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Introduction

1. The Twenty-first Standing Committee of the Regional Committee for Europe (SCRC) held its third session at the new premises of the WHO Regional Office for Europe at the UN City in Copenhagen, Denmark, on 19 and 20 March 2014.

Review by the Regional Director on progress made since the second session of the Twenty-first SCRC

2. In her opening statement, Zsuzsanna Jakab, WHO Regional Director for Europe, said the focus of the Regional Office's activities had been the implementation of Health 2020, the European policy framework. Support to Member States had been provided to develop their health policies, including through high-level policy dialogues in a more integrated manner, and she planned to consult all governments to carry out a needs analysis. She had paid official visits to the Russian Federation and Kyrgyzstan, and the Regional Office had hosted visits by the Minister of Health of Albania and the First Lady of Estonia, the WHO Regional Office for Europe Champion of Health on noncommunicable diseases (NCDs). The Office had continued to provide support for health systems reforms, specifically to countries with budgetary constraints.

3. The Regional Office had launched nutrition, physical activity and obesity profiles in all 53 Member States and the WHO STEPwise approach to Surveillance (STEPS) had been rapidly taken up in the Region. Kyrgyzstan, the Republic of Moldova, Turkmenistan and Uzbekistan had already completed data collection on national risk factor surveys using the STEPS methodology. A series of roundtable meetings on the reproductive, maternal, child and adolescent health strategies were scheduled to be held in Kyrgyzstan and Uzbekistan. The Regional Office had cooperated closely with WHO headquarters and the Regional Office for the Eastern Mediterranean to formulate a regional response to the polio outbreak in the Syrian Arab Republic and had worked with Turkey to organize supplementary polio immunization campaigns in high-risk provinces, targeting Syrian refugees. In collaboration with the United Nations Children Fund (UNICEF), the Regional Office had scaled up its efforts to prevent a polio outbreak in Ukraine, given the low rate of vaccination coverage in that country.

4. For the first time, a training workshop on drafting national NCD plans, designed for high-level policy-makers, had been held in the Russian language and training had been provided for heads of country offices on the development of country collaboration strategies, including techniques for linking those strategies with ongoing processes such as the implementation of Health 2020, bottom-up planning for the next programme budget (PB) and the development of United Nations Development Assistance Frameworks (UNDAFs).

5. The first year of the Public Health Aspects of Migration in Europe (PHAME) project had focused primarily on the Mediterranean countries of the European Region most affected by large inflows of migrants. Italy, Malta and Portugal had been assessed to ascertain where technical assistance might be channelled. Greece and Italy had organized major events on migrants' health and had moved the item to the top of the political agenda.

6. The Regional Office had intensified its collaboration with partners, variously at the World Economic Forum in Davos and with non-governmental organizations (NGOs). The United Nations Secretary-General's Special Envoy for AIDS in Eastern Europe and Central Asia had visited the Regional Office to discuss joint collaboration in line with the European Action Plan on HIV/AIDS. The Regional Office for Europe had also enjoyed a very constructive relationship with the Greek Presidency of the European Union.

7. Finally, the Regional Director had attended the WHO Global Policy Group (GPG) meeting in Manila from 14 to 17 March, at which senior management had discussed WHO reform, bottom-up planning for PB 2016–2017, engagement with non-state actors, NCDs and the post-2015 development agenda.

Report of the second session of the Twenty-first SCRC

8. The report of the second session of the Twenty-first SCRC (Floriana, Malta, 16–17 December 2013) had been distributed and adopted electronically.

Provisional agenda and programme of the 64th session of the Regional Committee (RC64)

9. The Regional Director presented a proposed provisional agenda and programme of work for RC64. The Director-General of WHO had been invited to address the Regional Committee, as had the Patron of the WHO Regional Office for Europe, the Commissioner for Health of the European Union, the Executive Director of UNAIDS, the United Nations Secretary-General's Special Envoy for AIDS in Eastern Europe and Central Asia (thereby reflecting the magnitude of the HIV problem in the European Region) and the Regional Director of the United Nations Development Programme (UNDP) for Europe. It was hoped that the Regional Committee could take advantage of the presence of the UNDP Regional Director to organize a panel discussion on partnership and coordination with the United Nations system at both regional and country levels. On policy and technical topics, the SCRC should decide whether to include the country strategy for the WHO Regional Office as a formal agenda item or whether to make it the subject of a technical briefing, bearing in mind that the global country strategy was not submitted to the global governing bodies. Since the discussions on non-state actors were still ongoing and further developments were therefore to be expected, it was proposed to present an information document rather than a regional strategy. The SCRC was invited to discuss suitable subjects for technical briefings. The suggested topics were migration and health, nursing and midwifery, the country strategy (assuming the item was taken off the agenda), the health information strategy, and women's health. Likewise, themes for the ministerial lunches needed to be agreed upon. The suggested topics were health in the post-2015 development agenda and success stories in the sphere of NCDs or early childhood development (the latter calculated to tie in with the agenda item on investing in children). The venue for the Regional Committee meeting in 2015 would be Vilnius, Lithuania; in 2016, Copenhagen; and in 2017, invitations to host were welcome.

10. The SCRC made a number of comments and suggestions on the proposed agenda and programme of work: given that the report on the implementation of the Tallinn Charter was not due before 2015, it was suggested to have one discussion on health systems, combining the Almaty Conference and the Tallinn Charter and to more actively involve the countries that had hosted a major conference in the reporting progress; also more active involvement of Member States in technical briefings needed to be considered. One representative said that, under the item on WHO reform, strategic resource allocation and engagement with non-state actors needed to be referred to more explicitly in the agenda and programme budget matters should be dealt with separately. Another representative requested to restructure the agenda as much as possible around the programmatic priorities of the Organization. Clarification was requested on three additional progress reports. It was pointed out that following up on progress of implementation of resolutions and strategies is a central part of oversight and evaluation and all progress reports that are due should be presented and debated under a specific agenda item.

11. The Deputy Director, Division of Communicable Diseases, Health Security and Environment, said that the Secretariat had intended to include the reporting requirements of the Parma Declaration on Environment and Health in the Regional Director's report to the Regional Committee. Likewise, the agenda item on investing in children would include a progress report on implementation of the child and adolescent health strategy. The same item would cover the issue of maltreatment of children and would partially satisfy the reporting requirement on injuries.

12. The Regional Director said that every effort would be made to cluster technical topics according to programme budget category. The Secretariat would check on the precise dates of reporting requirements on injuries, child and adolescent health and the Parma Declaration and take the necessary follow-up action including them in the agenda item on progress reports as applicable.

13. The Standing Committee agreed that the country strategy should not be included on the agenda of the 64th Regional Committee, but should form the subject of a technical briefing. A definitive list of technical briefings and topics for ministerial lunches would need to be established. The Secretariat was invited to revise the scheduling of the agenda items and side events and present further proposals to the May session of the Standing Committee.

Partnerships

14. The Executive Manager, Strategic Partnerships, introduced the report on partnerships for health in the European Region (document EUR/SC21(3)/12) as an information document for the Regional Committee and requested guidance from the SCRC on the length and fitness for purpose of the document. If the UNDP Regional Director for Europe was unable to attend the Regional Committee meeting, the planned panel discussion on collaboration with the United Nations system could be replaced by an event attended by representatives of NGOs, who would be invited to present their (seldom heard) views on selected topics.

15. The SCRC noted that the current iteration of the partnerships document was clear and concise and that hosted and other partnerships had been clearly distinguished. Representatives sought more detail to be annexed to the information paper about the various types of partnership and their respective areas of engagement, and requested financial information on the collaboration with the partners, if possible. One representative said that in light of the PB planning process, it would be interesting to know how much each of the Organization's partners was investing in country activities, the corollary being that WHO could adjust its contribution accordingly. An effort should be made to link the regional debate on partnerships with global thinking on the issue. Finally, the Secretariat's proposal to organize a panel on partnerships with NGOs was very interesting; the event could be a useful trust-building exercise.

16. The Executive Manager, Strategic Partnerships, said that no new partnership agreements were due to be signed before the Regional Committee next met. Although the Secretariat would endeavour to categorize its various partners, their areas of engagement and, where applicable, their financial contributions, perhaps in the form of an annex to the document. The fact remained that it was extremely difficult to obtain a clear overview of total donor expenditure on health in any given country.

17. The Regional Director said that the idea of a partnership panel involving NGOs was a contingency plan if the UNDP Regional Director for Europe was unable to attend the Regional Committee; in any event, the Regional Office was committed to a policy of active engagement with NGOs. The debate on the rules of engagement between WHO and non-state actors was currently ongoing at the global level and explicit guidelines would emerge in due course.

Clearly, whatever the forum chosen to engage in dialogue with the private sector, the territory should be predetermined by WHO.

18. The Standing Committee agreed that the report should be taken forward as an information document, adjusted to reflect the evolving global discussion on partnerships.

WHO reform – updates following the 134th session of the Executive Board

19. The Regional Director introduced the report on WHO reform, specifically progress and implications for the European Region (document EUR/SC2 (3)/17). The report was an evolving document which could only be finalized after a number of issues had been settled at the World Health Assembly in May. At the recent GPG meeting, senior management had agreed that bottom-up planning for 2016–2017 should start immediately; accordingly, the Regional Director intended to write to ministers of health requesting them to identify their priorities for the next biennium. The country priorities should be aligned with the six leadership priorities in the Twelfth Global Programme of Work (GPW12). In parallel, it would be necessary to identify the global and regional public goods and commitments (the top-down component) and thereafter reconcile the two processes. She hoped that a first draft of PB 2016–2017 would be ready by early July and proposed to organize a teleconference with the SCRC during the summer to discuss the matter further. On the strategic allocation of resources, the Director-General was seeking guidance from Member States on the criteria for dividing funds among the proposed budget segments and whether resource allocation would apply to assessed contributions and/or voluntary contributions. Finally, Member States should recognize that it was impossible to effect drastic change between two consecutive biennia because the high proportion of staff costs precluded abrupt transfers of funds from one office or programme area to another at short notice. The question of governance reform, a perennial agenda item in the European Region, had been discussed extensively at the Executive Board session in January, in particular a proposal to limit the excessive number of items on the Board's agenda.

20. The Director, Division of Administration and Finance, delivered an oral presentation on the planning process for PB 2016–2017. Under the proposed budget reform, funding for administration and management would be split into an infrastructure and administration component, to be directly funded from projects and accounted for under categories 1–5, and a leadership and governance component, funded completely from assessed contributions and accounted for under category 6. The proposal would translate into substantially higher project support costs, which would hit the European Region hard: the Regional Office's biggest partner, the European Union, paid only 7% programme support costs. Clearly, there would need to be extensive consultation with donors regarding costs during project development. The financing dialogue had ended without any significant implications for the European Region: no major change was envisaged in the pattern of funds allocation nor had historically "undersubscribed" programmes received any new funds. Little progress had been made on human resources reform. The planning process for PB 2016–2017 was behind schedule. In general, planners faced the challenge of ensuring that the budget was targeted and specific, yet flexible enough to respond to emerging needs. The GPG had agreed that indicative budget figures for the 2014–2015 biennium would be used for the country-level technical cooperation segment, of which 80% would be for country priorities and the remainder for emerging needs. Within the 80% figure, countries would be encouraged to prioritize between 10 or 12 programme areas. The GPG had further agreed to increase the percentage of the budget allocated at the country level and also that more funds should be diverted to "fragile" countries. The implications of those decisions for the European Region still needed to be digested. It was relatively unclear how PB 2016–2017 would be presented to the regional committees, specifically at what level of detail. The Secretariat would require more information before deciding how to structure the

forthcoming discussion on PB 2016–2017; however, now that the GPG had given clear guidance and internal disagreements in the Secretariat had been resolved, it would be possible to submit various methodological options to the next meeting of the SCRC in May.

21. The Head, Programme and Resource Management, added that two principal tasks at country level were the identification of priority health outcomes in the context of the GPW12 and the assessment of exactly how WHO could contribute to the achievement of those outcomes. Given the tight timeline, counterparts at country level should make themselves available to work with heads of country offices to identify national priorities over the next few months.

22. The Regional Director said that, for pragmatic reasons and to avoid restarting the planning process from scratch, countries should use their existing country cooperation strategies (CCSs) and biennial collaborative agreements (BCAs) as tools to identify national priorities. In the European Region, BCAs for the coming biennium had been finalized quite recently and the priorities specified in them had not changed significantly, although in some cases reviews might be in order. She reminded Member States that the 10 to 12 priority areas should be distributed across the five categories, thus yielding a total of two or three priorities per category. Both regionally and globally, Member States needed to decide which of WHO's commitments they wished to take forward; that assessment would inform the review of the global and regional public goods. The position had been simplified and clarified somewhat because certain resolutions had now been sunsetted.

23. The Standing Committee thanked the Secretariat of the Regional Office for its work in advancing the reform process and taking Member States' concerns forward to the global level. However, it should be made emphatically clear that, notwithstanding short timelines and planning fatigue, Member States would not accept a PB 2016–2017 at the Regional Committee in September of this year without figures. One member requested reassurances regarding the current financial position of the Regional Office.

24. The Director, Division of Administration and Finance, said that an overview of the financial picture had been presented to the Standing Committee in December and an update would follow in May. The level of funding was currently the same as at the comparable point in the previous biennium. Certain "pockets of poverty" persisted, reflecting uneven funding across categories and programme areas.

Reports by chairpersons of SCRC subgroups

Subgroup on strategic resource allocation

25. The Chairperson of the subgroup explained that the Executive Board had requested further discussion on strategic resource allocation (SRA) before making a submission to the World Health Assembly. A global working group on SRA, comprising one Member State per region, had been formed. That working group was currently consulting all Member States in preparation for a meeting in April, the outcome of which would be presented to the Assembly. As the European member of the global working group, he had thought it important that the SCRC should provide additional input regarding SRA along with the responses he had received from Member States across the Region. The SCRC subgroup had already met twice and had decided to draft guiding principles at three levels that might inform the global SRA process, with a view to formulating a pragmatic approach for PB 2016–2017. The first level constituted overall guiding principles for the global process; the second, principles regarding the specific main budget segments for regional budget allocation; and the third, core principles or criteria to be applied in all regions for country budget allocation. It had been assumed that the other budget processes taking place in parallel with the SRA debate (bottom-up planning, costing of outputs,

the roles and responsibilities of the different levels of the Organization) would be completed and applicable when the time came to allocate the budget. The general principles incorporated some new concepts such as absorption capacity and the "added value" of WHO; the latter criterion aimed to maximize budget efficiency by encouraging the Organization to focus its resources only on those health outcomes not addressed by other stakeholders such as UNICEF, the Global Fund to Fight AIDS, Tuberculosis and Malaria or the GAVI Alliance. The SRA mechanism should be transparent, stable and capable of being updated (in the event of a shift to a formula-based mechanism). A recommendation would be made to the global working group that the allocation of the budget should be restricted to the seven major offices of WHO; the regional committees should be responsible for deciding how to allocate the regular budget among countries in their respective regions. Such a mechanism would enhance the accountability of the regional offices and would more accurately reflect regional specificities. The technical cooperation segment was the most sensitive component because it represented the most accurate gauge of activities at the country level. However, it should not be used to set individual country budgets, but rather as an overall indicative allocation for country-level work across an entire region. The regional budget allocation should take account of population size and the number of countries in the region, not just the number of country offices. Other relevant criteria would be the efficiency of health systems and emerging health challenges not captured in the Health Development Index (HDI). The subgroup would remind WHO headquarters that, in the European Region, technical cooperation was not limited to developing countries or those with WHO country offices. The subgroup had also made a number of recommendations on the provision of global and regional public goods, administration and management and response to emergency events, all of which would be relayed to the global working group and thence to the World Health Assembly.

26. One member proposed that the report should be circulated to countries that received technical cooperation from WHO, since they were directly concerned by the subgroup's recommendations. Another made a plea that individual country technical cooperation should take into account the specific national context, in particular the fact that, when assessing national health requirements, Member States were at different starting points. In addition, global public goods must be aligned with national programmes. It was observed that four distinct approaches would be needed for each of the four budget segments proposed by the Executive Board. For example, the distinction drawn between voluntary contributions and the budget as a whole was meaningless in the context of individual country technical cooperation. After the global working group on SRA had made its final recommendations and prior to the next session of the Programme, Budget and Administration Committee (PBAC), a teleconference should be organized to agree a joint position.

27. The Chairperson of the subgroup said that the report was merely an input into the efforts of the global working group on SRA – in effect a debate about something that did not yet exist – and for that reason he would be reluctant to share it with Member States throughout the Region at the present time.

28. The Director, Division of Administration and Finance, said that the SCRC subgroup had raised certain issues that the Secretariat had not previously considered, for example, whether the current proportion of spending on the four segments was desirable or if some adjustments would be necessary. Likewise, the report incorporated elements that had not formed part of the previous SRA formula, for example, NCDs, health systems efficiencies, health promotion and diseases that did not correlate with the UNDP HDI.

29. The Regional Director commended the subgroup for its excellent work, which would undoubtedly influence global thinking on SRA and help to define the Organization's future SRA methodology. She agreed that it was premature to share the subgroup's report with the regional membership; she proposed that the report should be forwarded to the chairperson of the

global working group and to WHO headquarters in order to acquaint them with the ideas it contained. Regarding the relative size of the budget segments, the GPG had resolved that every major office should attempt to shift further resources to the country level; obviously, such an exercise would involve some readjustments and the proposal had not yet been put before the global governing bodies. The overriding aim was to achieve a fair and equitable distribution of the budget among the seven major offices, after which the regional committees would have the biggest voice in deciding how to distribute the regional allocation further. To facilitate that task, the Regional Office intended to review its major commitments to the European Member States in the light of the previous year's resolution sunsetting exercise and to develop a more detailed regional perspective on the global programme budget.

30. The Standing Committee decided to forward the subgroup's report to the chairperson of the global working group on SRA and to WHO headquarters and to organize a teleconference prior to the PBAC session in May to discuss the outcome of the discussions in the global working group.

Subgroup on governance

31. The chairperson of the subgroup on governance reported on its work in the area of resolution management, which had resulted in two draft templates: the first of a Regional Committee resolution and the second on the financial and administrative implications of draft Regional Committee resolutions. To promote the active involvement of Member States in the work of WHO, the subgroup had sought to ensure that both permanent missions and capitals could make contributions (not all Member States had permanent missions in Geneva) and had developed a number of logistical proposals to promote and maximize Member State involvement (WebEx, ShareFile, possibility of training and capacity building on the functioning of global bodies). On the topic of work with NGOs, the subgroup had made a number of suggestions: written statements on technical agenda items; short, pre-cleared oral interventions only on major items; and increased involvement of NGOs in technical briefings and panels. As instructed by the SCRC at its previous session, the subgroup had developed a proposal for a fairer, more transparent and objective system for the nomination of European Regional members of the Executive Board and SCRC based on six approved criteria set out in resolutions EUR/EC60/R3 and EUR/RC63/R7. The formula used a comprehensive weighting and scoring system of the criteria to identify the best candidate. It could be used for nominations for any given governing body. The subgroup also proposed that the country nominating a candidate to serve on a WHO governing body would submit a programme or manifesto of up to two pages describing the country's objectives and priorities for that governing body.

32. Members of the SCRC who had not taken part in the subgroup's deliberations welcomed the attempt for a more measurable system to evaluate candidates, but commented that the proposed system for nominations seemed complex and observed that candidates were nominated first and foremost as country representatives; their individual merits and qualities were, strictly speaking, secondary considerations. The template on the financial and administrative implications of draft Regional Committee resolutions was welcomed as an attempt to instil economic accountability into the process of resolution-making, but should include reference to the overall impact of the resolution on the programme area.

33. The Regional Director agreed that Member States, not individuals, were nominated and selected for membership of the Executive Board and SCRC, but the European Region was unique in considering the CVs of individual candidates. That practice, which had been cited with approval by the Legal Counsel at WHO headquarters, was a safeguard to allow Member States to reflect on high-level candidates for the full length of the mandate. In any event, the SCRC had a mandate from the Regional Committee to ensure more objectivity in the nominations process, which it had duly fulfilled. The SCRC agreed that the short-listing of

nominations to the Executive Board and SCRC should proceed as usual, based on the six criteria approved by the Regional Committee, but that the tool developed by the subgroup could be piloted in May, pending further evaluation and refinement. The templates on resolutions developed by the subgroup should be taken forward to the Regional Committee, incorporating the observations made by the SCRC.

Subgroup on Health 2020 implementation

34. The chairperson of the subgroup on Health 2020 implementation thanked the Secretariat for its energy and diligence in developing a range of Health 2020 concepts and tools and especially its work on drawing up targets and indicators. The importance of having a national public health plan could not be overemphasized as the key to successful implementation of Health 2020.

35. The Director, Division of Policy and Governance for Health and Well-being, gave a presentation on the implementation of the Health 2020 policy at the country level. The Regional Director had written directly to Member States requesting details of their health development plans and to find out what assistance they expected from WHO. A number of Health 2020 publications had been recently translated into Russian. The Regional Office had organized training for programme managers on national health policy development within the Health 2020 framework and the Health 2020 implementation package had been populated by tools and services from different divisions and country experiences. National BCAs contained a variety of potential entry points that would enable a country to initiate or develop a particular aspect of the Health 2020 policy. The objective was to take Health 2020 forward using a variety of pathways, with flexibility and in light of individual country circumstances. Careful assessment of country contexts was therefore a prerequisite for the provision of technical advice and assistance. Various tools pinpointing the current situation, requirements and Health 2020 perspectives in individual countries were demonstrated and examples of promising initiatives cited.

36. The SCRC member representing the Russian Federation said that the Commonwealth of Independent States (CIS) had recently decided to adopt the Health 2020 approach as the basis for health strategy in the CIS countries and a corresponding agreement was due to be signed at the state level. The Health 2020 approach was a useful tool for detecting the various gaps that countries needed to fill in their health systems. While not every national health initiative was explicitly identified with Health 2020 and many countries did not actually employ the term "public health", their actions in the health sphere did in fact conform to the Health 2020 strategy. The monitoring of indicators was a key task and would spur countries on to take targeted actions.

37. The Director, Division of Health Systems and Public Health, drew attention to the monitoring of progress in health systems strengthening at the country level and to the transformation and scaling up of the health workforce in the Health 2020 context.

38. The Director, Division of Information, Evidence, Research and Innovation, referring to the questionnaire for the three qualitative indicators for health, requested further input from the SCRC on the mode of data collation. She also informed the group of the upcoming meeting of experts where objective well-being indicators would be proposed. Feedback would be given at the next SCRC and at RC64.

39. The Director, Division of Policy and Governance for Health and Well-being, appreciated that countries did not always use the same language when talking about health or the indicators for measuring it, but the Secretariat had tried to ensure that the underlying concepts were in alignment. Public health was not a watertight category, it had many ramifications that went beyond the remit of health ministries, but it was nonetheless the core element that underpinned

all other aspects of the Health 2020 approach. In a cross-tabulation of the strategic objectives and policy actions of Health 2020 with essential public health operations (EPHOs) designed to support implementation of the public health function, the function of ensuring governance for health and well-being had been identified as an excellent cross-cutting entry point into Health 2020. In that spirit, health ministries in some countries were following a whole-of-government approach by reaching out to other sectors. The Secretariat was therefore developing guidelines and practical recommendations on how to organize and conduct successful intersectoral meetings.

40. The Regional Director requested guidance from the SCRC on how best to present the wealth of information on Health 2020 to the Regional Committee and proposed a further discussion when the SCRC met again in May. She welcomed the announcement by the representative of the Russian Federation that the CIS health strategy would be implemented at the state level and urged the relevant health authorities to make full use of the services provided by WHO. Likewise, she had been pleased to learn that Health 2020 had been integrated into the development strategy of the South-eastern Europe Health Network (SEEHN) and would therefore be a component in the European Union pre-accession funds for the countries concerned. She urged Member States to make use of the suggested Health 2020 indicators and targets to monitor improvements and also to take advantage of policy audit tools, as Finland and Lithuania had already done.

Technical items

Outcome of the Ashgabat Conference

41. The Director, Division of Noncommunicable Diseases and Life-course, introduced the text of the Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 (document EUR/SC2 1(3)/10) and requested the SCRC to endorse it as well as to mandate the development of a roadmap for actionist implementation. The drafting process had been somewhat delicate, given that the World Health Assembly had approved the Global Action Plan for the Prevention and Control of NCDs 2013–2020 back in May and the Ashgabat Conference had not wished to outstrip the global initiative. It had therefore chosen to reinforce Member States' commitment to Health 2020 and adopt some innovations specific to the European Region. Three priority areas were noted: the discrepancy between the high number of European signatories to the WHO Framework Convention on Tobacco Control (FCTC) and the fact that the Region as a whole had the highest prevalence of smoking globally; the reinforcement of NCD prevention and control; and expedited development of national people-centred health systems.

42. The Standing Committee endorsed the Declaration and requested the Secretariat to go forward with an action plan. Given that the parts of the policy agenda in the Declaration were ambitious, the Secretariat should prepare rigorously when presenting a draft resolution for consideration by the Regional Committee. It was noted that tobacco was the only NCD risk factor named in UN Resolution 64/265 on the prevention and control of NCDs still remaining without an action plan to support achieving the targets. It was requested by one Member State that the action plan also cover non-smoking tobacco products and innovative products, such as electronic cigarettes. Finally, care should be taken to ensure that any draft resolution that touched on tobacco-related issues should stay within existing legal obligations.

WHO European Region Food and Nutrition Action Plan 2014–2020

43. The Director, Division of Noncommunicable Diseases and Life-course, introduced the regional Food and Nutrition Action Plan 2014–2020 (document EUR/SC21(3)/8), which had

been redrafted to take account of comments and guidance received in December's SCRC session. The document would shortly be circulated to Member States throughout the Region for formal consultation and review by national technical focal points. An updated version would then be presented to the SCRC meeting in May, when further comments and suggestions would be incorporated.

44. The Standing Committee expressed its satisfaction with the new, improved version of the Action Plan and made a number of editorial and technical suggestions to improve and clarify the document still further.

45. The Director, Division of Noncommunicable Diseases and Life-course, said that the sheer number and detail of Member State's comments demonstrated their clear engagement with the Action Plan. All the suggestions would be duly noted and reflected in the next iteration of the text. He noted the positive reaction of Member States to nutrient profiling as a precursor to the regulation of marketing; promised that new versions of the Action Plan would allude more explicitly to policy partnership with the European Union; explained that global NCD attention was focused on obesity, whence the need to remind Member States of the continuing existence of pockets of undernutrition – clearly the emphasis had been misplaced and would be addressed in the next draft; and made assurances that the redrafted text would refer to other health promotion measures such as cooking with fresh ingredients, as suggested by the SCRC. A discussion of the cost of fresh food would also be included. Despite the existence of the Childhood Obesity Surveillance Initiative and the Health Behaviour in School-aged Children study, greater efforts were evidently required to integrate age-specific data collection tools into the overall NCD monitoring framework. The next iteration of the document would list the range of conditions that were nutrition-related and give greater prominence to an intersectoral "nutrition in all policies" approach. In drafting the Action Plan, the Secretariat had tried to include successful examples of national fiscal interventions – the French tax on sugar-sweetened beverages was a conspicuous case in point – in the hope of encouraging other governments to follow suit. But clearly, there was a big debate on the effectiveness of fiscal measures to regulate demand and the issue should be discussed in an appropriate forum for exchange. The Secretariat would re-read the Action Plan to address the criticism that the text was paternalistic and that it assumed people were incapable of making their own nutritional choices. In adopting a predominantly regulatory approach, the Action Plan had merely followed current government practice across the European Region: whereas nearly all Member States had policies to raise public awareness (dietary guidelines, school fruit schemes, etc.), relatively few had enacted confrontational or controversial measures such as the regulation of marketing or the introduction of taxes and subsidies. Finally, the Secretariat had taken note of Member States' objection to the phrase "healthy foods" and would delete it.

46. The Regional Director informed the SCRC that the Director-General intended to set up a WHO commission for childhood obesity which would carry out its work in the next few months and report back to the World Health Assembly in 2015.

47. The Director, Division of Noncommunicable Diseases and Life-course, said that following the formal consultation with Member States, a preliminary draft of the updated Action Plan would be made available to the SCRC shortly prior to its meeting in May. Due to changes being requested and the ongoing political consultation, the Chairperson indicated that it was acceptable that the document would be available a few days before the next meeting.

Investing in children

48. The Director, Division of Noncommunicable Diseases and Life-course, introduced the draft strategy for child and adolescent health and development in the WHO European Region 2014–2025 (document EUR/SC21(3)/14) and the related child maltreatment prevention action

plan 2014–2020 (document EUR/ SC21(3)/13), which had been extensively revised in the light of input from Member States, an interdivisional working group and a technical expert meeting. He drew the attention of the SCRC to the holistic vision for child and adolescent health in paragraph 25 of the draft strategy, which was a portrait of perfection, and asked which parts of the vision might be realized within the next 10 years. Where should WHO focus its efforts to make a difference? One startling issue that had become apparent was that children across Europe were absent from health information systems after the age of five, resurfacing only when they became voters. Most government data was household- rather than child-centred, which complicated the mapping of health trajectories among children and adolescents. Another issue of concern was the stubbornly high rate of child mortality from preventable diseases in some parts of Europe. The child maltreatment prevention action plan, on the other hand, sought to show the draft strategy in operation with regard to a particular problem in the European Region. The action plan made the point that, in most European countries, child maltreatment was a matter of criminal justice, whereas, from a public health perspective, an approach based on prevention and treatment might be more appropriate. Governments should seek to define child maltreatment more precisely and pay particular attention to problem groups (drug users, alcoholics, families living in poverty) to forestall maltreatment.

49. The Standing Committee expressed its satisfaction with the redrafted version of the draft strategy and with the action plan and made a number of editorial and technical suggestions to improve and clarify the documents still further.

50. The Director, Division of Noncommunicable Diseases and Life-course, noted the large number of reservations about the targets, goals and objectives in the draft strategy. The Secretariat had tried to identify areas in which improved outcomes could actually be measured, as opposed to simply gauging the progress of policies and processes. It was a technically difficult feat, given the stricture not to introduce new measuring processes. The picture was even more complicated with regard to child maltreatment, a field in which standard definitions were lacking and comparability elusive. Should the indicators in the draft strategy be expressed in terms of figures or trends? The duly noted comments on each indicator would have to be reviewed and refined. The next iteration of the draft strategy would refer to health literacy (although the present version did mention health education and knowledge and skills), include clear sources for all statistics presented, expand the definition of protective factors, include references to shaken baby syndrome, give greater prominence to infancy, look at networks of services, say more about mental health programmes, mention bullying, include a reference to training for the detection of all forms of child maltreatment for teachers and school personnel and refer to countries conducting the surveys by themselves. Some of the timelines for meeting specified targets (specifically 2015) were indeed too short and would be amended. The next version would also spell out in greater detail the role of WHO in helping countries to implement the draft strategy. It was also suggested to tie the strategy with other relevant WHO and EU strategies dealing with the same issue. One Member State asked for the report on the last strategy to be finalized and referred to in the strategy. The Secretariat had removed all references to the quantitative impact of the previous strategy, precisely because it had proved so difficult to demonstrate specific outcomes. Some of those numerical impacts could of course be restored, but it was important to acknowledge the difficulty honestly. For the same reason, the new draft strategy had sought to nail down the impact it would have on precisely identified health programmes. The role of local authorities in improving child and adolescent health (through ensuring a safe environment and safe transport), the need to focus on actual legislation rather than plans and policies, and the desirability of developing criteria for adverse child hood experiences would all be reflected in the next iteration of the documents.

Country focus

51. The Executive Manager, Country Relations and Corporate Communications, introduced a cover note containing the background to the ongoing discussion about the role of WHO country offices and their relationship with national governments (document EUR/SC21(3)/16), the report of the first meeting of the working group on the new country strategy for the European Region (document EUR/SC21(3)/11) and an annotated concept note on a proposed information document about country offices for the attention of Member States, which would substitute for a formal country strategy should the SCRC so decide (document EUR/SC21(3)/15). Internal discussions in the Secretariat had indicated that the function and key roles of country offices throughout the region was still poorly understood and accordingly she proposed a number of presentations for the benefit of the SCRC.

52. The Technical Officer, Strategic Relation with Countries, said that among the criteria for determining the size of a country office were the extent of the country's health needs based on demographic and health indicators, the country's capacity to meet those needs and its need for coordination and project management at the country level. Clearly, the willingness of a Member State to host a country office was also a factor. A country office could expand or contract over time to reflect changing needs and circumstances.

53. The Head of Country Office, Slovenia, said that the role of a small WHO country office was to act as a one-stop-shop for assisting a Member State with agreed upon assistance and collaboration, typically within the framework of a BCA. It also served as a go-between with the rest of the United Nations system. Small country offices were found in Member States with substantial existing technical capacity.

54. The National Professional Officer from the Country Office, Bosnia and Herzegovina, said that the role of a medium-sized WHO country office was to assist with the handover of health initiatives from WHO to the Member State and to take account of subregional specificities including management of cross-border health initiatives such as SEEHN. It also assisted with priority-setting under UNDAF and helped governments to access resources from the GAVI Alliance and the Global Fund.

55. The WHO Representative in Kazakhstan said that the role of a large WHO country office was to facilitate bidirectional communication between the Member State and all levels of WHO and to deliver policy advice and technical assistance. Large offices implemented demonstration projects directly and played a vital role in health emergencies and resource mobilization.

56. The SCRC, commenting on the information document and the proposal to dispense with a formal regional country strategy, observed that the text before it went beyond a simple classification of country offices and their core functions (which, it was agreed, would be helpful as a familiarization tool for health ministries and other government officials) to address much broader themes about the nature of the relationship between WHO and Member States. The functions of the different types of country offices needed to be described as well as the cooperation models used between WHO and countries without country offices. One representative commented that, in the context of WHO reform, the issue of a global country strategy required discussion by the global governing bodies; the Director-General's reluctance to initiate such a dialogue was therefore puzzling. The prevailing view at the global level that country strategy was an internal management matter should not, however, preclude discussion of the item by the Regional Committee, although the debate should perhaps be characterized in a different way. Given the crucial role of country offices in advancing the work of the Organization in the European Region, it was to be hoped that the global position would evolve, at which point the question of a strategy would naturally find its way back on to the regional agenda. Another representative said that it was not the business of the Regional Committee to

scrutinize the rationale that had led to the establishment of a particular type of country office in a given Member State, let alone to recommend that a particular country needed a particular kind of country office. But it was also important to stress that countries with no WHO country office were not excluded from a relationship with WHO.

57. The Regional Director said that, at the GPG, the Director-General had been asked among other things to ensure that the Country Focus Department would update the global country focus strategy and review the Country-Focus Group; the outcomes of that process would not however be referred to the global governing bodies. The Director-General could not make decisions on behalf of the Region: it was for members of the Standing Committee to decide whether or not to present a strategy to the Regional Committee. At the same time the Region was obliged to align itself with global priorities. In the absence of a global position, therefore, she recommended a technical briefing on country focus (rather than a full-blown strategy). Whatever the format of the document submitted to the Regional Committee, it should first and foremost be useful to Member States. It should describe what WHO offered, how it worked with countries that did not have WHO offices and it should explain the business profile that prevented the WHO Regional Office for Europe from establishing large numbers of country offices. Regional policy ruled out housing individual country capacity in the country offices themselves; technical support was delivered by the Regional Office or by the geographically dispersed offices (GDOs). The importance of partnerships and avoiding duplication of work should also be emphasized, given the presence in the Region of strong partners such as the European Union. Finally, it bore repeating that country offices were a vital component of WHO's work in the European Region and no closures were planned or envisaged. All decisions to establish, scale back or close down country offices were taken bilaterally with the country concerned.

58. The Standing Committee decided that the proposed information document, which had been amended based on the comments of the SCRC, should be submitted to the Regional Committee with a cover note explaining why it was not being presented in the form of a regional strategy.

Health information strategies for implementation of Health 2020

59. The Director, Division of Information, Evidence, Research and Innovation, introduced the framework of a support tool for national health information strategies to implement Health 2020 and beyond (document EUR/SC21(3)/9), of which the proposed Annex 1 itemizing in detail the elements of the tool and including guidance checklists would form the substantive core. The SCRC was invited to state whether it found the outline of the tool useful, whether Member States would commit to using it (subject to national adaptations), and whether an appropriate resolution should be submitted to the Regional Committee requesting countries to use the tool to develop or enhance national health information strategies.

60. The SCRC welcomed the framework and indicated that, given the importance of implementing Health 2020, the tool should be discussed in some form at the Regional Committee. Two Member States supported a resolution, others were reluctant to see a resolution on the matter, preferring to wait for a more detailed version of the tool and to hear more from WHO's partners in the project. Others saw the clear benefits of committing to the tool to access a single health information system that contained comparable and standardized data from around Europe and cautioned against over-consultation and delay. One representative commented that WHO should focus its efforts on helping to improve health information systems in individual Member States rather than requiring them to implement a strategy. One Member State asked to promote more data collection on child health covering all age groups.

61. The Director, Division of Information, Evidence, Research and Innovation, said that a resolution to the Regional Committee could be a catalyst to action, although the existence and

current status of the tool were in no way preconditions for such a course of action, which in fact flowed from commitments under resolution WHA60.27 and the Moscow Declaration of the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control. Clearly, the practical applications of the tool, which were to deliver a functioning health information system and not merely a strategy, needed to be highlighted more prominently; the proposed Annex 1 was intended to serve that purpose.

62. The Regional Director proposed a two-pronged strategy going forward. First, a technical briefing on this subject at the Regional Committee to which the Regional Office's partner organizations would be invited as observers. Member States could then collectively exert pressure to move forward with an integrated information system under the Moscow Declaration. Second, a meeting should be arranged in the autumn with the new European commissioner and other key players in the European Commission to decide on the most important milestones over the coming five years. There was currently insufficient flesh on the bones to take the matter before the Regional Committee in the form of a strategy for consultation.

63. The Standing Committee decided not to include health information strategies on the agenda of the Regional Committee, but to consider the possibility of holding a technical briefing on the subject.

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

64. The President of the WHO Regional Office for Europe Staff Association (EURSA) said that there had been significant changes in the Staff Rules for appointments, in addition to reductions in staff entitlements. The Regional Office had developed human resource plan to ensure financial sustainability and realign staffing to match the priorities agreed in the GPW12 and EURSA had worked closely with management to minimize the impact on the staff affected and to strengthen transparency and communication. Unfortunately, the abolition of posts due to organizational restructuring or changing priorities did not mean that the duties and responsibilities of the abolished posts simply disappeared; they meant an increased workload and more stress for remaining staff. There had also been an increase in non-staff contracts; care should be taken to ensure that contractors were not employed to perform core functions or manage the corporate services of the Organization. The WHO staffing model should aim to attract and retain the best professionals while honouring the Organization's commitments to gender parity and respect for diversity.

65. Both management and staff agreed that the WHO system of internal justice needed to be reformed. In parallel, EURSA was promoting a zero-tolerance policy that encouraged staff to take action (for example through training and direct support) and to engage with management and other relevant parties such as the ombudsman and the regional harassment focal point, thereby shifting the focus from conflict resolution to conflict prevention. While WHO rightly had a zero-tolerance policy with regard to discrimination of any kind in the workplace, some administrative practices persisted that EURSA considered discriminatory. For example, in the context of same-sex unions, staff members who were legally married and held passports of a country that did not recognize such unions were also denied recognition of their union by WHO. On the subject of work-life balance, some small steps had been taken towards introducing occasional teleworking for staff at WHO headquarters and EURSA strongly supported the adoption of a similar policy at the Regional Office for Europe as a means of boosting staff morale and motivation. In addition, there were occasional contradictions between the Organization's administrative practices and its stated policies, for example the four months' maternity leave allowed by the Regional Office and the period of six months exclusive breastfeeding advocated by WHO to the world at large. It should be recalled that,

internationally, the European Region had the lowest rate of exclusive breastfeeding. Finally, at the global level, the compensation package for both nationally and internationally recruited staff was due to be reviewed in 2014. Staff morale and their sense of security might be negatively affected by any potential reductions in the package, coupled with the loss of security occasioned by changes in appointment policies and the fact that staff were generally not covered by their respective national social security schemes.

66. EURSA was aware that the handling of internal administration and management matters was a matter delegated by Member States to the Regional Director, but at the same time it was Member States that took all the important decisions on reform. It was therefore only right that they should be made aware of the implications on staffing policies of the reforms which they had set in motion.

67. The Regional Director thanked EURSA for its constructive collaboration in reducing the number of administrative and support staff at the Regional Office for Europe, which had thereby ensured the financial viability of the Office and strengthened its technical capacity. Throughout that exercise, management had done its utmost to alleviate the most painful effects of the transition. It was true that the number of consultants' contracts at the Regional Office had increased slightly, but at the same time there had been a marked decrease in the number of agreements for the performance of work, so overall there had been a decrease in the number of non-staff contracts in 2013. She fully supported extending maternity leave from the current four to six months, in addition to the inauguration of a breastfeeding room. Although she sympathized with certain aspects of the campaign for teleworking and agreed that some tasks could doubtless be performed in a home setting, it should also be borne in mind that much of the work of the Regional Office was team-based and necessarily involved direct and immediate consultation with colleagues.

Membership of WHO bodies and committees

68. In closed session, the SCRC reviewed the vacancies on WHO bodies and committees and the nominations received.

Other matters

SCRC focal points at RC64

69. The Regional Director assigned each agenda item for consideration at RC64 to a focal point: general governance matters – Malta; Health 2020 implementation – Israel; outcome of the Tallinn Conference – Estonia; the Almaty Conference – Belarus; the Ashgabat Conference – the Russian Federation; investing in children – Finland; the Food and Nutrition Action Plan – Austria; the Regional Vaccine Action Plan – the Republic of Moldova; the partnership panel – Latvia; matters arising – Switzerland; technical briefings and ministerial lunches – Bulgaria; and WHO reform matters, specifically SRA – Belgium and France.

National technical focal points

70. The Executive Manager, Country Relations and Corporate Communications, presenting a new template for national technical focal points (NTFPs) aligned with PB 2014–2015, said that the Regional Office had managed to reduce the number of NTFPs as contacts for cooperation in specific programme areas from 38 to 20. Subject to approval of the template by the SCRC, the Secretariat would request Member States to confirm the identity of their respective 20 NTFPs

with a view to publication of a list on the external website and inclusion of their contact details on the SharePoint site, to allow focal points to interact if and when necessary.

71. Some members of the SCRC made a plea to reduce the number still further, to 15.

72. The Executive Manager, Country Relations and Corporate Communications, admitted that there might be some leeway for further cuts and spelt out the roles, responsibilities and reporting lines of the national counterparts in relation to the NTFPs.

73. The Chairperson of the Standing Committee proposed that the Secretariat should be tasked with exploring the possibility of reducing the number of NTFs below 20 and that Member States which had requested such a reduction should themselves identify programme areas where they believed that functions could potentially be merged. In any event, the Secretariat would circulate the list of NTFPs and their terms of reference with the current list of nominees stored in the WHO system, requesting new nominations in time for the May session of the Standing Committee.

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