World Health Organization

REGIONAL OFFICE FOR Europe

Eighteenth Standing Committee of the Regional Committee for Europe
Fourth session

EUR/RC60/SC(4)/REP
112728

11 September 2011

WHO headquarters, Geneva, 14–15 May 2011

ORIGINAL: ENGLISH

Report of the fourth session

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

Contents

Introduction

1. The Eighteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its fourth session at WHO headquarters on 14 and 15 May 2011. Apologies for absence were received from Boban Mugosa, member from Montenegro. The SCRC had no objections to Canice Nolan, Senior Coordinator for Global Health, Directorate-General for Health and Consumers, attending the session as an observer from the European Commission.

2. The report of the Eighteenth SCRC's third session (Copenhagen, 30–31 March 2011) was adopted without amendment.

Opening statement by the WHO Regional Director for Europe

3. In her opening statement Zsuzsanna Jakab, WHO Regional Director for Europe, reported on the many major achievements and significant events that had taken place in the short time since the Eighteenth SCRC's previous session. In early April 2011 she had met representatives of Poland and Denmark to discuss their countries' priorities for their forthcoming presidencies of the Council of the European Union (EU), and she had attended an EU informal health council in Hungary. World Health Day 2011, on the topic of antimicrobial resistance, had been marked on 7 April with events in several European cities, including Brussels, Copenhagen, Kiev, London and Moscow; a European strategy on antibiotic resistance would be submitted for endorsement by the WHO Regional Committee for Europe at its sixty-first session (RC61) in Baku, Azerbaijan in September 2011.

4. European health ministers and high-level officials had met in Rome on 13 April to improve international cooperation and coordination on the health issues related to the mass migration resulting from the crisis in northern Africa. Areas of common interest had been identified during a visit to the Regional Office on 14 April by Michael Kazatchkine, Executive Director, Global Fund to Fight AIDS, Malaria and Tuberculosis, and the Regional Director had take part in a meeting with chairs of health committees of EU countries' national parliaments in Budapest on 15 April. She had also been present at the launch of Latvia's new national health policy on 18 April, had attended a donor conference to mark the 25th anniversary of the Chernobyl disaster in Kyiv, Ukraine on 19–20 April and had launched European Immunization Week in Brussels on 26 April. The First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control had been held in Moscow on 28 and 29 April, technical meetings had been organized on reproductive health, health financing and alcohol policy in early May, and the first session of the European Environment and Health Ministerial Board had taken place in Paris on 5 May.

5. Forthcoming events would include a meeting on disease prevention at the end of May, to be organized by Hungary in its capacity as holding the presidency of the Council of the European Union, the inauguration of a new geographically dispersed office (GDO) of the Regional Office on noncommunicable diseases (NCDs) in Athens on 3 June and a Healthy Cities conference in Belgium on 15 June. The third European Conference on Injury Prevention and Safety Promotion would be held in Hungary on 16 and 17 June, and a meeting of the Nordic Council of Ministers and the Nordic Public Health Conference would take place in Finland at the end of June and in August, respectively.

Review of the provisional programme of the sixty-first session of the Regional Committee (RC61)

6. The SCRC was informed that discussions on the first day of RC61 would focus on the new European health policy, Health 2020: the Regional Committee's guidance would be sought on the overall direction of the policy, questions related to governance and the social determinants of health, and the setting of European targets. The second day would be devoted to various aspects of the strengthening of health systems. A wide range of technical items (including European strategies or action plans on NCDs, tuberculosis, alcohol, antibiotic resistance, and HIV/AIDS), as well as a number of managerial and procedural items, would be considered on the third and fourth days. Ministerial lunches would be held on the first two days, while technical briefings would be organized throughout the session.

7. The SCRC recognized that the provisional programme of RC61 was very heavy and that efforts should be made to ensure a more manageable programme for future Regional Committee sessions. The question of the reform of WHO would no doubt be taken up by the Director-General in her address, and the SCRC looked forward to the opportunity to have an exchange of views on the subject in the ensuing discussion; it could also be a topic for consideration during a ministerial lunch.

8. The SCRC agreed that its members would not necessarily present its views during the introduction of every agenda item. Instead, they could be called on to participate in different ways, such as joining discussion panels.

Review of draft documents and draft resolutions for RC61

9. Directors of divisions and programme managers at the Regional Office informed the SCRC of amendments to working documents and draft resolutions for RC61 that had been made since the SCRC's previous session.

Strengthening public health capacities and services in Europe: a framework for action

10. Following an Office-wide review of the public health action framework, a more comprehensive explanation of the definitions and boundaries of public health and health systems (and a new illustrative diagram) had been included in the working paper. The list of essential public health operations (EHPOs) had been reviewed: governance, financing and quality assurance had been merged in EHPO 9, and core communication for public health had been included in EPHO 10. Obesity had been taken as a specific example of a "wicked problem" in Annex 3, and a "road map" had been included as Annex 4, showing the steps to be taken up to the sixty-second session of the Regional Committee (RC62) in 2012. A draft resolution had been written.

11. The SCRC emphasized that the EHPOs should be seen by countries as a self-assessment tool for strengthening public health activities and capacities. The Standing Committee was pleased to learn that the web-based tool had already been tested in 17 eastern European countries, and that further trials would be carried out in western Europe and in countries with decentralized public health structures before the framework was finalized in 2012.

Summary interim report on implementation of the Tallinn Charter

12. A shorter, more action-oriented policy document had been prepared. A wealth of information was still being obtained from countries' responses to the questionnaire-based survey. The interim report rested on three pillars: health system performance assessment; the financial sustainability of health systems (health financing); and stewardship. In line with that structure, the first Barcelona Course on Health Financing (2–6 May 2011) had focused on how to improve health system performance through better health financing policy, and specifically on universal coverage. A ministerial panel discussion on the subject would be held at RC61, and a consolidated package of the strategies and services that the Regional Office could offer European Member States in the field of health system strengthening would also be presented at RC61.

Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases (2012–2016)

13. The NCD action plan had been made more specific: four priority action areas had been identified, and five priority interventions (together with two supporting interventions) were described in terms of their rationale, overall goal, proposed actions, and outcome and process measures. Surveillance, monitoring and evaluation could be based on those measures, and the draft resolution to be submitted to RC61 provided for progress in implementation of the action plan to be monitored every two years. The two supporting interventions (on promoting health at the workplace and on transport and health) strengthened the links between NCDs and the area of the environment and health. The SCRC asked for Member States to be given more time to send in their comments on the action plan. The Secretariat extended the deadline to Friday 27 May 2011.

14. The Regional Director informed the Standing Committee that, at an informal meeting held in Moscow before the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control, representatives of European Member States had not been in favour of negotiating a common statement for submission as the Region's contribution to the United Nations General Assembly high-level meeting on NCD prevention and control (New York, 19–20 September 2011). Instead, they had suggested submitting the report of the regional high-level consultation held in Oslo in November 2010, together with a summary of that report (the final text of the summary would be agreed by the end of the Sixty-fourth World Health Assembly).

European Alcohol Action Plan 2012–2020: implementing regional and global alcohol strategies

15. Further written comments on the first draft of the European Alcohol Action Plan had been received after the deadline of 15 March 2011, and a second consultation with Member States had been held in Zurich on 4–5 May 2011. The subsequent version of the Action Plan used terminology (such as "the harmful use of alcohol") that was consistent with the Global Strategy; it presented Member States with "options for action" (rather than sequences of activities) in each area; it prioritized WHO's own actions; and it offered guidance on how to operationalize indicators of alcohol consumption and alcohol-related harm.

Strategic action plan on antibiotic resistance

16. World Health Day 2011 had been dedicated to combating antimicrobial resistance (AMR). A paragraph had been added to the working paper placing antibiotic resistance in the broader context of AMR, and a draft resolution had been prepared by which the Regional

Committee would adopt the regional strategic action plan, would urge Member States to develop national action plans and would request the Regional Director to engage in regional and global partnerships, in particular with the European Centre for Disease Prevention and Control (ECDC).

17. The SCRC welcomed events (especially training courses) that had been organized in connection with World Health Day 2011. It called for indicators of the success of the action plan to be developed (prevalence and incidence of infection with specific agents and consumption of antibiotics were suggested), and it noted that EU countries preferred to place emphasis on carrying out multisectoral activities rather than on establishing national committees. It looked forward to the EU surveillance system being extended to cover countries in the eastern part of the WHO European Region.

Consolidated action plan to prevent and combat multidrug- and extensively drug-resistant tuberculosis in the WHO European Region 2011–2015

18. A pre-final text of the extensive version of the Multidrug-resistant tuberculosis action plan (MAP) had been sent to ministries of health with a request for any additional comments by the end of May 2011. A detailed monitoring framework and costing would be finalized by that time. The final text would be reviewed and translation of MAP into country action plans would be discussed at a meeting of national TB programme managers in The Hague on 25–27 May 2011. The Executive Director of the Global Fund to Fight AIDS, Malaria and Tuberculosis was seeking funding for 50% of the costs of MAP, which would be officially launched in his presence at RC61 and at an international forum on Millennium Development Goal (MDG) 6 in Moscow (10–12 October 2011).

WHO health communication strategy for Europe 2011–2015: communicating for a healthier Europe

19. Five areas of action were proposed in the European health communication strategy, each with specific objectives. A draft resolution had been prepared for submission to RC61, by which the Regional Committee would request the Regional Director inter alia "to develop an action plan to support implementation of [the] strategy and to report on progress to the Regional Committee at its sixty-third session in 2013."

20. In answer to a question raised by the SCRC, the Secretariat clarified that the action plan referred to would cover activities to be carried out by WHO; the wording of the draft resolution would be amended accordingly. In general, the SCRC believed that health communication was so important a topic that it might require more time in the programme of RC61 than one hour at the end of the third day of the session.

Coherence of the Regional Office's structures and functions

21. The working paper, drafted after the Eighteenth SCRC's third session, presented an in-depth analysis of the Regional Office's core functions (as specified in the Organization's Eleventh General Programme of Work 2006–2015) and of its current and proposed organizational and functional structures. The paper concluded with a matrix that "mapped" the various functions against those structures.

22. The SCRC called for the paper to be expanded to cover the Regional Office's relations not only with geographically dispersed offices and country offices but also with WHO

headquarters. In addition, it was concerned that the European Health Policy Forum for High-level Government Officials (EHPF) was presented in the paper as an "institutionalized" structure established by RC60, and that "leadership" was one of the functions for which it was shown in the matrix as having "high-level responsibility". Notwithstanding the fact that the EHPF was indeed an integral part of the Regional Director's "vision", which the Regional Committee had endorsed in resolution EUR/RC60/R1, the SCRC recommended that the wording in paragraph 44 of the paper should be amended, and that the row in the matrix might be annotated or omitted pending evaluation of the EHPF after two years of activity.

A country strategy for the WHO Regional Office for Europe

23. The paper presented the Regional Director's views on the recommendations made by an external working group set up to review the Regional Office's strategic relations with countries. The new country strategy (presented to the SCRC for the first time) aimed to ensure that, by adopting a holistic and coherent approach, WHO was relevant to every Member State in the diverse European Region. It accordingly described in some detail how the Regional Office would work for all countries, in countries (the institutional framework) and with countries.

24. The Standing Committee commended the Secretariat on the strategy: the emphasis on coordination and streamlining of activities could serve as a model for the rest of the Organization. Further consideration could be given, at a subsequent session, to the role of the Regional Office in the 15 member countries of the EU prior to the accession of 10 candidate countries on 1 May 2004.

Strengthening the role of the geographically dispersed offices (GDOs): a renewed GDO strategy for Europe

25. Following an introductory overview of the history of the Regional Office's GDOs and reference to a first external review in 2000 that had led to the Regional Committee's adoption of a strategy in 2004 (by resolution EUR/RC54/R6), the working paper then defined the characteristics of a GDO and explored why and when one should be set up, as well as the prerequisites for doing so. Having examined the actions required of the Regional Office and the regional governing bodies in order to implement the renewed strategy, and the steps to be taken for phasing out a GDO, the paper concluded with a list of five programme areas where the external review team suggested that the WHO European Region would benefit from the establishment of GDOs. Two annexes contained a more detailed history of GDOs in the European Region and an executive summary of the external review of the offices located in Barcelona, Bonn, Rome and Venice that had been carried out at the end of 2010.

26. The Standing Committee appreciated the analysis of the history, evolution and challenges currently faced by existing GDOs. It acknowledged that the Regional Office would have been unable to deliver programmes and services in some technical areas without the work done by GDOs, and that they were a source of additional funding. However, the SCRC found the "centrifugal" approach of extending GDOs into new areas to be questionable. It accordingly recommended that the renewed strategy should focus on clarifying and strengthening the role of the current GDOs, and that further work should be done on analysing new needs.

Governance issues related to the European Observatory on Health Systems and Policies

27. The World Health Assembly's new policy on partnerships (resolution WHA63.10) had made it necessary to review the governance of the Observatory (the only formal partnership in the WHO European Region). The process of reviewing both policy and administrative issues

had begun, in close consultation with the partner organizations, and was expected to be finalized by September 2011. Steps would be taken to bring the Observatory into line with WHO's rules or to fully document any necessary adaptation, as provided for in the policy adopted by the Health Assembly.

The programme budget as a strategic tool for accountability: a proposed contract for 2012–2013

28. In the specific context of the public health situation in the WHO European Region, and bearing in mind the joint responsibility of Member States, the Secretariat, donors and contributors for achieving outcomes within the value chain, an overall portfolio of 99 priority outcomes (including 25 key priority outcomes) had been drawn up for 2012–2013. In addition to specified voluntary contributions, flexible corporate funds would be applied to ensure full and even implementation across the 25 key priority outcomes. It was suggested that assessed contributions should be appropriated in two categories: for technical strategic objectives (1–11) and administrative/support functions (12 and 13). Four indicators and targets of "process efficiency" were being proposed. The paper, and in particular the 25 key priority outcomes, would be the subject of a web-based consultation with Member States before being finalized for RC61.

Developing the new European policy for health – Health 2020

Progress note and preparations for RC61

29. The Standing Committee was asked to give guidance on the "package" of Health 2020-related documents that it was proposed to present to RC61. The main component of the package would be a working paper (accompanied by a draft resolution) that would set out the vision, values, main directions and approaches of the new European policy for health. The working paper would include:

- a further developed annotated outline of the Health 2020 policy itself;
- findings from the studies on governance for health and the social determinants of health;
- conclusions from an analysis of past Regional Committee resolutions and a review of the economics of disease prevention;
- information on the rationale, methods and process of setting targets;
- a summary of the outcomes of consultations with Member States and the advisory steering groups; and
- a "road map" of activities leading up to adoption of the policy at RC62.

30. Three information documents would accompany the working paper:

- a first working draft of the Health 2020 policy;
- the final report of the study on governance for health;
- an interim report on the review of the social determinants of health and the health divide.

31. The Regional Director suggested that governance and the social determinants of health could be subjects for consideration at the ministerial lunch on the first day of RC61, while a technical briefing could be devoted to target-setting. That would lay the foundation for the plenary and ministerial panel discussions on the agenda item later in the day.

32. The Standing Committee commended the Secretariat on the work done to date and endorsed the values, principles and outline structure of the new policy. It was keen to foster the Regional Committee's "ownership" of Health 2020. The observer from the European Commission informed the SCRC that a mid-term evaluation of the EU health strategy would be carried out in 2011.

21st century governance for health and well-being

33. Professor Ilona Kickbusch reported that the governance study, initiated in January 2011, was currently in its final phase. The study defined governance for health and well-being as "the attempts of governments or other actors to steer communities, whole countries or even groups of countries in the pursuit of health and well-being as a collective goal". Initial findings were presented under five headings:

- governance: dispersion of governance across actors and levels;
- governance for health: health viewed as a complex adaptive system reaching far beyond the health sector; increasing engagement of governments, businesses, communities and individual citizens in governance for health;
- good governance: as overarching social goals, health and well-being were critical components of good governance; good governance for health provided a value base (such as human rights) on which to act;
- smart governance: combination of hierarchical, dispersed and participatory approaches; governing through networks, new independent agencies and expert bodies, and through a mix of regulation and persuasion;
- roles of ministries of health: facilitators of networked and distributed governance; balancing the challenges faced in health governance (policy) with emerging roles in governance for health (politics).

Setting targets for Health 2020

34. The SCRC had previously agreed on the use of targets to measure progress with and success of the implementation of Health 2020. At a meeting in February 2011, the Health 2020 Internal and External Steering Group had recommended that targets set should be "smart" (specific, measurable, achievable, relevant and time-bound), should be relevant for the whole European Region, and should probably be set for inputs, processes, outputs and outcomes of the Health 2020 policy. Based on those principles, targets could be established in the five areas covered by the policy (governance for health; addressing inequalities; healthy people; environments conducive to health and well-being; and noncommunicable and communicable diseases, mental health and injuries), as well as for health system performance. It was proposed to form a small working group, including SCRC members, that would present an outline of targets and indicators for discussion at RC61; the finalized targets would form part of the Health 2020 policy submitted to RC62.

35. The SCRC endorsed the approach suggested. One member, however, cautioned against setting targets that might result in "over-promising and under-achieving" and noted that his country preferred the use of "outcome frameworks". The members from Andorra, Poland, Sweden, Turkey, the United Kingdom and Ukraine, as well as the Executive President of RC61, offered to join the working group.

Summary of the European Action Plan for HIV/AIDS, 2012–2015

36. Following the presentation of a draft framework to the Eighteenth SCRC at its second session, a European action plan for HIV/AIDS, 2012–2015 had been drawn up to address the

Region's priorities in the context of the Joint United Nations Programme on HIV/AIDS (UNAIDS) strategy for 2011–2015 ("Getting to zero") and the WHO global health sector strategy on HIV, 2011–2015 that was to be considered by the Sixty-fourth World Health Assembly the following week. A draft European action plan had been developed following a European regional consultation on the global health sector strategy in October 2010, during which it had been agreed that an implementation plan was needed to reflect European priorities and context. Since the October 2010 meeting, that draft has been subject to a participatory and inclusive consultative process including with Member States, civil society, donor and development agencies, nongovernmental organizations, multilateral agencies, UNAIDS and co-sponsors, European Union institutions, and scientific and technical institutions. The draft had been formally reviewed at a meeting organized jointly by the Regional Office and UNAIDS in Kyiv, Ukraine in March 2011. The European action plan had then been redrafted to take account of the comments made. The consultative process had resulted in a revised and improved version of the document, a summary of which was presented to the SCRC. It was structured around the four strategic directions in the global strategy (optimizing HIV prevention, diagnosis, treatment and care outcomes; leveraging broader health outcomes through HIV responses; building strong and sustainable systems; and reducing vulnerability and structural barriers to accessing services), while the priority actions outlined were specific to the context of the Region. Those priority actions, together with specific objectives and targets, would be detailed in the full text of the European action plan. Work had begun on costing the action plan, in consultation with staff from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

37. In response to the Standing Committee's request for more information about Member States' reactions to the draft action plan during the consultation period, including in the discussion forum and at the joint WHO/UNAIDS meeting, the Secretariat noted that broadly supportive written comments had been received from 25 countries, and that more than 30 countries had been represented at the Kyiv meeting. A report on the consultation process, as well as the full text of the European action plan, would be placed on the password-protected web site for SCRC members in the near future.

38. The Standing Committee was concerned about the apparent lack of prioritization among the actions envisaged, especially in view of the action plan's relatively short time frame, and it called for the targets to be carefully formulated and realistic. However, in view of the facts that Europe was the only WHO region where the AIDS epidemic was still growing fast and that universal access to antiretroviral therapy had been shown to have an immediate effect on the epidemic, and reassured by the Secretariat that their concerns would be addressed in the full text, the SCRC acknowledged the need for renewed political commitment to tackling the problem and recommended that the European action plan should be presented to RC61.

Officers of RC61

39. The Standing Committee agreed on nominations for the offices of President, Executive President, Deputy Executive President and Rapporteur of RC61.

Governance: linkage between the SCRC and the RC

40. Two issues had been seen as contributing to the perception of the SCRC as somewhat of an "insiders' club": the more or less automatic progression from Vice-Chairperson of the Standing Committee to Executive President of the Regional Committee; and the process of election to membership of the SCRC.

41. With regard to the former, the Standing Committee believed that the advantages, in terms of strengthened governance, justified the presentation to RC61 of the amendments to Rule 9 of its Rules of Procedure as set out in the annex to the working paper under consideration. It recommended that the qualitative criteria regarding experience and areas of competence currently taken into account when the Regional Committee selected candidates for membership of the Executive Board and the SCRC should also be applied when electing future Vice-Chairpersons of the SCRC.

42. On the latter issue, the SCRC confirmed that it was not in favour of the option of having each of the three sub-groups of European Member States reach consensus within the group on a number of candidates equal to the vacant seats for that group. Instead, it recommended that the current practice should be maintained and strengthened through amendments to Rules 14.2.2(b) and (c) of the Regional Committee's Rules of Procedure. In addition, it agreed that the Standing Committee would monitor application of the new criteria concerning experience and competence over the following years.

43. The Standing Committee recommended that those amendments to the Rules of Procedure of the Regional Committee and the Standing Committee should be presented to RC61 as an annex to the traditional draft resolution on the report of the SCRC.

Other matters

44. The SCRC recommended that the topic of WHO reform should be placed on the agenda of the meeting of delegations of WHO European Member States attending the Sixty-fourth World Health Assembly that would held later in the day.

Feedback from SCRC members and Member States on the fourth session

45. Representatives of WHO European Member States attending the Eighteenth SCRC's fourth session, an open meeting, noted that observers attending sessions of the Executive Board had access to the documentation of the session and asked for similar arrangements to be made at any future open sessions of the Standing Committee. Nonetheless, they wholeheartedly welcomed the opportunity to participate in the Standing Committee's deliberations and the increased transparency of the Organization's regional governance.