement of each individual Member State was in the interests of the Region as a whole. The revised declaration had a stronger narrative about the potential health outcomes of the European Environment and Health Process. Member States had underscored the importance of highlighting the link between the environmental and social determinants of health and of giving more prominence to the protection of vulnerable groups.

54. The set of objectives and actions contained in the implementation plan, agreed in consultation with experts, partners and Member States, would be used to build national portfolios of actions. The plan was divided into seven, interconnected thematic areas for action. The institutional arrangements required Member States to have a strong national coordination mechanism that included all stakeholders and representatives of the different levels of government. One governance mechanism would be maintained for the European Environment and Health Process, which would meet once a year. Separate, high-level events could be convened on issues of interest to ministers.

55. Members of the SCRC expressed their commitment to environment and health, commended the comprehensive consultation process for drafting the outcome documents of the Ministerial Conference and said that they would submit comments and proposed amendments during the forthcoming meeting of the European Environment and Health Task Force. The SCRC welcomed the reform of the governance structure of the European Environment and Health Process. Coordination with the United Nations Issue-based Coalition on Health should be considered. One member said that the implementation plan should include a reference to the importance of protecting workers against exposure to chemicals and pollutants. It should also mention climate mitigation co-benefits and advocate green budgeting as an example of how ministries of finance could support environment and health. Air pollution should be included as a major risk factor to ensure that policy-makers addressed it. A degree of flexibility should be maintained to enable the Sixth Ministerial Conference to integrate issues that might emanate from the G7 and G20 summits. With regard to mapping and analysis, some Member States had relevant experience that could be shared. The REACH regulation of the European Union, which establishes procedures for collecting and assessing information on the properties and hazards of chemical substances, could also be useful.

56. The Coordinator, Policy and Governance for Health and Well-being, said that the reform of the governance structure for the European Environment and Health Process would enable WHO to focus on implementation rather than on procedural matters. Staffing and financial resources required to maintain certain aspects of the European Environment and Health Process were constrained. The number of countries requesting support had increased and Member States of the Region had expressed a strong interest in establishing a joint European Environment and Health Process secretariat with the United Nations Economic Commission for Europe (UNECE). The establishment of such a secretariat would depend on the availability of resources, which would be decided by the UNECE Executive Committee in 2018.

57. The Regional Director encouraged Member States to designate high-level representatives for the Sixth Ministerial Conference on Environment and Health. European Commission interest in the European Environment and Health Process was growing and it was hoped that the Sixth Ministerial Conference would be well attended. The city of Ostrava could serve as a positive example of how a formerly industrial site could become a sustainable green city.

Towards a sustainable health workforce in the WHO European Region: framework for action

58. The Director, Health Systems and Public Health, presented the draft framework for action towards a sustainable health workforce in the WHO European Region (document EUR/SC24(3)8). He reported that progress had been made towards developing a global five-year action plan on health employment and economic growth, which had included a comprehensive consultative process led by the High-level Commission on Health Employment and Economic Growth – a joint initiative of WHO, the ILO and the OECD. At the regional level, the SCRC's comments and suggestions had been incorporated in the draft framework, and progress was being made in the development of the accompanying toolkit. The main aim of the framework for action was to provide Member States with strategic objectives for human resources for health, policy options and enablers for action, along with cross-cutting considerations for implementation. It would also set out the Regional Office's responsibilities and recommend actions to be taken by partners.

59. The draft framework was comprehensive and integrated in nature; it took account of the public health workforce and was in line with the European strategic directions for strengthening nursing and midwifery towards the Health 2020 goals that had been launched at RC65 in September 2015. In the coming weeks, the draft global five-year action plan on health employment and economic growth would be finalized for presentation to the Seventieth World Health Assembly in May 2017. At the regional level, consultations with partners and Member States would continue, concurrent with meetings of the WHO Expert Group, and a special issue of *Public Health Panorama* would be devoted to human resources for health. Through that process, the draft framework for action would be finalized for presentation to RC67. The real work would take place at the country level, during the implementation stage.

60. The SCRC welcomed the revisions to the draft framework for action. They agreed with the strategic objectives and said that the toolkit would be extremely valuable. The

framework had the potential to contribute significantly to health systems strengthening. It must not only address current challenges, but should be forward-looking in order to consider the consequences of the ageing population in the European Region and to take account of the social determinants of health and the increasing burden of chronic disease. It must also be closely linked to the ILO "decent work" agenda and consideration should be given to the economic impacts of health. In finalizing the framework, the experiences of other initiatives in the Region, such as the European Union Joint Action Network on Health Workforce Planning and Forecasting and the work of the European Commission Expert Group on European Health Workforce, should be taken into account. One member of the SCRC said that the 2020 time frame might be over ambitious; perhaps 2025 might be more realistic.

61. Working hours were an issue of contention: the introduction of the European Union Working Time Directive had restricted the number of working hours, thereby causing considerable staffing problems for health-care institutions in some Member States. The inclusion of examples of good practice in the toolkit, particularly with regard to developing national programmes, would be useful. Out-of-pocket payments should be eliminated as they could result in a public perception of corruption among the health workforce.

62. Measures needed to be taken to avoid "brain drain", whereby less developed countries educated a health workforce that subsequently migrated to other countries where employment opportunities were more attractive. Recommendations on how to retain the health workforce would be welcome. A detailed mapping of the migration of health-care professionals was essential, since such information was lacking. There were health-care professionals among large groups of migrants, whose skills and knowledge of their community were not being optimized. The migration of health-care workers could be useful, if arrangements were in place that could benefit countries of origin as well as countries of destination. The protection of health workers during crisis and outbreak responses was particularly important.

63. Considerable gaps in education for health-care professionals persisted across the Region. Health workers who were deemed well qualified in one country were not considered qualified to work in another. Some harmonization of the education system in the Region was therefore required and WHO was well placed to lead this initiative. Without greater flexibility and innovation in education, strategic objective 1 of the framework for action would not be met. The development of new skills and competences was the key to working in a constantly changing health environment.

64. The Programme Manager, Human Resources for Health, thanked the members of the SCRC for their comments and observations, which had clearly underscored that the health workforce was a matter to be addressed also by sectors other than the health sector. Many of the suggestions made by the Standing Committee at its second session had been incorporated in the draft framework for action. Efforts were under way to produce a practical and actionable toolkit to accompany the framework, which would also include examples of best practice from European Union joint action. With regard to the recognition of qualifications, strict rules were in place in the European Union. The Working Time Directive was legally binding and had been adopted by all member States of the European Union. Postgraduate specializations varied considerably from country to country. Standardizing the recognition of postgraduate qualifications was

therefore particularly problematic. The Regional Office was working with WHO headquarters to develop training curricula for community health workers and on antimicrobial resistance.

Country performance in the WHO European Region

65. The Executive Manager, Country Relations and Corporate Communications, presented document EUR/SC24(3)/17 on country performance in the Region. The document contained a proposed outline for an analytical report on WHO country performance for submission to the RC67, which was aligned with and based on the global country presence report. It would provide an overview of the Regional Office's work at the country level, both through WHO country offices and in countries without country offices, using performance indicator data. It would describe the nature of collaboration, provide information on networks, bilateral or multicountry initiatives and other channels through which WHO delivered technical support. It would also document WHO's work in health emergencies and support for the implementation of the 2030 Agenda. The report would describe managerial and administrative processes for transparency and accountability, and outline options for alignment with WHO reform processes at the country level. The SCRC's guidance was sought on the content and structure of the report, the document type and possible modalities for its presentation to RC67.

66. The SCRC commended the work done by WHO at the country level and welcomed the idea of reporting on performance in countries, including in those without WHO country offices. Performance reports should contain information on partnerships, collaborators, country collaboration strategies, costs and funding sources, and an analysis of trends over time. They should also link outcomes, costs and inputs. The SCRC underscored the importance of reporting on the effectiveness of WHO support, its added value, the proportion of achievements directly attributable to that support and its comparative advantage in relation to work done by other international organizations. Questions were raised with regard to the type of information used and the possibility of drawing on data from organizations other than WHO.

67. Members of the SCRC noted the value of including information on WHO leadership at the country level that went beyond the scope of formal agreements and country cooperation strategies. Increasing the visibility of the work done by WHO at the country level was crucial. Members commended the recent practice whereby heads of country offices presented their work at side events at Regional Committee sessions. It was suggested that country offices could function as local knowledge hubs on issues such as the health of migrants. The SCRC expressed support for measures to raise WHO's political profile, particularly in countries with country offices headed by international staff. While the international recruitment of heads of country offices was a positive development, the language barrier was an issue; learning the host country's official language could be made a standard requirement. The report should be submitted to RC67 as an information document.

68. The Executive Manager, Country Relations and Corporate Communications, said that the work done in some countries without country offices was framed within biennial collaborative agreements (BCAs), country cooperation strategies and through

workplans of technical programmes at the Regional Office and geographically dispersed offices. She would consult with the Division of Administration and Finance on ways to present budgets against country work in the absence of BCAs or similar agreements. While external data would certainly provide useful input, the purpose of the report was to give a subjective overview of performance based on indicators set by the Regional Office. In doing so, the report would document both the support provided through BCAs and country cooperation strategies and other types of support, including advocacy, technical and normative work. In order to include an analysis of trends over time, the report would draw on information from the technical divisions. She pointed out that heads of country offices engage more closely with ministries, partners and United Nations agencies, taking the lead on health in particular with regard to Health 2020, the SDGs and the WHO Health Emergencies Programme. She was pleased that the international recruitment of heads of country offices had been well received.

69. The Regional Director said that a key challenge in the coming years would be to identify options for supporting countries without country offices. The European Region had a large number of Member States and country offices, but funding was not on a par with other regions. Given the need for strong technical capacity at the Regional Office, diverting funds from the Regional Office to country offices would be unwise. Supplementary resources were therefore required. Heads of country offices were selected carefully. Given the linguistic diversity of the European Region, WHO did not have the capacity to require fluency in the official language of the host country. To date, the Region had not met the requirement whereby 30% of heads of country offices should be from other regions, largely owing to the lack of suitable candidates.

Strengthening Member State collaboration on improving access to medicines in the WHO European Region

70. The Director, Health Systems and Public Health, presented the report on strengthening Member State collaboration on improving access to medicines (document EUR/SC24(3)/7), which placed access to medicines in the context of the SDGs and Health 2020. The collaboration proposed in the document that would be submitted to RC67 builds on existing efforts and includes regulatory, policy and financial aspects, strengthening good practice, increasing efficiency and decreasing waste. Emphasis would be placed not only on access to new and innovative high-cost drugs, but also on access to existing drugs, in particular securing treatment for HIV and tuberculosis particularly in countries that would no longer be eligible for financial support from the Global Fund. The document also proposed ways in which WHO could facilitate and provide support for collaboration among Member States.

71. Member States had already shown an increasing interest in initiatives to improve access to medicines. The Netherlands had played a lead role on this topic during its presidency of the Council of the European Union and, with WHO, would co-host a fair drug pricing forum in 2017. Several subregional collaborative initiatives on facilitating access to medicines, for example, in relation to drug pricing, were under way. Member State collaboration had been proposed specifically with regard to pricing and reimbursement, strategic procurement, and information sharing and mutual learning through good practice networks. Member States had requested WHO to create a neutral environment, away from the influences of the pharmaceutical industry, for discussing

access to medicines using a value-based approach. Although political, economic and cultural barriers to information sharing did exist, Member States in the Region shared common values of solidarity and equity, which would provide a strong rationale for engagement, while maintaining respect for national interests and contexts. Collaboration could be based on similar pharmaceutical sectors, geographic proximity and/or disease profiling. Success would be rooted in political will and mutual trust between Member States and WHO.

72. In the ensuing discussion, members of the SCRC agreed that access to medicines was crucial in the pursuit for universal health coverage and that all Member States needed to improve access to medicines and to contain costs, while avoiding high out-of-pocket payments, in order to guarantee financially sustainable health systems. The document clearly stated what could and should be done to address the obstacles to access to medicines. A balance must be struck between innovation and pricing.

73. Challenges of supply, such as vaccinations in areas with large-scale migrant flows, the withdrawal of drugs not of commercial interest, orphan drugs and artificial shortages should be addressed with pharmaceutical companies. Support from WHO, as well as cooperation among Member States, in particular through information sharing, would be essential. Cooperation on the evaluation of health technologies and horizon scanning, which could be costly, could be used to support small countries with limited resources and avoid duplication of work. The cooperation within the BeneluxA group could serve as an example for other networks in the Region. One member of the SCRC drew attention to the promotion of medicines through the Internet, and the detrimental effect that false information on alternative treatments, such as medical cannabis, could have by encouraging patients to abandon conventional treatments.

74. Some members proposed amendments and/or additions to the document, including: more detailed reference should be made to the European Council's conclusions on strengthening the balance in the pharmaceutical systems in the European Union and its Member States, issued in June 2016; a subsection on orphan drugs could be included; more emphasis could be placed on the role of generic and biosimilar medicines policies; and the reference to the development of a treaty as recommended by the United Nations Secretary-General's High-Level Panel on Access to Medicines could be reconsidered, since it had not been agreed by the Executive Board.

75. The Programme Manager, Essential Medicines and Health Products, said that the pharmaceutical sector was particularly complex and had many interest groups. The Regional Office had followed a product life-cycle approach to define gaps in the policy and coordination of access to medicines and to address them by convening countries to take action. The work currently under way sought to strengthen cooperation at the practical level, using the experiences of Member States. She thanked the Standing Committee for its support and for contributions to the document.

Accelerating implementation of the IHR (2005) and strengthening laboratory capacities for better health in the WHO European Region

76. The Director, Health Emergencies and Communicable Diseases, and Special Representative of the Regional Director on the SDGs and Governance, presented the

report on accelerating implementation of the IHR (2005) and strengthening laboratory capacities for better health (document EUR/SC24(3)/14), which was intended as a guidance document to operationalize the draft global implementation plan by adapting it to the regional context and to potentially serve as a basis for the development of a regional action plan. The document linked preparedness work and IHR (2005) capacity-building with health systems strengthening and the essential public health functions. It took an all-hazards perspective, and underscored the importance of whole-of-government and whole-of-society approaches, prioritizing support to high-risk and low-capacity countries. The ultimate aim was to promote public health security, in line with global frameworks, the resolutions and decisions of the World Health Assembly and the Executive Board, Health 2020 and the 2030 Agenda. An integrated, intersectoral approach was required, anchored in "One Health" and taking account of the close links between IHR (2005) core capacities and the essential public health functions, while also considering other aspects of health – such as maternal and child health, NCDs and mental health – in the context of emergencies.

77. Priority areas for action in the European Region had been identified in line with global recommendations: implementation at the country level; monitoring, evaluation and reporting; risk assessment and emergency risk communication to detect potential outbreaks effectively and respond in a timely manner; measures to build WHO's capacity to lead in IHR(2005) implementation; and strengthening public health laboratory capacities building on good practices, creating networks and combining epidemiology with timely laboratory services, while building staff capacities and optimizing specimen transportation. The document would be revised on the basis of feedback from Member States and would be presented to the SCRC at its next session. The Regional Committee's guidance would be sought on the possible development of a European action plan.

78. Members of the SCRC welcomed the draft document and said they would submit proposed amendments in writing. One member said that more information was required on the type of laboratory support needed and where innovation in laboratory techniques could be included. WHO had a key role to play in promoting quality assurance schemes through a harmonized certification and accreditation system for laboratories at the national level, which was essential to avoid discrepancies in reporting through laboratory networks.

79. The Director, Health Emergencies and Communicable Diseases and Special Representative of the Regional Director on the SDGs and Governance, thanked the SCRC for its support and said that further consideration would be given to the laboratory component, which had also been discussed in the SCRC subgroup on IHR (2005) implementation.

Partnerships for health in the WHO European Region

80. The WHO Representative to the European Union and Executive Manager for Strategic Partnerships presented document SC24(3)/13 on partnerships for health, which represented a renewed vision for partnerships, taking account of the 2030 Agenda and the recently adopted WHO Framework of Engagement with Non-State Actors. The vision for the future of strategic partnerships included a heightened focus on work at the

country level, through implementation of the United Nations Development Assistance Frameworks, with the assistance of the United Nations Issue-based Coalition on Health. Objectives, principles and modalities for continued cooperation with United Nations agencies and European institutions had been agreed by the Regional Committee at previous sessions. Collaboration with intergovernmental mechanisms would continue, with emphasis on the national and subnational levels.

81. An electronic register of non-State actors, a handbook for non-State actors clarifying modes of engagement and a guide for staff on how to work with the new Framework of Engagement with Non-State Actors were currently being prepared by WHO headquarters. The Regional Office would strengthen its relationship with non-State actors, including by granting accreditation to regional non-State actors not in official relations with WHO to attend meetings of the Regional Committee, in line with the Framework of Engagement. In paragraph (b) of the suggested application procedure and timeline, the phrase "reporting to the Regional Committee consistent with paragraph 64 of the Framework of Engagement with Non-State Actors" would be added.

82. During the discussion that followed, the SCRC stressed the importance of a strategy for collaboration with partners such as the OECD, the Global Fund and the European Commission, to achieve broader coherence beyond occasional cooperation on specific topics. The Global Compact on Refugees and the Global Compact for Safe, Regular and Orderly Migration would test collaboration within the United Nations system and the efficacy of the "One UN" approach. Defining topics for cooperation at the regional level and extending WHO capacity to achieve cross-border alignment and coherence on issues such as migration, communicable diseases or vaccination schedules would also be useful. Members asked to what extent options for collaboration with public-private partnerships had been explored and whether WHO engaged with the UNECE. Clarification of the meaning of "special focus on involving youth representatives" was requested; the idea of enhanced engagement with youth organizations was welcomed. Members called for greater clarity and in-depth discussion on the nature of future engagement with civil society organizations, given their tremendous potential as partners for implementation. Entities applying for accreditation to attend sessions of the Regional Committee should be required to provide information on funding sources.

83. The WHO Representative to the European Union and Executive Manager for Strategic Partnerships replied that the areas and topics for cooperation with the European Commission and the OECD were outlined in strategic collaboration arrangements concluded with those organizations. Regional cooperation arrangements were closely linked to collaborative agreements and Regional Committee resolutions, for example, the Northern Dimension for Public Health had based its new five-year workplan on the Health 2020 policy framework. The Regional Office cooperated closely with the UNECE, including through the Regional Coordination Mechanism. Although public-private partnerships were not mentioned in the document, such partnerships would be possible within the scope of the Framework of Engagement. Engagement of youth representatives in the implementation of the health-related 2030 Agenda at the country level was paramount; the Regional Office was committed to expanding existing collaboration to engage them from the outset. Accreditation would

only be awarded to registered non-State actors who, in order to register, would be obliged to provide information about assets, annual income and funding sources.

84. The Regional Director said that partnerships had been a long-standing strategic priority of the Regional Office; the Regional Committee had held a meeting with at least one key partner at each RC session. Additional information on the multitude of cooperation activities and signed documents could be provided as an annex or information document.

Progress reports

Implementation of the European action plan to reduce the harmful use of alcohol 2012–2020 (resolution EUR/RC61/R4)

85. Members of the SCRC welcomed the progress made towards the overall reduction in per capita alcohol consumption. That notwithstanding, alcohol consumption in the European Region remained the highest in the world, and continued to cause substantial harm from both health and economic perspectives. Further consideration should be given to what constituted "harmful use" of alcohol. WHO and the OECD had identified three "best buys" in alcohol policy: pricing policies; restrictions on access; and a comprehensive ban on advertising. One member of the SCRC said it would be helpful if the next progress report could elaborate more on the implementation of those policy interventions. Another said that the broader alcohol policy scoring system suggested in the progress report would be worth considering and asked when it would be published. All 10 areas in that scoring system would be useful. In addressing alcohol consumption, the Regional Office was taking an important step. Some Member States faced considerable challenges related to unregistered production and consumption of alcohol, which could not be monitored or assessed. Raising awareness and reporting on progress were therefore particularly important.

86. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that considerable achievements had been made in the reduction of per capita alcohol consumption in the Region. The drop in consumption in the Russian Federation was particularly striking and had been achieved through multiple interventions on pricing and policy. That said, the improvements across the Region were not sufficient to meet the targets of the Global Monitoring Framework on Noncommunicable Diseases and the SDGs. Regarding the definition of "harmful", the International Agency for Research on Cancer had declared alcohol a type 1 carcinogen stating that any alcohol consumption would increase the risk of cancer. In the past, the European Region had used the slogan "Less is Better" to suggest that whatever one's level of consumption, it is healthier to reduce.

87. Cultural and societal norms dictating how alcohol consumption was viewed varied from country to country. The three "best buys" could be promoted to give impetus to efforts at the national level. Reports on the effects of individual policy actions could be produced, while the broader scoring system would take account of 10 policy areas; which hopefully would be published in time for RC67. Unregistered alcohol consumption was indeed problematic and could skew the data. The investigation of unrecorded consumption could be difficult, but it was possible and it should be included

in the joint monitoring framework as it would give a more realistic picture of the progress being made in countries.

Implementation of the European food and nutrition action plan 2015–2020 (resolution EUR/RC64/R7)

88. One member of the SCRC thanked the Regional Office for its support in conducting a national evaluation of food and nutrition for the period 2005–2010, and the subsequent development of a national food and nutrition strategy. The implementation of the strategy would continue until 2025 and the Regional Office's sustained support would be greatly appreciated.

89. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that the number of Member States of the European Region that were taking active policy measures on nutrition, such as on pricing, taxation, food product reformulation and salt reduction, had increased considerably. The French Government had recently adopted a Nutri-Score food labelling system in collaboration with the food industry and supermarkets. Policy innovation in Europe was progressing rapidly.

Implementation of the European Mental Health Action Plan (resolution EUR/RC63/R10)

90. One member of the SCRC said that the progress report mostly focused on action taken by the Regional Office rather than by Member States. It would be interesting to know more about the mental health status of the European population and what progress had been made in the Region since the adoption of the Action Plan. He proposed some additional specific examples of work done by WHO collaborating centres and bilateral efforts, which could be included in the report. Country experiences in tackling mental health issues, such as the "depression deal" in the Netherlands, which aimed to reduce depression by 30%, would be usefully included. World Health Day on 7 April 2017 would focus on the theme "Depression: Let's talk". The Regional Office's support to Member States planning events to mark that day would be appreciated.

91. The Director, Noncommunicable Diseases and Promoting Health through the Life-course, said that, if possible, a couple of tables and diagrams denoting trends in mental health in the European Region could be added to the progress report. Although data sets on mental health were lacking, a snapshot of the situation could be provided. He noted the comments with regard to the section on WHO collaborating centres. The Regional Office was making plans to organize a meeting on e-mental health. Invitations would be distributed in due course. The "depression deal" in the Netherlands was groundbreaking. Country-level support for World Health Day was particularly welcome. The WHO headquarters website included a page where Member States could leave information about their plans to mark the day. The Regional Office offered to support Member States' activities and was organizing its own event with participants from Denmark's Human Library Organization, which featured persons living with certain conditions interacting with participants, answering questions and recounting their personal experiences.

Address by a representative of the Staff Association of the European Region of the World Health Organization

92. The President of the Staff Association of the European Region of the World Health Organization, acknowledging the strong staff-management relationship in the WHO European Region and thanking the Regional Director and her team for their guidance and leadership, reiterated the commitment of staff to forge a stronger, more consolidated WHO. In order for staff to deliver its mandate with the highest level of expertise, experience and excellence, a stable and safe environment was needed. That stability was beginning to falter.

93. The Staff Association was gravely concerned about the global mobility policy, which in its current format removed options for career development and advancement, and allowed demotion. Such a policy removed responsibilities and lessened staff experience. Staff members' sense of belonging dissipated when they were informed that they would be placed only in a job of equal or lesser responsibility, which they could not plan for or aspire to, and that staff members and their families would be moved to an unknown location, most likely not of their choosing. That said, if applied correctly, the global mobility concept could be an empowering mechanism to inspire and motivate staff. The mobility framework would change the staffing composition of the Organization, and Member States, the administration and staff should therefore have an aligned vision of this new business model. As yet, a definitive explanation of the administration's vision had not been forthcoming.

94. The increased use of consultants should be taken into account when considering the Organization's business model. The distinction between work performed by staff and work performed by consultants was becoming increasingly blurred. If the Organization viewed the work of consultants to be of value, the term "non-staff" should no longer be used. While it was necessary to categorize the different contract types under which people were recruited to work for WHO, staff and consultants worked side-by-side; treating consultants, interns and volunteers as metaphorical second-class citizens was demotivating and unhelpful.

95. With regard to the increase in the mandatory age of separation to 65, which was in line with WHO's public health policy on ageing, the request by WHO to delay implementation beyond 1 January 2018 had taken the collective WHO staff associations by surprise. The proposed staff policy change that would allow the Organization to terminate the contract of a staff member while he or she was on sick leave was also cause for concern. The current policy did not represent a high burden for WHO: in fact, during recent years, there had been no more than 10 cases of deferral of separation due to prolonged sick leave across all three levels of the Organization.

96. Several welcome initiatives have been taken to improve working conditions of staff, in particular the Respectful Workplace Initiative, which sought to create a workplace where everyone was treated fairly, difference and diversity were acknowledged and valued, communication was open, conflict was addressed early and a culture of empowerment and cooperation was promoted. The Staff Association was committed to working with management to ensure a work environment that was respectful and helpful for all who served WHO.

97. The Regional Director thanked the President of the Staff Association and underscored the excellent collaboration between the Staff Association and the Executive Management of the Regional Office, which was supported by regular dialogue. The mobility and rotation policy was in its pilot phase and feedback would be given due consideration. Mobility represented an important step in career development and enriched staff with new experiences and skills. Feedback from staff members who had moved to new locations had been constructive and positive. With regard to promotion, she would gladly see a connection between mobility and promotion while other members of the GPG considered that staff mobility and rotation should be a non-competitive process. A major review of the policy was envisaged by 2019.

98. Non-staff contracts continued to be used to avoid liabilities when funding was not completely secure. A new global policy on non-staff was due to be finalized by July 2017, using the European Region model as an example of good practice. The proposal to defer the implementation of the increase in the mandatory age of separation had positive and negative implications. An analytical report on the matter was therefore being prepared, which would be submitted to the 141st meeting of the Executive Board in May 2017. The proposed policy on termination of contracts during sick leave was under consideration. Channels of communication with the Staff Association would be kept open to ensure that the Staff Association remained informed of decisions, and to enable the Regional Director to transmit the views of the Staff Association to the GPG.

99. Members of the SCRC said that the open and constructive relationship between the staff and management at the Regional Office should not be an exception among WHO offices, but rather should be the norm. Although WHO ought to set an example to its Member States with regard to employment conditions, some aspects of its employment policy were not exemplary. The maternity leave provision was considerably less than in some Member States, and the possibility to terminate employment agreements when a staff member was on sick leave should not be under consideration in the world's leading health organization.

100. While global mobility could be positive, staff members should not be penalized for not being mobile. Cultural exchange through mobility could have a positive impact, but internationally recruited staff members should be supported and encouraged in learning the local language and integrating with local staff at their new duty station. Reliable, sustainable financing was required to increase job security; a raise in assessed contributions was due. The increase in the mandatory age of separation should be implemented in line with the decision of the United Nations General Assembly. Very few Member States were open to postponing the implementation of that decision. One member of the SCRC said that the age of separation should be assessed on an individual basis, taking account of the performance and institutional knowledge of the staff member concerned.

Oversight report on the work of the WHO Regional Office for Europe

101. The Director, Division of Administration and Finance, reporting on budget and financial issues (oversight function of the SCRC), said that to date the Regional Office's budget for the current biennium was 84% funded; misalignment in funding would mean

that pockets of poverty persisted. Some programmes – maternal and child health, health systems and communicable diseases – were among the most underfunded when compared to the approved budget. Although available funds were being implemented successfully, only 53% of the approved programme budget and 44% of the base budget had been utilized.

102. The Regional Office was the third best-funded major office for base budget after WHO headquarters and the Regional Office for Africa. Category 2 was the least funded category globally but was better funded than the average in the European Region, while category 3 was the best funded globally but received low funding in all regional offices. The new WHO Health Emergencies Programme was significantly better funded at headquarters than in the regional offices. The Division of Administration and Finance was following developments closely and kept category and programme area networks informed.

103. The Regional Office continued to rely heavily on locally managed funds, creating a degree of financial vulnerability. Compared to previous reports, all WHO regions, except the Eastern Mediterranean and European Regions, had received more globally managed funds than before. The final proposed PB 2018–2019 would be submitted to the Seventieth World Health Assembly in May 2017. The overall envelope would be approximately US$ 60 million less than the version submitted to EB140, with categories 2, 4 and 6 adversely affected. Although the budget cuts were comparatively small for the Regional Office, discussions were still ongoing to secure a larger budget for some areas.

104. The fourth report of the 2016–2017 biennium on key performance indicators had been presented to managers. Managerial and administrative capacities and vulnerabilities were being reviewed at the regional and country levels, and steps had been taken to build professional administrative capacities through recruitment. The Regional Office was a leader in shaping WHO Business Intelligence and had been instrumental in influencing the design of the programme budget web portal. Information was presented to programme managers on a monthly basis through dashboards. Trainings were ongoing and should be intensified.

105. In 2016, all budget centres had responded to the risk register and internal control framework checklist and had contributed to the reports submitted to the governing bodies. Analysis and communication of the information was also improving, which would influence operational planning for 2018–2019. Implementation of International Aid Transparency Initiative (IATI) standards was progressing.

106. As an indication of the level of recruitment efforts, 112 recruitments had been made in the European Region during 2016: these included the restructuring of the WHO Health Emergencies Programme, the filling of new and vacant positions and the staffing response for two major emergency operations.

107. Members of the SCRC welcomed the report, but expressed concern at the slow rate of implementation, requesting clarification on reasons and possible remedies. One member asked whether financing of the base budget for the coming biennium could be secured.

108. The Director, Division of Administration and Finance, said that the low implementation rate was partly due to a culture of careful spending to provide for unforeseen future needs. More predictable funding would be helpful, although allocation of flexible resources should be maintained. Financing the base budget for the coming biennium could be considered to be secured, although the prospect for increases in the level of core voluntary contributions was not positive.

109. The Regional Director said that the GPG had expressed concern regarding the unbalanced distribution of funding among the major offices and had asked the Director-General to facilitate the distribution of the considerable amount of undistributed funding available. The next round of flexible funding was due to be distributed shortly and clear criteria and a time table for its distribution were needed. At the country level, there was an excessive delay between identification of deliverables and implementation. Heads of country offices had agreed to clarify deliverables with the technical units to expedite implementation. Planning also needed to be improved and resource mobilization needed to focus on ways to distribute and manage incoming funds more consistently.

Membership of WHO bodies and committees

Vacancies for election or nomination at RC67

110. The SCRC was informed that the customary nominations or elections for membership of the following WHO bodies and committees would take place at RC67:

- Executive Board — 4 seats;
- Standing Committee of the Regional Committee for Europe — 4 seats;
- Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction. — 1 seat

111. The Standing Committee decided to extend the deadline for nominations from Group A countries for membership to the SCRC due to the fact that the Secretariat had not received a sufficient number of candidacies by the deadline.

Elective posts at the Seventieth World Health Assembly

112. The SCRC was informed that the European Region would be required to submit candidatures for the posts of President of the World Health Assembly, Vice-Chairperson of Committee B, Rapporteur of Committee A, five members of the General Committee, three members of the Credentials Committee, and Rapporteur of the Executive Board.

113. The Standing Committee agreed by consensus on nominations based on geographical representation.

Closure of the session

114. After the customary exchange of courtesies, the Chairperson declared the session closed.

Annex 1. Agenda

1. Opening by the Chairperson and the Regional Director
2. Adoption of the provisional agenda and the provisional programme
3. Report by the chairpersons of the three subgroups of the Twenty-fourth Standing Committee of the Regional Committee for Europe
4. Provisional agenda and provisional programme of the 67th session of the WHO Regional Committee for Europe (RC67)
5. Discussion on technical agenda items for RC67
   - (a) Roadmap to implement the 2030 Agenda for Sustainable Development, building on the Health 2020 policy framework
   - (b) Improving environment and health in the context of Health 2020: outcomes of the Sixth Ministerial Conference on Environment and Health
   - (c) Towards a sustainable health workforce in the WHO European Region: framework for action
   - (d) Strengthening Member State collaboration on improving access to medicines in the WHO European Region
   - (e) Accelerating implementation of the International Health Regulations (2005) and strengthening laboratory capacities for better health in the WHO European Region
   - (f) Partnerships for health in the WHO European Region
   - (g) Governance in the WHO European Region
   - (h) Progress reports
     - (i) Implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 (resolution EUR/RC61/R4)
     - (ii) Implementation of the European Food and Nutrition Action Plan 2015–2020 (resolution EUR/RC64/R7)
     - (iii) Implementation of the European Mental Health Action Plan (resolution EUR/RC63/R10)
6. Oversight report on the work of the WHO Regional Office for Europe
7. Address by a representative of the Staff Association of the European Region of the World Health Organization
8. Membership of WHO bodies and committees
   - (a) vacancies for election or nomination at RC67
   - (b) elective posts at the Seventieth World Health Assembly
9. Other matters, closure of the session

Annex 2. List of documents

Working documents

EUR/SC24(3)/1	Provisional list of documents
EUR/SC24(3)/2	Provisional agenda
EUR/SC24(3)/3	Provisional programme
EUR/SC24(3)/4	Provisional list of participants
EUR/SC24(3)/5	Draft provisional agenda of the 67th session of the WHO Regional Committee for Europe
EUR/SC24(3)/6	Draft provisional programme of the 67th session of the WHO Regional Committee for Europe
EUR/SC24(3)/7	Strengthening Member State collaboration on improving access to medicines in the WHO European Region
EUR/SC24(3)/8	Towards a sustainable health workforce in the WHO European Region: framework for action
EUR/SC24(3)/9	Governance in the WHO European Region
EUR/SC24(3)/10	Progress report on implementation of the European Mental Health Action Plan
EUR/SC24(3)/11	Progress report on implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020
EUR/SC24(3)/12	Progress report on implementation of the European Food and Nutrition Action Plan 2015–2020
EUR/SC24(3)/13	Partnerships for health in the WHO European Region
EUR/SC24(3)/14	Accelerating implementation of the International Health Regulations (2005) and strengthening laboratory capacities for better health in the WHO European Region
EUR/SC24(3)/15	Outcome document of the Sixth Ministerial Conference on Environment and Health (second draft)
EUR/SC24(3)/15 Add.1	Annex I of the Ministerial Conference Declaration – "Implementation plan"
EUR/SC24(3)/15 Add.2	Annex II: Institutional arrangements for the European Environment and Health Process – Draft for consultation
EUR/SC24(3)/16	Roadmap to implement the 2030 Agenda for Sustainable Development, building on the Health 2020 policy framework

Working documents

EUR/SC24(3)/16 Add.1	Facing the future: opportunities and challenges for 21st-century public health in implementing the Sustainable Development Goals and the Health 2020 policy framework
EUR/SC24(3)/17	Country performance in the WHO European Region
EUR/SC24(3)/18	Items for future Regional Committee meetings
EUR/SC24(3)/19	Draft provisional agenda of the 68th session of the WHO Regional Committee for Europe

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