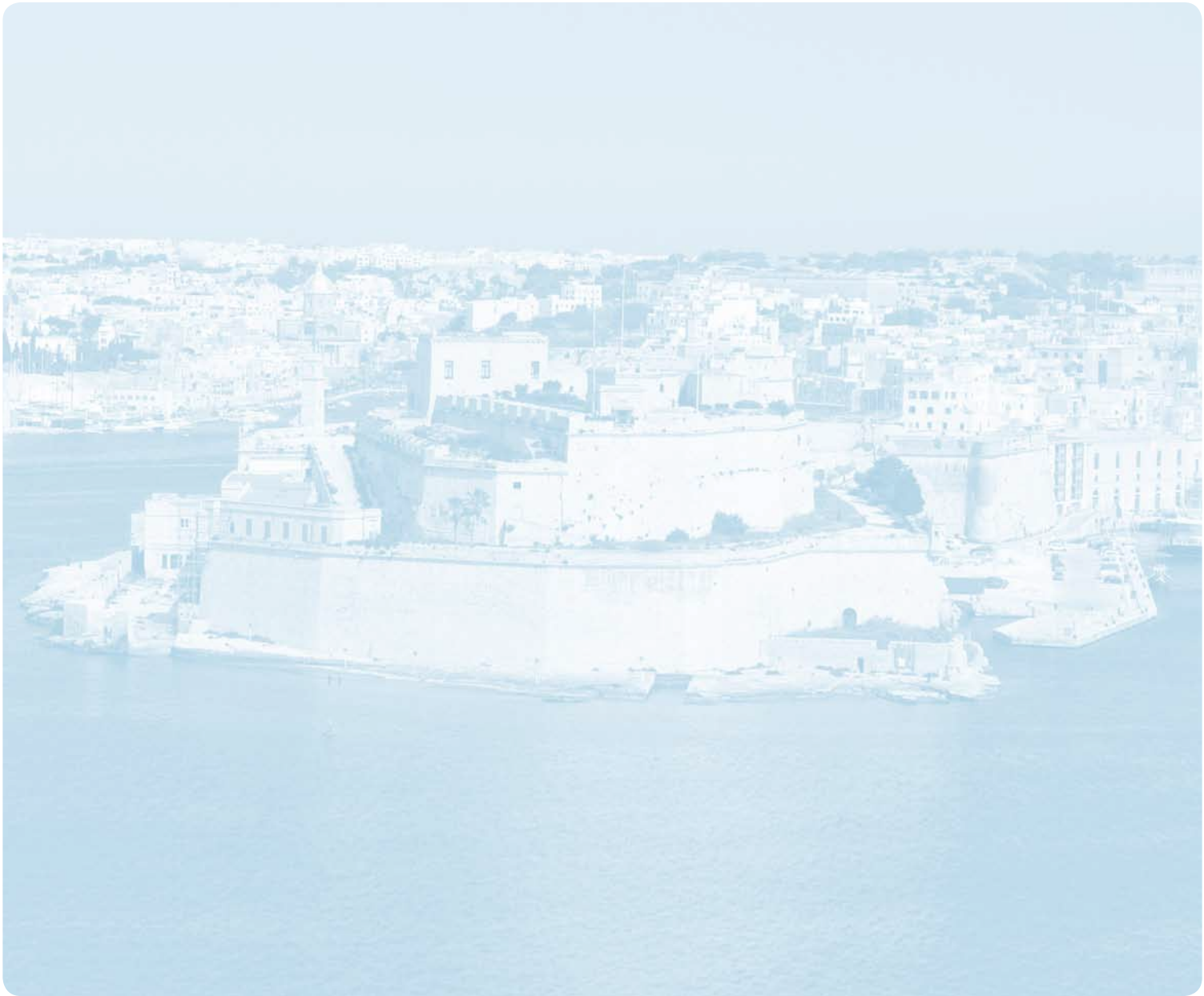
World Health Organization
REGIONAL OFFICE FOR Europe

Regional Committee for Europe
Sixty-second session

Malta, 10–13 September 2012



Report of the Nineteenth Standing Committee of the WHO Regional Committee for Europe

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Provisional agenda item 4

EUR/RC62/4
+ EUR/RC62/Conf.Doc./2

18 July 2012
121311
ORIGINAL: ENGLISH

Report of the Nineteenth Standing Committee of the WHO Regional Committee for Europe

This document is a consolidated report on the work done by the Nineteenth Standing Committee of the Regional Committee (SCRC) at the four regular sessions held to date during its 2011–2012 work year.

The report of the Nineteenth SCRC's fifth and final session (to be held in Valetta, Malta, on 9 September 2012, before the opening of the sixty-second session of the WHO Regional Committee for Europe) will be submitted to the Regional Committee as an addendum to this document.

The full report of each SCRC session is available on the Regional Office's web site (http://www.euro.who.int/en/who-we-are/governance/standing-committee/nineteenth-standing-committee).

WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark Telephone: +45 39 17 17 17 Fax: +45 39 17 18 18
E-mail: governance@euro.who.int Web: http://www.euro.who.int/en/who-we-are/governance

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Introduction

1. The Nineteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) has to date held four sessions in its 2011–2012 work year:

- at the Gulustan Palace in Baku, Azerbaijan on 15 September 2011, immediately after the close of the sixty-first session of the WHO Regional Committee for Europe (RC61);
- at Münchenbryggeriet in Stockholm, Sweden, on 14 and 15 November 2011;
- at the WHO Regional Office for Europe in Copenhagen on 19 and 20 March 2012; and
- at WHO headquarters on 19 and 20 May 2012.

2. At the Standing Committee's first session, Ms Dessislava Dimitrova (Bulgaria) was unanimously elected as Vice-Chairperson of the Nineteenth SCRC. The Standing Committee agreed that requests for observer status at its sessions should be dealt with on ad hoc basis, according to the provisions of Rule 3 of its Rules of Procedure.

3. Following the successful open meeting of the SCRC the previous year and building on the lessons learnt, working documents for the fourth session were distributed to all Member States through the Regional Office's ShareFile site. The open meeting was conducted in accordance with Rule 3 of the Executive Board's Rules of Procedure and was attended by representatives of 15 Member States and a European Union delegation.

Follow-up to the sixty-first session of the WHO Regional Committee for Europe

4. The SCRC welcomed the experiment of introducing parallel working groups at RC61, although its members suggested that it might be advisable in future to clarify the different expectations of such working groups and of discussions in plenary. A clear distinction should also be made between reactions to points raised in ministerial panel discussions and comments on draft resolutions under consideration by the Regional Committee. Ministers could be invited to constitute a small panel that would give political input to discussions in parallel working groups.

5. The SCRC noted the request made by the representative of one country for the cost implications of draft resolutions to be made explicit. It would further examine the question of whether those cost implications bore on Member States themselves or on the WHO Secretariat.

6. At its second session, the SCRC welcomed the rolling programme of agenda items and suggested that ministerial involvement in sessions could be promoted by organizing ceremonies or events to launch key policy documents such as the new European policy framework for health and well-being, Health 2020. Nonetheless, such documents would continue to be formally adopted or endorsed by means of resolutions taken by the Regional Committee. Strategic consultation through the European Health Policy Forum of High-Level Government Officials (EHPF) would be evaluated in 2012. Parallel working groups could usefully be organized for "brainstorming" at the early stages of discussion of a given subject. Consideration of the financial implications of Regional Committee resolutions should focus on the estimated cost (and benefit) of Secretariat actions.

Preparation for the sixty-second session of the Regional Committee

Provisional agenda and programme

7. The Regional Director noted that the agenda of RC62 was likely to be heavy, since it would be necessary to complete consideration of Health 2020 and related topics, such as a public health action plan and the final report of the review of social determinants of health and the health divide in the European Region; to take up items that had been postponed from RC61 (European strategies on health information, communication for health, the Regional Office's work with countries, and its geographically dispersed offices); to deal with statutory items such as the Organization's proposed programme budget 2014–2015 and WHO reform; and to tackle a small number of technical issues (mental health and healthy ageing). In general, she expected that once the new course for the Regional Office had been fully set the following year, subsequent Regional Committee sessions could have more limited agendas.

8. At its second session, the Standing Committee made an initial review of the items for inclusion in the provisional agenda of RC62 as set out in the "rolling programme" of future RC sessions prepared by the Secretariat. Following discussions at its third and fourth sessions, in which concerns were raised about the ambitious nature of the agenda and the need to ensure sufficient time was given for consideration of the various items, the Standing Committee at its fourth session endorsed a revised provisional programme for RC62. It was possible that further adjustments to the provisional programme would be necessary, depending on the items referred by the World Health Assembly for consideration by regional committees.

9. In a teleconference with SCRC members on 20 June 2012, participants agreed on how to deal with the issues referred to six regional committees by the Sixty-fifth World Health Assembly. At RC62, discussion of the General Programme of Work and the Proposed Programme Budget would take place under the agenda item on "WHO reform". Web-based consultations with Member States would be held during the summer on two other topics, namely the Consultative Expert Working Group: Research and Development, and the global monitoring system for noncommunicable diseases, while the global mental health action plan would be presented at a conference the week before RC62; progress on all three subjects would be reported back to RC62 and discussed further under the agenda item on "Matters arising out of decisions and resolutions of the World Health Assembly". Closing the teleconference, the Regional Director informed participants about the high-level meeting on noncommunicable diseases to be held in Turkmenistan on 10–11 December 2012.

10. At a second teleconference with SCRC members on 6 July 2012, participants commented on the updated RC62 document on WHO reform and agreed on how to inform non-shortlisted candidates for membership of the Executive Board and the Standing Committee. They also agreed on how SCRC members would introduce technical agenda items at RC62, together with the Secretariat.

Action by the Regional Committee	**Review and adopt the provisional agenda** (EUR/RC62/2) **and provisional programme** (EUR/RC62/3) **of RC62**

Health 2020 – the new European policy framework for health and well-being

11. At its second session, the SCRC was informed of the milestones in phase 2 of the preparation of Health 2020, between September 2011 and September 2012, and presented with a core "package" of working papers and information documents that would be submitted to RC62. Overall, Health 2020 should promote strategies and interventions that had the greatest potential for making the most significant difference in people's level of health, with emphasis on addressing health inequalities, the social determinants of health and systematic prevention. One important issue in phase 2 was to develop a limited number of European targets that would capture the main strategic objectives of Health 2020.

12. The Standing Committee called for the "short version" of the Health 2020 policy document to be a separate document aimed at a political (rather than a technical) audience, such as prime ministers and ministers in sectors other than health. Through case studies of innovative approaches, it should examine the economics of prevention, present clear evidence of the benefits for society of investing in health, and outline policy directions. The more technical "mother document" should be addressed at the public health community and explore ways of giving effect to the desired policy. The specific target groups mentioned in Health 2020 should be expanded to include indigenous populations, not merely Roma, and migration should be regarded as a health determinant. The Standing Committee noted that Health 2020 was complementary with Europe 2020, the EU's growth strategy for the coming decade, although the latter did not formally include a health component. While not wishing to formalize the involvement of the European Commission in drawing up Health 2020, the SCRC suggested that the new European policy framework for health and well-being could be placed on the agenda of the meeting of the Working Party on Public Health at Senior Level due to be held in March 2012 under Denmark's presidency of the Council of the European Union.

13. At its third session, the SCRC was concerned that the shorter Health 2020 document, while clearly structured and easy to read, was not appropriately worded for its intended audience, i.e. presidents, prime ministers, ministers of finance and other sectors, etc. It needed to provide them with answers to the question "Why invest in health?". The "whole-of-government" approach and the concept of "health in all policies" were not addressed fully enough, and no specific recommendations or guidance were given about governance and leadership by leading political figures. To reach that target audience, a two-page executive summary of the shorter document was needed. The role of the WHO Regional Office should also be further clarified. In addition, the SCRC noted that there was relatively little mention made (especially in the shorter document) of risk factors such as tobacco use. In response, the Secretariat explained that the section on noncommunicable diseases (NCD) had been deliberately couched in general terms (the detail would be provided in specific action plans), although Health 2020 did indeed also focus on the determinants of health. The Health 2020 targets needed to be given more prominence in the policy framework and strategy, since they offered practical examples of the Regional Office's leadership. While acknowledging that the targets were designed to have a regional scope, the SCRC looked forward to the Regional Office providing the methodology for adapting them to national (and subnational) contexts.

14. At its fourth session, the SCRC was presented with the two revised Health 2020 documents, which it welcomed. The participatory nature of the consultations on Health 2020 had been the key to successful preparation of the two documents. While some minor amendments were still required, the documents were both highly satisfactory in terms of quality and content, they were comprehensive and accessible, and they would serve as a guiding star for the development of health policy at national, subregional and regional levels until 2020. Care

must be taken to ensure that Health 2020 was a "living document", which could develop and evolve in the light of new evidence and experience gathered over time. A Health 2020 web site could be set up, with links to related resources, in order to make Health 2020 as interactive as possible.

15. The SCRC was informed that its working group on Health 2020 targets had, in the course of the spring of 2012, reduced a long-list of 51 targets suggested by Regional Office staff down to a short-list of 21 targets. That short-list had been sent out to Member States for consultation. Comments had been received from 16 countries, as well as from the European Commission and the United Nations Children's Fund (UNICEF). Those comments related to the content of the targets and their relevance to public health; the quantitative measure ("the number"); coverage of the areas in the Health 2020 policy framework; and the process of target-setting and the role of WHO. A further reduced short-list of 16 targets had been carefully considered by participants in the third meeting of the EHPF (Brussels, 19 and 20 April 2012), who had recommended that there should be fewer and more overarching "umbrella" or "headline" targets, which should be regional, and that quantification (regional averages) should be considered; that they should provide a "menu" of indicators to measure progress; that those indicators should have the flexibility to reflect country-specific situations; and lastly, that routinely collected health information should be used to the maximum extent.

16. Members of the SCRC and representatives of Member States attending the fourth session as observers were highly appreciative of the outcomes of the Brussels meeting. In particular, they endorsed the smaller number of six headline targets, noting that they were well structured and closely linked to Health 2020, and that they would be readily understood by the general public and would therefore arouse considerable attention among politicians. Participants also endorsed the approach proposed with regard to indicators, noting that they could also have a significant effect in terms of disease prevention. Given the health information available in the majority of Member States in the European Region, they recommended that the year 2010 should be taken as the baseline for the targets. The headline targets should be included both in the Health 2020 policy framework and in the longer policy framework and strategy document. With regard to terminology, participants agreed that the word "target" was preferable, since it implied quantification and more (political) commitment than a goal; in addition, the term "target" had been used in both the European Region's previous policy frameworks, Health for All and HEALTH21. Lastly, the Secretariat emphasized that Health 2020 targets would be set at regional level, and that the setting of targets at national level would be most welcome and indeed an essential part of a two-way process.

Action by the Regional Committee **Review the two Health 2020 documents** (EUR/RC62/8 and EUR/RC62/9)
Consider the corresponding draft resolution (EUR/RC62/Conf.Doc./8)

European action plan for strengthening public health capacities and services

17. At its second session, the Nineteenth SCRC was informed that, in developing a European action plan on public health (EAP), an evaluation of public health services in selected western European countries had been launched, as had a study on policy tools and instruments for public health, while a consultation process had started. A first consultation on human resources for public health had been held in Copenhagen on 4 and 5 October 2011.

18. At its third session, the Secretariat reported to the SCRC that two subregional meetings had been held to secure countries' input into the EAP: one in Helsinki in January 2012, attended

by representatives of 13 Member States and three partner organizations, and the other in Brussels in March, involving 27 countries, a dozen partner organizations and no fewer than five different European Commission directorates-general. By the time of the SCRC's fourth session, the consultation process had culminated in an expert meeting at the Regional Office on 29–30 March 2012 and the EHPF meeting in Brussels on 19–20 April. The 10 essential public health operations (EPHOs) reflected the state of the art in contemporary thinking about public health, and the holistic vision of Health 2020, had been made even more salient in the EAP and the EPHOs. The structure of the EAP had been optimized, so that the 10 "avenues for action", corresponded directly to the 10 EPHOs. A timeframe for implementation and arrangements for monitoring and evaluation were set out in the action plan. A common glossary of terms used in the action plan and in the Health 2020 documentation was currently being developed.

19. The Standing Committee recognized that the EAP would be instrumental for implementing Health 2020 and welcomed the fact that public health had been restored as a central feature of WHO's work. It appreciated the clear definition of the respective responsibilities of WHO and Member States, which would facilitate monitoring. It believed that the EAP should be put forward as a model for use in other WHO regions. The Standing Committee felt, however, that the implementation period (2012–2015) was perhaps too short for all countries in the WHO European Region to have a fully developed public health system, and it called for the action plan to cover the same timeframe as the Health 2020 policy framework.

Action by the Regional Committee	**Review the draft European action plan for strengthening public health capacities and services** (EUR/RC62/12) **Consider the corresponding draft resolution** (EUR/RC62/Conf.Doc./6)

Strategy and action plan for healthy ageing in Europe

20. At its second session, the SCRC was presented with an outline of the strategy and action plan for healthy ageing in Europe, together with a first proposed draft of the full document. The latter had not yet been the subject of consultation with Member States. The Standing Committee believed that four areas in the action plan deserved more attention: permanent links should be maintained between the health system and social care; supportive environments should be promoted at national, not just at city, level; secondary measures related to falls should be considered (e.g. treatment of osteoporosis); and action to promote mental health (such as early diagnosis of depression) should be included in the plan. For tackling dementia, however, the social dimension (family support) would be important. Equally, the plan should cover the early diagnosis of NCDs and health promotion in general. Empowerment of older people should include involving them in planning the rest of their lives.

21. At its third session, the SCRC considered the first full draft of the strategy and action plan for healthy ageing, and commented that it was well written and would be useful to Member States. The Standing Committee also appreciated the interaction between WHO and the European Commission, which would bring added value. More emphasis should be given to secondary and tertiary prevention, to strengthening health systems and ensuring that they were age-friendly (inter alia by adapting medical training curricula), and to healthy ageing in long-term care institutions. Reference should be made to improving the affordability of medicines while avoiding problems of polypharmacy. Frailty, dementia and, in particular, nutrition were also topics that needed to be covered in the strategy and action plan.

22. A revised version of the strategy and action plan was presented to the SCRC at its fourth session. Revisions had taken account of the feedback received from the SCRC, comments made at the third meeting of the EHPF and the results of web-based consultations. The SCRC

welcomed the integration into the strategy of those comments and feedback and pointed out that long-term care should be referred to as part of the health system. The EU had a number of related strategies and programmes, including a strategic implementation plan on active and healthy ageing, as well as indicators and measurements on, among others, quality of life, life expectancy and healthy life years. Contact should be established with EU representatives to encourage synergy between the Regional Office's strategy and action plan and the European Union's strategic implementation plan.

Action by the Regional Committee — **Review the strategy and action plan for healthy ageing in Europe** (EUR/RC62/10)
Consider the corresponding draft resolution (EUR/RC62/Conf.Doc./4)

Strengthening the role of the WHO Regional Office for Europe's geographically dispersed offices (GDOs): a renewed GDO strategy for Europe

23. The renewed GDO strategy had been submitted to RC61 but, owing to the over-running of the agenda item on WHO reform and informal approaches to the Regional Director drawing attention to the need for further consultation, it had been decided to resubmit the paper to RC62.

24. The Standing Committee agreed at its second session that the renewed strategy contained the right level of detail, and that GDOs were an important part of the Regional Office's network in countries. One member expressed concern, however, about the feasibility of opening of new GDOs in a time of economic crisis and about whether such moves would drain the Regional Office of resources. The Standing Committee was informed that the agreement to open a GDO on NCDs in Athens had been ratified by the Greek parliament and a schedule of payments agreed, and that the establishment would not be opened until funds had actually been received.

25. At its third session, the SCRC was presented with a revised draft of the renewed strategy. The Standing Committee urged the Regional Director to retain the prescriptive nature of the strategy, given that GDOs were a long-term component of the Regional Office's structure whose life extended beyond the term of office of a given national government. It also recommended that an alternative plan should be prepared to provide additional capacity in the area of NCDs, such as through a global project, in the event that funding for the Athens GDO was not forthcoming. The SCRC also called for the annex to the strategy to be updated to include data from 2010–2011 and details of the valuable technical assistance provided by GDOs (in addition to the research work they carried out). Lastly, the Standing Committee welcomed the statement in the strategy that all proposals for any new GDO should be presented to the Regional Committee with a well developed "business case" and the confirmation that the Regional Committee would have the final say on any new GDO.

26. At its fourth session, the SCRC was informed that, following a written consultation with Member States, the requirements for establishing a GDO had been made somewhat less prescriptive, the role of secondments had been clarified, the status of existing GDOs had been updated and a preliminary analysis had been made to identify strategic priority areas that could benefit from having a GDO. A first instalment of € 500 000 had been received from the government of Greece, to be used to set up the centre on NCDs in Athens, the host agreement with the government of Germany on the European Centre on Environment and Health in Bonn had been renewed on an indefinite basis, and negotiations would be launched to renew the agreement with the government of Italy on the WHO European Office for Investment for Health and Development in Venice. A proposal was under consideration to revitalize the European Health Policy Centre in Brussels, and new GDOs might be considered in the following strategic

areas: humanitarian aid and emergencies; health system strengthening; and health information systems and knowledge management.

27. While welcoming the receipt of the first instalment of funds for the Athens GDO, the SCRC noted that it had been due in 2011 and, in view of the precarious financial situation in Greece, called for a progress report on that Centre to be presented at each of its subsequent sessions. The Standing Committee also reiterated its view that the prescriptive nature of the GDO strategy should be retained. In addition, the Standing Committee agreed with the Regional Director that the Regional Committee's decision should be sought as to which areas of responsibility for matters concerning GDOs it would wish to delegate to the SCRC or the Regional Office.

Action by the Regional Committee	**Review the renewed GDO strategy for Europe** (EUR/RC62/11) **Consider the corresponding draft resolution** (EUR/RC62/Conf.Doc./5)

Further development of a country strategy for the WHO Regional Office for Europe

28. At its second session, the Standing Committee was reminded that, although a new country strategy had been prepared for presentation at RC61, consideration of that strategy had been postponed until RC62, since discussion of WHO reform issues (including the Organization's management and structure) was still in its early stages. The Standing Committee believed that Member States would welcome the classification of WHO's country presence into three categories: a country office led by a WHO representative, a country office led by a national professional officer, and arrangements in countries without a country office. However, the criteria for that categorization should be predetermined (following consultation) and clearly stated. A cost–benefit analysis should be made of the three categories, as well as of any change in category.

29. At its third session, the SCRC was informed that three subregional consultations had been held to discuss the new country strategy. Participants in all three meetings had confirmed that WHO country offices were still needed, to provide technical assistance with tackling challenges where there was no "academic" capacity at national level, to coordinate partners, and to demonstrate and disseminate countries' experience. Subregional collaboration should be promoted, taking account of large groupings of Member States (such as the EU) while ensuring constant links between the east and the west of the Region. The relationship between WHO and the European Commission should be clarified and better coordinated. Country cooperation strategies (CCSs) should be drawn up with all countries, including those that were members of the EU. The financial implications of implementing the country strategy should be clearly spelt out, and translation of the strategy into languages other than English would be facilitated by the compilation of a glossary and consistent use of terminology.

30. The SCRC agreed on the need for a new country strategy. The current strategy dated back to 2000 (resolution EUR/RC50/R5), and since then 12 new member countries had joined the EU. It would therefore be appropriate to present a new approach to RC62 that continually responded to the thrust of WHO reform and which ensured congruence between policies adopted by the Organization's governing bodies and priorities identified for country work. The Standing Committee also noted the emphasis placed on subregional collaboration based on natural alignment of countries around specific shared needs. The SCRC echoed the call made at the subregional consultations for detailed clarification of the respective roles of WHO and the EU. It asked for the country "road map" to be part of the package presented to RC62, in

particular so that the criteria for classification of country offices could be made explicit and systematically applied.

31. Commenting on a further revised draft presented at its fourth session, the SCRC commended the efforts that had been made to incorporate the suggestions made by Member States. The SCRC was informed that while Member States were not obliged to adopt CCSs, it was hoped that they would be interested in doing so. At the outset, those strategies would be sought with countries that did not have a BCA or a country office. The clear nomination of a national counterpart was particularly important, in order to simplify communication between States and the Regional Office. A page could be included on the Regional Office's web site giving a list of national counterparts and their contact details.

Action by the Regional Committee **Review the revised country stratey for the WHO Regional Office for Europe** (EUR/RC62/13)
Consider the corresponding draft resolution (EUR/RC62/Conf.Doc./7)

Groundwork for future sessions of the Regional Committee

Further development of a new communication strategy for the WHO Regional Office for Europe

32. At its third session, the SCRC was informed that the new communication strategy for the Regional Office had been substantially revised following a number of consultations with Member States.

33. The Standing Committee acknowledged the dual aim of the new communication strategy: to disseminate information about the Regional Office and its work, and to promote and improve Member States' communication with the public. It recommended that the Regional Office should select a few areas of public health on which to focus attention and maximize the use of partnerships. In general, risk communication messages had to be coordinated by all partners involved.

34. Owing to the particularly heavy schedule for RC62, the Standing Committee decided at its fourth session to take the communication strategy off the agenda for RC62, and postpone its consideration until a later date.

Framework for a health information strategy for Europe

35. The Standing Committee endorsed the aim of the health information strategy, which was to enable Member States to make more efficient use of existing information for decision- and policy-making purposes, rather than to ask them to collect even more data.

36. At its second session, the SCRC welcomed the idea of setting up a working group to take forward the elaboration of the strategy, noting that such an arrangement was proving to be an effective way of tackling the Health 2020 targets. Developing a single health information system covering the whole WHO European Region would be a lengthy, continuous and iterative process, however. In order to secure the support of all interested parties, including the European Commission, the Standing Committee accordingly suggested that the working group, once constituted, could make recommendations to the SCRC about the best way for the subject to be taken up by the RC.

37. At its third session, the SCRC was informed that the terms of reference and composition of the working group had since been defined and proposed tasks had been outlined. Nominations for membership of the working group were currently being sought from Member States and would continue to be considered on a rolling basis; to that end, an expert roster was being drawn up. The Standing Committee considered the terms of reference of the working group to be acceptable, and the SCRC member from Turkey agreed to join the working group.

European mental health strategy and action plan

38. The SCRC was informed that, owing to their prevalence and the burden of disease and disability they imposed, mental disorders were one of the greatest public health challenges in the WHO European Region. Building on a declaration and action plan for Europe that had been endorsed by the Regional Committee in 2005, there was scope for a new strategy that would improve the mental well-being of the population, respects the rights of people with mental health problems and establish accessible, safe and effective services. Extensive consultations on the draft strategy were proposed to be held over a two-year period leading up to RC63 in 2013.

39. The SCRC appreciated its involvement at an early stage of drawing up the strategy. It called for more emphasis to be placed on early detection and treatment in the community and suggested that the strategy should take account of the need for people with mental health problems to be protected against abuse such as unjustified detention or sequestration of assets.

WHO reform

Budgetary and financial matters

40. At its second session, the SCRC was presented with an oversight report from the Secretariat on budgetary and financial matters. The SCRC welcomed the regular presentation of financial information, in the interests of transparency, but was concerned at the low percentage of Office-specific expected results (OSERs) for which progress was being monitored and at the fact that the impediments to implementation had remained stable since the previous oversight report in May 2011. It looked forward to reviewing an action plan to reduce or eliminate those impediments, once the end-of-biennium evaluation had been carried out.

41. At its third session, the Standing Committee was informed about the outcome of discussions on the proposed programme budget (PPB) for WHO for 2014–2015. The SCRC recognized that global guidance on the PPB 2014–2015 would most likely not be forthcoming until the end of April, once the WHO Global Policy Group (GPG) had met, but it called for a short paper to be presented at its fourth session describing the outstanding differences, if any, between such guidance and the main thrusts of the WHO reform process. It was reassured to learn that the Regional Office had no intention of amending the 2012–2013 biennial collaborative agreements (BCAs) with countries, and it welcomed moves to develop CCSs but wanted to learn more about the suggestion of initially doing so with the 15 countries that were members of the European Union before 1 May 2004 (EU15).

42. At its fourth session, the SCRC was informed that a number of policy documents related to the WHO reform initiative, including WHO's Twelfth General Programme of Work 2014–2019 (GPW12) and the PPB 2014–2015, had been or would be discussed at meetings of the Organization's governing bodies between May and October 2012: the sixteenth meeting of the Executive Board's Programme, Budget and Administration Committee (PBAC), the Sixty-fifth World Health Assembly (WHA65), the 131st session of the Executive Board (EB131) and sessions of WHO's regional committees.

43. A strategic overview of the draft GPW12 had been prepared for presentation to the PBAC and WHA65, which classified WHO's activities into five technical categories: communicable diseases; noncommunicable diseases; health through the life course; health systems; and preparedness, surveillance and response. The strategic overview went on to list the criteria for priority-setting. Lastly, it identified an initial list of priorities and give illustrative examples of WHO's contribution in each of those five technical categories (corporate services and enabling functions would constitute a sixth category). "Category networks" were being set up to lead development of the PPB 2014–2015, which would be subject to comprehensive internal and external peer review.

44. At the European regional level, an initial attempt had been made to rank the technical categories of work using the criteria for priority-setting: the results indicated that the highest priority should be attached to noncommunicable diseases, followed by health systems. The current regional "portfolio" of 27 key and 57 other priority outcomes would need to be adjusted for the biennium 2014–2015, with some outcomes "sunset" and other, new ones initiated. Concomitant adjustments would need to be made to the regional budgetary envelopes for the various categories of work. The initial budget envelopes by category and major office were due to be released by WHO headquarters at the end of May, and the draft PPB 2014–2015 for consideration by regional committees would be available at the end of June. Specific regional budget envelopes and costings, and a regional perspective on the draft PPB, would be developed in parallel.

Implications for the European Region

45. The Regional Director reported to the Standing Committee at its second session that a unique special session of the Executive Board had been held on 1–3 November 2011, attended not only by the 34 members of the Board but also by delegations from 82 Member States. Three formal decisions had been adopted, on programmes and priority-setting, governance and managerial reforms. At its third session, the Standing Committee was informed about the discussions held on WHO reform at EB130 in January 2012 and at a consultative meeting with Member States in February 2012.

46. The Standing Committee noted that the Executive Board had delegated a number of matters to the PBAC and agreed that its composition would need to change to reflect its increased programmatic (rather than purely administrative and budgetary) role. The SCRC recognized the value of rescheduling sessions of the Organization's governing bodies and priority-setting discussions to bring them into line with the budget cycle. So far as the Regional Committee was concerned, it agreed that a "lead time" of 1.5 years would be needed, so any new schedule could only be applied to RC64 in 2014. On the vitally important question of improving the Organization's use of earmarked voluntary donations, the SCRC recognized the value of holding the suggested "pledging conference" or "financing dialogue" before the World Health Assembly, so that contributions could be aligned with the Organization's priorities.

47. At its fourth session, the SCRC welcomed the considerable amount of work done by the Secretariat on taking forward the various aspects of the WHO reform initiative but expressed concern at the large number of items that RC62 would have on its agenda. Parallel sessions might have to be organized, as had been done at RC61. With regard to setting priorities, the SCRC drew attention to the need for the Secretariat to contact those countries that did not have BCAs with the Regional Office or which did not immediately envisage drawing up CCSs, in order to ascertain their needs and adjust the initial ranking of categories of work as required. It was likely that the PPB 2014–2015 would need to include sub-categories, in order to encompass the range of activities carried out under the 13 strategic objectives (SOs) in the current programme budget. The SCRC also called for the European Region to take the lead in focusing

the programme budget on high-level outputs that the Organization was wholly responsible for delivering.

48. The Regional Director informed the Standing Committee that health determinants were not shown in the strategic overview of the draft GPW12 and would need to be included as a cross-cutting element. The PPB 2014–2015 would be elaborated at the three levels of the Organization; each region would have its own strategic plan, with outputs (and the necessary budget to deliver them) specified at regional level, supported by a harmonized, corporate resource mobilization process.

Partnerships for health in the WHO European Region

49. At its second session, the SCRC was informed about work done to improve relations and foster cooperation with a wide range of partners. The Standing Committee called on the Regional Office to persevere in fostering its relationship with the European Commission's Directorate-General for Health and Consumers, which it saw as the essential partnership for WHO in the European Region. Partnerships could be categorized into those related to WHO's leadership role, those related to execution (joint implementation), and those where WHO needed to invest efforts (such as providing a secretariat) in order to ensure the survival of the partnership. Since many of the issues to be addressed in a new strategy for partnerships depended on the outcomes of the WHO reform initiative, the SCRC agreed that a formal partnership strategy should be developed once the WHO reform process had been completed.

Membership of WHO bodies and committees

50. At the second session of the SCRC the Regional Director informed the SCRC that the customary nominations or elections for membership of the following WHO bodies and committees would take place at the sixty-second session of the Regional Committee:

- Executive Board 2 seats
- Standing Committee of the Regional Committee 4 seats
- European Environment and Health Ministerial Board 4 seats

51. The terms of office of the members of European Environment and Health Ministerial Board could be staggered, to ensure better rotation of membership. Letters calling for nominations to those bodies and committees would be sent to Member States in early 2012.

52. The Standing Committee was reminded that under the terms of Regional Committee resolution EUR/RC60/R3, and in particular part 1 of the annex to that resolution which set out the subregional grouping of Member States, there would be no vacant seat on the Executive Board to be filled in 2012 by countries in group A. On the other hand, there would be one vacancy each in groups B and C.

53. In view of the fact that only one country had submitted its candidature for membership of the European Environment and Health Ministerial Board (EHMB), the SCRC agreed to recommend to the Regional Committee that it extend the terms of office of existing members from the health sector for one year. In the meantime, the Standing Committee would consider the possibility of "staggering" membership so that not all members were elected at the same time, and it would review Germany's request for observer status on the EHMB.

54. At its fourth session, the Standing Committee reached agreement by consensus in a closed meeting on the candidates that it would recommend to RC62 for membership of the

Executive Board and the SCRC. The Standing Committee also agreed on the Executive Board members that it would ask (in the first and second instances) to ensure the linkage between the SCRC and the Board in 2012–2013, and on the countries that should be proposed for membership of the PBAC and the Léon Bernard Foundation Committee, as well as for the office of Vice-Chairperson of the Executive Board.

Action by the Regional Committee — **Nominate/elect members of the Executive Board, the SCRC and the European Environment and Health Ministerial Board** (EUR/RC62/7, EUR/RC62/7 Add.1 and EUR/RC62/7 Add.2)

Address by a representative of the WHO Regional Office for Europe's Staff Association

55. The President of the WHO Regional Office for Europe's Staff Association (EURSA) addressed the SCRC at its third session on behalf of the European Region's workforce and confirmed the staff's commitment to forging an even stronger and more consolidated WHO as a result of the reform process. EURSA had listened with interest and anticipation when the Executive Board had called for transparent and all-inclusive consultation on that process, with mechanisms in place for WHO staff (including those in the European Region) to provide input and engage with interactive dialogue with management. The aims of the WHO reform endorsed by the World Health Assembly were the staff's aims, too. The newly constituted Staff Committee believed that the WHO reform process could support EURSA in achieving its goals, as laid down in its statutes, of promoting the welfare, interests and career development of all staff, safeguarding staff rights, and fostering conditions in which all staff could work harmoniously and effectively.

56. In the past year the WHO had faced a number of considerable challenges. The aftershocks of the global economic crisis had had a major impact on WHO and its work: workloads were continuing to increase, owing to decreasing staffing levels and activity budgets. The closure of the Rome office of the WHO European Centre for Environment and Health (ECEH) had also given rise to challenges. EURSA had worked to represent the best interests of the 31 staff assigned there: 14 of the 17 internationally recruited professional staff had been reassigned (9 to the Bonn office of ECEH, and 5 to the Regional Office in Copenhagen), but the same was true of only 3 of the 14 locally recruited general service staff. The Regional Office premises in Copenhagen had been flooded twice in the summer of 2011. Staff had rallied together by working remotely when feasible, or in temporary facilities on site. The disruption of normal operations, and particularly of the information technology (IT) infrastructure, had impacted adversely on productivity and communication across the Region.

57. During 2011, the Regional Office and EURSA had been particularly active in the prevention of harassment. Following adoption of the new global policy on the prevention of harassment at WHO in September 2010, a global advisory committee had been established in 2011, which included staff representatives designated by all WHO staff associations. EURSA was continuing to raise staff's awareness of the goal of the policy, which was "to promote a work environment in which staff members at all levels avoid behaviours that may create an atmosphere of hostility or intimidation".

58. Looking ahead, EURSA saw various issues where successful and mutually agreeable outcomes had yet to be achieved. One was establishing a single mandatory age of separation for all staff. Furthermore, EURSA believed that age should be appropriate, relevant and aligned with the highest contemporary standards of national civil service in the countries of the WHO

European Region. Another task was to ensure staff involvement in planning the imminent move of the Regional Office in Copenhagen from its current premises to the new UN City campus.

59. EURSA looked forward to maintaining close cooperation between staff and management. WHO was facing many challenges, cutbacks in budgets and reductions in staff. It was at such times that communication, dialogue and feedback were most important.

Annex: Membership of the Nineteenth SCRC 2011–2012

Members and advisers

Azerbaijan
Professor Ogtay Shiraliyev
Minister of Health

Advisers
Dr Samir Abdullayev
Head, International Relations Department, Ministry of Health

Dr Gulsom Gurbanova
Senior Adviser, International Relations Department, Ministry of Health

Belgium
Dr Daniel Reynders
Head of Service, International Relations, Federal Public Service for Health, Food Chain Safety and the Environment

Bulgaria
Ms Dessislava Dimitrova[1]
Deputy Minister of Health

Adviser
Ms Iskra Andreeva
Third Secretary, Permanent Mission of Bulgaria to the Office of the United Nations at Geneva

Croatia
Dr Krunoslav Capak
Deputy Director, Environmental Health Ecology Service, National Institute of Public Health

Malta
Dr Ray Busuttil
Director-General, Ministry for Health, the Elderly and Community Care

Poland
Professor Miroslaw J. Wysocki
Director, National Institute of Public Health/National Institute of Hygiene

Advisers
Ms Katarzyna Rutkowska
Deputy Director, Department of International Cooperation, Ministry of Health

Ms Justyna Tyburska-Malina
International Organizations Unit, Department of International Cooperation, Ministry of Health

Russian Federation
Professor Veronika Skvortsova
Minister of Health

[1] Vice-Chairperson

Advisers

Mr Mark Tsechkovsky
Department Head, Central Research Institute for Health Care Organization and Informatization, Ministry of Health and Social Development

Dr Svetlana Axelrod
Deputy Head of Section, Department of International Cooperation, Ministry of Health and Social Development

Dr Anna Korotkova
Deputy Director, International Affairs, Central Research Institute for Health Care Organization and Informatization, Ministry of Health and Social Development

Mr Pavel Esin
Department of International Cooperation, Ministry of Health and Social Development

Spain
Dr Carmen Amela Heras
General Director of Public Health and International Health, Ministry of Health, Social Policy and Equity

Adviser

Dr Karoline Fernández de la Hoz
Head of Coordination, Directorate-General of Public Health and International Health, Ministry of Health, Social Policy and Equity

Sweden
Dr Lars-Erik Holm[2]
Director-General and Chief Medical Officer, National Board of Health and Welfare

Advisers

Ms Louise Andersson
Division for EU and International Affairs, Ministry of Health and Social Affairs

Mr Niclas Jacobson
Head of Section, Division for EU and International Affairs, Ministry of Health and Social Affairs

Mr Bosse Pettersson
Senior Adviser, National Board of Health and Welfare

Turkey
Dr Bekir Keskinkılıç
Deputy Director-General, General Directorate of Primary Health Care, Ministry of Health

Adviser

Mr Seyhan Sen
Deputy Head, EU Expert, Department of Foreign Affairs, Ministry of Health

Ukraine
Professor Olesya Hulchiy
Vice-Rector, International Relations, O. Bohomolets National Medical University

[2] Chairperson

United Kingdom
Professor David Harper
Director-General, Health Improvement and Protection, International Health and Scientific Development, Department of Health

Advisers
Dr Felicity Harvey
Director-General of Public Health, Department of Health

Ms Kathryn Tyson
International Division, Department of Health

Observer

Dr Ewold Seeba[3]
Deputy Director-General, Federal Ministry of Health, Germany

Adviser
Ms Dagmar Reitenbach
Head of Division, Global Health Policy, Federal Ministry of Health, Germany

[3] European member of the Executive Board