



EUROPE

Sixteenth Standing Committee of the Regional Committee for Europe Second session

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Report of the second session

Introduction

1. The Sixteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its second session at the Holmenkollen Park Hotel in Oslo, Norway on 10 and 11 November 2008. The Chairperson welcomed the new member from Montenegro and the alternate member from Lithuania, as well as the Chairperson of the Fourteenth SCRC, who would be attending the session as an observer. During the year ahead, areas on which he suggested that the SCRC might concentrate its attention included the social determinants of health, areas of crisis (such as climate change, food security and the financial sector) and their impact on public health, and the health workforce.

2. The Regional Director reported that he and the Deputy Regional Director had visited the Russian Federation following the fifty-eighth session of the WHO Regional Committee for Europe (RC58) and had reiterated to the Deputy Minister of Health the importance of that country maintaining its role within the WHO European Region. They had also attended the International Conference Dedicated to the 30th Anniversary of the Alma-Ata Declaration on Primary Health Care, held in Almaty, Kazakhstan, on 15 and 16 October 2008, on the eve of which the *World health report 2008*, entitled *Primary health care: now more than ever*, had been launched.

3. He had also taken part in a conference on health equity through action on the social determinants of health, organized by the English Department of Health in London on 6 and 7 November 2008, where the Rt. Hon. Gordon Brown MP, Prime Minister, had delivered the welcome address and Professor Sir Michael Marmot, Chair of the Commission on Social Determinants of Health (CSDH), had presented the Commission's report. There was clear evidence of the strength of the link between poverty, lack of education and other social determinants, on the one hand, and the level of health, on the other, but the solution (based on ethical and political values) would of course vary from country to country.

4. Following discussions in the Organization's Senior Executive Officers' meeting on 27 October 2008 (and informed by the primary health care movement and the CSDH's findings), the WHO Director-General had established a working group to prepare WHO's response to the global financial, economic and social crisis, co-chaired by the Deputy Director-General and the Regional Director for Europe. It had the following terms of reference: (i) to review and document the impact of the fuel and debt crisis of the late 1970s and early 1980s on health and health systems; (ii) to review and summarize the evidence for maintaining investments in health, health systems and other social services during times of crisis; (iii) to develop possible scenarios for the impact on health and health systems of the current financial crisis; and (iv) to propose a WHO response to the health and health system impacts of the current financial crisis, including a plan that identified proposed steps to reduce costs in WHO.

5. The Chairperson of the Fourteenth SCRC noted that countries might need to take a long view of the financial crisis: many government departments worked on a two- or three-year planning cycle, whereas the impact of the crisis might well be longer-lasting.

Adoption of the agenda, programme and report of the first session

6. The agenda and report of the first session were adopted without amendment. So far as its programme was concerned, the SCRC decided to consider the items concerned with membership of WHO bodies and committees and with distribution of European seats on the Executive Board (EB) on the first day of its session, and to postpone the review of SCRC and Secretariat actions in follow-up to RC58 to the second day.

Proposed programme budget 2010–2011

7. The Deputy Regional Director informed the SCRC that, immediately after the close of RC58, the Secretariat had forwarded to the WHO Director-General an extract of the report of the Regional Committee's session, together with a proposal for a revised European regional programme budget. Under that new proposal, while the total budget for WHO's base programmes for the Region would remain unchanged at US\$ 268 million, a total of US\$ 9.8 million related to the European Observatory for Health Policies and Systems could be moved to the "Partnerships" segment of the programme budget. The funds thus "released" should be redistributed among the other strategic objectives (SOs), with priority given to those related to noncommunicable diseases, health systems and health determinants, and leadership and governance (including WHO's country presence). The main outstanding questions were how the proposed programme budget 2010–2011 would be financed and what degree of flexibility would be built in: while the rise in value of the United States dollar was to be welcomed, voluntary donations might be reduced due to the financial crisis, and there would still be a significant imbalance between the latter (which accounted for 80% of the total budget) and Member States' assessed contributions (20%).

8. Traditionally, the World Health Assembly had approved the Organization's programme budget by adopting an "appropriation resolution", in which it laid down how assessed contributions were to be distributed. In view of the current financial situation, one task of the Director-General's working group would be to propose ways of making the appropriation resolution more flexible; another might be to suggest ways of scaling down work in lower priority areas and/or improve efficiency in the "common services" component of the budget.

9. The SCRC believed that greater flexibility with regard to the Organization's regular budget had to be accompanied by increased transparency, as well as by even stronger incentives for Member States to abandon the practice of "earmarking" donations. Despite its "teething problems", the Organization's new computerized global management system (GSM) would in principle yield greater transparency, but it could also result in less flexibility; in any case, what was important was to continue to ensure that WHO was open and honest in reporting on the implementation of its programme budget and that new the management system serve WHO's strategic and business objectives.

Social determinants of health

10. The CSDH's report had been issued in August 2008 and had been presented by Professor Sir Michael Marmot at RC58. Case studies on behaviour change and the social determinants of health were being collected by the WHO European Office for Investment for Health and Development in Venice, and a multicountry consultation was being organized with the aim of compiling the information obtained in a publication.

11. The Executive Board member attending the session as an observer noted that a number of countries (which had met during the conference in London) had formed a small group to work on the wording of a draft resolution on the CSDH report, for possible submission to the Board at its 124th session (EB124) in January 2009. It was still an open question whether the draft resolution would be mainly procedural or more content-based; SCRC members were invited to contact the office of the Board member if they wished to be involved in the process. The SCRC welcomed the Deputy Regional Director's proposal to consider organizing a European regional meeting to follow up on the outcome of the London conference and explore ways of taking action on the findings of the CSDH. It looked forward to a draft resolution also being submitted to the Sixty-second World Health Assembly (WHA62) in May 2009 and suggested that the subject might be further discussed during RC59.

Health workforce

12. An initial draft of the WHO code of practice on the international recruitment of health personnel had been opened for comments during the month of September 2008, through inclusive, web-based public hearings. The code would set out guiding principles and voluntary international standards for recruitment of health workers, to increase the consistency of national policies and discourage unethical practices while promoting an equitable balance of interests among health workers, source countries and destination countries. The aim of the process was to submit a draft code of practice to WHA62 for its consideration. To that end, a revised draft of the code of practice would be presented to EB124; SCRC members felt that a preliminary version of that revision had proved to be somewhat “diluted”, with not enough attention paid to ethical aspects or to the question of compensating countries of origin for the negative impacts of health workforce migration.

13. The Chairperson of the SCRC informed members that he intended to hold one telephone conference with the Secretariat at WHO headquarters and another with European members of the Executive Board, in order to recall the discussions at RC58 and ensure mutual understanding of the issue in preparation for EB124. In addition, he would raise the subject at the meeting traditionally held between the SCRC Chairperson and Vice-Chairperson and European Board members on the eve of the Board’s January session; all other European Member States would be invited to participate in that meeting, too, and could attend sessions of the Board as observers. The SCRC hoped that the revised draft of the code of practice would be made available in good time, to allow for further consultation within countries and amendments also after the EB session, and that any draft resolution submitted to the Board made reference to the need for further research and studies to be carried out to determine the extent of the problem.

14. One member of the SCRC confirmed that health workforce migration was a serious problem in his country: there was clear evidence of the migration of doctors towards the capital city and neighbouring countries, as well as to other sectors of the economy. He believed that improved financial incentives were the only effective way of tackling the problem.

Provisional agenda of the fifty-ninth session of the Regional Committee

15. In view of the fact that RC59 would be the last session of the Regional Committee during the term of office of the current Regional Director, he therefore proposed that it might take up the issue of the governance of WHO. In addition, and building on the specific strengths of the WHO European Region, it might focus on the social dimension of health (including the Millennium Development Goals and social determinants of health) and on strengthening health systems.

16. The Deputy Regional Director recalled that there were a number of “statutory” items that needed to be included in the agenda of RC59, such as addresses or reports by the Director-General and the Regional Director, matters arising out of decisions and resolutions of the World Health Assembly and the Executive Board, the report of the SCRC, and elections and nominations to WHO bodies. Furthermore, and in accordance with the provisions of resolution EUR/RC58/R5, a number of topics would need to be followed up at RC59, including the future of the WHO Regional Office for Europe, implementation of the initiative on strengthening health systems, progress towards attaining the Millennium Development Goals, health workforce policies and progress on implementation of the Berlin Declaration on Tuberculosis.

17. The SCRC recognized the need to include the statutory items in the agenda of RC59. It urged the Regional Director to further support the SCRC in managing Member States’

expectations with regard to election to various WHO bodies and committees by proactively pointing out, in his letter calling for nominations, that countries would be expected to withdraw their candidates, if necessary, in the interest of reaching consensus at the Regional Committee session.

18. The Standing Committee also agreed that, drawing on the experience of the present Regional Director, it would be opportune for the Regional Committee to consider the question of the governance of health in the WHO European Region. The SCRC recommended, however, that a two-stage process should be followed: in a 2-hour discussion at RC59, an analysis could be presented of the governance mechanisms in operation both at the level of Member States (looking in particular at the respective roles of WHO, the presidency of the European Union (EU) and the European Commission, for instance) and within WHO at regional level (the Regional Committee, the SCRC itself, European members of the Executive Board, subsidiary committees of those bodies, etc.). Any decisions on proposals put forward by RC59 for improvement of governance mechanisms could then be taken by RC60, when the new Regional Director would be in post.

19. The Standing Committee decided that the other main technical/policy items at RC59 would be:

- Protecting health in times of economic crisis: the role of health systems (including the social determinants of health (4 hours); and
- Health workforce policies (2 hours).

Implementation of the Berlin Declaration on Tuberculosis could be the subject of a technical discussion outside the formal session. Similarly, a briefing session could be organized on preparations for the Fifth WHO European Ministerial Conference on Environment and Health.

20. In connection with the Ministerial Conference the SCRC was informed that, at a meeting of the European Environment and Health Committee (EEHC) held during the Second High-Level Preparatory Meeting for the Conference (Madrid, 22–24 October 2008), the co-Chair of the EEHC from the Italian Ministry of Environment, Land and Sea had proposed that the Conference should take place in Parma, Italy in October 2009, with climate change as the overarching theme. Following that meeting, the Regional Director and the Chairperson of the SCRC had jointly written to the Italian Ministry pointing out that the proposed date for the Conference allowed very little time for preparation, that the proposed venue might entail logistic difficulties, notably with regard to participants' travel, and that the preparatory meetings held to date had deliberately covered all the regional priority goals (RPGs) in the Children's Environment and Health Action Plan for Europe (CEHAPE), endorsed at the Fourth Ministerial Conference, given that the political aim of the Fifth Conference was to renew the commitments made in the Budapest Declaration, which had also been adopted at the previous conference.

21. The Deputy Regional Director pointed out that the Fifteenth Conference of the Parties (COP 15) to the United Nations Framework Convention on Climate Change, including its Kyoto Protocol on reducing greenhouse gas (GHG) emissions, was to be held in Copenhagen in early December 2009. There was a risk of losing momentum in work with partner organizations and ministries if they were to focus their attention on that conference at the expense of WHO's ministerial conference.

22. Although it was possible that the WHO Conference would "feed into" COP 15, SCRC members agreed that the timing and venue of the WHO Conference were not ideal and could be changed. Equally, the theme of the Conference was a decision for the Member States collectively, not the host country alone. One member of the SCRC who was in the drafting group for the Conference Declaration confirmed that it had adopted a broader approach, rather than just considering climate change. The SCRC mandated the WHO Secretariat to continue negotiating with the Italian Ministry on the timing, venue and theme of the Conference.

Membership of WHO bodies and committees and distribution of European seats on the Executive Board

23. The SCRC endorsed the proposals put forward for the following elective posts at WHA62: Vice-President of the Assembly, Vice-Chairman of Committee B, Rapporteur of Committee A, five seats on the General Committee and three seats on the Committee on Credentials. So far as possible, it urged the Regional Director to ensure gender balance in those positions.

24. The SCRC was informed that RC59 would be required to select two countries to fill vacant seats on the Executive Board, three countries for vacant seats on the SCRC itself, and one country for the vacant seat on the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases. As in the past, the Regional Director would early in 2009 send out a letter inviting Member States to submit nominations by the deadline of six months before the date of RC59. The SCRC would consider the nominations thus submitted at its subsequent sessions.

25. The Regional Director pointed out that, by resolution EUR/RC53/R1, the Regional Committee in 2003 had recommended that due account should be taken not only of criteria regarding the Member State and geographical groupings but also of those regarding the candidates' competencies, when selecting Member States in the European Region of WHO to submit candidatures for membership of the Executive Board. However, he believed that in recent years insufficient attention had been paid to the personal qualities of candidates, and that the country groupings did not necessarily reflect current cultural and political realities. The negative effects of country groupings were growing, he felt, in part because of the increase in the number of candidates for a fixed number of seats. It was incumbent upon him, at the close of his term of office, to speak out and identify areas that were problematic, without necessarily suggesting solutions. The Deputy Regional Director recalled that in the resolution cited above the Committee had also requested the Standing Committee to assess the experience gained in implementing the above recommendations and to report its findings to RC60 in 2010.

26. The SCRC believed that discussion of the agenda item on governance that it had chosen for RC59 would lay the ground for the SCRC to report back on the matter the following year. In the meantime, it pointed out that so far as election of a new Regional Director was concerned member countries of the EU and those in the process of acceding to it currently amounted to a majority of WHO's Member States in the European Region, and their collective position could be decisive for the outcome of election. It was also pointed out that the procedure for selecting candidates for all elective posts was necessarily a political one, and that EU countries were highly organized and could themselves discuss the merits of candidates and reach agreement prior to election, if the SCRC discontinued its practice of drawing up a short list for consideration by the Regional Committee. For that reason, among others, it might be advisable to refresh the Regional Committee's awareness of the nomination process and the SCRC's role in it, and for the mandate given to the Standing Committee to be formally revisited and renewed. The chairperson informed the SCRC that he would consider sending a letter to the EU member countries expressing concern that the new Regional Director should have legitimacy in the entire Region.

27. One member of the SCRC noted that his country was currently no longer part of the Commonwealth of Independent States yet was still included in that country grouping. He suggested that the problem with groupings might be overcome if the Regional Committee were to set clear conditions or criteria, such as a rule that a country whose candidate had been elected could not put forward a candidature again within a period of, say, ten years.

28. In conclusion, the Regional Director was advised to comment on the question of candidates' competences and geographical balance in his introduction to discussion of the agenda item on governance at RC59.

Issues to be taken up with European members of the Executive Board in January 2009

29. The Director, Administration and Finance informed the SCRC that the Organization's Programme, Budget and Administration Committee (PBAC) would meet as usual before the Executive Board session and would review the revised proposed programme budget 2010–2011, as well being given a progress report on introduction of WHO's new global management system, GSM. Both that system and the global service centre established in Kuala Lumpur, Malaysia, were encountering difficulties, which would need to be taken into account when Member States assessed the rate of implementation of WHO's current programme and budget. The Executive Board itself would no doubt consider the impact of the economic and financial crisis on the Organization, although the topic was not a formal item on the agenda of EB124.

30. The acting Director, Health Programmes noted that an intergovernmental meeting on pandemic influenza preparedness was to be held in the first week of December, at which western European Member States would be well represented; it was hoped that those in the eastern part of the Region would become more involved, too. With regard to implementation of the International Health Regulations (2005), most national focal points in the European Region were well prepared and good communication had been established with them; emphasis was now being placed on capacity-building. European Member States had played a prominent part in discussions on climate change at the previous World Health Assembly; a strategic plan was now to be developed, and the links between climate change and communicable diseases were to be explored with the help of funding from Germany.

31. The Deputy Regional Director informed the SCRC that there would be two additional items on the agenda of EB124 (Chagas disease, and capacity-building to constructively engage the private sector in providing essential health care services).

32. The Regional Director suggested that the customary meeting with European members of the Executive Board (and observers from other European Member States) on the day before the Board's January session could be better structured, with attention focused on a limited number of issues. For EB124, they might include the international recruitment of health personnel, the Commission on Social Determinants of Health and the International Health Regulations (2005). With regard to the latter, EU member countries could be asked to clarify whether they envisaged the European Centre for Disease Prevention and Control (ECDC) taking on the role of collectively reporting to WHO on their behalf.

33. The Director, Country Health Systems drew attention to the apparent confusion inherent in the revised title of agenda item 4.5, "Primary health care, including health system strengthening". To remedy that shortcoming, he suggested that the evidence base prepared for the WHO European Ministerial Conference on Health Systems (Tallinn, June 2008) should be further disseminated at EB124.

34. The SCRC reiterated concern that the public health implications of the economic crisis did not appear on the agenda of EB124. It believed that the subject should indeed be discussed at the forthcoming World Health Assembly in May 2009, and it therefore mandated the Regional Director to call for it to be discussed by the Board as a separate, emergency item; that could in fact be one of the first conclusions of the working group that he was co-chairing.

35. With regard to the sharing of influenza viruses, the SCRC suggested that African members of the Executive Board (as representatives of the countries likely to be most severely affected) should vigorously take up the issue at EB124, if the outcome of negotiations between the United States and Indonesia in December was inconclusive.

Follow-up to the fifty-eighth session of the Regional Committee

36. Among the topics specifically mentioned by the Regional Director in his report to RC58 (cf. resolution EUR/RC58/R1), the Regional Office's capacity in the area of noncommunicable disease control was being increased, funding gaps were being filled and the opening of the geographically dispersed office in Athens was eagerly awaited. Country environment and health plans were being drawn up, a global strategy on climate change and health was to be submitted to EB 124, and preparatory meetings for the Fifth WHO European Ministerial Conference had been held. Measures to tackle HIV infection and AIDS were being implemented as part of work to strengthen countries' health systems. Policy and technical support had been provided to countries in crisis situations: a preparedness assessment tool had been tested in three countries, standards and benchmarks had been drawn up, and humanitarian work had been carried out following conflicts and natural disasters in Georgia, Kyrgyzstan and Tajikistan.

37. As noted earlier, the Regional Committee's views and suggestions concerning amendments to the proposed programme budget 2010–2011 had been forwarded to WHO headquarters, in pursuance of resolution EUR/RC58/R2.

38. The Organization's Legal Counsel was responsible for convening the Regional Search Group established to identify and assess candidates for the post of Regional Director (resolution EUR/RC58/R3); the Director-General had sent a letter to all Member States inviting them to put forward candidates by mid-February 2009. The Search Group's report would be sent to Member States under confidential cover in June/July 2009 and an oral report would be presented at the private meeting during RC59.

39. On the stewardship/governance of health systems in the WHO European Region (resolution EUR/RC58/R4), the Regional Office was currently engaged in work under biennial cooperation agreements (BCAs) with 16 Member States, including some in western Europe. The SCRC noted that implicit priority-setting was often done in health care settings by health professionals, often without formal governance structures. It recognized that the United Kingdom's National Institute for Health and Clinical Excellence (NICE) was the best developed group in Europe for tackling that problem and urged the Regional Office to draw on its experience. In response to a question from one SCRC member, the Deputy Regional Director confirmed that a meeting was to be held in February 2009 to define directions for work on implementation of the Tallinn Charter.

40. The Secretariat would ensure that reporting requirements were clearly defined in all future resolutions adopted by the Regional Committee (resolution EUR/RC58/R5). The SCRC also recommended that, where the Regional Committee needed to consider numerous amendments to a draft resolution, the best practice would be to prepare and distribute a printed revision in all four working languages. If time was short, the alternative would be to print and distribute the revised English text only, with the changes clearly marked. Projection of the text on an overhead screen, with the concomitant risk of micromanagement and editing by committee, was to be avoided.

41. In connection with the dates and places of regular sessions of the Regional Committee in 2009–2012 (resolution EUR/RC58/R6), the SCRC was informed that the Regional Director had written to the government of Malta accepting their offer to host RC62 in 2012 but pointing out

that no formal decision to that effect had yet been taken by the Regional Committee. The government of Lithuania, which had offered to host RC64, had raised no objections. In addition, the government of Armenia had offered, during a recent visit by the Regional Director, to host a future session of the Regional Committee. The SCRC recommended that countries' offers should in future be decided on by the Regional Committee in the order in which they were submitted in writing; it also recognized that there was no requirement to hold a Regional Committee session at the Regional Office in Copenhagen every second year. Lastly, it advised that the practice of deciding dates and places of Regional Committee sessions three years in advance should be maintained.

42. As called for in resolution EUR/R58/R7, further consideration was being given to the question of distribution of the WHO European Region's seats on the Executive Board (see paragraphs 25–28 above).

43. In the area of behaviour change strategies (resolution EUR/RC58/R8), the Regional Office was collecting case studies, building up the evidence base and preparing the working paper (document EUR/RC58/10) for publication.

44. Reviewing follow-up to issues discussed at previous Regional Committee sessions, the SCRC was informed that a measles and rubella immunization campaign under way in Georgia was to be prolonged, in order to achieve higher coverage rates. An external evaluation of the Region's expanded programme on immunization had been carried out and the findings submitted to the European Advisory Group at its meeting the previous month.

Date and place of meetings of the Sixteenth SCRC

45. The SCRC decided to hold an informal meeting in Geneva on Monday 19 January 2009. Outlines of Regional Committee working papers should be sent to members in advance, and those who were present could give feedback at the meeting; others could submit their views to the Secretariat in writing.

46. The Fifteenth SCRC had held six sessions, but the January one had not proven to be very cost-effective. The Sixteenth SCRC therefore decided to hold its third formal session at the WHO Regional Office in Copenhagen on Monday 30 and Tuesday 31 March 2009. By that date, the deadline for receipt of Member States' candidatures for membership of various WHO bodies would have passed, and the SCRC would therefore be able to make a first review of the candidatures received.

Other matters

47. The Deputy Regional Director recalled that one meeting of European Member States had been organized during WHA61 the previous year. Feedback from those attending that meeting had been positive and it had been proposed that the European Region should hold two or three meetings during the Health Assembly, as other regions did. Other suggestions made at the time included publicizing such meetings more, involving Member States that were pro-active in a particular field, and calling on EU member countries to give other WHO European Member States feedback from their meetings before they expressed their collective views in public.

48. The SCRC agreed that such meetings were useful, especially for countries that were not in the EU, but recognized that delegates attending the World Health Assembly already faced severe constraints on their time. It therefore decided that one forward-looking meeting of European Member States should be held, at lunchtime on Wednesday 20 May 2009, in addition

to the customary meeting held immediately after the SCRC's fourth session on Sunday 17 May 2009, the day before the opening of WHA62. In that context, each Member State was responsible for ensuring coordination between its ministries of foreign affairs and health.