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Contents

Introduction

1. The Twentieth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its fourth session at WHO headquarters in Geneva on 18 and 19 May 2013.

Opening statement by the WHO Regional Director for Europe

2. In her opening statement, Zsuzsanna Jakab, WHO Regional Director for Europe, welcomed the members of the SCRC, representatives of other Member States and observers to the open meeting of the SCRC and updated them on the work of the Regional Office. Since the SCRC's last meeting, the Regional Office had moved to new premises at UN City along with a number of other United Nations agencies, generously provided by the Government of Denmark. With regard to the continuing WHO reform process, the Regional Office for Europe had begun its operational planning for the biennium 2014–2015 and hoped to have completed the process by the sixty-third session of the Regional Committee (RC63). The WHO global task force on resource mobilization and management strategies had held its third meeting to agree on key recommendations for the reform.

3. Since March, the Regional Office had received high-level delegations from Estonia, France and Germany, which had provided a good opportunity to strengthen collaboration. A meeting had also been held with a Greek delegation and representatives of the European Union task force for Greece to discuss support for initiatives in Greece. The Regional Director had participated in a high-level meeting on Health for Growth in Latvia, focussing on Health 2020, attended by several ministers. She had also visited Israel with the Director-General and the Regional Director of the WHO Regional Office for the Eastern Mediterranean.

4. Several events had been held, including the High-level meeting in Oslo on health systems in times of economic crisis. The European Environment and Health Ministerial Board (EHMB) had met in Belgrade, attended by four new environment ministers, who had participated actively and brought a new dynamic to discussions. European Immunization Week had provided an opportunity to raise awareness about the importance of immunization and, in light of the recent increase in the incidence of measles in some countries, to urge Member States to consider the economic impact of measles and, where appropriate, revitalize national vaccination programmes. The European Advisory Committee on Health Research had been reconstituted and had met in Copenhagen.

5. Work with partner organizations had continued including the successful launch, in the European Parliament, of a project on treatment for tuberculosis (TB) across Europe. The Regional Director had attended the European Union presidency meeting for chief medical officers and chief nursing officers. The United Nations Regional Directors' Team had met in Copenhagen to discuss how the United Nations family could work together to set the post-2015 development agenda. The Regional Director had met with the regional directors for Europe of the United Nations Children's Fund (UNICEF) and the United Nations Development Programme (UNDP) to discuss a joint framework for action, which would be presented by all three regional directors to RC63. The new President of the European Health Forum Gastein had visited the Regional Office to discuss how to use the Forum as a platform for collaboration.

Report of the third session of the Twentieth SCRC

6. The report of the Twentieth SCRC's third session (Copenhagen, Denmark, 18–19 March 2013) had been distributed, discussed and adopted electronically. The report, as adopted, had been posted on the SCRC's secure website.

Provisional agenda and programme of the sixty-third session of the Regional Committee (RC63)

7. The Regional Director thanked the Government of Turkey for its efforts in preparing for the sixty-third session of the WHO Regional Committee for Europe (RC63), to be held in Çeşme Izmir, Turkey. RC63 would focus on implementation of the policies, strategies and action plans adopted by the Regional Committee at its previous three sessions. There would be two new initiatives on the agenda: the European Mental Health Action Plan and the Regional Framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases. She gave an overview of the provisional agenda and informed the SCRC that the draft provisional programme for RC63 had been amended in line with the suggestions made at its previous session. The agenda item on matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board would also be used to report on reform-related initiatives. The Director-General had already requested that feedback be given on issues related to the International Health Regulations (IHR) (2005) and the Global Vaccine Action Plan. Further issues might be raised during the coming World Health Assembly.

8. There had been various new developments in the ongoing WHO reform process; RC63 discussions should focus on several issues: the impact of the reform on the European Region; implementation of the PB 2014–2015 in the European Region with a view to agreeing on the Region' key deliverables as a result of operational planning in preparation for the financing dialogue; developing the PB 2016–2017 using a "bottom-up" approach; and the financial situation of the Regional Office. The partnership panels, which had been introduced at RC60, would continue, with a panel on the United Nations family.

9. The SCRC welcomed and approved the proposed agenda and programme for RC63. On implementation of the PB 2014–2015, the Regional Committee should be informed about how the Regional Office planned to spend the funds it had requested. Discussions at Regional level on resource allocation and setting the PB 2016–2017 should maintain a global spirit.

WHO reform

10. The Regional Director said that the Twelfth General Programme of Work (GPW 12) had been finalized and had received strong support from the Programme, Budget and Administration Committee of the Executive Board (PBAC). It was envisaged that the World Health Assembly would approve the PB 2014–2015 in its entirety, with the aim of being fully funded. The appropriation of AC would not be included in the budget resolution, and the budget allocation formula had been disestablished; the financial rules and regulations would therefore be amended. Allocation for the period 2014–2015 was thus in the hands of the Secretariat, while an internal working group would establish a new allocation mechanism for 2016 onwards. The PBAC would be fully involved in that process. RC63 would afford a good opportunity to discuss the regional standpoint on resource allocation. The most significant development would be the introduction of a structured and transparent financing dialogue, which would constitute the main mechanism for resource mobilization. Some time would be required for the dialogue to become fully functional; in the meantime, traditional resource mobilization efforts would continue, but in a more corporate sprit than previously.

11. Although the PB 2014–2015 was a programme budget in transition, considerable efforts had been made to highlight the distribution of roles and responsibilities at the three levels of the Organization, building on the work of the WHO global task force on resource mobilization and management strategies. Steps were also being taken to ensure that WHO's work cut across the three levels of the Organization and to that end a retreat had recently been held, attended by the GPG and the assistant directors-general (ADGs) with a view to improving networks within WHO, promoting trust and ensuring more efficient delivery of the work programme.

12. The Director, Division of Administration and Finance explained that since AC would not be pre-allocated for 2014–2015, the Director-General would announce, at the second financing dialogue in November 2013, how she intended to distribute AC. Given the large number of fixed structures it was unlikely that there would be any major changes in allocation. On distribution of voluntary contributions (VC), for which there had never been a formula, resource allocation was often driven by donor agreements. A clearer distribution mechanism was required. "Bottom-up" budgeting should allocate budget according to the needs of each region.

13. While the SCRC agreed that forming a regional standpoint on the strategic allocation of resources was very important, care must be taken to ensure that discussions at Regional level remained in line with developments at global level; a spirit of global solidarity should be maintained. Clarification was requested on the details of the financing dialogue, what it would entail and what its status would be. Member States must be given the opportunity to share information on how they had donated in the past and how they intended to donate in future. The current period was one of transition, in which old processes had been abandoned and new ones not yet developed. Binding decisions could, however, only be made by the governing bodies. The reform process was an opportunity to use the global financial crisis to a positive end, to revise the financial structure of the Organization.

14. The Regional Director emphasized the importance of Member States working jointly with the Secretariat and said that the forthcoming session of the Executive Board would be an important opportunity to take stock. She explained that the first two financing dialogues would begin a process to guide donors and increase transparency with regard to the Organization's financial processes. The main problems to be rectified were quality of resources, their alignment with the PB and the fact that current resource mobilization still left pockets of poverty. The Financing dialogue should, over time, be developed into the only mechanism for raising resources. The role of the governing bodies must, however, be strong and highlighted, not undermined. RC63 would be a good opportunity to review operational planning, thus enabling the Regional Office to go to the second financing dialogue and give a clear message on what it intended to achieve, with the support of the Regional Committee. Key messages from the European Region should be clarified. While the European Region's budget envelope for 2014–2015 was sufficient, there were not enough flexible resources to cover staff salaries.

15. While the Regional Office for Europe was reported as having the highest expenditure of all of the WHO regional offices, that spending included support from the Regional Office to all countries in the Region, including those with a very small country office, or no country office at all.

16. The SCRC agreed to establish a working group to discuss the allocation of resources. The group would comprise SCRC members from Belgium (Chair), Finland, Israel and the United Kingdom, as well as the representative of Norway as the Executive Board focal point and the representative of Sweden as an *ex officio* observer. It was agreed that the discussion on WHO reform during RC63 should include an overview of the reform and its implications for the Region, the Regional Office's implementation of and operation planning for the PB 2014–2015, feedback from the first financing dialogue, the process for developing PB 2016–2017 and reflections on the principles for resource allocation.

Governance in the WHO European Region – review of the governance package and feedback from the SCRC governance subgroup

17. The Chair of the SCRC working group on governance gave an overview of the working group's work and thanked the Secretariat for its support. On nominations to the SCRC and Executive Board, the working group had come to the conclusion that the subregional groupings should be maintained. It had considered various possibilities and proposed to keep the current procedure of the alternating seat between groups A and B and to reinstitute the participation of the semipermanent members of the Executive Board in three out of six years, as previously. He outlined the proposals with regard to the transparency of SCRC proceedings and improving communication between the SCRC and Member States. SCRC members could be appointed as focal points for the items on the Regional Committee's agenda. Draft resolutions prepared by the Secretariat would be reviewed by the SCRC at its open session in May. The Chair and Vice-chair of the SCRC should liaise with the subregional groups, in order to strengthen coordination. The working group had also proposed a timeframe for the submission of new draft resolutions and proposed amendments to the Regional Committee. If the working group's proposals were approved, the relevant amendments would be made to the rules of procedure of the Regional Committee and the SCRC. A draft code of conduct on the election of the Regional Director would also be presented to RC63.

18. The SCRC commended the working group's achievements and welcomed the tables compiled, showing which subregional groups were eligible for nomination to the Executive Board and in which years. The list of criteria and competences for nomination as stipulated in previous resolutions remained valid and should be annexed to the draft resolution, along with information on transparency. One observer asked why SCRC documents were not made public and why SCRC members' names were not listed on the public web site.

19. The Vice-Chairperson of the SCRC explained that the list of SCRC members was accessible to all Member States on a password protected web site, but was not in the public domain for reasons of data protection. SCRC documents were subject to such substantive change over the course of the SCRC's discussions that it was not necessarily useful to share them in their early inceptions. He agreed that the table on future eligibility for election to the Executive Board was particularly useful, and said that a similar table for SCRC nominations would also be drawn up. The draft resolution would include the additional annexed information, as requested.

20. The Regional Director announced that the subgroup's work had concluded. In the absence of any comments or objections, SCRC focal points on the agenda items for RC63 would be:

- Austria: Outcome of the Ministerial Conference on Nutrition and NCDs in the context of Health 2020, and Progress report on the implementation of the second European Action Plan for Food and Nutrition Policy;
- Belgium: WHO reform;
- Bulgaria: Report of the Twentieth SCRC and membership of WHO bodies and committees;
- Croatia: Review of the European Environment and Health Process;
- Finland: Update on the Regional Office's geographically dispersed offices, including business cases;
- Israel: Regional Framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases;

- Malta: Governance in the WHO European Region;
- Poland: Monitoring system for Health 2020;
- Republic of Moldova: Progress report on multidrug- and extensively drug-resistant tuberculosis;
- Russian Federation: European Mental Health Action Plan and progress report on the action plan for the implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases;
- Sweden: Outcome of the high-level meeting on health systems in times of global economic crisis and progress towards health-related MDGs in the WHO European Region;
- Turkey: Progress report on measles and rubella elimination and progress report on tobacco control; and
- United Kingdom: Progress report on antibiotic resistance and progress report on the implementation of the International Health Regulations.

Review of the status of resolutions adopted by the Regional Committee during the past ten years (2003–2012), and recommendations for sunsetting and reporting requirements

21. The Deputy Director, Division of Communicable Diseases, Health Security and Environment said that, having reviewed the Regional Committee's resolutions adopted over the past 10 years, the Secretariat had formulated a set of proposals on sunsetting and reporting requirements, to be submitted to RC63 for approval. Of the 46 resolutions reviewed, it was proposed that some would be sunset, while specific reporting dates had been proposed for the others. The resolutions would be regrouped by category, in line with the five categories of the GPW and the PB. The SCRC's views on those proposals were sought.

22. The SCRC commended the review of resolutions, which constituted an important element of governance of the Regional Office and a good opportunity to prevent duplication, and welcomed the proposal to hold a web-based consultation. Future resolutions should be drafted to state, where relevant, that they would supersede previous ones, in order to avoid the need for another revision process later. Further discussion on future resolutions would be required when the PB had been adopted in full. Sunsetting resolutions that endorsed action plans or charters still in force, such as the Tallinn Charter, might be premature. The Secretariat should develop a comprehensive database of resolutions, which could be easily searched, and which might include hyperlinks to any major documents, decisions or other resolutions that resolutions referred to. An observer welcomed the opportunity for Member States to take part in the forthcoming consultation, which would serve to clarify the sunsetting procedure for those who had not been party to the SCRC's discussions.

23. The Regional Director said that the status of the Tallinn Charter would not be altered. The web-based consultation would provide an excellent opportunity for the sunsetting process to be clarified and to settle any queries from Member State. She agreed that for 2014 proposed resolutions should be considered in light of the PB.

24. The Principal Legal Officer, Governing Bodies, WHO headquarters said that an electronic database – the Institutional Repository for Information Sharing (IRIS) – was being developed, which would include all World Health Assembly resolutions and eventually all those adopted by the regional committees. He would endeavour to find out if cross-references could be hyperlinked in that system.

Technical items

Report of the European Environment and Health Ministerial Board and Task Force

25. The Coordinator, Environment and Health, Division of Communicable Diseases, Health Security and Environment, introduced the draft report of the European Environment and Health Ministerial Board (EHMB) and Task Force, which would be presented to RC63 and to the nineteenth session of the Committee on Environmental Policy (CEP) of the United Nations Economic Commission for Europe (UNECE). The Regional Committee would also be presented with an information document, recording the work done in the context of the European Environment and Health Process (EHP) over the past two and a half years.

26. The EHMB had considered questions related to the governance of the EHP, the implementation of the commitments undertaken at the Fifth Ministerial Conference on Environment and Health in Parma, Italy, and other issues including priority setting and integrating the EHP into environmental policy frameworks. The EHMB had spent time discussing and developing its own role as the political face of the EHP. The Task Force, on the other hand, provided a high level of technical competence to promote the implementation of the Parma commitments and served as a forum for discussions involving representatives of all Member States in the European Region. The EHMB had the responsibility of providing leadership and advising governing bodies. Seven priorities had been identified for moving the EHP forward. They had been reviewed by the EHMB and UNECE and comments from Member States had been incorporated.

27. The SCRC commended the work of the EHMB. The Board had spent quite some time defining its role, which might suggest in the future establishment of similar bodies clearer terms of reference could be developed at the outset. That notwithstanding, the EHMB had required time to consider how best it could provide the necessary political support to the Task Force. Those who had been present at the EHMB's most recent meeting said that it had been particularly productive. One observer said that WHO European Centre for Environment and Health in Bonn must be given the opportunity to contribute to the document before it was presented to the Regional Committee. It would be useful to know what stage had been reached in the appointment of the new head of the Bonn Office.

28. The Regional Director said that the development of the EHMB's work had indeed been an evolutionary process, with improvements being made to the new governance structure as lessons were learned. Considerable progress had been made in that regard over the course of the Board's three meetings. She recalled that the EHMB did not have a decision-making role, but rather one of political support. Although some setbacks had been encountered, the selection process for the new head of the Bonn Office was now underway.

Health 2020

Targets, indicators and monitoring framework

29. The Director, Division of Information, Evidence, Research and Innovation, thanked those Member States that had participated in the SCRC subgroup to develop the Health 2020 targets and indicators. The objective well-being domains would be finalized by an expert group by the end of 2013. There had been a very positive response to the country consultation held in April, in which 30 Member States from around the Region had participated. Many had commented on the further development of indicators, in particular through the disaggregation of data, which would be incorporated into the document. Of the core indicators, while 20 had received overwhelming support, others had been the subject of discussion, in particular those on

subjective well-being, which two Member States did not consider within the mandates of ministries of health or WHO. There had also been broad support for most of the additional indicators. WHO would report on the indicators using regional averages, mostly from data already routinely collected and reported nationally. On life satisfaction as an indicator of subjective well-being, data for all Member States in the Region would be obtained through a survey provider that conducted world polls through an established infrastructure. Data would also be reported in a new statistics publication, currently in preparation, entitled European Health Statistics and a new health information portal, which was being created, with a page on Health 2020. The European Health Report would also report on the indicators every three to four years.

30. The SCRC welcomed the process to develop the targets and indicators, which had been collaborative and inclusive. Members commended the focus on data that was already collected routinely, which would not increase the burden on Member States. Information was requested on the accountability mechanisms for the indicator on process, governance and health systems and on how Member States would report on that indicator. Disaggregation of data by sex and age was particularly important, and where possible data collection should take account of established WHO standards, such as optimum ages for vaccination. The SCRC asked what procedures were in place to address the remaining areas on which Member States still had not reached agreement. According to one Member State, healthy life years and health inequities should be included among the indicators, although they were difficult aspects on which to collect data. Mortality statistics should be based on reported deaths, rather than estimates. The SCRC also wished to know what the financial burden of producing a new statistics publication would be, and what cost would be incurred by obtaining subjective well-being surveys from other sources. Further information was requested on when Member States' comments would be incorporated into the Health 2020 targets, indicators and monitoring framework. It was hoped that the development of Health 2020 indicators would be an organic process; the indicators could be subject to further development as lessons were learned.

31. The Director, Division of Information, Evidence, Research and Innovation said that Member States had provided many valuable comments, which were being analysed and incorporated into the document on Health 2020 targets, indicators and monitoring framework. Particular consideration was being given to issues on which Member States opinions had not been unanimous. It was hoped that full agreement would be reached on the core indicators; the additional indicators were of a more voluntary nature. Efforts would be made to understand fully why some Member States had rejected certain indicators. Information on healthy life years was also difficult to obtain in several Member States, which was why that had not been included among the core indicators. Collection of data on inequity should be encouraged. The new statistics publication would be online and interactive, and as such would not incur high production costs.

Implementing Health 2020

32. The Head, WHO European Office for Investment for Health and Development, Venice, introduced the draft document on Health 2020 implementation, which would be presented to RC63 as an information document. Since its adoption, Health 2020 had been disseminated through continuing national, subregional and regional events. It was being used to shape biennial collaborative agreements (BCAs) and country cooperation strategies (CCSs), and to guide technical assistance from the Regional Office to Member States. Consideration was being given to how to optimize the use of the Regional Office's in-house resources for Health 2020 implementation, particularly by encouraging technical units to reflect it in their work. In order to facilitate the above-mentioned process, the Regional Director had established a Division of Policy and Governance for Health and Well-being, and Health 2020 had been included in the Global Learning Programme for WHO staff. Early requests for technical assistance for

implementing Health 2020 had been received from several Member States and a Health 2020 implementation package was being developed. The package would consist of nine interconnected components, centred around the development of Health 2020-based national health policies, strategies and plans. The package intended to encourage Member States to engage in health 2020-related activities, irrespective of what stage they had reached in the implementation process. Annex 1 of the document, on status of implementation in Member States, would be updated before RC63.

33. The SCRC emphasized that, since Health 2020 was the key document for health policy in the European Region, its implementation must be well planned and should focus not only on a whole-of-government, but also on a health in all policies approach. While the focus of the report on Health 2020 implementation was currently on public health and health promotion, health care services were also important and should be paid greater attention. More information on the anticipated launch date of the implementation package would be appreciated. Consideration should be given to how to limit the burden on the Secretariat with regard to requests for support from Member States; perhaps the implementation areas could be prioritized. At the same time consideration should also be given to how to limit the burden on Member States by linking Health 2020 implementation with the implementation of the 10 essential public health operations (EPHOs) set out in the European Action Plan on Strengthening Public Health Capacities and Services (EUR/RC62/12 Rev.1).

34. The Head, WHO European Office for Investment for Health and Development, Venice agreed that Health 2020 was not just about health promotion, but also about strengthening health systems. The implementation package would be developed in consultation with Member States, whose input with regard to effective know-how and best practices would be a vital contribution. Efforts would be made to ensure that the package was truly in line with, and adaptable to, the situation on the ground in countries.

35. The Regional Director said that Member States would be invited to consult with the Regional Office on the implementation package, which would be finalized in time for launch at RC63. Whole-of-government and health in all policies approaches, as well as the 10 EPHOs, were central to Health 2020 implementation and would be clearly emphasized in the implementation document.

European Mental Health Action Plan

36. The Director, Division of Noncommunicable Diseases and Life-Course, presented the draft European Mental Health Action Plan, explaining that the Plan focussed on a rights-based, equitable approach to mental health and proposed a set of actions to establish accessible, safe and effective mental health services. Mental health was central to all health issues and was related to a complex network of factors. Efforts had been made to ensure that the Action Plan was based on a holistic approach to mental health and well-being, setting out seven core objectives. The comments made at the SCRC's previous session had been taken into account and incorporated into the draft, strengthening the emphasis on positive mental health and the links with Health 2020. The recent meeting of the European Advisory Committee on Health Research had also provided comments and recommendations, including a desire to see more evidence and research in the Action Plan. A series of policy briefs had been commissioned, covering the 10 major areas of the Action Plan, which would be available to the RC63.

37. The SCRC commended the draft and welcomed the efforts that had been made to incorporate their previous comments into the document. The drafting process had been comprehensive and it would be useful to receive a version of the document that showed the developments since the SCRC's last meeting. Different countries in the Region still had very different approaches to mental health care; in some countries primary health care physicians did

not treat mental health problems, such as depression, which were only treated by specialists and treatment often still resulted in a restriction of patients' rights. Greater efforts were therefore required to focus on primary prevention of mental health problems, which was common practice for other NCDs. Particular emphasis should be placed on raising awareness among general practitioners, in order to foster early diagnosis and treatment, especially of depression. Attention was also drawn to the importance of ensuring sufficient health care staff to cope with the burden of mental health disorders, which covered a broad spectrum of issues. Clarification was sought on elements of the text addressing care in institutional facilities.

38. The Director, Division of Noncommunicable Diseases and Life-Course, agreed it could be useful to provide the SCRC with means of comparing versions of documents, in order to see what changes had been incorporated since its previous session. Consideration would be given to the references to institutional facilities. He welcomed the fact that the SCRC had recognized the balance that needed to be struck between focussing on primary prevention and ensuring the appropriate level of care for all. It was hoped that the Action Plan would draw attention to the need for a rights-based approach to mental health care, while being adaptable to the specific needs and contexts of individual Member States.

Progress report on measles and rubella elimination by 2015 and sustained support for polio-free status

39. The Director, Division of Communicable Diseases, Health Security and Environment, reported that, although the incidence of measles and rubella had decreased considerably between 1993 and 2007, a number of major outbreaks had since occurred, which had prevented the 2010 elimination target from being achieved, culminating in a peak in incidence in 2011. Despite that, incidence rates were again decreasing, and with Region-wide efforts, elimination could be achieved by 2015. Efforts must be made to dispel the common belief that measles and rubella were only childhood diseases; gaps in vaccination coverage of children in the 1980s and 90s meant that there was now a large group of unimmunized, susceptible young adults and almost one third of new cases of measles and rubella were occurring in people aged around 20 years. Some of these cases had led to complications and even mortality. As many as 20 Member States in the European Region had vaccination coverage rates below 95%. Accelerated efforts should be made in order to achieve the 2015 measles and rubella elimination target. To that end, the Secretariat was developing a package on vaccination, surveillance and verification of measles elimination. Thus far, half of the countries in the Region had reported half of which had reported establishing national verification committees for measles and rubella elimination. European Immunization Week, 22–27 April, had been very successful, with the engagement of all 53 Member States in the Region.

40. With regard to the European Region's polio-free status, in 2012, the European Regional Commission for the Certification of the Eradication of Poliomyelitis had identified several Member States in the Region still at risk of transmission following an importation of wild polio virus, meaning that although the overall risk in the Region was low, some pockets of risk still existed. Supplementary immunization activities were therefore being encouraged, targeting high risk population groups. A good Region-wide network of laboratory surveillance was in place to monitor the situation.

41. The SCRC commented that often after a successful vaccination campaign, the public tended to forget the threat that led to the vaccination campaign in the first place, thinking that the disease had simply disappeared. Most countries in the Region had pockets of unvaccinated groups. Examples were given of national efforts, such as the introduction of accelerated vaccination programmes to prevent new outbreaks of measles, and the development of vaccination tracking programmes to help identify unvaccinated groups and improve vaccination coverage, particularly among vulnerable and disadvantaged groups such as the Roma. Anti-

vaccination groups and negative media coverage promulgating stories about harmful side effects of certain vaccines had resulted in parents hesitating to vaccinate their children. Such negative publicity could not be counteracted with scientific evidence alone; anecdotal evidence about the ill effects of diseases such as measles and rubella and the importance of vaccination should also be used to raise public awareness, through media campaigns and individual stories in the press and magazines, which had an immediate and powerful impact on public opinion. Efforts to influence anti-vaccination groups should focus on those that were sceptical rather than those that were critical.

Outcome of the High-level Meeting on health systems in times of global economic crisis: an update of the situation in the WHO European Region (Oslo, 17–18 April 2013)

42. The Director, Division of Health Systems and Public Health thanked Norway for hosting the High-level meeting on health systems in times of global economic crisis on 17 and 18 April 2013 in Oslo in follow up to the first meeting on this topic held in 2009. Three objectives had been set: to review the European impact of the global economic crisis, to draw policy lessons on three broad themes – maintaining and reinforcing equity, solidarity and universal coverage as well as improving resilience, and to develop policy objectives to be presented at RC63. The draft outcome document would be amended in line with the SCRC's comments and a subsequent web-based consultation to be held in June 2013.

43. Follow up was already underway, including efforts to accelerate the dialogue between health and financing officials by developing a communication tool for use between ministries of health and ministries of finance. Measures were being taken to further develop evidence-based crisis response, expand the expert network and respond to requests from countries for direct technical assistance and country collaboration. The third annual course on health financing had recently been held in Barcelona, attended by 42 participants from 27 Member States. With the support of the Greek presidency of the Council of the European Union, the Regional Office would assist Member States in developing tools for the timely collection of information. Those efforts would all be taken forward at the forthcoming high-level meeting in Tallinn on Health systems for health and wealth in the context of Health 2020: Follow-up to the 2008 Tallinn Charter.

44. The SCRC commended the Office and the Government of Norway on the meeting, which had demonstrated the Regional Office's leading role in efforts to fully understand the effects of the financial crisis on health in Europe and had afforded an excellent opportunity for Member States to share their experiences. The outcome document was commended; the 10 policy points should be annexed to the accompanying draft resolution. One member asked whether there was specific evidence of a deterioration in the health situation in countries most affected by the crisis, and whether such a deterioration was indeed measurable.

45. The Director, Division of Health Systems and Public Health said that at the meeting a representative of the University of Cambridge had presented evidence on the health effects of the financial crisis, which had shown that there was a particularly strong link with mental health problems and suicide rates in some countries in the Region, owing to fear of unemployment. Evidence also showed that this could be directly affected by policy responses to the crisis.

Progress towards the WHO European Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020 (Vienna, 4–5 July 2013)

46. The Director, Division of Noncommunicable Diseases and Life-course recalled that the progress report on nutrition, physical activity and obesity in the WHO European Region had been presented to the SCRC at its previous session in March 2013. The progress report had not been subject to any change. While overweight and obesity still posed serious challenges in the European Region, there had been some major achievements: monitoring and surveillance systems had been initiated and scaled up; 49 Member States had developed new or updated existing national policies since the adoption of the first WHO European Action Plan for Food and Nutrition Policy.

47. In order to pave the way for developing a new policy framework for food and nutrition, the WHO European Ministerial Conference on Nutrition and Noncommunicable Diseases in the Context of Health 2020 would be held in Vienna in July 2013. The Conference would seek high-level political commitment on three areas: governance, interstectoral action and food and nutrition systems; life-course, nutrition and NCDs; and inequalities in nutrition, obesity and NCDs. Several key themes would be addressed, including marketing food to children, salt reduction, elimination of trans fatty acids and reduction of saturated fat, early nutrition and NCDs, childhood obesity, obesity and inequalities, and settings for health including schools and workplaces. In preparation for the Conference, a scientific group had met in Tel Aviv, comprising WHO national technical focal points on nutrition, to draft a declaration and a programme of action. Interest in the meeting was strong.

48. The SCRC member from Austria thanked the Secretariat for its cooperation and support in preparing for the conference, which would address a very important topic. She reiterated the invitation to the Conference to all Member States. Thus far a total of 18 Ministers had registered for participation.

Draft resolutions and decisions for RC63

49. The SCRC considered 10 draft resolutions and 1 draft decision to be presented to RC63 for adoption. While members welcomed the new procedure of consideration of draft resolutions and decisions, which would improve efficiency at Regional Committee level by avoiding major amendments to, or wholesale revisions of, conference documents at short notice, they would welcome information about the financial implications of the resolutions and decisions; it was important to see where the resolutions and decisions of the Regional Committee fit into the programme budget. Care should be taken to ensure that when the Regional Office undertook to develop any new action plans efforts were made to avoid duplication or fragmentation of work. Health 2020 could be a useful tool in that regard. Consideration could be given to reducing the reporting burden on the Secretariat, by producing one report per category of work. The SCRC took note of the 12 conference documents, and suggested some minor amendments.

Progress reports

Progress report on tobacco control in the WHO European Region

50. The Director, Division of Noncommunicable Diseases and Life-course said that the progress report on tobacco control in the European Region had been presented to the SCRC at its previous session and had not been subject to any further amendments. He drew attention to new achievements in tobacco control in the Region, including the passing of a new law on

tobacco in the Russian Federation. Turkey's efforts to reduce tobacco consumption had resulted in a 13% decrease in tobacco use over the past four years. Tajikistan had introduced a new campaign of pictorial warnings on tobacco products.

51. The SCRC welcomed the new achievements in tobacco reduction, which were testimony to the impact of WHO's efforts.

Progress report on the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016

52. The Director, Division of Noncommunicable Diseases and Life-course, reporting on the Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016, said that the Action Plan aimed to identify specific priority actions for NCD surveillance, multisectoral action and prevention and control, by grouping priorities. Taking a health in all policies approach, Member States had been encouraged to use fiscal policies and marketing controls to influence demand for tobacco, alcohol and foods high in saturated fats, trans fats, salt and sugar. Disease management efforts were underway in Armenia, Tajikistan, Turkmenistan and Uzbekistan, with support from the Russian Federation. Consideration was also being given to barriers to NCD prevention and control within health systems.

53. The European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases, which would be held in Ashgabat, Turkmenistan on 10 and 11 December 2013, would be an opportunity to encourage ministers to take account of NCD prevention and control in policy making. It would also be a suitable occasion to discuss how to proceed with tobacco control, since many countries had succeeded in considerably reducing tobacco use. Consideration would be given to barriers within health systems in individual Member States and how to overcome them, particularly in times of financial crisis. The Ministerial Conference would culminate in the adoption of an outcome statement identifying ways forward on those three issues.

54. The SCRC commended the Regional Office's work on NCDs and asked what the role of ministers would be during the Ashgabat conference.

55. The Regional Director reassured the SCRC that all ministers participating in the meeting in Ashgabat would have a role to play.

Progress towards health-related Millennium Development Goals in the WHO European Region: 2013 update

56. The Deputy Director, Division of Communicable Diseases, Health Security and Environment, introducing the report on progress towards health-related Millennium Development Goals in the WHO European Region said that although Region-wide good progress was being made on Millennium Development Goal (MDG) 4 on child and infant mortality, there were still discrepancies within and between countries in the Region. On MDG 5 on maternal health, although some progress had been made the goal was not likely to be reached by the target date of 2015, and there were some problems with the accuracy of available information, especially on sexual and reproductive health. The main problem with regard to MDG 6 on tuberculosis, HIV and malaria was that Europe was the only region with an increasing HIV epidemic, particularly in the eastern part of the Region, and some countries were not implementing evidence-based policies and interventions. While it was unlikely that the goal of a 50% reduction in tuberculosis-related mortality would be achieved by 2015, good progress

had been made on incidence and prevalence rates. Although the European Region still had the highest incidence of multidrug-resistant tuberculosis (MDR-TB), progress was being made owing to the implementation of the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis (M/XDR-TB) in the WHO European Region 2011–2015. The report on emerging views for a new development agenda was available on the "World We Want" website (www.worldwewant2015.org) and the position of health on the post-2015 development agenda would be discussed at the forthcoming Sixty-sixth World Health Assembly.

57. While the SCRC welcomed the progress report, concern was expressed with regard to the TB and HIV situation in the European Region. Political commitment and advocacy must be increased, particularly in high burden countries. Targeted, specific measures were essential, in particular ensuring improved, timely access to first line drugs and non-interrupted therapies for all. Direct support of WHO to Member States was important. Efforts to maintain a health focus in the new development agenda were commended, and the emerging consensus on universal health coverage as a potential new development target was particularly welcome.

58. The Deputy Director, Division of Communicable Diseases, Health Security and Environment agreed that the HIV and TB situations were worrying; although progress had been made since the adoption, in 2011, of the Consolidated Action Plan to Prevent and Combat M/XDR-TB and the European Action Plan for HIV/AIDS 2012–2015, much remained to be done. A lack of resources available to Member States had hindered efforts. While there was consensus that the MDGs had been an essential tool, efforts to meet them would continue beyond the deadline of 2015. Discussions on the post-2015 agenda would include important health-related issues, such as NCDs, which had considerable financial implications and put great stress on health systems. Strengthening health systems and public health, as well as the importance of prevention and promotion, would feature in those discussions, which would begin in September 2013 and continue over a two-year period.

59. The Director, Division of Health Systems and Public Health informed the SCRC that M/XDR-TB prevention was one of the Regional Director's special projects. The MDG on TB incidence and prevalence rates would be met in the European Region by 2015, largely owing to the progress made, particularly in countries in the eastern part of the Region, since the adoption of the Consolidated Action Plan in 2011. The Regional Office had been involved in several country visits to promote TB prevention and care, which had elicited new expressions of commitment from governments. A tool had been developed to diagnose barriers to M/XDR-TB control and a core group consisting of representatives of WHO, the World Bank and the Global Fund, among others, had been established to work in countries to advocate against institutionalized treatment of TB, which led to cross-infection. A roadmap had been established with the European Respiratory Society (ERS) to encourage evidence-based treatments and practices and a WHO/ERS electronic consilium had also been set up to support TB clinicians managing difficult cases.

60. The Regional Director added that the Director-General was due to visit Ukraine to raise awareness on HIV and TB. The Regional Office was also working closely with the Special Envoy of the United Nations Secretary-General for HIV/AIDS in Eastern Europe and Central Asia.

Progress report on the implementation of the International Health Regulations (2005)

61. The Director, Communicable Diseases, Health Security and Environment reported that, in Europe, there were 55 States parties to the International Health Regulations (IHR) (2005), two of which were not Member States of WHO. Several had overseas territories in other regions.

Each year countries' core capacity for surveillance and response was assessed. Most of the problems identified related to points of entry, which were outside the remit of ministries of health, and were not properly equipped. It was clear that more human resources were required in order to successfully handle IHR-related issues, risk communication must be improved and capacity with regard to epidemiology must be increased.

62. The Secretariat of the Regional Office had supported Member States in their IHR (2005) implementation at national and subregional levels, and had organized, jointly with the European Commission, a European Strategy Meeting for implementation of the IHR (2005), held in Luxembourg. 50 States parties had participated in the Meeting, which had included discussions on intersectoral collaboration. 21 countries in the European Region had formally requested extensions for implementation, some of which were linked to very specific issues. A further 21 countries had declined the offer of an extension, while the remaining States parties in the Region had yet to formally state their positions. The deadline for applications for a second two-year extension would be June 2014. The Regional Office stood ready to assist countries with the development of implementation plans and extension requests.

63. The SCRC welcomed the report on the implementation of the IHR (2005), which highlighted important progress. Particular attention should be paid to cooperation with the European Commission. One member pointed out the importance of implementing the IHR in the border areas between the European and Eastern Mediterranean regions.

64. The Director, Communicable Diseases, Health Security and Environment emphasized the importance of the Regional Office's partnership with the European Commission and its institutions, such as the European Centre for Disease Prevention and Control (ECDC) to promote joint exercises. There was new momentum in inter-regional cooperation, particularly with the Eastern Mediterranean Region.

Membership of WHO bodies and committees (closed session)

65. The SCRC reviewed, in a closed meeting, vacancies on WHO bodies and committees and nominations received.

WHO Regional Office for Europe geographically dispersed offices (GDOs)

Report on the work of the GDOs

WHO Barcelona Office for Health Systems Strengthening, Spain

66. The Head, ad interim, Barcelona Office for Health Systems Strengthening presented the work of the Barcelona Office, which had been operating since 1999 under an agreement with the Regional Autonomous Government of Catalonia. Following completion of the original five-year agreement, extensions had been approved annually, with a new budget. A formal host agreement with the Government of Spain was still pending conclusion owing to political developments. Although the Office's original technical focus had been on integrated health service delivery, in 2007 its main sphere of activity had changed to health financing policy. The Office had produced a number of publications, including on the financial sustainability of health systems. It also had a strong country support programme. The Office, which came under the aegis of the Regional Office's Division of Health Systems and Public Health, was increasing its engagement with other divisions, particularly in the areas of health systems strengthening and NCDs. The Barcelona Office conducted two flagship courses each year, one on health systems

strengthening with a focus on NCDs, and the second on health financing policy with a focus on universal health coverage.

67. Funding from the Government of Catalonia had increased steadily since the establishment of the office, although it had come under pressure since 2010. In-kind support was also provided. A small amount of funding also came from the regular budget, in contributions from other Member States and direct to countries from the European Commission. Delays in budget approval from the Catalan Government were being experienced, although the funds were always provided. The Office was due to relocate to the Hospital Sant Pau UNESCO heritage site, where a number of other United Nations agencies, including the United Nations University and UNHABITAT, would also be located.

68. The SCRC welcomed the update on the Barcelona Office and commended the training courses that the Office organized. More information would be welcome on how the Office collaborated with the OECD, which also gathered information on health economics. Health financing was particularly important in the current context of global economic and financial crisis; population needs must be met, while not overspending. Prevention was therefore particularly important. Members wished to know what events the Office would be involved in organizing over coming months. While the Office's spirit of flexibility should be commended, members wished to know whether the Regional Committee had been consulted on the change in the Office's focus. On engagement with other divisions of the Regional Office, it would be useful if the Barcelona Office were involved in health systems strengthening efforts in the context of Health 2020.

69. Some concern was expressed with regard to the lack of a host agreement. Further information on the Office's funding would be welcome, including a breakdown of how AC were used, in comparison with how they were used in Copenhagen. The SCRC also wished to know whether there was any flexibility in funding to strengthen the Barcelona Office during times of financial crisis, when demands on the Office would be particularly high.

70. The Observer from Spain commented that her Government was committed to working together with the Regional Director to solve the issue of the host agreement. Although progress had not been swift owing to political issues, Spain's commitment to come to an agreement was consistent, and efforts in that regard were ongoing.

71. The Head, ad interim, Barcelona Office for Health Systems Strengthening said that the change in the Office's focus had been within the health systems mandate given to it by the Regional Committee. As well holding its two annual training courses and ongoing and substantial engagement with countries, the Office had been instrumental in the organization of the High-level meeting on health systems in times of global economic crisis, held recently in Oslo, and would be involved in follow-up to that meeting. The Office was fully integrated into the work of the Regional Office. Its engagement with the OECD had also increased considerably over recent years. Core funding came from the Catalan Government, as well as some additional funds for courses. Discussions were underway to examine whether a new five-year agreement might be concluded, instead of annual renewal.

72. The Regional Director added that the Regional Office was in continuous dialogue with the Government of Spain regarding the host agreement, in order that an opportune moment might be found to finalize it. It was hoped that arrangements could be made to ensure more sustained funding from the Catalan Government, rather than negotiating funding annually. Although the Regional Office was trying to minimize the funding that it allocated to GDOs, some funding was given for the Barcelona Office's activities in the context of BCAs. Additional funding from corporate resources had been given for the organization of the high-level meeting in Oslo.

WHO European Centre for Environment and Health, Bonn, Germany

73. The Coordinator, Environment and Health, Division of Communicable Diseases, Health Security and Environment said that the WHO European Centre for Environment and Health was the oldest and largest of the Regional Office's GDOs, established in 1989. The current host agreement for the Centre, located entirely in Bonn since 2011, had entered into force on 6 February 2012. It had been extended indefinitely, thus increasing the host country's generous, sustainable and predictable financial contribution to WHO. Since 2010, the Centre had been funded exclusively from voluntary contributions. In order to implement the consolidation plan approved by the Regional Director in 2010, the Rome Office had been closed, corporate functions had been redistributed, running costs had been reduced and technical competency had been expanded in priority areas. The current situation in the Centre was the result of well-planned coordination.

74. The Centre was fully integrated into the Regional Office structure, reporting to the Director, Division of Communicable Diseases, Health Security and Environment. It was currently staffed with 35 professional and 10 general service staff, with an active internship programme that included 17 interns and visiting scholars hosted mostly in Bonn. The Centre's staff covered four technical programmes on areas including environment and health impact assessment, water and sanitation, chemical and radiological safety, climate change and sustainable development, air quality and noise and economics of environment and health. The Centre's contributions to health and well-being in the European Region spanned across the Regional Office's core functions; it provided normative guidance based on the assessment of evidence, gave technical assistance to Member States and other stakeholders to implement priority interventions, fulfilled WHO's international obligations under legally binding and voluntary instruments and provided technical expertise and evidence in support of the European Environment and Health Process (EHP) as the oldest multisectoral platform enabling health in all policies.

75. From 2002 to 2010 the Centre, including the Rome Office, had produced a large number of scientific publications, including global and regional guidelines, assessments, evidence reviews, peer-review articles and databases. It has also organized over 160 technical scientific and technical meetings. The guidelines on air quality devised by the Bonn Office had been used as the basis for European Union directives on that subject. Technical assistance was provided to Member States under 17 BCAs, as well as through direct collaboration on environment and health with 20 Member States and the participation of 53 Member States in the EHP. The Centre's technical work was in line with Health 2020, with a particular focus on resilient communities and supportive environments and the post-2015 development agenda.

76. The SCRC commended the work of the Centre, which was well integrated into the activities of the Regional Office and made valuable contributions at global level.

WHO European Office for Investment for Health and Development, Venice, Italy

77. The Head, WHO European Office for Investment for Health and Development, Venice presented the work of the Office, which had opened in December 2003 under a 10-year host agreement. The renewal agreement, for the period 2013–2017, had recently been signed and was awaiting ratification. The Venice Office was an integral part of the new Division of Policy and Governance for Health and Well-being. It had two very specific functions: the monitoring, review and systemization of research findings on the social and economic determinants of population health, and the provision of services and technical assistance to Member States to enhance their capacity to act on the evidence of the social and economic determinants of health. The Office's main achievements could be clustered into three areas: first, scientific products, including over 60 scientific publications; second, technical assistance to Member States,

requests for which were expected to increase even further, owing to the prominence of the social determinants of health in Health 2020; and third, follow-up to resolutions of the WHO Regional Committee for Europe and the World Health Assembly, in particular on poverty and health and health inequities, the outcome of the World Conference on Social Determinants of Health, the Rio Political Declaration on the Social Determinants of Health and the health-related MDGs. In 2011–2012 the Office's spending could be broken down into running costs (4%), activity costs (24%) and staff costs (72%).

78. The SCRC welcomed the update on the work of the Venice Office and expressed support for its activities, commending in particular its spirit of adaptability, which enabled it to meet Member States' needs. Information would be appreciated on how the Office planned to meet the predicted increase in requests for technical assistance, resulting from the growing focus on social determinants of health in countries, and on how it prioritized those requests. The SCRC also wished to know how the Office's costing figures were calculated, why staff costs were separate from activity costs, and whether the GDOs used the same basis for their calculations as were used for the costing of the Regional Office as a whole.

79. The Director, Division of Administration and Finance explained that activity costs included travel and the use of consultants, while staff costs included payment of short-term staff, and post adjustment of salaries. Running costs included rent and utilities. The Venice Office was provided to WHO rent-free.

80. The Head, WHO European Office for Investment for Health and Development, Venice said that prioritizing Member States' requests for technical assistance was not straightforward; the main criteria for prioritizing should be to maximize country impact and, where possible, multi-country approaches were used. He thanked Member States that had invested in the Venice Office, which was an integral part of the Regional Office for Europe.

WHO European Centre on Noncommunicable Diseases

81. The Strategy and Policy Advisor to the Regional Director said that Greece had formally withdrawn from hosting the GDO on NCDs. Pursuant to the Regional Committee's decision EUR/RC62(2), the Regional Office had the mandate to establish a GDO on NCDs in a candidate country, taking into account the expression of interest made by the Russian Federation. The Regional Office was thus discussing with the Russian Government the practicalities of opening a GDO on NCDs in Moscow, which, thanks to the cooperation of the Russian authorities, could hopefully be achieved by January 2014.

82. The Regional Director added that in light of the opinions expressed at the SCRC's previous meeting, she had specifically requested the Greek government to declare the previous host agreement null and void.

83. The SCRC welcomed the progress in establishing the new GDO and asked whether a business case would be presented to RC63. Further details on the scope of the GDO's work should be presented to the Regional Committee. The SCRC member from the Russian Federation added that the ministries of health and finance of the Russian Federation had made considerable efforts to expedite the opening of the GDO. The Government was considering a draft decision on the opening of the GDO, steps would be taken to prepare a host agreement and the budget for the GDO would then be established.

84. The Strategy and Policy Advisor to the Regional Director explained that a business case would not be presented to RC63, since RC62 had mandated the Secretariat to implement the GDO's move from Athens to Moscow. The technical profile of the new GDO, as approved by the SCRC, would, however, be made available to the Regional Committee.

GDO business profiles

85. The Strategy and Policy Advisor to the Regional Director recalled that since RC62 the SCRC had approved technical profiles of GDOs on primary health care and preparedness for humanitarian and health emergencies. A call for expressions of interest in hosting those GDOs had been launched, to which one response had been received: the Government of Kazakhstan had offered to host the GDO on primary health care. The SCRC had before it a draft business case for the new GDO, based on the technical profile it had approved previously. The full technical profile would be made available to RC63. Kazakhstan's offer met the basic requirements for hosting a GDO. Written clarification was still required on three issues: the international status of the GDO staff, the location of the GDO and whether Kazakhstan would confirm a staff secondment to the Regional head office in Copenhagen. When those issues had been clarified, Kazakhstan's offer would be submitted to RC63 for approval. It was hoped that the new GDO could be inaugurated at the Conference dedicated to the 35th Anniversary of the Declaration of Alma-Ata, to be held in Almaty in November 2013.

86. The Director, Division of Health Systems and Public Health said that the 1978 International Conference on Primary Health Care and its outcome document, the Declaration of Alma-Ata, constituted the cornerstone of primary health care. Under the new WHO reform process, programmatic category 4 called for integrated health service delivery with primary health care at its centre. At Regional level, a roadmap had been developed for coordinated and integrated health service delivery to encourage the development of health care services fit to meet contemporary challenges in respect of governance, health services delivery and financing. The Regional Office was taking measures to assess primary health care settings in Member States, broaden its assessment tool by adding an NCD component on preventive primary health care interventions for cardiovascular diseases and diabetes and assess treatment challenges. Efforts were being made to compile a document on the future of primary health care in Europe to be presented at the anniversary conference. The establishment of the GDO was a unique opportunity to strengthen cooperation in the Regional Office's work on health systems and NCDs, and to strive towards achieving universal health coverage.

87. The SCRC welcomed Kazakhstan's offer to host the new GDO on primary health care, which was particularly significant given the importance of the Declaration of Alma-Ata. The GDO would be the first to be set up outside the western part of the Region. Steps must be taken to ensure that the requisite funding was indeed guaranteed, and that the GDO would operate as an integral part of the Regional Office. Concerns were raised that the new office would not be ready to open in November 2013. The SCRC requested that a reference to future GDO evaluations would be included in annex 2 to the business case.

88. The Strategy and Policy Advisor to the Regional Director informed the SCRC that Kazakhstan's commitment to funding the GDO had been confirmed informally; written confirmation was awaited. The GDO would be symbolically inaugurated at the Alma-Ata anniversary conference and would begin operations on 1 January 2014, subject to the Regional Committee's approval. The Government of Kazakhstan had assured the Secretariat that a written response on the three outstanding issues was forthcoming.

89. The Regional Director also informed the SCRC about her discussions with the Office of the President of Kazakhstan regarding Kazakhstan's commitment to host the new GDO on primary health care. Since, as yet, no offers had been received from Member States interested in hosting the new GDO on humanitarian and health emergencies she suggested extending the deadline for expressions of interest by one month.

90. The SCRC agreed that a one month extension would be appropriate and underscored the importance of striking a balance between allowing Member States to plan and enabling the

Office to prepare for RC63. Member States must be given sufficient time to consider thoroughly the implications of hosting a GDO and to submit their offers.