

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



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Organization

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This document is a consolidated report on the work done by the Seventeenth Standing Committee of the Regional Committee (SCRC) at the five regular sessions held to date during its 2009–2010 work year. The report of the SCRC's Working Group on Health Governance in the WHO European Region is contained in an annex to this document.

The report of the Seventeenth SCRC's sixth and final session (to be held in Moscow on 12 September 2010, before the opening of the sixtieth session of the WHO Regional Committee for Europe) will be submitted to the Regional Committee as an addendum to this document.

The full report of each SCRC session is available on the Regional Office's web site (<http://www.euro.who.int/en/who-we-are/governance/standing-committee/seventeenth-standing-committee-of-the-regional-committee-20092010>).

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Introduction

1. The Seventeenth Standing Committee of the Regional Committee (SCRC) has to date held five sessions in its 2009–2010 work year:

- at the WHO Regional Office for Europe in Copenhagen on 17 September 2009, following the closure of the fifty-ninth session of the WHO Regional Committee for Europe (RC59);
- in Ohrid, the former Yugoslav Republic of Macedonia on 9 and 10 November 2009;
- at the WHO Regional Office for Europe on 1 and 2 March 2010;
- at WHO headquarters in Geneva, Switzerland on 16 May 2010; and
- at Håckeberga Castle, Genarp, Sweden on 14 and 15 June 2010.

2. At its first session, the Seventeenth SCRC unanimously elected Mr Josep M. Casals Alís (Andorra) as Vice-Chairperson. It also considered preparations for reporting back to the Regional Committee at its sixtieth session (RC60) on the implementation of resolution EUR/RC53/R1, concerning membership of the Executive Board; it expected to establish a working group to consider the matter in detail. Plans for handling the transition period until the newly nominated Regional Director took office on 1 February 2010 would include inviting her to attend the Seventeenth SCRC's second session and hold a "brainstorming" discussion with members.

Follow-up to the fifty-ninth session of the Regional Committee

3. At the Seventeenth SCRC's second session, the Deputy Regional Director noted that a working paper had been distributed identifying those areas in the resolutions adopted and discussions held at RC59 where follow-up action was required. Discussion focused on three more substantial areas.

Update on pandemic (H1N1) 2009 and access to pandemic vaccine

4. The acting Director, Division of Health Programmes reported on the current situation with regard to pandemic (H1N1) 2009. As of 6 November 2009, more than 480 000 cases and 6000 deaths had been reported in nearly 200 countries and territories throughout the world, with nearly 80 000 laboratory-confirmed cases in 49 countries and 326 deaths in 28 countries in the WHO European Region. However, those figures were significant underestimates, since many countries had moved to clinical confirmation and laboratory testing only for cases with severe illness or high-risk conditions. The winter influenza season had started unusually early in the WHO European Region, with evidence of increasing and active transmission of pandemic influenza virus across northern and eastern Europe (including Ukraine and Belarus).

5. In Ukraine, as of 9 November 2009 there had been more than 900 000 cases of influenza-like illness (ILI) and over 65 000 cases of acute respiratory infection (ARI) and pneumonia. More than 43 000 people had been hospitalized, 2300 of whom had required intensive care and 50 of whom were on mechanical ventilation; 155 deaths from ARI had been reported. Preliminary reports indicated that the rapidly evolving situation in the country was mainly related to pandemic (H1N1) 2009 influenza, although other causes of respiratory illnesses could not be totally ruled out. A multidisciplinary team of nine experts from WHO, the European

Centre for Disease Prevention and Control (ECDC), the United States Centers for Disease Control (CDC) and Member States had been deployed to the country at the request of the Ministry of Health to assist the national health authorities.

6. In the WHO European Region, the population in countries with advanced purchase agreements (APAs) with vaccine manufacturers or with planned domestic production could be as high as 700 million. Of the remaining countries, eight (with a total population of over 100 million) were eligible for support from the Global Alliance for Vaccines and Immunization (GAVI) and would rely on access to the WHO stockpile of H1N1 vaccine donated by manufacturers. Some middle-income countries, with neither APAs in place nor domestic production, had been able to procure vaccine through direct contact with manufacturers and negotiations with other countries. In addition, the Regional Office was working with UNICEF Supply Division on pooled procurement. To date, some 17 countries in the Region had commenced vaccination, with 8 more due to begin in November 2009.

7. The SCRC member from Ukraine paid tribute to the prompt response provided by the Regional Office and the objective evaluation made by the assessment team. She also thanked those Member States that had rendered humanitarian assistance to her country. The SCRC was pleased to note that, with the aim of strengthening coordination between WHO and ECDC, the Regional Office was working on technical arrangements to ensure that countries' reports to the EuroFlu web site (<http://www.euroflu.org/index.php>) were forwarded to both organizations, thereby avoiding double reporting.

Code of practice on the international recruitment of health personnel

8. The Director, Division of Country Health Systems informed the SCRC that, as requested by representatives attending RC59, a consultation would be held at WHO headquarters on 8 December 2009, before the subject was taken up by the Executive Board at its 126th session (EB126) in January 2010. WHO headquarters should be urged to release the revised draft code of practice as soon as possible, and in any event no later than 1 December 2009, to allow time for it to be reviewed at national level. The question of health workforce migration necessarily involved a large number of ministries (foreign affairs, education, labour, employment, etc.), so an extensive process of consultation would be needed both before and after EB126. The SCRC noted that the decision whether or not to accept a code of practice would be made by the World Health Assembly, not the Executive Board, and further meetings with and between countries could be organized, if necessary, between January and May 2010.

Health governance in the WHO European Region

9. The Standing Committee agreed to establish a working group on the question of governance, composed of its Chairperson, the adviser to the member from Sweden and the member from Lithuania, and chaired by the member from Switzerland. It decided that the Working Group would agree on its terms of reference and circulate them to members of the Standing Committee for approval by the end of November 2009 (see Annex 2).

Priorities and challenges facing the WHO European Region and the Regional Office

10. The second day of the Seventeenth SCRC's second session took the form of an informal brainstorming meeting, at which the Regional Director-nominee outlined her vision of how best to tackle the priorities and challenges facing the Region and the Regional Office. She also

informed the SCRC about the transition process and the steps she was proposing to take for as early a start as possible to implementation and realization of that vision.

11. She reaffirmed that the WHO Regional Office for Europe was currently as important as it ever had been, but that it had to adapt itself to the changing European environment in order to remain strong and competitive, add value and maintain its “leading edge”. The justification for adaptation lay in the significant changes in public health-related issues that had taken place in recent decades (e.g. increasing social inequalities with their impacts on health; the economic crisis; climate change; the epidemic of noncommunicable diseases (NCDs), and a competitive environment with many new players in Europe). The Regional Office had to adapt and respond to those changes, as it had done in the early 1990s. It was not “business as usual” for public health, and the Regional Office urgently had to rethink its role; renew its vision and leadership; further clarify its identity among other players; develop new partnerships and renew old ones; and find new ways of working on, managing and responding to the challenges that public health faced at all levels.

12. In defining her vision for the future, the Regional Director-nominee had drawn upon the WHO Constitution as a starting point. The driving force behind her vision was for the Regional Office to be a leader in Europe in health policy and public health, and a centre of public health excellence. That required a strong evidence-based organization; one with good technical programmes and high-calibre staff known for their professional excellence; and one that was relevant to the whole Region, uniting, integrating and acting as a bridge between different parts while promoting solidarity and equity for health.

13. One key element for strengthening the Regional Office’s leadership role in health policy and public health in Europe would be to renew the European health policy. The most important internal governance issues related to ensuring that the Regional Committee attracted more policy-makers at the highest level and to broadening and strengthening the role of the SCRC, perhaps following the model of the relationship between the Executive Board and the World Health Assembly.

14. All the 35 WHO offices in Europe need to operate as integral components of the Regional Office as a networked organization, with clearly defined roles and identities. There should be an appropriate balance and blend of centralization and decentralization, with the Regional Office as a strong hub exercising all the core policy functions.

15. Partnerships were crucially important in the new European environment, which had grown very much more competitive in the past 10 years. One of the key partners was the European Union (EU), many of whose institutions were actively engaged in health and health-related matters. She intended to develop a “strategic partnership for health for Europe” together with the EU, for the benefit of all the 53 WHO Member States in the European Region. Other WHO partners and partnerships, both traditional and new, would be assessed to clarify their respective roles, responsibilities, work priorities, linkages and interrelations to avoid duplication, ensure synergy and maximize returns for Member States. Europe also had an important role to play in supporting and contributing to global developments, including tackling the impact of globalization on health and collaborating with other WHO regions.

16. The diversity of the Region was both its beauty and its strength, but that provided a challenge for the Regional Office to be relevant for all its Member States. The Regional Office was in a unique position to play an important role in acting as a bridge and ensuring and facilitating international cooperation through the exchange of expertise, know-how and best practices. Intercountry work in joint partnerships was also an excellent way of building capacity and learning, especially when countries with similar needs were grouped. The Regional Office could also support and facilitate bilateral partnerships between Member States – they offered

great potential for making effective use of knowledge and experience gained, while demonstrating solidarity.

17. The last key element of her vision consisted of the main priorities for the work of the Regional Office. Those priorities should be evidence-based, reflecting the main burden of diseases in the Region and their underlying causes and determinants. On that basis, the main overriding priority areas were prevention of NCDs and health promotion; communicable diseases; health systems; information, evidence and communication; and finally, environment and health and climate change.

18. With regard to the process and way forward during and after the transition period, a broader informal consultation on those issues would take place in January 2010. That informal consultation would feed into the SCRC discussions at every stage, starting with its next formal session in March 2010.

General discussion

19. There was universal, comprehensive and enthusiastic support from all SCRC members for the vision for the next five years that the Regional Director-nominee had presented (which they suggested could be referred to as the “Ohrid Vision”). In response to the SCRC request to identify the main barriers to implementation that could be foreseen, the Regional Director-nominee pointed out that they all related to the availability of resources and the flexibility to redirect them in the early months of 2010. The other priority was to select a strong senior management team (SMT) of directors who would support the Regional Director-nominee in implementing the Ohrid Vision by strategically leading, directing and managing its various components. In order to make rapid progress, it was therefore essential that in the early years, when flexibility was limited, Member States supported implementation of the Ohrid Vision through a combination of voluntary donations specifically for the SMT and secondment of technical staff.

Leadership role in health policy and public health

20. To the main question “Do you agree to have a renewed health policy for Europe?” the SCRC unanimously answered in the affirmative. Although the suggested timeline of obtaining a mandate from RC60 in 2010 and developing the European policy by 2011 was considered to be ambitious, the SCRC agreed that this was a key element of the Ohrid Vision and required urgent action.

The Regional Office as a networked organization

21. Members of the SCRC were unanimous in their view that all core functions should be located in Copenhagen, and that only supportive functions should be outsourced. The SCRC fully supported the suggested review of geographically dispersed offices (GDOs), building on the report prepared by Professor Silano in 2001 (document EUR/RC52/Inf.Doc./4). Its members also agreed that the country offices should be reviewed, in order to identify ways to further strengthen them and to find new modalities for those in EU countries. They endorsed the approach whereby RC60 in 2010 should be approached to secure a mandate for the above work, with a suggested timeframe for reporting back to RC61 in 2011. The importance and usefulness of networks had been demonstrated in Europe in the past, and the issue should be revisited to define what should be the role of the networks and who should be members. Again, a mandate could be obtained from RC60 in 2010, with work starting immediately.

Partnerships

22. SCRC members agreed with the idea of developing a strategic partnership with the EU. Like the Regional Director-nominee, they emphasized that the partnership should be for the benefit of all the 53 countries in the Region and developed with the involvement of both the European Commission and the presidencies of the European Council. The European Parliament should also be engaged and, where possible and sensible, joint ventures with the European Centre for Disease Prevention and Control (ECDC) should be initiated. The new European Commissioner for Health and Consumer Policy should be invited to RC60 in Moscow.

Diversity of the WHO European Region

23. SCRC members emphasized that, although the Regional Office's attention should remain focused on countries most in need, its relevance to the EU could be explored through, for example, the promotion of international and intercountry cooperation and the use of the European Observatory on Health Systems and Policies (with perhaps increased collaboration with the Organisation for Economic Co-operation and Development). All those issues should be brought to RC60 in 2010, in order to seek a mandate to undertake the necessary work, with the results being ready for presentation to RC61 in 2011.

Main priorities for the work of the Regional Office

24. The SCRC agreed to the priorities listed and every member fully agreed with putting NCD as the top priority, especially given that the comparative investment in that area had been so small. Mental health should also be put clearly on the agenda. A description of the work to be done should be presented to RC60 in 2010, with the NCD action plan developed for submission to RC61 in 2011. The SCRC also agreed that, following the Parma Conference, a discussion should take place at RC60 on the way forward in the area of environment and health.

Governance

25. The Chairperson of the SCRC Working Group presented a table in which all governance-related questions and proposals, as put forward by the RC, the SCRC and the Regional Director designate, had been consolidated. They had been extended and grouped into six broad areas. The SCRC discussed in turn the detailed issues related to each of them. The SCRC's comments and suggestions were noted by the Chairperson of the Working Group. The amended table would be structured in line with the comments made and circulated to SCRC members for further review.

Updates by the SCRC Working Group on Health Governance¹

26. At the Seventeenth SCRC's third session, the Chairperson of the Working Group introduced the issues already discussed by the Group on which it wished to hear the Standing Committee's comments. Modifications to the rules of procedure of the Regional Committee and the SCRC were being considered: there was some need to align the role and functions of the Standing Committee with those of the Executive Board. An increase in membership of the SCRC would be useful. To allow more time for debate on issues related to health policy, procedural tasks currently dealt with by the Regional Committee could be delegated to the

¹ See also Annex 2

SCRC. The nature of the Regional Search Group for candidates for the post of Regional Director needed to be reviewed. Small changes to election procedures were proposed. There was also a need for discussion on the place and role of the geographically dispersed offices (GDOs) and the country offices.

27. The SCRC noted that the increase in the number of Member States in the Region in recent years did indeed justify an increase in membership of the SCRC. To ensure transparency, sessions of the Standing Committee could be open and webcast. A further possibility was to make the SCRC session prior to the World Health Assembly open to all Member States. The Standing Committee agreed on the need to strengthen the Regional Committee as the policy-making governing body, and hence on the delegation of procedural functions to the SCRC. Participation of the Director-General in the process of electing a regional director and in the Regional Search Group would be welcomed. However, the Director-General should be consulted on the issue. A role for the SCRC in the process could also be positive, one suggestion being that it could provide two of the Search Group's five members.

28. At its fourth session, the Chairperson of the Working Group reported to the Seventeenth SCRC that the Group had held an extensive two-day meeting at the Regional Office on 12 and 13 April 2010. To support the strategic developments being taken forward in the area of governance, understood in its widest sense, the Working Group had reviewed the Regional Office's way of working and the Rules of Procedure of the Regional Committee and the SCRC, to which it proposed a number of changes and amendments that could be presented to RC60. Broadly speaking, those amendments could be grouped under four headings:

- Membership of the Executive Board and the SCRC
- The SCRC's way of working
- Nomination of the Regional Director
- Adjustment of the agenda of Regional Committee sessions

29. The SCRC agreed that it would be wise to increase the membership of the SCRC from 9 to 12 members, to use the same criteria for membership of both the Executive Board and the SCRC, to lift the ban on simultaneous membership of those two bodies, and to adjust and rename the subregional groupings. All those measures would enable more Member States to participate in steering their Organization, while securing the continued involvement of major countries.

30. The Standing Committee suggested that a standard format for regular reporting by the Regional Director would help it to exercise its oversight function. In addition, presentation to the Regional Committee (in years when the Organization's programme budget was adopted by the World Health Assembly) of a paper giving details of the results that were expected to be achieved at regional level would form a "contract" between the Regional Committee and the Regional Director against which performance could be accurately assessed.

31. With regard to transparency, the SCRC endorsed the proposed changes in practice on a trial basis as from RC60, provided it was clearly understood that Member States' representatives attending an open session of the SCRC as observers would not have the right to speak. Amendments to the relevant Rules of Procedure (Rule 3 for the SCRC and Rule 14 for the Regional Committee) could be put forward once the required experience had been gained.

32. The SCRC agreed that, to reflect more accurately the functions that it performed, the Regional Search Group (RSG) should be renamed the Regional Evaluation Group. The ban on simultaneous membership of the RSG and the SCRC should be removed. Following consultations with the WHO Director-General, the SCRC recommended, as a matter of principle (and in line with Article 52 of the WHO Constitution), that the Director-General should not play

an active role in the process of nominating the Regional Director. All candidates for the post of Regional Director should have the opportunity to address the open session of the SCRC (to which all Member States could send observers) that would be held on the eve of the opening of the World Health Assembly.

33. The Standing Committee also agreed that the agenda of Regional Committee sessions should be reoriented to foster a policy dialogue on issues of key concern to ministers which could have immediate impact on their work at national level. The inclusion of ministerial panel discussions would make Regional Committee sessions more participatory and encourage all countries to share their national experiences.

34. At the Seventeenth SCRC's fifth session, the Chairperson of the Working Group reported that he had made a presentation on the subject of governance at the meeting of representatives of all European Member States during WHA63. Oral feedback and written comments had been given on his presentation, and the Secretariat had redrafted the RC60 working paper, focusing on the governance of the Regional Office itself. The Working Group had held its final meeting to review the paper that morning. The Standing Committee commended the Working Group and its Chairperson on their excellent work and endorsed its recommendations.

Executive Board and World Health Assembly

35. At the Seventeenth SCRC's third session (March 2010), the European member of the Executive Board attending the session as an observer reported on the outcome of the 126th session of the Executive Board (Geneva, 18–23 January 2010). He drew the Standing Committee's attention in particular to the areas of surveillance of foodborne diseases and monitoring of contamination of the food chain (resolution EB126.R7); a global strategy to reduce the harmful use of alcohol (resolution EB126.R11), on which the Regional Office would organize a meeting with national counterparts in the WHO European Region in June 2010; and the availability, safety and quality of blood products (resolution EB126.R14) and prevention and treatment of pneumonia (resolution EB126.R15), both of which had been the result of European initiatives.

36. The SCRC noted with satisfaction that, following discussion at RC59, the Regional Office had organized a European regional consultation on the draft WHO code of practice on the international recruitment of health personnel (Geneva, 8 December 2009). The topic had been further discussed at the 126th session of the Executive Board. Additional comments and/or proposed amendments to the draft code had been accepted by the WHO Secretariat until 23 February 2010 and would be incorporated in a separate information document for the Sixty-third World Health Assembly.

Preparation of the sixtieth session of the WHO Regional Committee for Europe

Review of the provisional agenda and programme

37. The Regional Director informed the Seventeenth SCRC at its third session that she intended to focus each day of RC60 on a specific theme. The first day would look at the future of the Regional Office, while the second day would be a "ministers' day", concentrating on the place of the Regional Office in the world. The third day would focus on the Regional Office as a networked organization. The fourth and final day of the session would begin with a dedicated

opportunity for participation by representatives of partner organizations, before the Regional Committee proceeded to adopt the report of its sixtieth session.

38. The SCRC welcomed the provisional programme that had been presented. It would be important to ensure wide participation in the ministerial panels, not only from countries in both the western and eastern parts of the Region but also from sectors other than health (such as foreign affairs and the environment). The programme was sufficiently broad to allow for inclusion of a range of additional issues, such as NCDs under the agenda item on challenges to health.

39. With regard to the section of the programme on the strategic partnership between the Regional Office and the EC, the SCRC called for it to include a progress report from the new joint WHO Regional Office for Europe/EC working group that had recently been established. Other questions to be taken up in that discussion might include how to link the funding possibilities afforded by the European Union (EU) in all countries of the WHO European Region with the technical competence and expertise available from WHO; how WHO could draw on the risk assessment capacity of the European Centre for Disease Prevention and Control (ECDC); and how the EU's Early Warning and Response System and ECDC's Emergency Operating Centre could be extended to cover the whole WHO European Region. Lastly, the SCRC recommended that consideration should be given to the question of national implementation of EU legislation by non-EU countries.

40. At its fourth session, the Seventeenth SCRC was informed that a topical item, poliomyelitis eradication, had been added to the programme of RC60 at the end of the third day (see paragraphs 62–65 below). The question of encouraging countries to make a renewed commitment to measles and rubella elimination would be taken up on the final day, before the draft report of RC60 was presented for adoption.

41. The SCRC welcomed the amended provisional programme but believed that it was quite ambitious. The draft of the RC60 working document on the use of public policy instruments for public health in the WHO European Region (see paragraphs 69–70 below) was not as close to finalization as other papers so, in order to free up some time, the corresponding agenda item (due to be taken up on the Wednesday morning) could be postponed to a subsequent RC session. A mandate should nonetheless be sought from RC60 to continue work on that topic.

42. On the question of the future of financing for WHO, comments received from a web-based consultation would be consolidated and sent out by the WHO Director-General in early June 2010. The Seventeenth SCRC could decide at its next session how that question could best be taken up at RC60, when it would also again review the provisional programme of RC60 as amended to take account of its recommendations.

43. At its fifth session, the SCRC made a final review of the provisional programme of RC60. The new item on poliomyelitis eradication in the WHO European Region had been added on the third day. Five technical briefings were to be held, all of which would feed in to the subsequent discussion of the corresponding agenda item. Dr Hussein Al Gezairy, WHO Regional Director for the Eastern Mediterranean, and Professor David Salisbury, Chairperson, Strategic Advisory Group of Experts (SAGE) on Immunization, would be guest speakers. The SCRC recommended that provision should be made for a general debate at the end of the morning of the first day of the session, following the Regional Director's address.

Action by the Regional Committee

**Review and adopt the provisional agenda
(EUR/RC60/2 Rev.1) and provisional programme
(EUR/RC60/3) of RC60**

Review of draft documents

Better health for Europe: Adapting the WHO Regional Office for Europe to the changing European environment

44. The Regional Director explained to the Seventeenth SCRC at its fourth session that she saw the draft document setting out her perspective as an overarching framework or “chapeau” for the other RC60 working papers, most of which were interlinked. That document, however, had been drafted before many of the others, and they would all need to be scrutinized to identify and remove overlaps and duplications.

45. By the time of the Seventeenth SCRC’s fifth session, the Regional Director had redrafted her paper in order to take account of comments made by the SCRC at its previous session. The Standing Committee welcomed the revised paper but urged her to focus it still further on the seven strategic priorities described in it. A more prominent place should be given to the overall aims of achieving better health and greater equity. Cross-references to other RC60 working papers should be inserted where necessary.

Action by the Regional Committee

**Review the paper on Better health for Europe:
Adapting the WHO Regional Office for Europe to
the changing European environment**
(EUR/RC60/8)
Consider the corresponding draft resolution
(EUR/RC60/Conf.Doc./4)

Proposed programme budget 2012–2013

46. At its third session, the Seventeenth SCRC was informed that the Regional Director’s preliminary comments to WHO headquarters on the programme budget 2012–2013 were to place greater emphasis on NCDs, which represented 80% of the disease burden in the Region, and to increase efficiency, reducing the proportion of funding for SOs 12 (governance) and 13 (support functions) in the total budget. The SCRC requested more detailed figures representing the division of income and expenditure between the GDOs, the country offices and the Copenhagen office, so that Member States might understand the flexibility or lack thereof in the budget. The country component accounted for approximately half of the expenditure in SOs 12 and 13 and it would thus be difficult to make any rapid change to those items.

Proposed programme budget 2012—2013: European perspective

47. At its fourth session, the SCRC was briefed on the progress made with drawing up a new business plan for the Regional Office, in response to the Standing Committee’s request to introduce best practices and increase transparency. The business plan rested on four “pillars”: (a) create room to manoeuvre; (b) reduce financial risk; (c) improve resource management; and (d) ensure accountability and transparency. External factors, challenges and responses had been identified for each pillar. The task force working in the area would have an action plan ready for executive decision by the end of May, with the full business plan expected to be finalized by the end of August 2010.

48. The SCRC urged WHO to have the courage to refuse earmarked or linked voluntary contributions (VCs) that would skew the policy directions set by the Organization’s governing bodies. Other measures that WHO could take included developing and implementing a corporate resource mobilization strategy and joint fundraising activities, and agreeing on criteria and a methodology for distribution of core VCs throughout the Organization.

49. The first part of the paper as presented to the SCRC at its fifth session described the work to be done by the Regional Office in the coming biennium in six main areas. The second part contained general considerations on the draft Proposed programme budget 2012–2013, including a number of tables and figures giving a regional budget overview. As part of the new business plan for the Regional Office, the paper concluded by outlining key actions with regard to the four “pillars” on which it rested.

50. The Standing Committee welcomed the paper but called for an even shorter and clearer presentation of the specific budget issues being faced. It agreed that the last section of the paper (with the key actions) should be moved to the beginning, and that an executive summary of the paper should be written. The summary should make explicit the fact that the proposed programme budget was an aspirational document, but that the Regional Office had attempted to be as realistic as possible in its aspirations; furthermore, the summary (or the working paper on the future of financing for WHO – see paragraphs 67–68 below) should refer to the distorted incentives created by WHO headquarters’ practice of distributing centrally managed VCs on the basis of the extent of the “funding gap” between planned costs and available resources.

Action by the Regional Committee **Review the draft Proposed programme budget 2012–2013 (EUR/RC60/10) and the European Region’s perspective on it (EUR/RC60/10 Add.1)**
Consider the corresponding draft resolution (EUR/RC60/Conf.Doc./3)

Governance of the WHO Regional Office for Europe

51. In addition to the governance issues already considered at the Seventeenth SCRC’s third session (see paragraphs 26–27 above), the question was raised of whether to maintain the practice of “semi-permanent” membership of the Executive Board, as there were advantages if the countries concerned could participate in the work of the SCRC. The Chairperson of the Working Group reported that it had discussed the matter and considered that it could be resolved by increasing the size of the SCRC from nine to twelve members.

Action by the Regional Committee **Review the paper on Governance of the WHO Regional Office for Europe (EUR/RC60/11)**
Consider the corresponding draft resolution (EUR/RC60/Conf.Doc./5)

Partnerships for health in the WHO European Region

52. The short “process paper” submitted to the Seventeenth SCRC at its third session set out a vision of more effective collaboration between the Regional Office and the European Commission (EC) on three levels: political, strategic and operational. To put that vision into practice and develop a strategic partnership, a process had been set in motion that would be driven by a joint working group. The goal of the first phase of work was to draw up a joint political statement that would be presented for signature by the WHO Regional Director and the European Commissioner for Health and Consumer Policy at RC60.

53. The working paper for RC60 as presented to the SCRC at its fifth session for final review was a description of the “state of the art” in the area of partnerships for health; one annex to the paper listed key partners currently working with the Regional Office, while a second set out a shared vision of joint health action by the EC and the Office.

54. Recognizing that it was no easy matter to give a full picture of the extent of cooperation between the Regional Office and its partner institutions, the SCRC recommended that a footnote

should be added to the first annex stating that the Secretariat would welcome amendments or corrections to the information presented in it. The aim of joint action by the EC and the Regional Office, as expressed in the fourth paragraph of the second annex to the paper (“to bring new health gains to all countries and people in the 53 countries of the WHO European Region”), should be highlighted as a key message.

Action by the Regional Committee **Review the paper on Partnerships for health in the WHO European Region (EUR/RC60/12)**
Consider the corresponding draft resolution (EUR/RC60/Conf.Doc./6)

Addressing key public health and health policy challenges in Europe

55. The challenges that the European Region was facing consisted of major threats to health, notably NCDs and lifestyle determinants, the need to ensure the sustainability, quality and efficiency of health systems, and the complex social and environmental determinants of health. The scope of public health needed to be widened to include all social determinants of health (environment, life cycle and gender), and to ensure attention to equity, as well as health, in all policies. The Standing Committee at its third session welcomed the draft paper, considering it ambitious and capable of stimulating an interesting ministerial debate at RC60. It noted, however, that with the changing ratio of young to old in the general population, demographic shift was as great a challenge as NCDs.

56. Following the SCRC’s recommendation not to present a paper at RC60 on “Public health policy tools and instruments”, a section on that topic had been included in the “Challenges” paper as submitted to the Seventeenth SCRC at its fifth session. Key recommendations had been highlighted in five priority areas, and an annex had been added containing the first draft of a document drawn up by the WHO Global Policy Group (consisting of the Director-General and regional directors) entitled *Supporting policy dialogue around national health policies, strategies and plans*, which would be submitted to regional committees for consultation in September 2010. Their input would feed in to a discussion at the Executive Board’s 128th session in January 2011.

Action by the Regional Committee **Review the paper on Addressing key public health challenges in Europe (EUR/RC60/13)**
Consider the corresponding draft resolution (EUR/RC60/Conf.Doc./7)

Health in foreign policy and development cooperation

57. Building on the Global Health and Foreign Policy Initiative launched by the ministers of foreign affairs of Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand in 2006, the United Nations General Assembly had adopted resolution 64/108 on global health and foreign policy in 2009. The discussion at RC60 would focus on the implications of that resolution for European Member States and the Regional Office. The SCRC welcomed the initiative to place the topic on the proposed agenda of RC60, noting that funding for WHO came through countries’ ministries of foreign affairs (whose mandates were distinct from those of health ministries). It would be beneficial to explore the triangular relationship between health, foreign affairs and development cooperation.

58. At its fourth session, the Seventeenth SCRC recommended that practical “tools” or case studies of how ministries of health and foreign affairs had worked together should be added to the draft document.

59. The Standing Committee endorsed the updated draft of the working paper at its fifth session.

Action by the Regional Committee **Review the paper on Health in foreign policy and development cooperation (EUR/RC60/14)**
Consider the corresponding draft resolution (EUR/RC60/Conf.Doc./8)

Measles and rubella elimination and prevention of congenital rubella syndrome

60. By resolution EUR/RC55/R7, the Regional Committee in 1995 had urged Member States to commit themselves to achieving measles and rubella elimination and congenital rubella infection prevention targets by 2010. A recent assessment had concluded, however, that measles elimination by the target date was at best only probable in 30 of WHO's Member States in the European Region, accounting for 70% of the population of the Region. The Regional Office believed, however, that the goals were technically feasible and that if appropriate action was taken they could be achieved by 2015.

61. At its third session, the SCRC was accordingly requested to provide feedback on modifying the target date to 2015, in order to sustain countries' motivation to attain the goals and to strengthen immunization and accelerate other disease control initiatives. The SCRC strongly supported the proposal to include the topic on the proposed agenda of RC60, in order to secure political commitment to attainment of the goals by the revised target date.

Action by the Regional Committee **Review the paper on Renewed commitment to measles and rubella elimination and prevention of congenital rubella syndrome in the WHO European Region (EUR/RC60/15)**
Consider the corresponding draft resolution (EUR/RC60/Conf.Doc./9)

Eradication of poliomyelitis in the WHO European Region

62. At its fourth session, the Seventeenth SCRC was told that Tajikistan had informed WHO on 12 April 2010 of a sharp increase in cases of acute flaccid paralysis (AFP). A multidisciplinary team had been despatched to investigate the outbreak on 16 April, and the WHO Regional Reference Laboratory in Moscow, Russian Federation had confirmed that the infectious agent was type 1 wild poliovirus. As of 14 May 2010, there had been a total of 359 cases of AFP, including 108 confirmed cases of poliomyelitis, mainly in the south and west of the country. The first round of a nationwide immunization campaign had been completed on 8 May, during which more than 1.1 million children under the age of six years had been immunized; further rounds were being planned for later in the month and in early June. Preparedness and response measures were also being taken in neighbouring countries, thanks to pledges from partners in the Global Polio Eradication Initiative.

63. WHO had also immediately alerted all countries, as required under the International Health Regulations (2005), and was providing regular updates. It had conducted a rapid and comprehensive risk assessment and had asked all European Member States to strengthen their surveillance for poliomyelitis, to review the immunization status of their populations at subnational level and to be prepared for an immediate response in case of an importation. No restrictions needed to be imposed on international travel and trade, but vaccination of travellers to and from a polio-infected area should be carried out until the outbreak was determined to have been interrupted.

64. To secure renewed commitment to the eradication of poliomyelitis and to seek funding for targeted immunization in high-risk countries, the subject would be placed on the agenda of RC60.

65. A working paper was accordingly presented to the SCRC at its fifth session giving an update on the importation of wild poliovirus into Tajikistan and describing the action that needed to be taken to sustain the European Region's polio-free status. The Standing Committee called for very clear definitions of the terms "eradication" and "elimination" to be included in the two relevant working papers.

Action by the Regional Committee **Review the paper on Poliomyelitis eradication in the WHO European Region (EUR/RC60/16)**
Consider the corresponding draft resolution (EUR/RC60/Conf.Doc./9)

The future of the European environment and health process

66. The Standing Committee at its fifth session endorsed the draft of the RC60 working paper.

Action by the Regional Committee **Review the paper on The future of the European environment and health process (EUR/RC60/17)**
Consider the corresponding draft resolution (EUR/RC60/Conf.Doc./10)

The future of financing for WHO

67. The SCRC was informed at its fifth session that a note on the subject had been received from the Director-General's office, for discussion at all regional committee sessions in 2010. The scope of the note was quite broad, and the Regional Director had therefore drafted a cover document identifying five topics that were particularly relevant to the European Region.

68. The issue had first been discussed at an informal consultation convened by the Director-General on 12–13 January 2010. A web-based consultation was currently under way, to solicit the views of all WHO Member States and stakeholders. Comments received prior to 30 June 2010 would be consolidated before the discussions at regional committee sessions. All comments received would form the basis for a paper to be presented to the Executive Board in January 2011. Any subsequent steps would be taken at the initiative of Member States. Similarly, the Standing Committee suggested that any draft resolution to be presented for adoption by RC60 should originate from the Member States, rather than the Secretariat.

Action by the Regional Committee **Review the paper on The future of financing for WHO (EUR/RC60/17)**

Public policy instruments for public health in the WHO European Region

69. The term "public policy instruments" covered both legally binding and voluntary agreements, conventions and frameworks. The RC60 paper, to be developed by a small internal team, was intended to form the basis for a discussion by senior policy-makers of the impact, effectiveness and cost-effectiveness of such instruments.

70. In view of the amendments to the provisional programme of RC60 (see paragraph 41 above), the Seventeenth SCRC at its fourth session recommended that the main messages in the draft document should be incorporated in other RC60 working papers.

Final review of draft resolutions

71. At its fifth session, the Standing Committee broadly endorsed the draft resolutions that had been prepared for submission to RC60. It suggested that the Working Group on Health Governance might in future consider the added value of the customary resolutions thanking the Regional Director for his report and the members of the Standing Committee for their work. The draft resolution on the proposed programme budget 2012–2013 should include an operative paragraph approving the Regional Office's business plan.

72. An operative paragraph asking the Regional Director to sign the Memorandum of Understanding with the European Commission should be added at the end of the draft resolution on partnerships. A number of editorial amendments were suggested to the draft resolutions on public health and health policy challenges and on health in foreign policy and development cooperation.

73. The Standing Committee believed that the draft resolution on polio and measles/rubella was too detailed and could perhaps be shortened by omitting most of the preambular paragraphs. The draft resolution on the European environment and health process was necessarily lengthy but clear and explicit. The one confirming the dates and places of future sessions of the Regional Committee would need to be brought into line with the proposals contained in the working paper on governance.

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

74. Addressing the Seventeenth SCRC at its third session, the Vice-President of the WHO Regional Office for Europe's Staff Association (EURSA) congratulated the Regional Director on her election and said that the Staff Association looked forward to working with her and her management team. One of the Regional Director's first initiatives on taking office had been to meet with representatives of the EURSA Staff Committee, while another had been to convene a general staff meeting to talk about her vision for the Regional Office and encourage all staff to come forward with ideas and involve themselves fully in the process of bringing about the changes she envisaged. The response from staff had been enthusiastic and supportive.

75. The Organization's Global Management System (GSM) had "gone live" at the Regional Office in January 2010. Despite the lessons learned at the Regional Office for the Western Pacific and WHO headquarters, the system appeared to have increased transaction times and thus costs. Staff in country offices and GDOs in the European Region were finding the system even more challenging, and EURSA therefore welcomed the Regional Director's intention to set up a GSM steering group to examine those practicalities.

76. With regard to staffing, the implementation of new human resource funding mechanisms in the past biennium was generating some uneasiness among staff. Sources of funding for staff contracts should be clearly set aside or earmarked from regular budget funds, rather than being identified on an ongoing basis. To retain staff and attract the best candidates, WHO needed to be able to offer career opportunities and possibilities for personal on- and off-job development in an environment that actively fostered learning. EURSA looked forward to working with the Regional Director within the Learning Board to map out the route that could be taken in that

regard. That was related to performance management, which should be conceived more in terms of teamwork and collective efforts to improve the work of the Organization. The retirement policies of WHO and other specialized agencies and bodies of the United Nations system did not correspond to the norm, as both the International Civil Service Commission and the Chief Executives Board had acknowledged. EURSA would like to see greater flexibility in the staff's age of retirement, with the separation age increased to 65 years or at least an across-the-board increase to 62 years.

77. Lastly, EURSA had been pleased to see the revitalization of the Regional Office's committee to promote a healthy and safe workplace. The Staff Association welcomed the invitation of the Regional Director to work in a close partnership with her to keep WHO as a happy and healthy workplace where staff could give of their very best in serving the Member States.

78. The SCRC was encouraged to hear the optimism expressed by representatives of the staff but acknowledged the problems that were being faced. It would be important for the staff to work hand-in-hand with management on managing the uncertainty arising from the financial crisis and the increasing proportion of earmarked voluntary contributions. It wholeheartedly endorsed moves to increase the retirement age, noting that there were no data showing that people's health improved once they left the workforce. The Regional Director agreed that continued retirement at the age of 60 years was no longer acceptable, when all trends were pointing in the opposite direction. While the whole of WHO should move towards raising the age of separation, there was nothing to stop the Regional Office for Europe from leading the way.

Membership of WHO bodies and committees

79. The Seventeenth SCRC at its fourth session endorsed the text of a circular letter to be sent to all Member States in the WHO European Region calling for nominations for membership of the European Environment and Health Ministerial Board, whose establishment had been agreed at the Fifth Ministerial Conference on Environment and Health (Parma, Italy, 10–12 March 2010). The Standing Committee also made a preliminary review of candidatures received for membership of the Executive Board, the SCRC and the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases (JCB).

80. At its fifth session, the SCRC reached agreement by consensus on the candidates that it would recommend for membership of the Executive Board, the SCRC, the JCB and the European Environment and Health Ministerial Board. In doing so, it took account both of the current and of the proposed new country groupings and size of the SCRC.

The Regional Office's future country strategy

81. The Chairperson of the working group established by the Regional Director to review the work of the Regional Office in countries (see paragraph 21 above), explained to the Seventeenth SCRC at its fifth session that the main objective of the working group was to advise and make recommendations to the Regional Director on how to improve work with and in WHO's European Member States. Its members were senior government officials and former WHO staff members. In addition to e-mail correspondence and video- or teleconferences, the working group had held a number of face-to-face meetings, conducted a desk review of all available documentation and drawn up a questionnaire that would be used as a "template" for interviews during country visits. An interim report would be submitted to the Regional Director in late

August/early September 2010, with the final report due to be delivered by the end of the year. The Standing Committee recommended that the interim report should be discussed by the Eighteenth SCRC at its first session immediately after RC60, to ensure its involvement in follow-up measures.

United Nations City in Copenhagen

82. At its fifth session, the Seventeenth SCRC was given a progress report on construction of the “United Nations City” in Copenhagen. The project comprised two campuses, one a building offering common premises to over 1000 staff from seven United Nations programmes and agencies, the other a warehouse facility for use by the United Nations Children’s Fund (UNICEF). The first phase of construction had begun in March 2010, and a final draft of the project had been presented for tender at the end of April 2010. The project was due to be delivered in 2013.

83. The Danish Ministry of Foreign Affairs would like to establish a common premises or tenancy agreement for all the United Nations agencies and programmes who would be tenants of the new premises. However, each body had its own host agreement with Denmark, reflecting its specificity within the United Nations system in terms of the privileges and immunities it had been granted to facilitate its mission. The Standing Committee appreciated the progress report and recommended that the Regional Director should continue to keep the SCRC informed of developments.

Annex 1. Membership of the Seventeenth SCRC 2009–2010

Members, alternates and advisers

Andorra

Dr Josep M. Casals Alís²
Strategic Project Coordination Service, Ministry of Health and Welfare

Azerbaijan

Professor Oktay Shiraliyev
Minister of Health

Alternate

Dr Abbas Soltan Valibayov³
Deputy Minister of Health

Advisers

Dr Samir A. Abdullayev
Head, International Relations Department, Ministry of Health

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

Mr Soltan Mammadov
Chief, Department of Relations with Humanitarian Organizations, Centre for Epidemiology and Hygiene, Ministry of Health

Lithuania

Professor Zita Aušrelė Kučinskienė
Dean, Faculty of Medicine, Vilnius University

Alternate/Adviser

Mr Viktoras Meizis
Head, Division of EU Affairs and Foreign Relations, Ministry of Health

Montenegro

Dr Boban Mugosa
Director, Institute of Public Health

Alternate

Dr Zoran Vratnica⁴
Director, Centre for Medical Microbiology, Institute of Public Health

Slovakia

Professor Danka Farkašová
First Vice-Rector and Dean of Faculty, Slovak Medical University

² Vice-Chairperson

³ Fifth session

⁴ Third and fourth sessions

Sweden

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

Advisers

Ms Linda Asp
Division for EU and International Affairs, Ministry of Health and Social Affairs

Mr Fredrik Lennartsson
Deputy Director-General and Head, Department of EU and International Affairs, Ministry of Health and Social Affairs

Ms Maria Möllergren
International Affairs, National Board of Health and Welfare

Mr Claes Ortendahl

Switzerland

Dr Gaudenz Silberschmidt
Deputy Director and Head, Division of International Affairs, Federal Office of Public Health

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Mr Jean-Daniel Biéler
Deputy Head, Division of International Affairs, Federal Office of Public Health

The former Yugoslav Republic of Macedonia

Dr Vladimir Lazarevik⁵
Assistant Professor, Institute of Social Medicine, Skopje Medical Faculty

Ukraine

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

Observers

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Dr Tatul Hakobyan⁶
Deputy Minister of Health

Norway

Dr Bjørn Inge Larsen⁷
Chief Medical Officer and Director-General, Directorate of Health

Alternate

Dr Arne-Petter Sanne⁸
Director, Secretariat for International Cooperation, Directorate of Health

⁵ Chairperson

⁶ Invited to attend the fifth session as Chairperson of the working group established by the Regional Director to review the work of the Regional Office in countries

⁷ Executive President of RC59

⁸ Fifth session

Adviser

Mr Bengt Skotheim
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Dr Oleg Chestnov
Deputy Director, Department of International Cooperation and Public Relations, Ministry of Health and Social Development

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Chief Specialist, Department of International Cooperation and Public Relations, Ministry of Health and Social Development

Serbia

Dr Tomica Milosavljević¹⁰
Minister of Health

Alternate

Dr Ivana Misić¹¹
Assistant Minister for Health Services, Ministry of Health

⁹ Third session

¹⁰ European member of the Executive Board

¹¹ Fourth session

Annex 2. Report of the SCRC Working Group on Health Governance in the WHO European Region

Introduction

1. The WHO Regional Committee for Europe at its fifty-ninth session (RC59) discussed questions of governance under two agenda items. The debate was intended to provide guidance and food for thought for the new Regional Director and to lead on to discussion and adoption of a resolution at RC60 in 2010.
2. The Seventeenth Standing Committee of the WHO Regional Committee for Europe (SCRC) at its second session in Ohrid, the former Yugoslav Republic of Macedonia on 9 November 2009 decided, in accordance with Rule 13 of its Rules of Procedure, to set up an ad hoc working group on health governance in the WHO European Region, composed of members from Switzerland (Gaudenz Silberschmidt, Chairperson of the Working Group), the former Yugoslav Republic of Macedonia (Vladimir Lazarevik, Chairperson of the SCRC), Sweden (Fredrik Lennartsson) and Lithuania (Viktoras Meizis). The mandate of the Working Group was set to run from November 2009 to RC60 in September 2010, subject to any decision by the Regional Committee on further work.
3. The main objective of the Working Group was to advise the Regional Director, through the SCRC, on the process of elaborating background documents and developing proposals on how to address the question of health governance in the Region.

Terms of reference

4. At its first meeting, held at the European Centre for Disease Prevention and Control (ECDC) in Stockholm, Sweden on 3 December 2009, the Working Group finalized its terms of reference and agreed that it would address the following issues:
 - a. Interaction between WHO and other international organizations in health governance in Europe, including:
 - i. relations between WHO and the European Union (EU)
 - ii. relations between WHO and other international organizations
 - iii. relations between WHO and other major international actors
 - iv. formal partnerships of the WHO Regional Office for Europe.
 - b. Role and governance of the WHO Regional Office for Europe:
 - i. methods of work and Rules of Procedure of the Regional Committee;
 - ii. composition, size, role, mandate and rules of procedure of the SCRC;
 - iii. functions of the SCRC and relationship with the Regional Committee (including possible future delegation of tasks from the Regional Committee to the SCRC);
 - iv. election processes (criteria for membership, subregional groupings of countries, semi-permanency, procedural issues, role of the Regional Search Group);
 - v. relations between the Regional Office and Member States and groups of Member States;
 - vi. the Regional Office as a networked organization.
 - c. Ways in which the international context influences health governance at the national level.
 - d. Europe's role and voice in global health governance.

First meeting

5. When discussing the interaction between WHO and other international organizations, the Working Group agreed that a strategic partnership between WHO and the European Union (EU) was of fundamental importance, with the need to ensure synergy and coherence, avoid duplication and promote a two-way exchange of information for the benefit of the whole Region. The Director-General of the European Commission's Directorate-General for Health and Consumers (DG SANCO), Mr Robert Madelin was supportive of such a strategic partnership and had set up a working group with European Commission representatives from the various directorates-general related to health. In addition to representatives of ECDC and WHO (possibly including the Executive Board), the Regional Director-nominee suggested that there should also be a representative of the SCRC Working Group. Mr Fredrik Lennartsson was proposed, with the unanimous support of the Working Group members.

6. Describing the roles, responsibilities and activities of WHO and international agencies active in Europe would help to identify complementarities and overlaps. That in turn would allow an assessment to be made, for each relationship, of the areas that were important and the elements that needed to be strengthened. The relationships with both the Council of Europe and the Organisation for Economic Co-operation and Development were discussed in that context. The international actors should also include regional groupings such as the Stability Pact for South Eastern Europe and the Northern Dimension. The Secretariat was asked to draw up a list of the organizations in formal partnership with the Regional Office.

7. Turning to the role and governance of the WHO Regional Office for Europe, the Working Group noted that the SCRC had to report to RC60 on an evaluation of experience gained in implementing the recommendations of resolution EUR/RC53/R1 on membership of the Executive Board. The discussion also focused on the objective of making the Regional Committee more attractive for ministers and high-level policy-makers through an enhanced policy dialogue at its sessions. The Regional Committee could also be more effectively used as a forum for dialogue with key partners. The role of the SCRC and its relationship to the Regional Committee also needed to be strengthened through expanded and more open membership and input of Member States.

8. The Chairperson informed the Working Group that his country had mandated the Global Health Programme of the Graduate Institute of International and Development Studies, Geneva to support the Regional Director-nominee in the transition process. The Graduate Institute had recruited a consultant to work on the last two issues in the Working Group's terms of reference, namely ways in which the international context influenced health governance at the national level, and Europe's role and voice in global health governance.

Second meeting

9. Just before the Working Group's second meeting, held at WHO headquarters on 17 January 2010, a consultation on the future vision of the Organization's work in the European Region had taken place in Glion, Switzerland, hosted by the Graduate Institute. The Working Group was briefed on the outcome of that consultation and on the work done to date by the Graduate Institute.

10. With regard to partnership with the EU, members of the Working Group emphasized that the discussions currently under way and the resulting paper for RC60 should ensure inclusion of and relevance to all 53 Member States in the WHO European Region. In respect of relations with other international organizations, the Working Group agreed with the idea of introducing into the format of the Regional Committee a "partnership committee", similar in function to the

proposed “Committee C” for the World Health Assembly, to give partner organizations an opportunity to present their plans and discuss issues of common concern.

11. Considering the methods of work and Rules of procedure of the Regional Committee and the Standing Committee, the Working Group agreed that many of the Regional Committee’s more formal decisions could, in theory, be delegated to the SCRC; however, there was still a need for checks and balances. It suggested that some of the oversight tasks related to implementation of the Office’s work currently carried out by the Regional Committee could also be delegated to the SCRC, which would report back to the Regional Committee. In addition, the SCRC could perform a very useful role in conducting “peer reviews” of Regional Office programmes (as had been done in the past).

12. In view of the altered functions of the SCRC, a call had been made to expand its membership; the Working Group suggested a total of 11 or 12 members. Such an expansion would make it possible to ensure not only a geographical balance as at present, but also a balance between the members’ skills and areas of competence. While it considered that the principle of “semi-permanent” membership of the WHO Executive Board for the permanent members of the United Nations Security Council should probably not be changed at the current time, the Working Group was in favour of removing the ban on concurrent membership of the Executive Board and the SCRC, to give those Member States concerned more opportunity to participate in the SCRC.

13. Although there was a need for some SCRC sessions to be closed to encourage frank discussion, the Working Group agreed that observers could be invited for discussions on specific issues, where appropriate, and that one meeting each year, possibly that held at the time of the World Health Assembly, could be open, to promote broader consultation on the topics to be brought to the subsequent Regional Committee session.

14. The Working Group also recommended the inclusion in Regional Committee sessions of issues that, in the past, would have been the subject of ministerial conferences, with the exception of work involving other sectors; and it suggested that Regional Committee sessions should be held more frequently at the Regional Office in Copenhagen, notably when the programme budget was to be discussed or elections for the post of Regional Director were to take place.

15. Lastly, the Working Group proposed that RC60 should be asked to approve a whole “transition package”, including a revised mandate for the Regional Search Group, the allocation of a transition budget and support staff for the regional director-nominee, and details of the handover procedure.

Third meeting

16. The Working Group’s third meeting was held at the WHO Regional Office for Europe in Copenhagen on 12 and 13 April 2010. A representative of the Graduate Institute presented a draft of a paper analysing the challenges for health governance in Europe and the role of the WHO Regional Office for Europe.

17. The Working Group then commented on and endorsed a paper prepared by its Chairperson that gave details of a number of areas in the Rules of Procedure of the Regional Committee and the SCRC where it had agreed that changes might be required. Those areas concerned the title, composition and role of the Regional Search Group, the delegation of tasks from the Regional Committee to the SCRC, the size and composition of the SCRC, and the agenda of Regional Committee sessions. In addition, the Working Group recommended that a

number of rules governing the conduct of business and voting at sessions of the Regional Committee should be aligned with the practices followed at the World Health Assembly.

18. The Working Group also reviewed the provisions of resolution EUR/RC53/R1, on membership of the Executive Board. It acknowledged that, to their credit, Member States in the WHO European Region had complied with the recommendation in that resolution that “the periodicity of Board membership for those Member States in the ... Region ... that are permanent members of the United Nations Security Council should be extended to three out of six years” and it recommended that the arrangement should continue until further notice.

19. On the other hand, it proposed that the third objective criterion for selection of Member States (“No country should be a member of the Board and the SCRC at the same time”) should no longer be applied. The proposed increase in the size of the SCRC from nine to twelve members would facilitate that change. Furthermore, the criteria for membership of the Executive Board should be formalized as also applying, in future, to membership of the SCRC.

20. With regard to the geographical groupings set out in the annex to resolution EUR/RC53/R1, the Working Group appreciated the analysis of the distribution of eight Executive Board seats among four geographical groups as contained in Annex 2 to document EUR/RC58/5. It called on the Secretariat to make a similar analysis on the basis of three subregional groups of approximately 17 countries each. That would have the advantage of ensuring that the proposed larger number of seats on the Standing Committee (12) continued to be apportioned fairly, while retaining flexibility in the distribution of the eight Executive Board seats available to the European Region.

21. The Working Group recommended that mention should be made, in the RC60 working paper on health governance, of the shortcomings it had identified in the way in which the Organization handled the period of transition between a Regional Director being nominated and taking office, and that the SCRC should be entrusted with oversight of the transitional process in future.

22. Lastly, the Working Group recognized that the place of Regional Committee sessions needed to be carefully chosen, to ensure that the proposed programme budget was discussed and the Regional Director was nominated at sessions held at the Regional Office. It therefore advised that the RC60 working paper should contain a recommendation that at least six out of every ten Regional Committee sessions should be held at the Regional Office.

Fourth meeting

23. The Working Group held its fourth meeting at Härkeberga Castle, Genarp, Sweden on 14 June 2010, immediately before the Seventeenth SCRC’s fifth session. It reviewed the final draft of the RC60 working paper on health governance, which had been amended to take account of comments made by the Working Group at its third meeting and in the light of discussions at the meetings of representatives of Member States held just before and during the Sixty-third World Health Assembly (WHA63). The paper now focused on the governance of the Regional Office itself, looking in particular at the functions and methods of work of the Regional Committee and the SCRC. In the light of the experience at WHA63, a section had been added on the linkages between global and regional governing bodies and on mechanisms for regional coordination.

24. The Working Group also discussed the verbal feedback and written comments on the final draft of the paper received from Member States. In general, countries called for more transparency in the governance of the Regional Office. The Group agreed that the names of

members of the SCRC should be published on the Governance pages of the Regional Office public web site, as should the agenda and approved reports of its sessions. It reiterated its recommendation that the May session of the SCRC should be an open one, based on clear procedures, rules and criteria (that would need to be agreed by the Standing Committee in November 2010). It also welcomed the proposal to broadcast the Regional Director's speech at the opening of each session of the SCRC.

25. Turning to the paper itself, the Working Group recommended a number of amendments and clarifications, notably concerning the SCRC's oversight function and dual membership of the Executive Board and the SCRC. Lastly, it asked the Secretariat to add a section at the end of the paper giving details of the additional costs involved, expressed in percentage terms.

26. On the question of transition to an increased number of seats on the SCRC, the Working Group noted that a sufficient number of candidatures had been received to allow for an increase of seats on the Standing Committee in 2010. It accordingly recommended that the arguments in favour of increasing the membership of the SCRC should be put to the Regional Committee in the RC60 working paper on health governance or as part of the Standing Committee's report. If the Regional Committee decided to increase the membership of the SCRC from nine to twelve members, the Working Group recommended that a future cycle of four vacant seats per year should be achieved by having one newly elected member appointed to serve for four years and one for two years, both drawn by lot in such a way that the three subregional groupings would be equally represented.