



## EUROPE

### Thirteenth Standing Committee of the Regional Committee for Europe Fourth session

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### Report of the fourth session



## Introduction

1. The Thirteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its fourth session at the Palais des Nations in Geneva on 21 May 2006, on the day before the opening of the Fifty-ninth World Health Assembly (WHA59).
2. In his introductory remarks, the Chairman announced with deep regret that the Director-General of WHO had suffered a subdural hematoma the previous day.
3. The Chairman extended a welcome to Dr Ulla-Karin Nurm, replacing Dr Triin Habicht as the SCRC member from Estonia, as well as to her adviser, Dr Marge Reinap. He also welcomed Dr Snezana Simic, the alternate member from Serbia and Montenegro, and Dr Abdunumon Siddikov, the alternate member from Uzbekistan.
4. The Deputy Regional Director informed the SCRC that, since its previous session, the Working Group on the Future of the WHO Regional Office for Europe (EURO) had held its fourth and final meeting (Copenhagen, 4–5 May 2006). The Secretariat had prepared a draft of the paper on that subject which would be submitted to the WHO Regional Committee for Europe at its fifty-sixth session (RC56), and the SCRC would be asked to make a preliminary review of it later that afternoon (see below, paras. 18–24). Other notable events included the holding of the third WHO/European Union (EU) workshop on pandemic influenza preparedness (Uppsala, Sweden, 15–17 May 2006) and a meeting in Turkey on the same subject, bringing together representatives of all partner organizations and Black Sea Member States.

## Final review of draft resolutions to be presented to RC56

5. The routine draft RC resolutions related to the Regional Director's report on the work of WHO in the European Region in the previous biennium (EUR/RC56/Conf.Doc./1) and the report of the SCRC (EUR/RC56/Conf.Doc./2) gave rise to no comments.
6. The draft resolution on the European strategy on noncommunicable diseases (EUR/RC56/Conf.Doc./3) was still being finalized. It had been sent out to national counterparts for comments, and they had so far proposed two amendments: (a) to add a reference to resolution WHA55.25 on infant and young child nutrition in the first preambular paragraph; and (b) to add the phrase "within and between Member States" at the end of the last preambular paragraph.
7. In addition, the SCRC agreed to add the words "and the widening of health inequalities" at the end of the sixth preambular paragraph and to insert the phrase "through a multisectoral approach, where appropriate" at the end of the operative sub-paragraph 2(a). Furthermore, operative sub-paragraph 2(d) should be amended to read "to ensure universal access" and the last indented point in operative sub-paragraph 3(b) should be split in two. Lastly, in operative sub-paragraph 3(c) the Regional Director should be requested to report back to RC58 in 2008.
8. The SCRC appreciated that, depending on the outcome of discussions at WHA59, it might be necessary to split the draft RC resolution on the Proposed programme budget 2008–2009 and the Medium-term strategic plan 2008–2013 (EUR/RC56/Conf.Doc./4) into two documents. If that were the case, the members of the SCRC would be asked by electronic mail to review the revised documents.
9. The SCRC agreed to postpone its review of the draft RC resolution on the future of EURO (EUR/RC56/Conf.Doc./5) until after it had discussed the draft paper on the subject (see below). There were no comments concerning the routine draft resolution on the date and place of regular sessions of the Regional Committee in 2007–2010 (EUR/RC56/Conf.Doc./6).

10. In view of the fact that the topic of health security was to be introduced at RC56, with subsequent consultation of Member States, the SCRC suggested that RC56 might wish to take a decision calling on the Regional Director to continue work along those lines in the year ahead.

## Follow-up on Health for All indicators

11. As requested at its previous session, the SCRC was briefed on the implications of the request made by the Regional Committee (in resolution EUR/RC55/R4) for a follow-up paper on indicators that could be used for monitoring the implementation of the regional Health for All (HFA) policy framework in countries. That framework did not put forward a common prescriptive strategy and/or a common set of targets and benchmarks; rather, it focused on the central role of values and emphasized an open-ended process that was to be continually enriched by a variety of national experiences and perspectives.

12. Three dimensions would need to be included in monitoring how countries were making use of the HFA policy framework: a values dimension (looking in particular at equity, solidarity and participation), a health system dimension (assessing the systemic factors that influenced the availability, accessibility, acceptability and quality of health services, and capturing intersectoral actions for health and the place of health in all other policies); and, lastly, an ethical governance dimension, including the stewardship function (understood in this context as the health system's ability to implement the core values of HFA).

13. There were already substantial data on specific indicators available from EURO's HFA database, as well as from the European Commission (Eurostat) and the Organisation for Economic Co-operation and Development (OECD). However, there were some major gaps vis-à-vis the monitoring requirements of the new HFA policy framework. First, there was no information currently available on the degree to which health was included in a country's other policies (transport, housing, environment, etc.). Second, there were real methodological problems with measuring the extent to which values were interpreted and put into practice, and with benchmarking and ensuring the comparability of any such data that were collected. Third, even for existing indicators, there were shortcomings in terms of data availability and validity. Finally, there were large country variations in the reliability of the data collected, and differences in the periodicity and continuity of data collection.

14. Three options for HFA monitoring were therefore presented:

- a comprehensive approach, which would allow for comparisons and benchmarking across countries in the WHO European Region. That would entail reaching consensus with other agencies and expanding data collection mechanisms in Member States (lead time 4–5 years, estimated cost US\$ 6 million per biennium);
- selective regional monitoring, with a limited scope and building on existing indicators. Ethical governance could be explored through case studies (lead time 2–3 years, estimated cost US\$ 4 million per biennium);
- “country-owned” monitoring, where the degree of detail obtained would depend on the individual Member State and the range of indicators chosen, with EURO providing methodological support and helping countries to exchange experience (lead time 1–2 years, estimated cost US\$ 2 million per biennium).

15. The SCRC acknowledged that the Regional Committee had perhaps been unaware of the full implications of the request contained in the resolution adopted the previous year, although it recalled that the main intention behind that request had been to prevent Member States being asked for the same information by a number of different international bodies.

16. The SCRC agreed that it would not be possible for the Secretariat to present a ready-made solution to the problem at RC56; instead, it should make a verbal presentation highlighting the complexity of the issue and the fact that EURO was already working closely with OECD, the European Commission and

other bodies on health data. Member States should then be asked to specify exactly what they wanted in terms of monitoring the implementation of the HFA policy framework. Further work would no doubt need to be done in the coming year on the methodological aspects, perhaps making use of a small number of proxy indicators in combination with the administration of a questionnaire and the compilation of case studies.

## Membership of WHO bodies and committees

17. The SCRC was reminded of the various objective criteria that the Regional Committee had endorsed for use when choosing members of the Executive Board and the Standing Committee, and of the value of considering all nominations and elections (including those of officers of the Regional Committee) as one single package.

## Progress report of the Working Group on the Future of EURO

18. The Regional Director recalled the difficulty of developing a “vision” of EURO in 2020 at a time when the Organization was still in the process of drawing up its Eleventh General Programme of Work 2006–2015 (GPW11) and its Medium-Term Strategic Plan 2008–2013 (MTSP). Although the situation analysis contained in all three documents was largely the same, the paper to be presented to RC56 would not be a report of the Working Group; instead, it would represent a synthesis of the views of the Working Group, the SCRC and the EURO Secretariat.

19. Following an introduction setting out the links to GPW11 and the MTSP, and to the Organization’s core functions, the paper would consist of three main chapters. The first would look at projected trends in health status and the health sector in the WHO European Region up to 2020, examining both negative trends (such as growing inequities in the health status of different population groups within and between countries, increasing natural and man-made threats to health, and increasing economic and political pressure on public spending) and positive ones (overall improvement in the health status of the Region’s population, the fact that health would increasingly become a core societal and political issue, and the resulting benefit that health systems would derive from the investments made and knowledge acquired by other sectors).

20. The second chapter, on positioning EURO in 2020, would confirm the Regional Office’s consistency with WHO’s global standpoint (expressed in terms of a global health agenda and a set of core functions for the Organization as a whole), while setting out EURO’s special character and exploring the added value that it could bring to the work of WHO.

21. The third chapter of the paper for RC56 would pave the way forwards for EURO in the period up to 2020, setting out six strategic directions along which the Regional Office should move:

- All against health inequities, values for health policy
- Evidence and information for health policy and public health
- Strengthening health systems
- From partnerships to task-sharing
- The international response to health security
- EURO’s leadership and WHO’s new regional input.

22. Under the fourth strategic direction, separate sections would explore EURO’s collaboration with the European Union (in particular, the European Commission and the European Centre for Disease Prevention and Control) and with other partners (United Nations bodies, the Council of Europe, nongovernmental organizations, etc.). The sixth strategic direction would place emphasis on the

complementary nature of WHO's global and regional roles, with both top-down and bottom-up approaches coming together in a "feedback loop" whereby experience from implementation at country and regional level could be drawn on to help reformulate and improve global policies.

23. The SCRC considered the draft to be a well balanced paper that covered all the points made at the four meetings of the Working Group. It welcomed the proposed move towards a sharing of tasks with partner organizations, although it recalled that WHO was constitutionally an intergovernmental organization and that EURO had an obligation to serve all 52 Member States in the European Region. On the question of EURO's leadership, the SCRC highlighted the importance of distinguishing between political governance, exercised by WHO's regional and global governing bodies, and the executive management function carried out by the Secretariat. It pointed out, however, that political decisions were frequently taken on the basis of proposals submitted by the management, and that the clearer those proposals were, the clearer the decisions that would be taken. It was also felt that the paper might need to become even more selective in outlining what EURO would focus on until 2020.

## **Review of the provisional agenda of WHA59**

24. The SCRC was informed that the provisional agenda of WHA59 was well related to the activities being carried out in the WHO European Region. The item most likely to generate debate was GPW11, which the Organization's Programme, Budget and Administration Committee (PBAC) had agreed could go forward to the Health Assembly, despite the fact that Member States from a number of WHO regions had expressed a dissenting opinion at its recent meeting.

25. The SCRC thanked the Regional Director for conveying European Member States' criticism of previous drafts of GPW11 to the Organization's global executive management, and it was pleased to see that the criticism had to some extent been acted on. Nonetheless, it maintained the view that there was still a fundamental confusion between the current draft of GPW11, which primarily set out a "global health agenda", and the MTSP, which was designed to describe the work that the Organization would carry out in the medium term. Provided clear links were established between the two documents, however, it believed that the current draft of GPW11 could be endorsed. It looked forward to commenting on a draft of the MTSP at RC56.

## **Other matters**

### **Officers of RC56**

26. The SCRC endorsed the Regional Director's proposed nominees for positions as officers of RC56.

### **Dates and places of sessions of the Fourteenth SCRC**

27. The SCRC agreed that the first session of the Fourteenth SCRC would be held on Thursday 14 September 2006, after the closure of RC56. The second session was traditionally hosted by a country represented on the SCRC, with the date set once a firm invitation had been received.