



World Health
Organization

REGIONAL OFFICE FOR

Europe

REGIONAL COMMITTEE FOR EUROPE 66TH SESSION

Copenhagen, Denmark, 12–15 September 2016

Membership of WHO bodies and committees



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Working document



**World Health
Organization**

REGIONAL OFFICE FOR

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Regional Committee for Europe

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Membership of WHO bodies and committees

In accordance with rules 14.2.2 and 14.3 of the WHO Regional Committee for Europe's rules of procedure, the Regional Director, by circular letter of 11 January 2016, invited all Member States of the European Region to submit, by 11 March 2016, nominations for membership of the:

- Executive Board;
- Standing Committee of the Regional Committee for Europe; and
- European Environment and Health Ministerial Board.

This document contains, for each of the above bodies, the terms of reference, an overview of the membership of the body in question, the curricula vitae of the candidates, cover letters and letters of intent (where applicable).

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I. Executive Board of the World Health Organization

Functions

1. Article 28 of the Constitution of the World Health Organization (WHO) stipulates that the functions of the Executive Board shall be:

- (a) to give effect to the decisions and policies of the Health Assembly;
- (b) to act as the executive organ of the Health Assembly;
- (c) to perform any other functions entrusted to it by the Health Assembly;
- (d) to advise the Health Assembly on questions referred to it by that body and on matters assigned to the Organization by conventions, agreements and regulations;
- (e) to submit advice or proposals to the Health Assembly on its own initiative;
- (f) to prepare the agenda of meetings of the Health Assembly;
- (g) to submit to the Health Assembly for consideration and approval a general programme of work covering a specific period;
- (h) to study all questions within its competence;
- (i) to take emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action. In particular it may authorize the Director-General to take the necessary steps to combat epidemics, to participate in the organization of health relief to victims of a calamity and to undertake studies and research the urgency of which has been drawn to the attention of the Board by any Member or by the Director-General.

2. The Rules of Procedure of the Executive Board can be found in *Basic documents*,¹ together with the WHO Constitution and other official documentation, and can be accessed on the Governance pages of the WHO website at <http://www.who.int/gb/bd/>.

Present membership from the European Region

3. The European Region has eight seats on the Executive Board of WHO, which from May 2016 will be filled by persons designated by France, Kazakhstan, Malta, Netherlands, the Russian Federation, Sweden, Turkey and the United Kingdom. Two seats will become vacant in May 2017, when the terms of office of the members designated by the Russian Federation and the United Kingdom will expire.

Candidatures

4. In a letter dated 11 January 2016, Member States were requested to inform the Regional Director whether they wished to submit candidatures for election at the Seventieth World Health Assembly in May 2017.

¹ Basic documents – 48th edition. Geneva: World Health Organization; 2014.

5. It will be recalled that the Regional Committee at its 63rd session in 2013 adopted resolution EUR/RC63/R7 which prescribes the criteria for and selection of candidatures for membership of the Executive Board.

6. The following nominations were received at the Regional Office by 11 March 2016 and curricula vitae in standard format and the letters of intent are contained in pages 7 to 19.

Bulgaria (Dr Elvira Alexieva Foteva)

Georgia (Dr David Sergeenko)

Italy (Dr Raniero Guerra)

Portugal (Dr Francisco George)

Overview of membership

7. Table 1 shows those countries of the European Region that designated members of the Executive Board during the period 1993–2019.

Table 1. Executive Board of the World Health Organization – overview of memberships^a of the European Region from 1993 to 2019

Country	WHA 46 1993	WHA 47 1994	WHA 48 1995	WHA 49 1996	WHA 50 1997	WHA 51 1998	WHA 52 1999	WHA 53 2000	WHA 54 2001	WHA 55 2002	WHA 56 2003	WHA 57 2004	WHA 58 2005	WHA 59 2006	WHA 60 2007	WHA 61 2008	WHA 62 2009	WHA 63 2010	WH A 64 2011	WHA 65 2012	WHA 66 2013	WHA 67 2014	WHA 68 2015	WHA 69 2016	WHA 70 2017	WHA 71 2018	WHA 72 2019	
Albania																					X	XXX	XXX	X				
Andorra																					X	XXX	XXX	X				
Armenia																		X	XXX	XXX	X							
Austria																												
Azerbaijan													X	XXX	XXX	X					X	XXX	XXX	X				
Belarus																												
Belgium								X	XXX	XXX	X										X	XXX	XXX	X				
Bosnia and Herzegovina																												
Bulgaria	XXX	X																										
Croatia				X	XXX	XXX	X														X	XXX	XXX	X				
Cyprus ^b								X	XXX	XXX	X																	
Czech Republic												X	XXX	XXX	X													
Denmark	XXX	X																										
Estonia																		X	XXX	XXX	X							
Finland			X	XXX	XXX	X																						
France	X		X	XXX	XXX	X		X	XXX	XXX	X						X	XXX	XXX	X				X	XXX	XXX	X	
Georgia																												
Germany						X	XXX	XXX	X									X	XXX	XXX	X							
Greece	XXX	X																										
Hungary																	X	XXX	XXX	X								
Iceland												X	XXX	XXX	X													
Ireland				X	XXX	XXX	X																					
Israel		X	XXX	XXX	X																							
Italy								X	XXX	XXX	X																	
Kazakhstan									X	XXX	XXX	X												X	XXX	XXX	X	
Kyrgyzstan																												
Latvia															X	XXX	XXX	X										
Lithuania								X	XXX	XXX	X									X	XXX	XXX	X					
Luxembourg												X	XXX	XXX	X													
Malta																								X	XXX	XXX	X	
Monaco																												
Montenegro																												
Netherlands					X	XXX	XXX	X																	X	XXX	XXX	X
Norway					X	XXX	XXX	X											X	XXX	XXX	X						

Country	WHA 46 1993	WHA 47 1994	WHA 48 1995	WHA 49 1996	WHA 50 1997	WHA 51 1998	WHA 52 1999	WHA 53 2000	WHA 54 2001	WHA 55 2002	WHA 56 2003	WHA 57 2004	WHA 58 2005	WHA 59 2006	WHA 60 2007	WHA 61 2008	WHA 62 2009	WHA 63 2010	WH A 64 2011	WHA 65 2012	WHA 66 2013	WHA 67 2014	WHA 68 2015	WHA 69 2016	WHA 70 2017	WHA 71 2018	WHA 72 2019	
Poland				X	XXX	XXX	X																					
Portugal	XXX	XXX	X										X	XXX	XXX	X												
Republic of Moldova															X	XXX	XXX	X										
Romania												X	XXX	XXX	X													
Russian Federation ^c	X		X	XXX	XXX	X		X	XXX	XXX	X					X	XXX	XXX	X				X	XXX	XXX	X		
San Marino																												
Serbia ^d																		X	XXX	XXX	X							
Slovakia																												
Slovenia															X	XXX	XXX	X										
Spain										X	XXX	XXX	X															
Sweden								X	XXX	XXX	X													X	XXX	XXX	X	
Switzerland							X	XXX	XXX	X									X	XXX	XXX	X						
Tajikistan																												
The former Yugoslav Republic of Macedonia																												
Turkey		X	XXX	XXX	X										X	XXX	XXX	X							X	XXX	XXX	X
Turkmenistan																												
Ukraine																												
United Kingdom	XXX	XXX	X		X	XXX	XXX	X		X	XXX	XXX	X			X	XXX	XXX	X					X	XXX	XXX	X	
Uzbekistan																			X	XXX	XXX	X						

Shading indicates years prior to becoming a Member State.

^a In accordance with Rule 105 of the Rules of Procedure of the World Health Assembly, "The term of office of each Member entitled to designate a person to serve on the Board shall begin immediately after the closing of the session of the Health Assembly at which the Member concerned is elected and shall end immediately after the closing of the session of the Health Assembly during which the Member is replaced."

^b Reassigned from EMRO to EURO as per resolution WHA56.16 in May 2003.

^c Membership of the former USSR has been continued by the Russian Federation.

^d Formerly Serbia and Montenegro.

NOMINATION FOR MEMBERSHIP OF THE EXECUTIVE BOARD OF WHO

Member State making nomination: **BULGARIA**

Family name FOTEVA **First/Other names** Elvira Alexieva
Male/Female Female **Date of birth** 26 August 1960

Language abilities: please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German	X	X	X
Russian	X	X	X

Professional education: name (up to 5) most important professional degrees taken **Year**

Specialization in European Administrative Practice and Management Administration, New Bulgarian University, Sofia 2008

Specialization in intensive care, Universidad Autónoma de Madrid, Paediatric Hospital Niño Jesús, Madrid, Spain 1993

Specialization in paediatrics, Medical College, Medical University, Sofia 1993

Specialization in public health and health culture of the population, Faculty of public professions, Medical Academy, Medical University, Sofia 1985

Degree in medicine, Medical University, Sofia 1985

Professional career: list current post first, followed by up to four most important positions held **Year (start/end)**

Director, International Affairs, Programmes and Projects Directorate, Ministry of Health, Republic of Bulgaria 2015 to date

Chief Expert, Health Policy Directorate, and Head, Projects and Programmes Department, Ministry of Health, Republic of Bulgaria 2003–2015

Official representative for Bulgaria, GCI, Ltd (Spanish consulting company) 1996–2003

Medical doctor in Sofia and Sofia region, Bulgaria 1986–1996

Experience of working for and with international organizations **Year**

Expert, World Bank Project, International Consultant in Curriculum Development for Hospital Management and Hospital Accounting Training and Delivery of Training for Trainers Programme – Health Sector Reform Project EBRD Loan 4565BUL 2001–2002

Expert, Project of the Spanish International Cooperation Agency, Cooperation and support of the Ministry of Health of Bulgaria in the process of health reform, training in hospital management and plan for internal and external communication of the reform 1999–2001

Expert, European Union PHARE Project, Training of management and administrative staff of the Ministry of Health involved in the decentralization process of the health system in Bulgaria 1996–1998

Experience of acting as Chairperson of high-level political and technical committees at national and/or international level **Year**

Chair, Working Group 22 “Healthcare” (a working group of the Council of the European Affairs of the Republic of Bulgaria) 2015 to date

Name and position of person making nomination
Dr Petre Moskov, Minister of Health of Bulgaria

Letter of intent

Dr. Zsuzsanna Jakab
Regional Director of the Regional office for Europe World Health Organization
WHO Regional Office for Europe UN City, Marmorvej 51
DK-2100 Copenhagen 0
Denmark

Dear Dr. Jakab,

I'm Elvira Foteva and I work as a Director of Directorate "International Affairs, Projects and Programmes" in the Ministry of Health of the Republic of Bulgaria.

Further to your letter dated 11 January 2016, herewith I am applying for a membership in Group B of the Executive Board of the World Health Organization.

With over 15 years of professional experience with projects of the World Bank and the European Union, I gained successful experience in working with international organizations.

With 13 years of professional experience in the Ministry of Health, referred to different positions, which assumed interaction with the political decision-making level in the Ministry, my duty was strong connected to the sustainable development of great and successful relationship between Republic of Bulgaria and the World Health Organization. The Minister of health showed trust in my abilities to conduct important initiatives with an effective impact. As a part of my duties I followed the transparent frame of the mutual activities between Bulgaria and the WHO, which were and are connected to the cooperation between the Republic of Bulgaria and the WHO Regional Office for Europe.

In the recent years all the national health institutions in Bulgaria showed capability to follow the global WHO agenda in an excellent manner. I believe that during my three-year term in the Executive Board of the World Health Organization Bulgaria will contribute in the best way for the implementation of the following priorities – Universal health coverage and the implementation of the International Health Regulations.

With an experience for more than 60 years in the decision-making process in the WHO and the implementation of the health policy, Bulgaria will make many efforts and will use the competence and the efficiency of its health institutions in order to realize in the optimal manner the desirable priorities aiming people can get the health services they need and the promotion of the International Health Regulations.

Sincerely yours,

Dr. Elvira Foteva
Director of Directorate "International Affairs, Projects and Programmes"
The Ministry of Health of the Republic of Bulgaria
Sq. "Sveta Nedelia" No. 5
Sofia 1000
Republic of Bulgaria

Sofia, March 11, 2016

NOMINATION FOR MEMBERSHIP OF THE EXECUTIVE BOARD OF WHO

Member State making nomination: **GEORGIA**

Family name SERGEENKO **First/Other names** David
Male/Female Male **Date of birth** 25 September 1963

Language abilities: please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German			
Russian	X	X	X

Professional education: name (up to 5) most important professional degrees taken **Year**

Advanced life support skills training, Tbilisi	2006
Paediatric advanced life support training, Tbilisi	2005
Occupational Safety and Health Administration (OSHA) training, Baku, Azerbaijan	2004
Advanced life support training, Aberdeen, United Kingdom	2003
Cardiac intensive care training, Harvard Medical School, Boston, United States	2001
Cardiac and neonatal intensive care, Cardiac anaesthesia training, German Heart Institute, Berlin, Germany	1999
Neonatal intensive care training, Moscow, Russian Federation	1991
Doctor of paediatrics, Tbilisi State Medical University, Georgia	1981–1987

Professional career: list current post first, followed by up to four most important positions held **Year (start/end)**

Minister of Labour, Health and Social Affairs of Georgia	2012 to date
Director, Sachkhere Medical Centre	2007–2012
Chief Executive Officer, Union “Dostakari”	2006–2012
Medical Manager, MediClubGeorgia	2002–2006
Anaesthesiologist, reanimatologist, Cardiac Surgery Department, Joann Medical Centre	1997–2006
Head, Health Care Department, Georgian State Department of Sport	1995–1997
Medical Doctor, Georgian Army	1992–1993
Neonatologist, Rustavi Maternity House	1989–1992
Internship in paediatrics, Sukhumi Children’s Hospital	1987–1989

Experience of working for and with international organizations **Year**

Negotiations with the European Union, the World Bank, USAID and United Nations agencies on cooperation issues and defining the priorities for donor assistance	2012 to date
Member, European Environment and Health Ministerial Board	2014–2015
Member, European Society of Critical Care	1999 to date

Experience of acting as Chairperson of high-level political and technical committees at national and/or international level **Year**

Chairperson, National Council of TB Control, Central Coordinating Body for TB	2014 to date
Chairperson, Maternal and Child Health Coordinating Council	2014 to date
Chairperson, Country Coordinating Mechanism for Georgia	2014–2015
Chairperson, Tripartite Social Partnership Commission (in absence of the Prime Minister)	2013
Chairperson, National Immunization Commission	2012
Chairperson, Professional Development Council	2012
Deputy Chairperson, Tobacco Control State Commission	2012

Name and position of person making nomination

Mr David Sergeenko, Minister of Labour, Health and Social Affairs of Georgia

Letter of intent

(Executive Board of WHO)

Georgia became a member of WHO in 1992 and since then have been actively participating in all WHO activities at the regional and global level. The health strategies and action plans of the country are elaborated to be in compliance with the WHO fundamental principles, values, approaches and recommendations.

Since 2012, the new Government of Georgia has announced health as the highest political priority. In view of that, Ministry of Labour, Health and Social Affairs of Georgia (MoLHSA) introduced several new programs for combating communicable and non-communicable diseases and promoting the health of population; revised state policy documents and adopted the national action plans to secure rights to health of population, in compliance with WHO standards.

One of the leading healthcare reforms – the Universal Health Care Program (UHC), was launched in February 2013 under the current leadership, which was recognized as a roadmap of the country's health system development. Georgia is among those developing countries, which follow the WHO major recommendations and goals for post 2015 development agenda on UHC. The program was initiated in response to the survey, according to which over 70% of the total health expenditures were out-of pocket payments, which was the lead causes of household impoverishment. Currently, every citizen of Georgia is secured with the basic package of routine and emergency in- and out-patient clinical care, including surgery, oncology and maternity services. Initial findings of the UHC review supported jointly by WHO, USAID and WB indicated that over 80% and 96% of program beneficiaries are satisfied with the primary health care and the hospital-based services, respectively. The findings have been an important reassurance that the health policy of the country is moving to the right direction. Further expansion of the program is envisaged.

Georgia has made significant progress towards improvement of the maternal and child health. The recent statistical data of Georgia on child mortality rates was used for the first time in WHO, WB and UNDP reports and Georgia is the first country among the former Soviet Union republics in this regard. In order to improve maternal and child health and the quality of services, Perinatal Regionalization Plan was adopted in January 2015 and other important activities have been launched in order to decrease maternal and child mortality, including the measures to decrease iron deficiency anaemia of pregnant women, early delivery and inborn anomalies.

Together with the recent developments towards combating the non-communicable diseases, such as adoption of the Mental Health Concept Paper and country Action Plan, Tobacco Control Action Plan, introduction of Cancer Registry, fighting against Drug Abuse etc. significant progress was made for fighting infectious diseases, among which the special emphasis should be driven to the successful cooperation in the frames of the Global Health Security and progress made towards fighting TB, HIV, antimicrobial resistance and combating Hepatitis C infection, representing the major public health threats in many parts of the world, including Georgia.

The latest population-based survey showed that the prevalence of hepatitis C in Georgia was about 7.1%. In view of the heavy HCV burden, Hepatitis C was put high on our political agenda and since 2013, efforts were enhanced to combat this extremely dangerous public health threat.

In 2014 we committed to eliminate hepatitis C in Georgia through universal access to diagnostics and treatment for HCV and took critical steps towards achieving the goal. The first step was increased access to interferon based treatment, which enabled 10,000 patients. The National Hepatitis C Elimination Program was elaborated through collaboration with WHO and US CDC and launched in 2015. The program is focused on the prevention, diagnostics, treatment, monitoring and financial access to the new generation of medications for HCV affected population. As of March 1, 2016, more than 23 thousand

beneficiaries are registered in the program, approximately 7000 patients with advanced liver disease are recipients of HCV treatment regimes and 3 300 patients already finished the treatment with very promising recovery results (up to 90 %). Hepatitis C Long-term elimination plan for 2016-2020 is already developed. To facilitate the process of elaboration, several workshops and a meeting of international technical advisory group (TAG) have been organized with support of WHO and CDC.

This very promising results give us a expectation that Georgia will become one of the first countries, which has solved this major public health threat and makes us further motivated to continue implementation of planned reforms under the guidance and advisory support of the WHO and other partners.

We have a long history of successful collaboration with the WHO. Georgia was represented in the WHO regional bodies and committees, such as European Environment and Health Ministerial Board (2014–2015) and representations in the Standing Committee of Regional Committee for Europe. We do hope that directions, in which Georgia has already gained significant experience and achieved tangible progress, can be successfully shared with other WHO member countries. Consequently, Georgia can contribute to and benefit from the membership of the WHO Executive Board, notably, Georgia has never been represented in the WHO EB in the past.

David Sergeenko
Minister of Labour, Health and Social Affairs of Georgia

NOMINATION FOR MEMBERSHIP OF THE EXECUTIVE BOARD OF WHO

Member State making nomination: **ITALY**

Family name GUERRA **First/Other names** Raniero
Male/Female Male **Date of birth** 5 June 1953

Language abilities: please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French		X	
German			
Russian			

Professional education: name (up to 5) most important professional degrees taken *Year*
 Strengthening the essential public health functions, World Bank Institute and Pan American Health Organization (PAHO) 2007
 Diploma in tropical medicine and hygiene, London School of Hygiene and Tropical Medicine, United Kingdom 2000–2001
 MSc in community health in developing countries, London School of Hygiene and Tropical Medicine, United Kingdom 1982–1983
 Specialty in public health and preventive medicine, University of Milan, Italy 1979–1983
 Degree in medicine and surgery, University of Padua, Italy 1972–1978

Professional career: list current post first, followed by up to four most important positions held *Year (start/end)*
 Director General and Chief Medical Officer, Preventive health, Ministry of Health, Italy 2014 to date
 Adjunct Professor of medicine, George Washington University, Washington, D.C. 2014 to date
 Visiting Professor, Sichuan University, Chengdu, China 2014 to date
 Science attaché, Italian Embassy to the United States, Washington, D.C. 2011–2014
 Professor of public services management, Post-Graduate School of Economics, Università di Castellanza, Varese, Italy 2011–2014
 Professor of international health and legal affairs, College of Economics, Libera Università del Mediterraneo, Bari, Italy 2011–2014
 Director, National Foundation for Safety and Health, Rome, Italy 2009–2011
 Research Director, Office for External Relations (training and international health), National Institute of Health 1996–2011
 Medical Director, Local Health Authority 6, Friuli Venezia Giulia, Italy 1994–1996

Experience of working for and with international organizations *Year*
 Team leader, European Union (26 countries visited and reviewed under different functions, from formulation to final evaluation missions) 2006–2015
 Consultant, United Nations Population Fund, India 2008–2009
 Consultant, World Bank, Egypt 2008–2009
 Consultant, United Nations Children's Fund, Tajikistan and Central Asian Republics 2002–2008
 Project manager, World Health Organization, South Sudan 2005–2006
 Director of Health (appointed), United Nations Relief and Works Agency (UNRWA), and Special Adviser for WHO Regional Office for the Eastern Mediterranean to UNRWA 2005
 Project manager, World Bank, Palestinian Territories 2004–2005
 Director, WHO Collaborating Centre for Training and Research in District Health Systems, Rome, Italy 1996–2001
 Consultant, United Nations Children's Fund, former Yugoslavia (Bosnia, Croatia, Republika Srpska, Serbia) 1995–1998
 Consultant, Mother and child health, PAHO–Caribbean Community 1994–1998

Experience of acting as Chairperson of high-level political and technical committees at national and/or international level

	<i>Year</i>
Sherpa for the health sector (G7, Italy)	2016–2017
Since 1994 has managed international and national level meetings, events, fora, conferences and consensus seminars on public health and health related topics, ranging from health reforms to major public health issues	1994 to date
Member, Standing Committee of the Regional Committee for Europe (SCRC)	2015–2016
Chair, SCRC subgroup on migration and health	2015–2016
Member, SCRC subgroup on governance	2015–2016
Member, SCRC subgroup on implementation of International Health Regulations (2005)	2015–2016
Head of delegation, World Health Assembly	2015–2016
Board member, EU Joint Action on Non-communicable Diseases	2015–2016
Member, National Committee on development aid planning, Ministry of Foreign Affairs and International Cooperation	2015–2016
Chair (Italy), Global Health Security Initiative	2014–2016
Chair (Italy), Global Health Security Agenda	2014–2016
Member, Management Board, European Centre for Disease Prevention and Control	2014–2016
Member, European Union Health Security Committee	2014–2016
Chair, Ebola outbreak: challenges and perspectives, European Parliament	2015
Dementia (G7, National Institutes of Health, WHO)	2014–2015
Chair, Health meetings during the Italian presidency of the European Council	2014
Chair, Bilateral United States–Italy global health meetings	2011–2014
Chair, Foresight in Medicine, National Institutes of Health, United States	2013
Chair, Bilateral China–Italy health reform and science and technology meetings	1999–2010
Chair, International conference on the Role of Health Professionals in Addressing Violence Against Women (International Federation of Obstetricians and Gynaecologists, Italy, WHO)	2000

Name and position of person making nomination

Beatrice Lorenzin, Minister of Health of Italy

Letter of intent

Directorate General for Health Prevention

Italy has been a WHO partner for several years and has contributed substantially to policy development and implementation in several key areas, indicated by the network of WHO Collaborating Centres, covering diverse health topics.

Italy has also contributed financially for the execution of programmes and projects around the world in close partnership with WHO Headquarters, country and regional offices, as EURO, EMRO, AFRO and PAHO, providing also support and assistance to WPRO in such areas as nutrition and emergency prevention and management. Italy has hosted two WHO centres, Environmental Health, since its foundation and for 20 years, and the Venice Centre for Investment for Health and Development, focusing on social and economic determinants of health, from research to service delivery and technical assistance. Besides this, Italy is a major contributor to UNRWA health programmes, managed by the agency in close collaboration with WHO/EMRO. Italy participates regularly to expert consultations and supports WHO in its endeavour to promote universal access to health services, which is currently one of the major achievements of the Italian National Health Service. Italy is a member of the standing committee of the WHO/EURO regional committee, participates in the governance and IHR subgroups, and chairs the subgroups on migrants' health, towards which is currently contributing financially and technically also from the EU health security committee, the G7, the Global Health Security Agenda and the Global Health Security Initiative.

Italy shares WHO's priority areas in general, and supports actively the adoption and implementation of IHR, and, in particular, expanded immunization coverage (with substantial financial support provided also to GAVI) and outbreak surveillance and prevention in light of global population movements with a focus on the Mediterranean and the Middle East areas and on countries in turmoil. Italy is deeply involved in rescue operations in the Mediterranean, and is currently working closely with WHO (also financing the WHO/EURO project "Public Health Aspects of migration in Europe") in developing systems and tools to monitor and support migrants, delivering essential health services and promoting the adoption of public health measures that enable their integration with Italian residents.

As part of this inclusive policy, fully in line with the "Health 2020" European policy framework, Italy focuses on the elderly, on the poor, and on those individuals who suffer from mental diseases and dementia and from those NCDs that may impact catastrophically on families' wealth, if not supported by universal National Health Service ensuring universal coverage, that Italy has achieved at a sustainable cost.

Italy thinks that WHO's policies to promote citizens' health literacy and empower individuals and communities by means of inclusive strategies are essential in achieving health for all and post 2015 indicators aiming at the new Sustainable Development Goals, focusing on and implementing actively, health in all policies.

This calls for a convergent and coherent institutional response to protect public health also in less popular topics, such as food safety and the fight against counterfeit drugs and food, and in promoting links with the regulatory world, with dedicated regulatory research and guidelines generation.

Italy recognizes the value of the appropriate use of technology to promote inclusion and universal access. This is true for medical technologies and for the adoption of digital support technologies enabling the system to identify and respond to individuals' needs timely and efficiently. Digital health will reshape the health sector and WHO should be fully equipped to anticipate action, overcoming digital divide.

Finally, Italy has a considerable experience in environmental health and the mitigation of health impacts related to climate changes. This will be the key element for discussion in the forthcoming G7/health 2017,

chaired by Italy that has recently completed a comprehensive review of excess mortality rates associated to climate changes and ageing and is currently developing a mitigation strategy in association with international bodies.

Italy sees the EB role as supportive of WHO fundamental position as the leading international health agency, whose mission is to identify areas and topics that need to be addressed and regulated, providing the best technical and scientific evidence, strengthening its alliance with think-tanks, academia and research networks. The EB may play a critical role in providing continuous support to its governance reform, improving its capacity to respond timely and appropriately to emerging needs in the best authoritative way. The EB can also contribute to expand WHO influence over the several global financial initiatives that may otherwise fail to articulate a coherent plan of action and alter focus and priorities established by the WHA and the WHO leadership.

One specific collaboration Italy is willing to promote is in the area of emergency preparedness, response, and mitigation, making its experience and resources available to WHO to strengthen its leadership and coordination capacity. This includes but is not limited to, the supply of qualified workforce, of a specialized laboratory networks, including mobile laboratories (recently deployed during the Ebola outbreak), of medical evacuation, transport and isolation facilities. Accordingly, Italy is keen to support WHO in action at all its three levels, making its national inbuilt institutional one health capacity available to target outbreaks of human and animal interest, liaising with other UN and intergovernmental agencies, such as OIE and IOM. One added value that Italy will make available to WHO is the coherence of support and collaboration throughout the major international networks Italy is an active member of, such as the G7, the GHSA, the GHSI, OECD, the EU and the Union for the Mediterranean. Coherently, Italy is providing assistance to the full implementation of IHR to such countries as Egypt, Palestine, Sudan, Sierra Leone, Ethiopia, based on commitment taken at the 2015 G7 meeting.

Rome, 10 March 2016

Dr. Raniero Guerra
Director General

NOMINATION FOR MEMBERSHIP OF THE EXECUTIVE BOARD OF WHO

Member State making nomination: **PORTUGAL**

Family name GEORGE **First/Other names** Francisco
Male/Female Male **Date of birth** 21 October 1947

Language abilities: please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French	X	X	X
German			
Russian			

Professional education: name (up to 5) most important professional degrees taken *Year*

Maternal and Child Health, Shanghai, China (WHO) 1980
International course on health and family planning, WHO/International Centre for
Childhood (CIE) 1978
Specialist in Public Health, National School of Public Health, Nova University of Lisbon 1976–1977
Internal medicine residency, Santa Marta Hospital, Lisbon 1973–1976
Medical doctor (honours), University of Lisbon (7-year degree) 1966–1973

Professional career: list current post first, followed by up to four most important positions held *Year (start/end)*

Director-General of Health, Chief Medical Officer and National Health Authority, Portugal 2007 to date
Professor of public health, National School of Public Health, Nova University of Lisbon 2005 to date
Deputy Director-General of Health, Portugal 2001–2005
Medical Officer, District Health Authority, Head of Public Health 1992–2001
Team leader, WHO representative (Guinea-Bissau) and epidemiologist for the Global
Programme on AIDS in Harare, Zimbabwe 1980–1991

Experience of working for and with international organizations *Year*

Member, Standing Committee of the Regional Committee for Europe 2014 to date
Alternate member, Executive Board of the World Health Organization 2005–2008
Member, Management Board, European Centre for Disease Prevention and Control 2005–2007
Staff member, WHO Regional Office for Africa 1980–1991

Experience of acting as Chairperson of high-level political and technical committees at national and/or international level

Year
Keynote speaker, International Diabetes Conference (House of Commons, United Kingdom) 2016
Team leader, Portuguese mission to Guinea-Bissau for Ebola (implementation of mobile laboratory) 2014–2016
Chair, National Ebola Contingency Plan 2014–2016
Representative of the Ministry of Health, Portuguese National Human Rights Committee 2012–2016
Chair, National Health Plan, Portugal 2011 to date
Member, Council of the Portuguese Institute of Tropical Medicine, Lisbon, Portugal 2010 to date
Member of Portuguese delegation, World Health Assembly and WHO Regional Committee for Europe 2001 to date
Member of Portuguese delegation to the Global Health Security Agenda (White House, Washington, D.C., United States) and Chair at national level 2014
Member of Portuguese delegation to Heads of State Meeting of the Community of Portuguese-speaking Countries (East Timor) 2014
Chair, Health Committee to the Meeting of the Community of Portuguese-speaking Countries (Mozambique) 2014

Member, Advisory Council of the Institute of Tropical Research	2013
Member of Portuguese delegation, United Nations special session on noncommunicable diseases	2011
Head, Advisory Forum of the National Institute of Health, Lisbon, Portugal	2007

Name and position of person making nomination

Augusto Santos Silva, PhD, Minister of Foreign Affairs of the Portuguese Republic

Adalberto Campos Fernandes, MD, PhD, Minister of Health of the Portuguese Republic

Letter of intent

República Portuguesa

Dear Madam Regional Director,

We are pleased to present Dr Francisco George as a candidate for a seat on the Executive Board of the World Health Organization for the mandate 2017-2020.

Dr George is a dedicated, well-respected member of the Standing Committee who has been actively serving in its working subgroups on Health 2020, Migration and Health and on accelerating the implementation of the International Health Regulations. He has a deep knowledge and extensive experience in the area of Public Health, as a public servant and has a comprehensive understanding of the functioning of the World Health Organization, where he served as a staff member for more than ten years.

Dr George has served as the Portuguese Director General of Health since 2005 and has led the implementation of the National Health Plan and various health programs. He is also responsible for the coordination of the programs for the prevention of non-communicable diseases, epidemiological surveillance, preparedness and response. He has substantial experience as a public health doctor, having promoted cross-sectoral collaboration and engaged in health programs targeting the vulnerable and minorities.

Dr Francisco George's experience constitutes a unique and important asset for the Executive Board and the WHO. His nomination will increase Portugal's commitment and cooperation with WHO and the Regional Office for Europe. With WHO reform high on the agenda, Dr George's knowledge, combined with Portugal's experience and expertise in responding to emergencies, will prove a valuable asset in strengthening WHO's technical and guidance capacities.

We therefore believe Dr Francisco George can contribute in a positive and productive way to the work of the WHO. He is highly committed to participate in the meetings of the Executive Board and to help the EB perform its duties in an efficient and effective way.

Portugal, who has a longstanding relationship of constructive cooperation within WHO, both at global and regional levels, was a member of the Executive Board from 2005 to 2008 and is highly motivated to become a Board member again (2017-2020), nine years after having left the Executive Board. Within the European Region, including through the current mandate at the Standing Committee, Portugal pursued a Country Cooperation Strategy, promoting Health 2020, health systems strengthening and aid effectiveness.

In its previous mandate in the Executive Board, Portugal played a decisive role in the adoption of a resolution on migrants' health (WHA61.17). Promoting the health of migrants will be one of Portuguese priorities in the Executive Board. Other priorities include:

- Contributing to the completion of the WHO reform, helping to develop appropriate rules, processes and structures, and stimulating a creative attitude which will enhance the full implementation of the International Health Regulations;
- Furthering the importance of health diplomacy, particularly on Global Health Security;
- Promoting Health Information, taking stock of Portugal's leading role in electronic health information systems;
- Promoting the links between WHO's work and the 2030 Agenda and reflecting on the role the Organization can play in its implementation;

- Advancing the health and human rights of persons with mental disorders and psychosocial disabilities;
- Supporting WHO's work in addressing the impact of non-communicable diseases (NCDs), including by furthering the implementation of the Global Action Plan for the prevention and control of NCDs 2013-2020;
- Exploring the added-value of the Portuguese language as a tool to support WHO's work worldwide and its capacity to interact with relevant actors across different regions.

Dr Francisco George's membership of the Executive Board would not only reflect Portugal's long-lasting commitment to the promotion of global health, but also represent an added-value that could prove vital in addressing the challenges that WHO and the World face.

Please accept, Madame Regional Director, the assurances of our highest consideration.

Lisbon, the 8th march 2016

Augusto Santos Silva, PhD
Minister of Foreign Affairs of the Portuguese Republic

Adalberto Campos Fernandes, MD, PhD
Minister of Health of the Portuguese Republic

II. Standing Committee of the Regional Committee for Europe

Functions

8. Rule 14.2.10 of the Rules of Procedure of the Regional Committee for Europe stipulates that the functions of the Standing Committee of the Regional Committee shall be:
- (a) to act for and represent the Regional Committee and to ensure that effect is given to the decisions and policies of the Regional Committee, especially with regard to its supervisory functions as per Article 50 (b) of the WHO Constitution;
 - (b) to advise the Regional Committee on questions referred to it by that body, and to counsel the Regional Director as and when appropriate between sessions of the Regional Committee;
 - (c) to submit advice or proposals to the Regional Committee and to the Regional Director on its own initiative;
 - (d) to propose items for the agenda of meetings of the Regional Committee;
 - (e) to submit to the Regional Committee for consideration and approval the regional component of WHO's general programme of work;
 - (f) to perform any other functions entrusted to it by the Regional Committee;
 - (g) to report to the Regional Committee on its work;
 - (h) to examine credentials of delegates of Members, by establishing a subdivision of three members, and report thereon to the Regional Committee.

9. Further information can be found in the Rules of Procedure of the Regional Committee for Europe and of the Standing Committee of the Regional Committee for Europe,² which are accessible on the Governance pages of the Regional Office for Europe's website at <http://www.euro.who.int/en/about-us/governance/rules-of-procedure-of-the-regional-committee-for-europe-and-of-the-standing-committee-of-the-regional-committee-for-europe>.

Present membership

10. In Rule 14.2.1 of its Rules of Procedure, the Regional Committee agreed, when electing the membership of the Standing Committee, to take into account the need for equitable geographical distribution, adequate representation of the interests of the Region, the opportunity for all Member States of the Region to participate over time in the work of the Standing Committee and other considerations relevant to maximizing the effectiveness of its work.

11. The terms of office of members from Belarus, Estonia, France and Latvia will expire at the 66th session of the Regional Committee in September 2016. The Regional Committee will therefore be requested to elect four new members of the Standing Committee, each having a three-year term of office, from September 2016 to September 2019.

² Rules of procedure of the Regional Committee for Europe and of the Standing Committee of the Regional Committee for Europe. Copenhagen: WHO Regional Office for Europe; 2015.

12. The terms of office of the remaining eight members will continue as follows:
- | | |
|--|-----------------------------|
| Georgia (Professor Amiran Gamkrelidze) | Member until September 2018 |
| Germany (Ms Dagmar Reitenbach) | Member until September 2017 |
| Iceland (Dr Sveinn Magnússon) | Member until September 2018 |
| Italy (Dr Raniero Guerra) | Member until September 2018 |
| Portugal (Dr Francisco George) | Member until September 2017 |
| Romania (Dr Alexandru Rafila) | Member until September 2017 |
| Tajikistan (Dr Salomudin Yusufi) | Member until September 2018 |
| Turkmenistan (Dr Leili Shamuradova) | Member until September 2017 |

13. It will be recalled that the Twenty-fourth Standing Committee of the Regional Committee for Europe shall consist of the Deputy Executive President of the 66th session of the Regional Committee as ex-officio Chairperson from September 2016 to September 2017 and the representatives of Member States of the Region duly elected by the Regional Committee to serve on the Standing Committee.

Nominations

14. The following nominations were received at the Regional Office by 11 March 2016, and curricula vitae in standard format and the letters of intent are contained in pages 24 to 38.

- Greece (Mr Ioannis Baskozos)
- Hungary (Dr Hanna Páva)
- Slovakia (Dr Mario Mikloši)
- Slovenia (Dr Vesna-Kerstin Petrič)
- Turkey (Dr Hakki Gürsöz)

Overview of membership

15. Table 2 gives an overview of those countries of the European Region that have provided members of the Standing Committee since 2006, and Table 3 shows Committee office holders from 1994 to the present.

Table 2. Standing Committee of the Regional Committee for Europe – overview of membership^{a,b} from September 2006 to September 2018

Countries	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Albania													
Andorra			X	XXX	XXX	X							
Armenia													
Austria	X						X	XXX	XXX	X			
Azerbaijan				X	XXX	XXX	X						
Belarus								X	XXX	XXX	X		
Belgium						X	XXX	XXX	X				
Bosnia and Herzegovina													
Bulgaria					X	XXX	XXX	XXX	X				
Croatia					X	XXX	XXX	X					
Cyprus													
Czech Republic													
Denmark	X												
Estonia	XXX	X						X	XXX	XXX	X		
Finland							X	XXX	XXX	X			
France								X	XXX	XXX	X		
Georgia	X	XXX	XXX	X						X	XXX	XXX	X
Germany									X	XXX	XXX	X	
Greece													
Hungary	XXX	X											
Iceland										X	XXX	XXX	X
Ireland													
Israel							X	XXX	XXX	X			
Italy	XXX	XXX	X							X	XXX	XXX	X
Kazakhstan													
Kyrgyzstan	X	XXX	XXX	X									
Latvia								X	XXX	XXX	X		
Lithuania			X	XXX	XXX	X							
Luxembourg													
Malta						X	XXX	XXX	X				
Monaco													
Montenegro			X	XXX	XXX	X							
Netherlands	XXX	XXX	X										
Norway	X	XXX	XXX	X									
Poland					X	XXX	XXX	X					
Portugal									X	XXX	XXX	X	
Republic of Moldova							X	XXX	XXX	X			
Romania									X	XXX	XXX	X	
Russian Federation						X	XXX	XXX	X				
San Marino													
Serbia ^b	XXX	XXX	X										
Slovakia		X	XXX	XXX	X								
Slovenia													
Spain					X	XXX	X						
Sweden				X	XXX	XXX	X						
Switzerland		X	XXX	XXX	X								
Tajikistan										X	XXX	XXX	X
The former Yugoslav Republic of Macedonia		X	XXX	XXX	X								
Turkey					X	XXX	XXX	X					
Turkmenistan									X	XXX	XXX	X	
Ukraine				X	XXX	XXX	X						
United Kingdom	XXX	X			X	XXX	XXX	X					
Uzbekistan	X												

^a For the purpose of this table, each term of office of a member of the Standing Committee starts with the session of the Regional Committee in the year in which the member is elected and ends at the Regional Committee of the year indicated.

^b Formerly Serbia and Montenegro.

Table 3. Office holders of the Standing Committee of the Regional Committee for Europe from 1994 to 2016

Term (from one session of the Regional Committee to the next session)	Chairperson (Deputy Executive President of the Regional Committee as member ex-officio)	Vice-Chairperson
1994–1995	Dr Niall Tierney, Ireland	Dr Anthony Vassallo, Malta
1995–1996	Professor Jean-François Girard, France	Dr Mikhail N. Saveliev, Russian Federation
1996–1997	Dr Marta di Gennaro, Italy	Professor Vilius J. Grabauskas, Lithuania
1997–1998	Professor Vilius J. Grabauskas, Lithuania	Dr Jeremy M. Metters, United Kingdom
1998–1999	Dr Danielle Hansen-Koenig, Luxembourg	Dr Jeremy M. Metters, United Kingdom
1999–2000	Dr Jeremy M. Metters, United Kingdom	Professor Ayşe Akin, Turkey
2000–2001	Professor Ayşe Akin, Turkey	Professor Frantisek Kölbel, Czech Republic
2001–2002	Dr James Kiely, Ireland	Dr Jacek Antoni Piatkiewicz, Poland (<i>first and second sessions</i>) Dr Alamhon Akhmedov, Tajikistan (<i>third, fourth, fifth and sixth sessions</i>)
2002–2003	Dr Jarkko Eskola, Finland	Dr Božidar Voljč, Slovenia
2003–2004	Dr Božidar Voljč, Slovenia	Dr Godfried Thiers, Belgium
2004–2005	Dr Godfried Thiers, Belgium	Dr Jens Kristian Gøtrik, Denmark
2005–2006	Dr Jens Kristian Gøtrik, Denmark	Dr Hubert Hrabcik, Austria Dr David Harper, United Kingdom
2006–2007	Dr David Harper, United Kingdom	Ms Annemiek van Bolhuis, Netherlands
2007–2008	Ms Annemiek van Bolhuis, Netherlands	Dr Bjørn-Inge Larsen, Norway
2008–2009	Dr Bjørn-Inge Larsen, Norway	Dr Vladimir Lazarevik, the former Yugoslav Republic of Macedonia
2009–2010	Dr Vladimir Lazarevik, the former Yugoslav Republic of Macedonia	Dr Josep Casals Alís, Andorra
2010–2011	Dr Josep Casals Alís, Andorra	Dr Lars-Erik Holm, Sweden
2011–2012	Dr Lars-Erik Holm, Sweden	Ms Dessislava Dimitrova, Bulgaria
2012–2013	Dr Daniel Reynders, Belgium	Dr Raymond Busuttil, Malta
2013–2014	Dr Raymond Busuttil, Malta	Ms Taru Koivisto, Finland
2014–2015	Ms Taru Koivisto, Finland	Professor Benoît Vallet, France
2015–2016	Professor Benoît Vallet, France	Ms Dagmar Reitenbach, Germany

NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF
THE REGIONAL COMMITTEE FOR EUROPE OF WHO

Member State making nomination: **GREECE**

Family name BASKOZOS **First/Other names** Ioannis
Male/Female Male **Date of birth** 28 July 1955

Language abilities: please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French	X	X	X
German			
Russian			

Professional education: name (up to 5) most important professional degrees taken **Year**

Participation in scientific congresses in Greece and abroad, as speaker at congresses and author of papers in scientific journals on topics related to endocrinology, diabetes and metabolism To date
Specialization in endocrinology in diabetes, Endocrinology and Metabolism Department, Athens General Hospital (G. Gennimatas) 1992
Degree in medicine, Medical Faculty, National and Kapodistrian University of Athens 1979

Professional career: list current post first, followed by up to four most important positions held **Year (start/end)**

Secretary General for Public Health, Ministry of Health 2015 to date
First Vice-President, Panhellenic Doctors Society 2011–2015
Chair, Hellenic Society of Endocrinology 2000–2005
Vice-President, Hellenic Society of Endocrinology 1995–2000

Experience of working for and with international organizations **Year**

Participation in the e-Health Network meeting and e-Health week High-level Conference, Riga, Latvia 2016
Participation and intervention in the 138th session of the Executive Board of WHO, Geneva, Switzerland 2016
Participation and intervention in the Ministerial Conference on Antimicrobial Resistance, Amsterdam, Netherlands 2016
Participation and intervention in the meeting with the Commissioner for Health, Brussels, Belgium 2016
Participation and intervention in OECD Meetings, Paris, France 2015
Participation and intervention in WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, Minsk, Ukraine 2015
Participation and intervention in the meeting with the Commissioner for Health, Athens, Greece 2015
Participation and intervention in the High-level meeting on Refugee and Migrant Health, Rome, Italy 2015
Participation and intervention in the 106th session of IOM, Geneva, Switzerland 2015

Experience of acting as Chairperson of high-level political and technical committees at national and/or international level **Year**

Secretary General for International Relations, Directorate of the Hellenic Ministry of Health 2015–2016
In charge of relations and cooperation of the Ministry of Health with WHO and other international bodies and organizations 2015–2016
In charge of the National Action Plan for Healthcare Protection of Refugees and Migrants 2015–2016

Coordinator of interministerial action for Healthcare Protection of Refugees and Migrants	2015–2016
Secretary General for the Public Health Sector, Ministry of Health	2015–2016
Coordinator, National Health Operations Center for public health and healthcare protection of refugees and migrants	2015–2016

Name and position of person making nomination

Mr Andreas Xanthos, Minister of Health, Greece

Letter of intent

For the attention of:
WHO Regional Director for Europe
Dr. Zsuzsanna Jakab

Dear Dr. Jakab,

The Ministry of Health of the Hellenic Republic is honoured to submit the nomination of Mr Ioannis Baskozos, Secretary General for Public Health to the Standing Committee of the Regional Committee for Europe (SCRC).

We strongly believe that the said nomination will contribute to the advancement of the excellent relations already been established between the Ministry of Health of the Hellenic Republic and the WHO Regional Office for Europe in an effort to achieve our common major public health endeavours.

In this framework, the recent renewal of our technical cooperation on the reform of the Primary Health System towards the achievement of Universal Health Coverage with the establishment of Family Health Care Units focusing on prevention and health education consist of a privileged area of cooperation with the WHO Regional Office.

Moreover, the development of National Action Plans for the elimination of Hepatitis C and the strategy for addressing Microbial Resistance, in line with the WHO guidelines and Global Action Plan, belong to the core of competences of the General Secretariat of Public Health that Mr. Ioannis Baskozos successfully leads as a result those health topics to be found high on the agenda of our work, and our effort to succeed the shared vision on a world free of Hep C and on the One Health Principle respectively.

In addition, on the occasion of the drafting of the National Action Plan on the Health of the Refugees and Migrants by Mr. Baskozos in cooperation with WHO Regional Office for Europe, and his comprehensive experience in this domain, a new era of global incentives and initiatives has been inaugurated.

At this point we would like to underline that the candidate has been an active member of the medical scientific community, a Vice President of the Panhellenic Medical Association as well as the Greek Endocrine Society and has vast experience in the development of health programs with emphasis on universal health coverage and on equity of access to health care services, and in public health policies.

In this context, Mr. Baskozos interest on Global Health Agenda and his experience through his active participation in the WHO meetings and events as well as in other international fora, will further promote the valuable work of the Standing Committee of the Regional Committee.

Our strong desire to enhance our collaboration with the WHO as well as the particular qualities of the nominated candidate, combined with the belief that Mr Baskozos will provide the Organization with a fresh perspective on healthcare policy, leads us to the full endorsement of Mr. Baskozos nomination.

Please accept the assurances of my highest consideration.

Andreas Xanthos
Minister of Health of the Hellenic Republic

NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF
THE REGIONAL COMMITTEE FOR EUROPE OF WHO

Member State making nomination: **HUNGARY**

Family name PÁVA **First/Other names** Hanna
Male/Female Female **Date of birth** 12 May 1962

Language abilities: please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German			
Russian			

Professional education: name (up to 5) most important professional degrees taken **Year**

Specialization in European law	2000
Specialization in intellectual property rights' law	1989
Specialization in civil and public administration law	1988
MA diploma in science of law	1985

Professional career: list current post first, followed by up to four most important positions held **Year (start/end)**

President, Health Registration and Training Centre	2015 to date
Deputy Secretary of State, Ministry of Human Capacities, State Secretariat for Health	2010–2015
President, Office for Health Authorisation	2003–2008
Deputy Secretary of State, Ministry for Health	2000–2002

Experience of working for and with international organizations **Year**

Head of delegation, World Health Assembly	2010–2015
Head of delegation, WHO Regional Committee for Europe	2010–2014
Alternate member, Executive Board of WHO	2010–2011
Head of delegation, Hungarian Presidency of the EU at EB and WHA meetings	2011
Member, Management Board, European Centre for Disease Prevention and Control	2011
Member, Hungarian delegation during the negotiations on Hungary's accession to the European Union	1998–2004

Experience of acting as Chairperson of high-level political and technical committees at national and/or international level **Year**

Co-President, Hungarian-Slovakian Mixed Committee on Health	2010–2015
Co-President, Hungarian-Russian Mixed Committee on Health	2010–2015
Member, National Board Against Counterfeiting (special attention to counterfeiting medicines)	2010–2015

Name and position of person making nomination

Zoltán Balog, Minister of Human Capacities, Hungary

Letter of intent

In Hungary, non-communicable diseases are the main contributors to morbidity and premature mortality, primarily being attributable to lifestyle factors: smoking, alcohol consumption, unhealthy diet, lack of physical activity. To address these challenges, the Government introduced innovative measures aimed at improving the health status and, at the same time, increasing resources available for the health sector. These measures, shaped in collaboration with WHO Europe, included the introduction of Public Health Product Tax levied on food stuffs based on their sugar, salt and methylxantine content; the legislation on maximum tolerable level of trans-fatty acids in foodstuffs, and on nutritional health aspects of public catering. To promote physical activity, our students attending all grades in primary and secondary school have daily physical education classes.

An overall national health strategy: “Healthy Hungary 2014-2020” was approved by Government. Related to the strategy, further specific action plans and programmes have been elaborated and are under discussion on TB, nutrition, HIV/AIDS, mental health and chronic care management. The strategy takes a comprehensive and integrated approach to non-communicable disease prevention and control, through health systems strengthening and addressing social determinants of health, paying special attention to health promotion, strengthening primary care and rationalising patient pathways. To support planned interventions, a report on social determinants of health/health inequities was prepared, in cooperation with different stakeholders, as an example for evidence-informed policy making. Hungary is actively participating in the EVIPNET. The health system performance assessment framework has also been institutionalised, enhancing implementation of the Tallinn Charter and Health 2020 as well.

The outflow of health professionals is of increasing concern for us. We can only be successful, if we do have well-trained, motivated health professionals, pursuing their profession in our country. Hungary is open to all forms of common thinking as regards the health workforce, with special emphasis on professional mobility. In 2015 the Health Services Management Training Centre of Semmelweis University, Budapest was designated as a WHO Collaborating Centre on Human Resources for Health Development. The Hungarian nominee has first-hand experience in human resources for health management issues.

Hungary strongly supports all endeavours of WHO European Region to enhance the implementation of FCTC. The Government is devoted to achieve tangible results in tobacco control. Main measures introduced by us comprise: ban or essential restrictions on smoking in indoor and certain outdoor public places, the mandatory use of combined health warnings, and restrictions on the sale of tobacco products. The Government is also considering the introduction of plain packaging. In 2014, Hungary organised the European regional meeting on the implementation of the FCTC and in 2016 further important joint events are planned. Dr Páva represented Hungary in several meetings and at conferences of the Parties to the Convention and has overall knowledge in this area.

During recent years, a number of coordinated, intersectoral strategies, programmes have been formed and implemented reflecting the intersectoral and life course approach taken by the WHO: programmes on mother and child health; health promotion and disease prevention in all ages with particular focus on infant and school health programmes; addressing health determinants, with special emphasis on adolescents; further developing early childhood interventions to enhance integration, inclusion as early as possible.

Last but not least, Hungary is looking forward to hosting the 67th Regional Committee in Budapest in September 2017. We are open to cooperating with all relevant bodies in preparing for the meeting.

Hungary sees SCRC as a body supporting WHO to fulfil its mission as the leading international health agency by identifying areas and topics to be addressed, providing advice and guidance how to approach them while remaining focused, technical, result driven.

NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF
THE REGIONAL COMMITTEE FOR EUROPE OF WHO

Member State making nomination: **SLOVAKIA**

Family name MIKLOŠI **First/Other names** Mario
Male/Female Male **Date of birth** 13 May 1967

Language abilities: please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German			
Russian	X	X	X

Professional education: name (up to 5) most important professional degrees taken **Year**

PhD, Specialization Surgery genetic factors in prostate cancer, Faculty of Medicine, Comenius University, Bratislava	2003
Specialization attestation (license examination) in urology (advanced degree)	1997
Specialization attestation (license examination) in urology (basic degree)	1994
Medical doctor of general medicine, Faculty of Medicine, Comenius University, Bratislava	1991

Professional career: list current post first, followed by up to four most important positions held **Year (start/end)**

State Secretary, Ministry of Health	2014 to date
General Director, Section of Health, Ministry of Health	2011–2014
Secretary Director, Health Care Surveillance Authority	2005–2006
Spokesperson, Ministry of Health	2004–2005
Director, Malacky County Hospital, Slovakia	2003–2004

Experience of working for and with international organizations **Year**

Head of delegation, WHO Regional Committee for Europe	2015
Head of delegation, World Health Assembly	2015
Team leader of delegation, Executive Board of the World Health Organization, World Health Assembly, WHO Regional Committee for Europe	2011–2014

Experience of acting as Chairperson of high-level political and technical committees at national and/or international level **Year**

Rapporteur, WHO Regional Committee for Europe	2015
Chair, session on public health aspects of migration in the WHO European Region – setting the scene, WHO high-level meeting on refugee and migrant health, Rome, Italy	2015

Name and position of person making nomination

Viliam Čislák, Minister of Health of the Slovak Republic

Letter of intent

Ministry of Health of the Slovak Republic
Limbová 2, 837 52 Bratislava, Slovak

To

Governance of the World Health Organization
WHO Regional Office for Europe
UN City Marmorvej 51
DK-2100 Copenhagen 0
Denmark

The Slovakia intention of cooperation with WHO Europe and its possible SCRC membership

- Brief overview of the relations between SR and WHO:

Slovakia as a Member State of the United Nations Organization as well as the World Health Organization has a long tradition of cooperation with the WHO not only since its establishment in 1992 but also in 1948 as a part of previous Czechoslovakia, and since that time remains highly committed to achieving the mission and goals of the Organization. The candidature of the Slovak Republic to the SCRC provides us new opportunity to contribute moving ahead health issues on national, European and global scale.

In the year 2016 Slovakia will take over Presidency of the Council of the European Union and its wish is to present fruitful cooperation of the EU with the RCE of the WHO in area of common interest in health.

WHO priorities of particular relevance to SR:

I submit a short list of the WHO priorities of particular relevance to the Slovakia which might be beneficial for both parties and that are interlinked with current BCA 2016–2017 priorities:

1. Tackling Europe's major health challenges: non-communicable and communicable diseases
The priority 1 is focused on prevention, promoting healthy life style and raising public awareness in taking care about their own health. In the field of cancer good knowledge of Slovak research workers and clinicians network might be exploited.

2. Investing in health through a life-course approach and empowering people
By the key priority 2 we draw attention to developing effective life-course policies in Member States and confronting them in the European region.

3. Renewing interest in blocking spread of tuberculosis with special emphasis on marginalized communities

The key priority 3 targeted prevention strategies are the most effective tool to control the spread of TB and that efficient TB prevention and care require innovative and holistic health and social approaches and strategies to be sustainable. To strengthen the work with vulnerable populations by ensuring multisectoral collaboration, including civil society and affected populations in the design, implementation and monitoring of national TB response as well as service delivery. Slovakia can offer a model solution of control and treatment of TB in central and eastern Europe.

4. Health systems: migration and health challenges

The key priority 4 is based on current EU and WHO Europe priorities and challenges of integrating the health needs of refugees and migrants into national, regional and global health policies, strategies and plans. Slovakia is currently preparing multisectoral analysis of migrant health and needs at national level and is open to next steps dialogue on designed policy solutions at regional and global level.

- The role of SR as a member of the SCRC in addressing the priorities

Slovakia evaluates the years 2014–2015 very positively from the perspective of Slovak-WHO relations at regional level. We have brought new impulses into our dialogue and initiated processes of constructive cooperation on which we can build in the period ahead. The current Biennial Cooperation Agreement with WHO Europe was signed 29 February 2016.

Slovakia was a member of the Standing Committee from 2007 and is highly motivated to be a SCRC member again in the coming years 2016–2019. During second half of 2016 the Slovak Republic will be President of the European Union. This would bring added value to the intended membership of the Standing Committee and would be conducive to further improving the cooperation between the EU and WHO.

Slovakia, a central European country becomes more and more active at WHO global, regional and country level. Mr Mario Mikloši is experienced personality with national and international public health management experience, supported by a dedicated team of advisors in Bratislava, Brussels and Geneva. Therefore, Slovak Government considers him par excellence to be competent to perform a constructive and binding role in the Standing Committee of the Regional Committee for Europe.

Sincerely Yours

Signature of the nominee

Mario Mikloši
State Secretary
Ministry of Health of the Slovak Republic

Signature of the nominating authority

Viliam Čislák
Minister
Ministry of Health of the Slovak Republic

NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF
THE REGIONAL COMMITTEE FOR EUROPE OF WHO

Member State making nomination: **SLOVENIA**

Family name PETRIČ **First/Other names** Vesna-Kerstin
Male/Female Female **Date of birth** 30 September 1959

Language abilities: please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German		X	
Russian			

Professional education: name (up to 5) most important professional degrees taken **Year**

Public Health Post Graduate Course, Faculty of Medicine, University of Ljubljana 2001
Master Degree Public Health and Clinical Aspects of Addiction, Institute of Psychiatry, University of London, King's College, United Kingdom 1997
Graduated in Medicine, Faculty of Medicine, University of Ljubljana 1994

Professional career: list current post first, followed by up to four most important positions held **Year (start/end)**

Head, Division for Health Promotion and Prevention of Noncommunicable Diseases, Ministry of Health 2004 to date
Counsellor to the Minister, Ministry of Health 1998–2004
Policy Adviser, Department of Drug Addiction, Ministry of Health 1994–1998
Freelance translator (Translating from English, Spanish and Swedish) 1984–1994

Experience of working for and with international organizations **Year**

Member, Advisory Group of the Alcohol policy network in Europe 2006 to date
Member, Committee for national alcohol policy and action at EC 2006 to date
Member, Steering Committee, European Observatory on Health Systems and Policies 2006 to date
Member, Management Board, European Union Monitoring Centre for Drugs and Addiction 2004 to date
Member, European network for smoking prevention 2004 to date
Liaison Officer, World Health Organization 1998–2004

Experience of acting as Chairperson of high-level political and technical committees at national and/or international level **Year**

Deputy-President, Working group for preparation and implementation of the National Health Care Plan 2015–2025 2015 to date
Deputy-President, Project Board for the Health System Review analysis in Slovenia and 2015–2016
Chair, Working group for optimizing service delivery within the Health System Review in Slovenia 2015–2016
Co-chair, Global network of WHO national counterparts for implementing the global strategy to reduce the harmful use of alcohol 2014 to date
Deputy-Chair, Board of the Agency for safety in traffic 2013 to date
Chair, National coordinating group for the implementation of National Diabetes Plan 2010 to date
Deputy Chair, National Drug Committee, Ministry of Health 2003 to date
Chair, EU coordination at WHO in relation to Slovenian Presidency to EU 2008
Deputy Chair, National Drug Committee, Ministry of Health 1994–1998

Name and position of person making nomination

Milojka Kolar Celarc, Minister of Health of the Republic of Slovenia

Letter of intent

Republic of Slovenia
Ministry of Health

Štefanova ulica 5, 1000 Ljubljana

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE
Dr Zsuzsanna Jakab, Regional Director
UN City, Marmorvej 51
DK-2100 Copenhagen, Denmark
E-mail: governance@euro.who.int

Date: 4 March 2016

Subject: Letter of intent

I. Relations between Slovenia and WHO European Region

Since independency in 1992 and membership in WHO, Slovenia has established successful, active and mutually supportive relations with WHO. From 2001 to 2004, Dr Božidar Voljč, former Minister of Health was a member of SCRC, acting later as a chair, and being elected to EB for the period of 2006 to 2009. Since 1996 Slovenia was supporting initiatives of WHO to strengthen health systems, and hosted the 1st Ministerial conference on health system reforms for the WHO European Region which resulted in Ljubljana charter. Slovenia is also supporting the South-eastern Europe Health Network (SEEHN) as a donor country and hosted several meetings. WHO Collaborating Centre for Cross Sectoral Approaches to Health and Development from Murska Sobota is in collaboration with WHO Office in Venice organizing events for this part of the region. In 2012, Slovenia hosted a meeting of the European Environment and Health Task Force in Bled, and was presiding over the European Environment and Health Ministerial Board (EHMB) in 2011 and 2012. Our experts are actively supporting WHO European Office by contributing to development of tools, guidelines and in technical work with the countries, in particular in areas of health and development, inequalities of health and in reducing marketing pressure on children and in development of nutritional profiles of foods. Slovenia also is a pilot country in many areas of work of the WHO European Office, among others in the WHO Evidence-Informed Policy Network (EVIPNet). It is also a partner of the European Observatory for health system and policies (Observatory) since 2006. In this partnership Slovenia among others promoted and contributed to analysis in the area of public health and tackling cancer. In 2015, focusing on health system strengthening in line with the Tallinn Charter and Health 2020 WHO Strategy, Slovenia prepared an extensive analysis of its health system and started the reform process together with WHO EURO and Observatory. On the occasion of the 20th anniversary of Ljubljana Charter several events will take place in June 2016 in Ljubljana in cooperation with WHO Regional Office for Europe and Observatory. Among others, the meeting of Steering Committee of Observatory will be hosted by the Ministry of Health of Slovenia.

II. The role of Slovenia as a future member of the WHO Regional Office SCRC

Slovenia in the WHO European Region represents countries in transition with limited human resources and affected by financial crisis, and could through lessons learned validly represent in SCRC the interests of other countries that are facing similar challenges. In particular, its long and successful experiences with dealing with inequalities in health and in introducing health in all policies, could be valuable in advising in implementation of Health 2020. As a partner and the donor country in the SEEHN, Slovenia would no doubt take an effort to represent this part of region in SCRC and would continue to offer Government's political, financial and technical support for the Network. Hosting 7th European Alcohol Policy

Conference in November 2016, Slovenia will also host meeting of WHO counterparts on alcohol policy and meeting of SEEHN counterparts where alcohol policy will be discussed. Slovenia since 2005 gained new experiences in cooperation with WHO at all levels (see above) which through representation in SCRC could serve WHO and other Member States. In the spirit of the Ljubljana Charter and the Tallinn Charter and Health 2020 Strategy Slovenia will continue to support the process of strengthening health systems in WHO Europe in terms of facilitating the development and transfer of good practices in collaboration with the WHO European Office. The Health System Review is an example of Slovenia's commitment to evidence-based policy making. Slovenia is an excellent example in deciding to support its health reform process through tools such as the Knowledge Translation Platform developed with WHO cooperation that could serve as a valuable model to other Member States in addressing health reforms.

Priorities of Slovenia in participating in SCRC:

- addressing determinants of health and inequalities;
- supporting the process of strengthening health systems including primary health care and public health systems in the WHO European region;
- strengthen the efforts to applying the values and priorities and achieving the strategic goals of Health 2020;
- promoting intersectoral approach in prevention and control of NCDs and setting specific related targets and indicators;
- promoting use of evidence in decision making (EVIPNet);
- promoting health and health related goals and targets in the Agenda 2030;
- supporting SEEHN.

Involvement of a high quality expert with a knowledge in several areas of health, including public health, experiences in leadership in politically demanding areas such as tobacco control and health system reform, long experience of work with WHO and other international organizations, experiences with cooperation with civil society and holding a certificate of appreciation by WHO 2009 for contribution in tobacco control could be an advantage for the work of the SCRC. Slovenia would through the membership in SCRC also like to better and more timely continue to support the Secretariat in implementing adopted decisions of the RC and WHA and contribute to the work of SCRC with its experiences of a small and transition country with a strong focus on public health, social determinants of health and strengthening health system.

NOMINATION FOR MEMBERSHIP OF THE STANDING COMMITTEE OF
THE REGIONAL COMMITTEE FOR EUROPE OF WHO

Member State making nomination: **TURKEY**

Family name GÜRSÖZ **First/Other names** Hakki
Male/Female Male **Date of birth** September 1975

Language abilities: please indicate in which of the Regional Committee working languages the nominee is able to function effectively

	Speak	Read	Write
English	X	X	X
French			
German			
Russian			

Professional education: name (up to 5) most important professional degrees taken **Year**

Master's education in public health, Hacettepe University 2014 to date
Master's education in health economics, University of Pompeu Fabra, Barcelona, Spain 2010 to date
Faculty of Economics, Anadolu University 2015
Certificate of Health Services Management and Administration, Refik Saydam Hygiene Centre Presidency, School of Public Health 2009
Degree in medicine, Faculty of Medicine, Ankara University 2001

Professional career: list current post first, followed by up to four most important positions held **Year (start/end)**

Vice-President, Turkish Medicines and Medical Devices Agency 2012 to date
Adviser to the Minister, Ministry of Health 2010–2012
Deputy Director, Ministry of Health, Refik Saydam Hygiene Centre Presidency, School of Public Health 2005–2010
General Practitioner, Chief Physician, Kırıkkale Health Centre 2001–2005

Experience of working for and with international organizations **Year**

Delegate, Organisation for Economic Co-operation and Development (OECD) Health Committee, Directorate for Employment, Labour and Social Affairs 2007–2012
Turkish Health System Performance Assessment Study, World Health Organization 2009–2010
Project Coordinator, Health Transformation and Social Security Reform Project of Turkey, financially and technically supported by the World Bank 2005–2010
Turkish Health System Review Study, OECD and the World Bank 2007–2008

Experience of acting as Chairperson of high-level political and technical committees at national and/or international level **Year**

Chairperson, Pharmaceutical Registration Committee 2015

Name and position of person making nomination

Öner Güner, General Director of EU and Foreign Affairs, Turkey

Letter of intent

Republic of Turkey
Minister of Health

11/03/2016

Dear Ms. Jakab,

It is my pleasure to update you regarding the nomination of Turkey to the Steering Committee of Regional Committee for Europe (SCRC). As a country attributing importance to the geographical representation in WHO bodies, Turkey is honoured to submit nomination of Dr. Hakkı GÜRSÖZ, Vice-President of Turkish Medicines and Medical Devices Agency.

It's our sincere belief that SCRC is at the heart of regional policy making and governance with a very busy and comprehensive schedule. We are aware of that the work SCRC is doing on Health 2020, governance, sunseting of the resolutions and compilation of regional needs into a realistic and feasible agenda constitutes a great benchmark for whole WHO.

In this framework, we think that the countries with vast experience and interest on global agenda, such as Turkey, should be the members of this elegant Committee. Therefore, you can count on Turkey's active and efficient participation in SCRC meetings as we have demonstrated in our previous SCRC membership between 2010–2013 as a member of the Health 2020 and governance working groups.

Turkey is also a country that dramatically improved health status of its people in a decade by implementing health transformation program with the motto of "from rhetoric to reality". We believe that membership of Turkey would fall in with EURO region's action in terms of "walking the talk" on Health 2020, as both aims to sustain the health gains for well-being all ages. Beyond that, we are fully aware of the change in the global agenda with an enhanced focus on communicable disease threats, emergencies and NCDs.

In terms of communicable diseases and emergencies Turkey is a country on the border of EURO with EMRO and also a geographical bridge between Europe and Asia. Turkey constitutes the wall between the public health threats such as polio outbreaks and EURO region by operating extensively in its southern borders. Vaccination campaigns, public awareness raising activities, strengthened surveillance is conducted in collaboration with international agencies and NGOs with the excellent participation from Gaziantep field office. We believe, Turkey's membership in SCRC, would highlight the good example in terms of collaboration with international partners, provide a good opportunity to disseminate lessons learnt from health crisis and provide timely and accurate information from field to recalibrate health policies promptly if needed. Beyond these, Turkey is advancing on negotiations with EURO office to establish a GDO on Humanitarian and Health emergencies to compliment regional efforts. Also the application is made for URLASİM to be accredited as WHO CC in order to increase contributions to regional preparedness capacity.

In terms of NCDs Turkey is one of the most successful countries on combating tobacco and contributing to many initiatives on bilateral, multilateral and NGO levels with strong support of EURO. In our opinion transferring the country experience to EURO via SCRC would strengthen and increase the quality of constructive efforts of region.

Lastly, as a country actively participating to WHO reform process, Turkey is eager to support transforming WHO into one, transparent, efficient, and coherent organization. We attach special importance to strategic budget space allocation mechanism and potential of this endeavour to balance WHO in terms of financing, implementation and transparency. In our belief WHO reform would help organization to achieve its role as the global champion of health and contribute to health's importance in foreign policy agenda as parallel regions vision.

Please accept the assurances of my highest consideration.

Dr. Öner Güner
Director General for
Foreign Affairs and EU

Ms Zsuzsanna Jakab
Regional Director
Regional Office for Europe
World Health Organization

III. European Environment and Health Ministerial Board

Functions

16. The European Environment and Health Ministerial Board (EHMB) is the political face and the driving force of international policies in the field of environment and health, and it stands at the core of the European Environment and Health Process as agreed at the Fifth Ministerial Conference on Environment and Health in 2010. As such, the EHMB has the following specific roles:

- to put the European environment and health process into a broad public health and environment agenda;
- to review and propose policy directions and strategic priorities;
- to advocate for further development of environment and health policies;
- to identify financial opportunities that would enable implementation where resources are lacking;
- to reach out to other sectors and stakeholders; and
- to collaborate closely with the European Environment and Health Task Force (EHTF).

Present membership

17. The EHMB consists of eight ministers and their high-level alternates: four members from the health sector are elected by the WHO Regional Committee for Europe, and four from the environment sector by the United Nations Economic Commission for Europe's Committee on Environmental Policy (UNECE CEP), in a way that ensures geographical representation of all parts of the WHO European Region and equal representation of the two sectors. Other members of the EHMB include the WHO Regional Director for Europe, the Executive Secretary of UNECE, the Director of the United Nations Environment Programme (UNEP) Regional Office for Europe, and a representative of the European Commission. The EHMB meets once or twice a year, and the WHO Regional Office for Europe serves as its secretariat.

Term of office

18. Two seats reserved for the health sector in the EHMB will become vacant when the terms of office of the members designated by Lithuania and Spain expire on 31 December 2016. The other two members, Belarus and Uzbekistan, hold their mandate until the end of 2017, as decided by RC65.

Nominations

19. No nominations were received at the Regional Office by 11 March 2016.

Overview of membership

20. Table 4 shows the countries of the European Region that have designated members representing the health and environment sectors of the EHMB since 2011.

Table 4. European Environment and Health Ministerial Board – overview of membership^{a,b}

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
				Mid-term review			6th Min. Conf.		Mid-term review			7th Min. Conf.
Health sector												
RC60 – France	X	X	X									
RC60 – Malta	X	X	X									
RC60 – Serbia	X	X	X									
RC60 – Slovenia	X	X	X									
RC63 – Croatia				X	X							
RC63 – Georgia				X	X							
RC63 – Lithuania				X	X	X						
RC63 – Spain				X	X	X						
RC65 – Belarus						X	X					
RC65 – Uzbekistan						X	X					
RC66 – XX							X	X				
RC66 – XX							X	X				
RC67 – XX								X	X			
RC67 – XX								X	X			
RC68 – XX									X	X		
RC68 – XX									X	X		
RC69 – XX										X	X	
RC69 – XX										X	X	
RC70 – XX											X	X
RC70 – XX											X	X
Environment sector												
16CEP – Azerbaijan	X	X										
16CEP – Belarus	X	X										
16CEP – Romania	X	X										
16CEP – Turkey	X	X										
18CEP – Belgium			X	X								
18CEP – Israel			X	X								
18CEP – Republic of Moldova			X	X								
18CEP – Ukraine			X	X								
20CEP – Armenia					X	X						
20CEP – Portugal					X	X						
20CEP – Russian Federation					X	X	X					
20CEP – The former Yugoslav Republic of Macedonia					X	X	X					
22CEP – XX							X	X				
22CEP – XX							X	X				
23CEP – XX								X	X			
23CEP – XX								X	X			
24CEP – XX									X	X		
24CEP – XX									X	X		
25CEP – XX										X	X	
25CEP – XX										X	X	
26CEP – XX											X	X
26CEP – XX											X	X
Task Force Co-Chairs												
Croatia	X	X										
Germany		X	X									
Norway			X	X								
Austria				X	X							
XX					X	X						
XX						X	X					
XX							X	X				
XX								X	X			
XX									X	X		
XX										X	X	
XX											X	X

^a The term of office starts 1 January following election and ends 31 December of the indicated year.

^b The WHO Regional Director for Europe, the Executive Secretary of UNECE, the Director of the UNEP Regional Office for Europe, and a representative of the European Commission are permanent members of the EHMB.