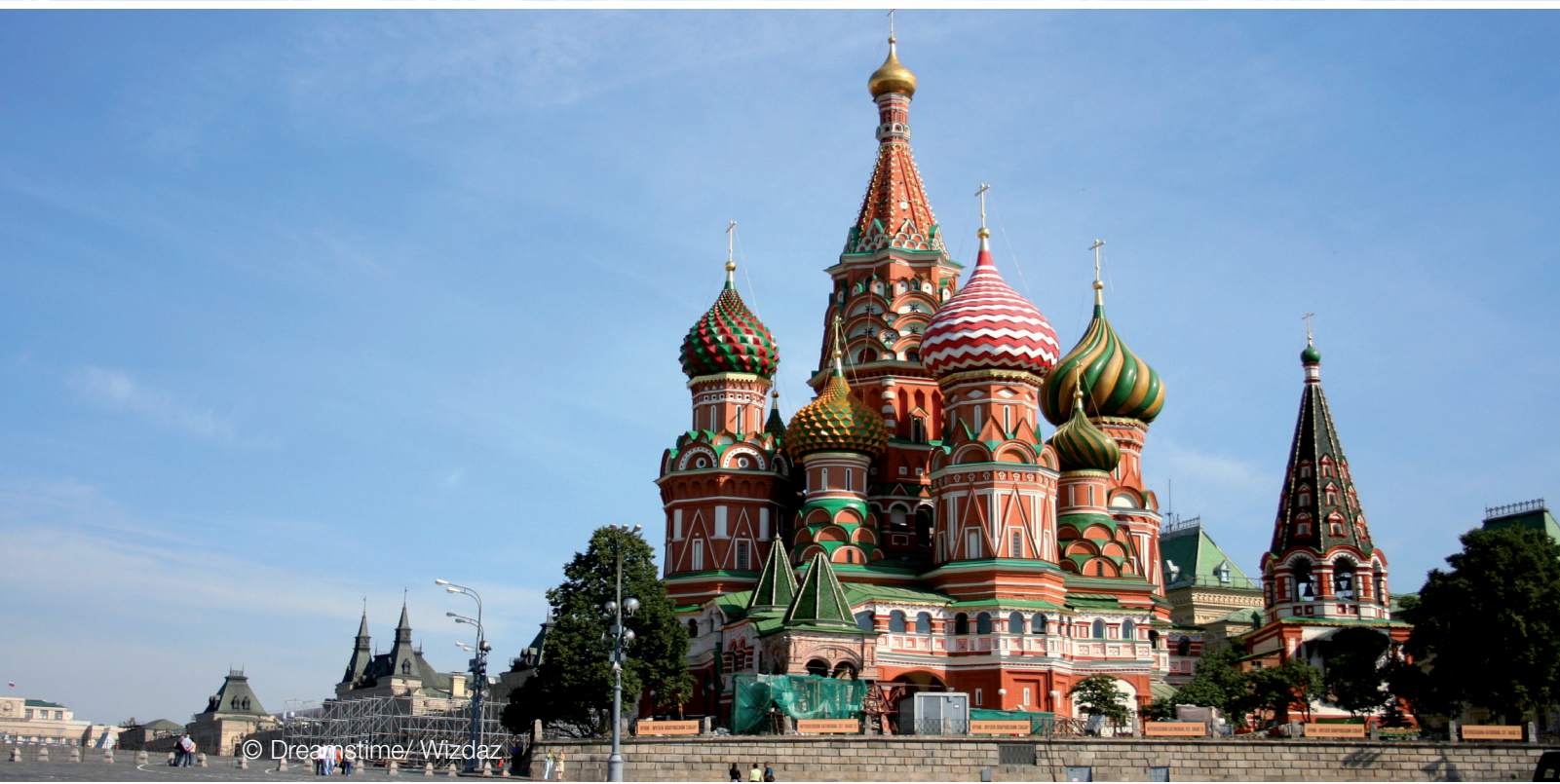


# Issues to be considered at the 60th session of the WHO Regional Committee for Europe: overview and links



World Health  
Organization

REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe  
Sixtieth session

Moscow, 13–16 September 2010





**EUROPE**

**Regional Committee for Europe  
Sixtieth session**

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**Issues to be considered at the sixtieth session of the WHO  
Regional Committee for Europe: overview and links**

This paper provides an overview of the main issues that will be discussed by the WHO Regional Committee for Europe at its sixtieth session. It also covers the ministerial panel discussions and the technical briefings, so that delegations to the session can better understand the conceptual and practical linkages between them and the various agenda items.

Also enclosed is a one-page overview of the provisional programme of the session.



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## Introduction

1. The purpose of this paper is to provide an overview of the main papers to be discussed by the WHO Regional Committee for Europe at its sixtieth session. The paper identifies the conceptual and practical linkages with the ministerial panel discussions, technical briefings and discussions over ministerial lunches.
2. The paper presents the main Regional Committee papers in chronological order, as they will be considered day by day, together with a one-page overview of the provisional programme of the session that also graphically shows the linkages between the various elements mentioned above.

## Monday 13 September 2010

### Overview of the programme for the day

3. Following opening addresses by high-level representatives of the government of the host country, the Russian Federation, the Regional Director as part of her address to the Regional Committee will present her vision and priorities for the Regional Office for the next five years on Monday (10:00–10:45). This will be followed by a discussion on the issues raised by the Regional Director (11:15–12:30).
4. During lunch there will be two technical briefings, on (a) Global health and (b) Frameworks for national health policies, strategies and plans, as well as ministerial lunch-time round table discussions on the European social determinants study and the South-East European Network. The main conclusions of these technical briefings will be fed into the formal agenda items on Tuesday and Wednesday, as indicated below.
5. In the early afternoon the Regional Committee will receive reports from its Standing Committee (SCRC) and will review matters of European relevance arising from resolutions and decisions of the World Health Assembly and the Executive Board. These will lead into discussion of a resolution that is aimed at significantly strengthening the governance of the WHO European Region. The day will end with discussion by a high-level panel of the options and possibilities for developing strengthened partnerships or a coalition for health for Europe. It will culminate in discussion of a shared vision for joint action by the European Commission and WHO, which will be signed as soon as formalities have been completed on both sides.

### Topics of the day in more detail

#### ***Better health for Europe. Adapting the Regional Office to the changing European environment: the Regional Director's perspective (EUR/RC60/8)***

6. This paper sets out both the Regional Director's vision and the basis for the direction and strategic priorities that will guide the work of the Regional Office for the coming years. It is being brought to the Regional Committee at the first opportunity so that Member States can give their advice and guidance and endorse the proposals. Many of the action items to make this vision a reality are also taken up in the other papers being presented at this session of the Regional Committee, so this document also serves as a "chapeau" to introduce many of the issues that are further developed and discussed in more detail elsewhere.

7. In this “vision paper” the Regional Director builds on global themes of change and opportunity. Over the past decades, the forces of globalization and economic, social, technological and lifestyle developments have had profound effects on the health of European people. In addition, and very positively, health is increasingly seen as a key factor in economic growth and innovation.

8. The role of the Regional Office is to take best practice and to lead and help shape European and country experiences towards healthier populations and improved and more responsive health systems. A strengthened leadership role for public health and health policy, together with wider and deeper partnerships and “coalitions for health”, will reduce inequities and achieve better health for European citizens.

9. The future actions by the Regional Office will be part of, and set within, the context of the “One WHO” promoted by the Global Policy Group (GPG) chaired by the Director-General and the core WHO functions as described in the Organization’s most recent General Programme of Work 2006–2015 and related strategic and operational programme budgets.

10. The Regional Director has identified seven strategic priorities to make this vision a reality, and these are shown in Box 1 below. The Regional Committee will be asked to consider a draft resolution on this subject in support of the Regional Director’s views.

**Box 1. The Regional Director’s seven priorities**

- development of a European health policy as a coherent policy framework, while forging consensus on priorities;
- improved governance in the European Region and the Regional Office and further strengthening of the latter;
- further strengthening of collaboration with Member States;
- engaging in strategic partnerships for health, thereby creating improved policy coherence;
- strengthening the European contribution to global health;
- reaching out through an information and communication strategy;
- promoting the Regional Office as an organization with a positive working environment.

***Governance of the WHO Regional Office for Europe (EUR/RC60/11)***

11. The fundamental values of and commitments to solidarity, equity, human rights, participation in health improvement and access to good quality health systems are embedded in the WHO Constitution and have been the guiding principles for the Regional Director, the SCRC Working Group on Health Governance and the SCRC itself in their joint efforts to strengthen governance in the European Region. The report of the SCRC, which will be presented immediately before discussion of this agenda item, will also inform the Regional Committee of its views and deliberations on questions of governance.

12. Under this item, both the internal governance of the Regional Office as well as the governance of the Organization at the European regional level will be discussed. With regard to internal governance, the Regional Director has put forward her views on how to further strengthen the Regional Office’s leadership role as a centre of excellence, whereby all the core functions are brought together in Copenhagen through strong intercountry technical programmes with a country orientation, while the geographically dispersed offices (GDOs) and country offices are fully integrated and clear about their mandate. The programme budget is



proposed as a strategic tool and a “contract” between the Regional Committee and the Regional Director, to ensure accountability for the delivery of jointly expected results.

13. On the question of governance of the Organization at the regional level, the Regional Director’s objective is to make the Regional Committee the place where important policy discussions are held and decisions are taken to shape the future of health in Europe, with the full support of the SCRC. Proposals are therefore being presented for renewal of the Regional Committee’s and the SCRC’s governance functions and ways of working; for transparency in the work of the SCRC, and for stronger links between global and regional governing bodies and more effective mechanisms for regional coordination; as well as on membership of the Executive Board and the SCRC; the issue of semi-permanency; election of officers of the World Health Assembly; nomination of the Regional Director; and the organization of ministerial conferences and high-level forums of government officials, to ensure the full engagement of Member States and other partners in the development of policies and strategies.

14. The Regional Committee will be asked to consider and adopt a draft resolution on this subject.

***Partnerships for health in the WHO European Region. The European Commission and the WHO Regional Office for Europe: a shared vision for joint health action in Europe and beyond (EUR/RC60/12)***

15. Over the past decades, the international and regional public health landscape has grown more complex. This offers an opportunity to build strong partnerships and coalitions for health at regional and country levels. Strategic partnerships are a core element underpinning many of the Regional Director’s strategic priorities to achieve her vision of better health for Europe and to develop the Regional Office as a centre of public health excellence.

16. This paper reviews the Regional Office’s past partnership activities and approaches, in order to flag up issues for discussion, guidance and input by Member States and partners active in the WHO European Region. This discussion will inform the strategy for partnerships for health in the WHO European Region that is proposed to be submitted to the Regional Committee at its sixty-first session in 2011.

17. In order to have a concrete discussion and to take action as from the sixtieth session of the Regional Committee, bilateral discussions and meetings have already taken place with the European Commission, the Organisation for Economic Co-operation and Development (OECD) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). This has enabled a high-level partnership panel discussion to be organized at the session, with participants including the European Commissioner for Health and Consumer Policy, the Executive Director of GFATM and high-level representation from OECD, the European Investment Bank and the United Nations Children’s Fund.

18. The partnership with the European Commission is of long standing and has been important for many decades. The past 10 years have seen a significant strengthening of cooperation, with more direct funding of projects by the European Commission. In order to further strengthen this partnership, it is proposed to move from a project-based approach to one in which the main strategic areas are jointly identified, together with an indication of the policy and technical actions needed. Some of these joint flagship initiatives include a single health security system to protect and a single health information system to inform all the 53 Member States in the WHO European Region. It is proposed that this joint strategic vision of collaboration between the European Commission and the Regional Office will be signed as soon as formalities have been completed on both sides.

19. A draft resolution is being put forward for consideration by the Regional Committee.

## Tuesday 14 September 2010

### Overview of the programme for the day

20. The Director-General will address the Regional Committee from 09:00 to 10:00, followed by a discussion. A ministerial panel will then debate the question “Why a health policy for Europe”, informed by the Regional Committee document on the subject and the early morning (08:00–09:00) technical briefing on the European study on social determinants of health. The ministerial panel debate is also related to the lunchtime briefing on the development of national health policies, strategies and plans.

21. In addition, there will be a technical briefing during lunch on the impact of the financial crisis on health, and its main conclusions will be shared with ministers at the lunchtime round table discussions the next day. Topics to be discussed at the ministerial lunch on Tuesday will include H1N1 issues (led by the Director-General) and the achievements of the Framework Convention on Tobacco Control (FCTC) on the fifth anniversary of its entry into force.

22. The early afternoon will see a ministerial panel discuss the subject of “Public health is global health” (this discussion will be informed by Monday’s technical briefing on the same subject), to be followed by a commemoration of Dr Jo Eirik Asvall (Regional Director emeritus) who died in February 2010. This is fitting as Dr Asvall was – among many other things – instrumental in setting up and guiding the European environment and health process and series of conferences, so his commemoration will be followed by a ministerial panel that will debate the future of the process, given the decisions taken at the Ministerial Conference in Parma in March 2010.

### Topics of the day in more detail

#### ***Addressing key public health and health policy challenges in Europe: moving forward in the quest for better health in the WHO European Region (EUR/RC60/13)***

23. Health has improved overall, yet not enough. Why is the health of our populations not better than it is? Why are there such inequities in health? We know enough to achieve better health outcomes, yet to do this will require resolute leadership from health policy leaders. The Regional Office intends to develop a new participatory and inspirational European health policy as a coherent framework that will reflect a shared commitment to improving health outcomes and equity in health.

24. The policy will need to consider all the determinants of health and the causes of the present inequities. This multi-faceted health context must be understood and appropriate policy responses defined and implemented. These will include a renewed commitment to public health, with a greater emphasis on prevention, as well as stronger health systems and the development of national health policies and strategies.

25. We know already what are the big challenges. Noncommunicable diseases predominate in the burden of disease across the Region, even though the threat of communicable diseases still affects many countries. Mental disorders represent a growing, but still too often neglected, cause of population suffering. Growing life expectancy leads to an ageing population in Europe which necessitates new approaches, including ensuring continuity of care and empowering people who live with chronic conditions.

26. Against this background, the Regional Office has identified seven main challenges for the whole Region that need to be addressed in a concerted and collaborative way. The first step in

tackling these challenges will be to develop a shared framework with the participation of national and international partners for discussion by the Regional Committee at its sixty-first session in 2011 and adoption in 2012. Subsequently the implementation of this new European health policy will aim to achieve results in the following key areas, shown in Box 2.

**Box 2. The new European health policy will:**

- strengthen regional, national and international partnerships;
- enhance health system performance by developing effective national health policies and strategies, including strengthening finance and governance mechanisms;
- expand the prominence, scope and reach of public health capacity, functions and services;
- reinforce structural linkages between all the components of the health system – particularly public health and primary health care – and expand this to all government policies to achieve health in all policies;
- review the range of available public health instruments in order to develop evidence-based tools; and
- introduce executive training for leadership for health.

27. This new European Health Policy will build on the concept of primary health care and the Declaration of Alma-Ata, on global and European Health for All policies, including HEALTH21, and on the Tallinn Charter. The ultimate aim is that, through this process, the Region will be brought closer to the ultimate goal of better health for Europe.

28. A draft resolution has been put forward which requests the Regional Director to develop the European health policy through a consultative and participatory process and submit it to the Regional Committee for discussion at its sixty-first session and for adoption at its sixty-second session.

***Health in foreign policy and development cooperation: public health is global health (EUR/RC60/14)***

29. Today's globalized world provides a complicated backdrop to health improvement. The factors affecting health are spread across all aspects of political, economic and social development. Yet, we also know so much more than we did about the determinants of disease, and we also have a much greater technological understanding of the causes and management of health and disease.

30. Health must be seen now in an international context, beyond the old national frame of reference. Health as a global issue is more prominent and influential than ever before. These ideas are often focused around communicable disease threats that have regional or global implications, yet in truth there are a cluster of trade, food, water, environment, finance and energy challenges that are relevant to health at the global level.

31. Global health is at the crossroads of global agendas concerning security, economic development and social justice, and accordingly and increasingly health will be seen as a strategic global driver of security, foreign and development policy.

32. All this is the context for the recent discussion on global health and foreign policy at the United Nations General Assembly in 2009 (document A/64/365), which indicated strategic entry points where health and foreign policy come together and provided a list of health-related challenges relevant to foreign policy, as shown in Box 3.

33. There are three immediate proposals for ways in which the Regional Office can take forward this interrelationship between global health and foreign policy, and make a contribution to work in this area:

- initiating an increased dialogue on global health and foreign policy among key concerned institutions, organizations, ministries and other stakeholders, to improve policy coherence across sectors and bodies and to improve mechanisms for supporting the identification of global health priorities and the delivery of global public goods in the health field;
- more systematically cataloguing and analysing foreign policy and health activities in the Region, and their interface with development activities; and
- initiating and supporting closer links between academic institutions engaged in the field of health and foreign policy, as well as engaging in capacity-building and training in global health diplomacy directed at diplomats and health officials.

34. The Regional Office is already involved or is stepping up its activities on several of the health-related challenges listed in Box 3 below; these include Europe's contribution to reaching the health-related Millennium Development Goals (MDGs), implementing the FCTC and responding to the H1N1 pandemic, as well as maintaining the polio-free status of the European Region or strengthening the national health systems. Work to control noncommunicable diseases will be significantly stepped up in the years to come.

**Box 3. Health-related challenges relevant to foreign policy**

- meeting the health-related Millennium Development Goals
- health in national and global security
- controlling emerging infectious diseases and increasing access to vaccines and drugs
- ensuring access to and affordability of medicines
- integrating health into all policies
- addressing noncommunicable diseases
- international support to strengthening health systems
- addressing challenges of global health governance.

35. The Regional Committee will be asked to adopt a resolution requesting the Regional Director to support Member States in better integrating global health in foreign policy aims and processes, identifying priority issues for a dialogue between the health and foreign policy sectors, analysing innovations in the field, and supporting research and analysis, as well as to help strengthen capacity among both diplomats and health officials.

***Future of the European environment and health process (EUR/RC60/17)***

36. The European environment and health process (EEHP) has provided and continues to provide the platform through which the Regional Office aligns its work on the current environmental challenges and needs of its Member States. The EEHP has proven to be an exemplary form of cross-sectoral international work, promoting the inclusion of health in all policies. For two decades there have been regular five-yearly conferences attended by ministers of health and the environment, and since 1999 the EEHP has been steered by the European Environment and Health Committee.

37. The Fifth Ministerial Conference took place in Parma, Italy on 10–12 March 2010. The event brought together 800 participants from 52 countries across the European Region who:

- reviewed the impact of national and international environmental health policies on the health status of the population of Europe over the past 20 years;
- set Europe’s future agenda on emerging environmental health challenges, and
- proposed strengthening political commitment through the adoption of a ministerial declaration.

38. The main document adopted by the Conference was the Parma Declaration on Environment and Health. The “Commitment to act”, which was an integral part of the Declaration, addressed the following priority areas for action:

- protecting children’s health
- protecting health and the environment from climate change
- involving children, young people and other stakeholders
- developing knowledge and tools for policy-making.

39. In addition, the Parma Declaration endorses a new institutional framework<sup>1</sup> and concludes with a commitment to hold the Sixth European Ministerial Conference on Environment and Health in 2016. This institutional framework, serviced by the WHO Regional Office for Europe, will consist of:

- national mechanisms and structures;
- the European Environment and Health Task Force (EHTF), as the leading international body for implementation and monitoring of the EEHP; and
- the European Environment and Health Ministerial Board (EHMB) as the political driver of international policies in the field of environment and health.

40. The Regional Committee will be asked to adopt a resolution endorsing the outcomes of the Fifth Ministerial Conference on Environment and Health, including the proposed institutional framework.

## **Wednesday 15 September 2010**

### **Overview of the programme for the day**

41. The morning starts with consideration of the global issue surrounding the future of financing for WHO, a topic that all WHO regional committees are debating this year. That leads naturally into the discussion on the proposed Programme Budget 2012–2013 and adoptions of the related resolution.

42. The lunch-time ministerial roundtable discussions will continue with the financial theme, looking at the impact of the financial crisis on health and health systems, informed by the technical briefing of the previous day on the same issue. The lunch-time technical briefing will also have a global flavour, with a discussion on progress towards the MDGs in Europe at the mid-term towards the target year of 2015.

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<sup>1</sup> See *The European Environment and Health Process (2010-2016): Institutional framework* (document EUR/55934/7).

43. Following the private meeting of the Regional Committee in the early afternoon, there will be a discussion on polio eradication in the European Region, given the first importation of wild poliovirus into the Region through central Asia since it was certified as polio-free in 2002, with a keynote address delivered by Professor David Salisbury. Following decisions on the dates and places of forthcoming sessions of the Regional Committee, the day will conclude with a keynote address by Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean.

### **Topics of the day in more detail**

#### ***The future of financing for WHO (EUR/RC60/18)***

44. At an informal consultation convened by the Director-General in January 2010 to discuss the future financing of WHO, two key issues were identified:

- how to better align the priorities agreed by WHO's governing bodies with the monies available to finance them; and
- how to ensure greater predictability and stability of financing, laying the foundation for more realistic planning and effective management.

45. A wide process of consultation (involving Member States) is continuing, and this will result in the submission of a formal report to the Executive Board in January 2011. A key milestone will be discussions in all six Regional Committees in September and October 2010, for which a prepared note lists eighteen strategic questions grouped under eight main headings. These are shown in Box 4.

#### **Box 4. Eight main headings for discussion**

- WHO's core business
- health and development
- partnerships
- WHO country support
- technical collaboration
- implications for WHO governance
- priority-setting and communication
- implications for financing.

46. The Director-General has invited each Regional Director to customize the generic paper. The Regional Director for Europe has accordingly put forward the following views in relation to the European Region.

47. European Member States play an active role in WHO's policy debates and development, as well as making a very significant contribution to the overall financing of the Organization. For instance, in 2008–2009 European Member States contributed 53% of WHO's overall voluntary contributions. In terms of assessed contributions, European Member States accounted for 43% of the global total.

48. In the context of the six core functions for the Organization as set out in the Eleventh General Programme of Work 2006–2015, the Regional Director proposes that the functions and priorities shown in Box 5 are particularly important for the European Region.

**Box 5. Functions and priorities of importance for the European Region**

**Functions:**

- normative and standard-setting work;
- articulating evidence-based policies and technical programmes at the European level to support national decision-making and action;
- the development of partnerships at all levels;
- technical cooperation with and support to Member States in strengthening their capacity to elaborate national policies, strategies and action plans;

**Priorities:**

- noncommunicable diseases, lifestyle-related conditions and social determinants of health;
- infectious diseases and related issues;
- maternal and child health;
- health systems development, including health care delivery and key public health functions, with a focus on prevention;
- environment and health.

49. The Regional Director is proposing the development of a flexible yet effective approach to the provision of support to countries. This will be discussed with both the Standing Committee and the Regional Committee. The outcome of these discussions will be a renewed country strategy, which will be presented to the SCRC during the first half of the 2011 and subsequently placed on the agenda of the sixty-first session of the Regional Committee in September 2011.

50. In the Regional Director's view, the most important role that WHO can play is to support governments in developing their health policy and strategies, and initiating and supporting policy dialogues on priority health issues. WHO should also support countries in translating the decisions of the Organization's global and regional governing bodies into national action. The Organization should also strengthen national capacities in areas required, including training at executive level.

51. A review of the budget allocation within the European Region may be necessary in order to shift resources to the functions and priorities agreed with the Regional Committee and to the locations where their use may be most cost-effective.

52. Of the voluntary contributions to WHO spent in 2008–2009, 40% (US\$ 1 187 million) was spent on communicable diseases. In contrast, chronic and noncommunicable diseases – key priorities for the European Region – received only 1.5% of the overall total (US\$ 46 million).

53. Clearly, the Organization's performance in surveillance and response to communicable diseases is well recognized and appreciated, while Member States may be less knowledgeable about the Organization's comparative advantage in other areas. Accordingly, WHO may need to improve its performance in communication and public information.

***Proposed programme budget 2012–2013 (EUR/RC60/10, EUR/RC60/10 Add.1 and EUR/RC60/Inf.Doc./1)***

54. The programme budget outlines WHO's priorities and strategic directions. It is a global document, but the specificities of the European Region are reflected in the regional perspective on the global document. It is important to note that the budget is aspirational, in that the budgeted amounts reflect the resources required to meet the objectives and to deliver the planned products for 2012–2013. At the time of budgeting, therefore, a gap normally exists between the resources needed and those actually available.

55. Priorities for 2012–2013 in Europe include greater investments to tackle noncommunicable diseases, to strengthen health policy and the health system, particularly the infrastructure and capacity for public health (with emphasis on disease prevention), and to address the root causes of ill health and health inequity, including the socioeconomic determinants of health.

56. For 2012–2013 the Regional Office is following a cautious and realistic budgeting strategy. The budget for base programmes in these years represents a relatively modest increase of 26% compared to 2008–2009.

57. Future income is not reliably known at the beginning of the biennium and is highly unpredictable. Staffing commitments, however, are long-term with relatively little flexibility. For example, close to 60% of total costs in technical areas of work is constituted by staff costs. Furthermore, some 90% of the international professional staff are employed on long-term contracts.

58. To strengthen the Regional Committee's governance and oversight functions, the Regional Director suggests that approved programme budgets should be regarded as a "contract" between the Regional Committee and the Secretariat, to be accomplished in a three-step approach:

- the proposed programme budget 2012–2013 and its European perspective are presented to the Regional Committee at its sixtieth session in 2010, to discuss priorities and budget allocations;
- after the global programme budget has been approved by the World Health Assembly in 2011, the Secretariat will prepare (in collaboration with the SCRC) and submit a package of performance indicators, together with a list of key deliverables, to the Regional Committee at its sixty-first session;
- the package of performance indicators and key deliverables will serve as a "contract" between the Member States and the Secretariat.

59. A draft resolution is being put forward so that the Regional Committee can endorse the priorities and related budget issues and agree on way of ensuring the Regional Office's accountability to the Regional Committee.

***Private meeting: Elections and nominations (EUR/RC60/7 Rev.1, Add.1, Add.2 and Add.3)***

60. The Regional Committee will meet in private in the afternoon of Wednesday to consider nominations for membership of WHO bodies and committees, in accordance with rules 14.2.2 and 14.3 of the Regional Committee's Rules of Procedure.

61. On this occasion, nominations will be considered for the following bodies:

- the Executive Board – two members for seats vacant from May 2011;



- the Standing Committee of the Regional Committee – three members each to have a three-year term of office from September 2010 to September 2013;
  - the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases – one member for a four-year period from 1 January 2011;
  - the European Environment and Health Ministerial Board – four members as representatives of the health sector;
  - a consultative expert working group (CEWG) on research and development: financing and coordination – to nominate experts whose names will be submitted to the Director-General through regional directors, in order to establish a roster of experts. Drawing on this roster, the Director-General will then propose the composition of the CEWG to the Executive Board at its 128th session in January 2011.
62. The curricula vitae of candidates for membership of each body are provided.

***Poliomyelitis eradication in the WHO European Region(EUR/RC60/16)***

63. In 2002 the WHO European Regional Certification Commission for Poliomyelitis Eradication declared the Region to be polio-free. Maintaining this status has been the focus of immunization efforts in the Region since that time.

64. The recent importation of wild poliovirus into Tajikistan demonstrates that this status is fragile until global poliomyelitis eradication is declared. Member States are requested to strengthen their engagement and oversight in order to keep the Region polio-free and to provide sustained political commitment and financial support for the polio eradication programme in the Region. Increasing population immunization coverage, especially among high-risk and vulnerable populations, and ensuring certification-standard level surveillance are of crucial importance. Member States are also requested to develop or update preparedness plans in the event of the importation of wild poliovirus, in order to be able to respond rapidly and contain established or re-established indigenous transmission.

65. The Regional Office, with its key partners UNICEF, the European Commission, European Union institutions such as the European Centre for Disease Prevention and Control (ECDC), the United States Centers for Disease Control and Prevention (CDC) and global partners such as Rotary International, gives the highest priority to ensuring that the Region preserves its polio-free status. The Regional Director will continue to advocate for increased political and financial support for the Global Polio Eradication Initiative in the Region.

66. The Regional Committee will be requested to adopt a resolution urging Member States to sustain their current strategies for maintaining the polio-free status of the Region. Member States should continue to enhance their political and financial commitment to polio eradication. Urgent action is needed to stop the current outbreak in Tajikistan, prevent its spread to other countries and provide evidence of the interruption of transmission of wild poliovirus in the Region. The Regional Office is fully behind Member States in their work to achieve these goals and maintain the polio-free status of the Region.

## Thursday, 16 September 2010

### Overview of the programme for the day

67. The opening session will renew Europe's commitment to the elimination of measles and rubella and prevention of congenital rubella syndrome. The Regional Committee will close with the approval of the report of the sixtieth session.

### Topics of the day in more detail

#### ***Renewed commitment to measles and rubella elimination and prevention of congenital rubella syndrome in the WHO European Region by 2015 (EUR/RC60/15)***

68. In 2005 the Regional Committee endorsed resolution EUR/RC55/R7 on strengthening national immunization systems through measles and rubella elimination and prevention of congenital rubella infection in the European Region, with a target date of 2010. While measles and rubella transmission have been interrupted in a number of countries, on current evidence the regional goals of eliminating measles and rubella by 2010 will not be met.

69. Member States are asked to make a political commitment to the goal of elimination, to ensure that the required resources are available, and to use European Immunization Week (EIW) as an advocacy tool to strengthen efforts to achieve the goals. A comprehensive review of progress made towards elimination in each Member State should allow the barriers identified to be addressed and components of the elimination strategy to be strengthened. Member States will need to set up verification committees to document progress towards elimination.

70. The Regional Committee will be requested to adopt a resolution moving the target date for elimination of measles and rubella from 2010 to 2015, and urging Member States to renew their political and financial commitment to stepping up action to eliminate measles and rubella and prevent congenital rubella syndrome, while continuing to implement current strategies to maintain the Region's poliomyelitis-free status.

Monday, 13 September <i>The Regional Office's future</i>			Tuesday, 14 September <i>"Ministers' day"</i>			Wednesday, 15 September <i>The Regional Office's finances</i>			Thursday, 16 September <i>Closing day</i>		
			08:00-09:00: Technical Briefing Social Determinants of Health **								
09:00-10:00: Opening of the session: Election of officers; Adoption of the provisional agenda and programme			09:00-10:00: Address by the Director-General			09:00-10:30: The future of financing for WHO			09:00-10:00: Renewed commitment to measles and rubella elimination and prevention of congenital rubella syndrome in the European Region of WHO by 2015		
10:00-10:45: Address by the Regional Director: Report on the work of the Regional Office; Better health for Europe. Adapting the Regional Office to the changing European environment: the Regional Director's perspective									10:00-12:30: Approval of the report and closure of the session		
10:45-11:15: Coffee break			10:00-10:30: Coffee break			10:30-11:00: Coffee break					
11:15-12:30: Discussion on issues raised by the Regional Director and general debate			10:30-12:30: Addressing key public health and health policy challenges in Europe: moving forwards in the quest for better health in the WHO European Region <i>Ministerial Panel **</i>			11:00-12:30: Proposed programme budget 2012–2013: - Global basis - Regional level					
12:30-14:00	<b>Ministerial Lunch:</b> - South-east European network of cooperation* - European Study on Social Determinants – briefing by Sir Michael Marmot**	13:00: Technical Briefing: - Global health and health diplomacy *** - National health policy framework **	12:30-14:30	Group photo		12:30-14:30	<b>Ministerial Lunch:</b> Impact of the financial crisis on health and health systems **	13:00: Technical Briefing: Progress in Europe towards the health-related MDGs ***			
Lunch Break			Lunch Break			Lunch Break					
14:00-15:00: Report of the Seventeenth SCRC and Matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board			14:30-16:00: Health in foreign policy and development cooperation: public health is global health <i>Ministerial Panel ***</i>			14:30-15:45: Private meeting Membership of WHO bodies and committees					
15:00-16:30: Governance of the WHO Regional Office for Europe											
16:30-17:00 Coffee break			16:00-16:30: Coffee break			15:45-16:15: Coffee Break					
17:00-18:30: Partnerships for health in the WHO European Region The European Commission and the WHO Regional Office for Europe: A shared vision for joint health action in Europe and beyond* <i>High-Level Panel</i>			16:30-17:00: Commemoration of Dr Jo Eirik Asvall			16:15-17:15: Polio eradication in the European Region <b>Keynote speaker:</b> Professor David Salisbury 17:15-17:30: Confirmation of dates and places of future sessions of the Regional Committee in 2011–2014 17:30-18:00: Other matters <b>Keynote speaker</b> - Interregional collaboration: Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean					
			17:00-18:30: Future of the European environment and health process <i>Ministerial Panel</i>								
20:00: Reception hosted by the Minister of Health and Social Development. Venue: Ritz Carlton Hotel (Bus transfer is arranged from/to all the official conference hotels)			20:00: Reception hosted by the Regional Director, WHO/EURO. Venue: Tsereteli Museum – Gallery of Arts (bus transfer is arranged from/to all the official conference hotels)								

Note:  
(1) Sunday 12 September, 18:30 : Welcome reception hosted by the Ministry of Health and Social Development of the Russian Federation at the Holiday Inn  
(2) The asterisks link the technical briefings and ministerial lunches with the corresponding main agenda items and ministerial panel discussions