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**Report of the Fourteenth Standing Committee of the
Regional Committee**

This document contains a consolidated report on the work done by the Fourteenth Standing Committee of the Regional Committee (SCRC) at the five sessions held to date during its 2006–2007 work year. The report of the Fourteenth SCRC's sixth and final session, to be held on 16 September 2007, will be submitted to the Regional Committee as an addendum to this document.

The full report of each SCRC session is available on the Regional Office's web site (http://www.euro.who.int/Governance/SCRC/20061107_1).

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Introduction

1. The Fourteenth Standing Committee of the Regional Committee (SCRC) has to date held five sessions in its 2006–2007 work year: at the WHO Regional Office in Copenhagen on 14 September 2006, following the closure of the fifty-sixth session of the WHO Regional Committee for Europe (RC56); in The Hague on 30 November and 1 December 2006; in Copenhagen on 15 January 2007 and again on 3–4 April 2007; and at WHO headquarters in Geneva on 13 May 2007. Its sixth and final session in the year will be held in Belgrade on 16 September 2007, the day before the opening of RC57.
2. On a proposal by the Chairperson, seconded by the member from Italy, the Fourteenth SCRC at its first session unanimously elected Ms Annemiek van Bolhuis (Netherlands) as Vice-Chairperson.

WHO Regional Committee for Europe, fifty-sixth session

3. At its first session, the SCRC felt that RC56 had been very well prepared and organized. It emphasized that the discussions on the European strategy for the prevention and control of noncommunicable diseases (NCD) and on enhancing health security now needed to be followed up. It believed that most Member States had appreciated the clear vision of the future of the Regional Office set out in document EUR/RC56/11 and its complementarity with the Organization's proposed programme budget (PPB) 2008–2009 and draft medium-term strategic plan (MTSP) 2008–2013. It paid tribute to the exceptionally positive message and enthusiasm conveyed by the Patron of the Regional Office, Her Royal Highness Crown Princess Mary of Denmark, during her address to the Regional Committee.
4. At its second session, the SCRC accordingly recommended that follow-up to adoption of the European NCD strategy (resolution EUR/RC56/R2) should include the drafting of an action plan, and it confirmed that, at the request of a European Member State, the issue of NCD would be taken up at global level by the Executive Board at its 120th session (EB120) in January 2007.
5. As follow-up to resolution EUR/RC56/R3, the SCRC recognized that a continuous, open-ended debate was required on how best a strategic and dynamic planning process could be further developed, in which process the respective roles of the Regional Office, the SCRC, the Regional Committee and Member States themselves should be further articulated. It accordingly decided that a small working group, consisting of the members from the Netherlands, Norway, Hungary and the United Kingdom, should consider how best to structure that debate (see below, paragraphs 65–72).
6. At the outcome of the discussion on indicators for Health for all (HFA) at RC56, the SCRC had been asked to look into ways of implementing the option of selective country monitoring. The SCRC recognized that the area of HFA monitoring was constrained by resource shortages. While acknowledging that the Secretariat's commitment was to implementing the programme budget (whose preparation was influenced by all Member States), and that priority should be given to meeting needs that were common to many countries, the SCRC believed that the Secretariat should also take responsibility for rebalancing the allocation of funds to respond to requests that arose during a given biennium.

Executive Board

Preparations for the 120th session of the Executive Board

7. In addition to the PPB 2008–2009 and the global strategy on NCD, the SCRC at its second session suggested that European members of the Executive Board should be urged to raise the questions of human resources for health and to pay particular attention to the issues of tuberculosis control and the destruction of variola virus stocks.

8. At its third session, in mid-January 2007, the SCRC was informed that the Executive Board's Programme, Budget and Administration Committee (PBAC), on which the European Region was represented by Denmark and Portugal, would hold its fifth meeting from 17 to 19 January 2007. The Executive Board's 120th session would be from 22 to 30 January 2007. On Sunday 21 January 2007, the Regional Director and the Chairperson of the SCRC would hold a briefing for European members of the Executive Board and other representatives of other countries attending the Board's session as observers, to give them feedback on the discussions at the PBAC meeting and to draw attention to items of interest to the European Region on the agenda of the Board's forthcoming session.

Matters arising from the 120th session of the Executive Board

9. One of the European members of the Executive Board (who attended sessions of the SCRC as an observer) reported to the SCRC at its fourth session that the Executive Board had welcomed the Director-General's inspiring and well structured presentation, in which she had identified six issues that could guide the way the Organization approached its work in the coming years: health development; health security; health systems; information and knowledge; partnerships; and performance.

10. In the area of communicable diseases, the Executive Board had adopted resolutions on poliomyelitis eradication (where it had commended efforts towards interregional cooperation and called for full immunization of travellers to areas in which poliovirus was circulating); on avian and pandemic influenza (where the member from Thailand had reiterated that his country did not intend to share virus material with commercial companies unless all of society could benefit from vaccine development work); on smallpox (where the Board had reiterated its call for the destruction of variola virus stocks); and on malaria (where the member from Slovenia had noted the risk of the spread of infection to his country as a result of global warming).

11. On the subject of health systems, the Executive Board had adopted resolutions on emergency care systems, on rational use of medicines and on better medicines for children. Other topics covered by resolutions included WHO's role and responsibilities in health research, health promotion, and noncommunicable disease control (where the Regional Office for Europe's approach had been advocated as a good example).

12. The SCRC recalled that it had earlier discussed the possibility of placing the subject of pharmaceutical policy on the agenda of a future session of the Regional Committee and suggested that it might be timely to do so in 2008/2009, after careful preparation within the context of the SCRC.

13. While some members of the SCRC felt that Regional Office staff should continue to visit countries to assist them in preparing to deal with outbreaks of avian or human influenza, others believed that sufficient levels of preparedness had been reached in many Member States due to work already accomplished. The Secretariat reiterated, however, that WHO remained committed to continue carrying its responsibilities to support Member States in building up health system capacity (also in light of implementation of the International Health Regulations) and noted that, at the high-level technical meeting held in Jakarta, Indonesia on 26 and 27 March 2007, scientists had confirmed the need for an aggressive response to any outbreak of influenza in birds in order to prevent, delay and contain any possible human pandemic. It was important for vaccine manufacturers to act ethically and make vaccines available where they were needed; for that reason, the Organization was now promoting the concept of regional stockpiles of vaccine.

14. The SCRC endorsed the view that a flexible approach should be taken to the question of geographical rotation of appointments to the position of Director-General of WHO: the professional qualities, charisma and personal qualities of candidates were the most important aspects to be taken into account. The SCRC also noted that political matters of that nature lay outside the competence of the European Union (EU) and were properly the responsibility of Member States.

Proposed programme budget 2008–2009

15. At its second session, held in early December 2006, the Secretariat confirmed to the SCRC that the views of the Regional Committee (as expressed in resolution EUR/RC56/R4) had been transmitted to the responsible officials at WHO headquarters, but that no changes to the PPB 2008–2009 had been made since RC56, either in terms of the overall budget (US\$ 4.2 billion), the total of assessed contributions or the regular budget (US\$ 1 billion), or the internal distribution of the regular budget by location. Applying the “validation mechanism” that had been developed to verify the appropriateness of strategic resource allocations between WHO’s regions and headquarters yielded an average value for the European Region of 6.9% in 2008–2009. Given a total regular budget of US\$ 1 billion, that would represent a figure of US\$ 69 million; however, the regional allocation currently suggested was US\$ 64 million.

16. While operational planning had not yet started, the Regional Office had been requested to provide WHO headquarters with a broad breakdown of the proposed total regional budget (US\$ 277 million) by strategic objective (SO) and Organization-wide expected result. That exercise had been done and anticipated that in 2008–2009 more than half the regional budget would be spent on country support. New biennial collaboration agreements (BCAs) for such operations would be prepared in time for consultations with countries during the Sixtieth World Health Assembly in May 2007.

17. The SCRC’s consensus view was that the proposed increase in Member States’ assessed contributions, from US\$ 915 million in 2006–2007 to US\$ 1 billion in 2008–2009, was unlikely to be accepted at the World Health Assembly, since it would represent the second consecutive increase in contributions to WHO during a period of budgetary constraints at national level. On the other hand, the European Region should speak out strongly in favour of a regional allocation that respected the average value obtained from application of the validation mechanism (i.e. 6.9%).

18. The SCRC agreed that the European members of the PBAC (Denmark and Portugal) should be fully briefed along those lines by the Chairperson of the SCRC before the PBAC meeting on 17 and 18 January 2007 (which other Member States with permanent missions in Geneva could attend and participate in). The subject should also be included in the customary letter that the Regional Director sent to European members of the Executive Board before its January session, and the matter would be raised at the meeting to be held on the Sunday before the opening of the Executive Board’s 120th session. And thirdly, the Chairperson of the SCRC would write a letter to the newly elected Director-General of WHO, setting out the background to the issue (including references to the moves towards decentralization and “bottom-up” planning) and putting forward again the views that had been expressed by Member States at RC56.

19. One member of the SCRC suggested that consideration should be given to adopting a more vigorous fundraising strategy at regional level and even in countries, similar to that adopted by the United Nations Children’s Fund (UNICEF) and its national offices. The Secretariat confirmed that the Organization already had an integrated strategy, whereby negotiations with major donors were carried on at headquarters, while technical programmes were encouraged to raise funds in a decentralized fashion. Another member noted that some major donors deliberately gave unearmarked funds to WHO as a whole and trusted the Organization to allocate funds appropriately. In general, the SCRC agreed that clearer analysis and definition of the respective roles of WHO’s regional offices and headquarters would help with allocation of the budget.

20. In reply to a question raised by one SCRC member at its first session, the Secretariat analysed the indicative increases and decreases in budget areas between the current and forthcoming biennia. That analysis was made more complicated by the fact that the current budget was structured into 36 areas of work (AoWs), whereas it was proposed that the 2008–2009 budget would be articulated around 16 SOs. All of the 14 SOs that could be considered as related to technical fields were proposed to have increased funding in dollar terms, but five were scheduled to be reduced in percentage terms. Only three, however, were to experience genuine percentage decreases: HIV/AIDS, tuberculosis and malaria (still the largest single SO, with US\$ 36 million, but where the intention was to shift the emphasis from tuberculosis interventions to more policy-oriented work); life course/child and adolescent health/reproduction (the

special efforts focused on implementation of the child and adolescent health strategy were to be completed by the end of 2007); and environmental health (where EURO had traditionally had a much higher percentage effort than WHO globally).

21. Some members of the SCRC expressed concern about the reductions in the latter two SOs, in view of the importance of work on physical activity and lifestyles following the WHO European Ministerial Conference on Counteracting Obesity (Istanbul, November 2006) and the preparations for the Fifth European Ministerial Conference on Environment and Health in 2009. More generally, the SCRC wished to be involved in a discussion of the priorities that the Regional Office was envisaging in its 2008–2009 workplan.

22. At its third session, in January 2007, the SCRC endorsed the text of a letter that the Chairperson of the SCRC intended to send to the newly elected Director-General of WHO, urging her to review the regular budget allocation in an attempt to give greater financial equity between the different WHO regions in line with the validation mechanism agreed at the Executive Board session in 2006 (document EB118/7).

23. At its fourth session, in April 2007, the SCRC was informed that the PPB 2008–2009 and the MTSP 2008–2013 had both been reviewed by the Board, which had noted that there was a certain degree of overlap in the various strategic objectives, especially those concerned with health systems. It was therefore likely that some objectives would be merged before the two documents were presented to the World Health Assembly in May.¹ To follow up the letter sent to the Director-General by the Chairperson of the SCRC with regard to a fairer allocation of assessed contributions to the European Region, the Board member from Denmark had made a strong statement arguing for recognition of the needs of the European Region; that statement had been supported by other European members of the Executive Board.

24. With regard to the PPB 2008–2009, the SCRC was informed that the latest proposal was for a smaller increase in countries' assessed contributions than had originally been envisaged. The resulting US\$ 40 million reduction in the overall regular budget had been apportioned by the Director-General in such a way that the allocations for the European and African regions would remain almost unchanged, while allocations to WHO headquarters and other regions would decrease; more specifically, the SCRC was pleased to note that the figure for the European Region (US\$ 63 million) was securely within the range obtained through application of the validation mechanism.

World Health Assembly

Regional suggestions for elective posts at the Sixtieth World Health Assembly

25. The SCRC observed that, in principle, the practice whereby the European permanent members of the United Nations Security Council also had permanent seats on the General Committee and the Committee on Nominations should be reconsidered, a process that had begun the previous year. This matter should be discussed at the final session of the SCRC in September 2007.

26. At its fourth session, the SCRC agreed to entrust the Regional Director with the task of identifying and approaching a suitable person to assume the office of one of the Vice-Presidents. With regard to the Health Assembly's General Committee and Committee on Nominations, the SCRC was reminded that the United Kingdom had agreed the previous year, as a gesture of goodwill, not to insist on application of the "gentlemen's agreement" whereby permanent members of the United Nations Security Council were automatically members of those two committees. Owing to the lack of time for further negotiations with the other two European Member States concerned (France and the Russian Federation), the United Kingdom was again prepared to stand down, but it wished the matter to be taken up again for discussion

¹ The final version of the programme budget adopted by the Sixtieth World Health Assembly contains 13 strategic objectives (see http://www.who.int/gb/e/e_amtsp.html).

after the forthcoming World Health Assembly, at the Fourteenth SCRC's final session in September 2007.

27. The SCRC was informed at its fifth session that the Regional Office had submitted to the WHO headquarters Secretariat proposals for the posts of Vice-President of the Health Assembly and Chairperson of Committee B, as well as for membership of the General Committee, the Committee on Credentials and the Committee on Nominations.

WHO Regional Committee for Europe, fifty-seventh session

Provisional agenda and programme

28. The SCRC at its first session agreed that three topics should be included as major technical items on the provisional agenda of RC57: human resources for health; obesity and an action plan on nutrition and physical activity; and the Millennium Development Goals and health systems. Enough time should be set aside in the programme for an extended discussion of the first topic. The emerging issue of the pharmaceutical market could be taken up at RC58, as might a review of some half a dozen of the major resolutions adopted by the Regional Committee in the previous 10 years.

29. The SCRC also noted that technical briefings would be held on the International Health Regulations; the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes; and citizens' voices in public health. The annual report of the European Environment and Health Committee, a report on implementation of the Regional Office's health systems initiative, and an action plan on noncommunicable disease control would be covered as "follow-up issues" from RC56. In his report, the Regional Director would include the issues of mental health, the future of the Regional Office, HIV/AIDS and, at WHO headquarters' request, the work of the Special Programme for Research and Training in Tropical Diseases.

30. At its third session, the SCRC noted that drafts of the provisional agenda and programme had already been sent to its members. To ensure that all European Member States were fully informed of recent developments with regard to the recently established Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, and to prepare for a discussion on the emerging issue of the pharmaceutical market at RC58, the SCRC agreed that the question of intellectual property rights should be included in the RC57 agenda item on "Matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board".

31. In her address to WHO staff on taking office, the new Director-General had called for a fresh surge of conviction and commitment to the global eradication of poliomyelitis. The SCRC urged that regular budget funding or voluntary donations be earmarked for that purpose and noted that the topic might also be included by the Director-General in her address to RC57.

32. In general, the SCRC considered that the proposed agenda and programme of RC57 encompassed a broad range of important subjects that would be of interest to both health ministries and development bodies. The Regional Director's invitation letter should therefore mention the desirability of having, where possible, correspondingly diverse national delegations, and also ones that ensured continuity of representation at the World Health Assembly and the Regional Committee.

33. At its fourth session, the SCRC endorsed the provisional agenda and programme for RC57. It was informed that the subject of intellectual property rights would be discussed at a meeting to be organized by the Regional Office in August 2007; the outcome of that meeting would be reported to the Regional Committee.

34. The SCRC also agreed that its views on the three major substantive topics to be discussed at RC57 would be presented by the following members:

Health workforce policies	Dr Bjørn-Inge Larsen (Norway)
Obesity Conference and Nutrition Action Plan	Dr Mihály Kókény (Hungary)
MDGs/maternal and child health/health systems	Dr Francesco Cicogna (Italy)

35. At the SCRC's fifth session, the Regional Director reported that he had visited the Federal Parliament building in Belgrade, the site graciously made available by the Government of Serbia. He was convinced that, as a symbol of democracy, it would foster a spirit of mutual respect and a productive dialogue among participants. At the specific request of the Member State that would hold the EU presidency at the time of RC57, the report that he would present on the first day of the session would cover, among other areas, the subject of migrants' health.

36. It was decided that the title of one of the technical briefings to be held in connection with RC57 should be changed to "Regional situation of water-related diseases and the Protocol on Water and Health" and the SCRC recommended that, so far as possible, a broad geographical range of countries should be selected as case studies for the various briefings, with less importance attached to the presentation of numerical data than to a description of how they were tackling the challenges being discussed. It also agreed that the Chairperson, when presenting his report, could invite Member States to suggest technical items that they would like to have taken up at future RC sessions.

37. Lastly, the SCRC noted that the process of organizing the forthcoming session of the Regional Committee had been greatly helped by holding six meetings during the year, rather than the five that had hitherto been customary, and recommended that this practice should continue.

Action by the Regional Committee

Adopt the provisional agenda and programme
(EUR/RC57/2 and /3)

Draft documents and draft resolutions

Health workforce policies in the WHO European Region

38. The Acting Director, Division of Country Health Systems presented an outline of the RC working paper at the SCRC's third session. On the basis of that paper, the four-hour discussion at RC57 was expected to focus on facilitating the exchange of knowledge and experience, on strengthening national capacity for workforce policy development, planning and management, and on advocating more effective investment in the development of human resources for health (HRH) and better resource coordination. It was planned to submit a draft resolution that would set out the key policy directions on the issue and ensure that HRH remained a priority issue in the WHO European Region.

39. The SCRC felt that more emphasis should be placed on migration in the presentation. Western European countries, in particular, were likely to face increased demand for a health workforce to provide care for their ageing populations, and the resulting "pull pressure" might lead to severe shortages in health care personnel in poorer countries within and beyond the European Region that were not able to offer sufficient financial incentives for such staff to remain in post there. In addition, countries in the eastern part of the Region were currently experiencing shortages of managerial staff. To respond to the demographic shift, the SCRC also believed that the paper should place emphasis on self-care and education to that end, as well on the development of human resources in the social sector.

40. The SCRC believed that the discussion on the health workforce at RC57 should be integrated in the wider context of the WHO European Ministerial Conference on Health Systems, to be held in 2008, and that consideration should be given to how best to collaborate with the new Global Health Workforce Alliance and with bodies such as the European Commission. The RC session should be regarded as a milestone towards the firmer commitment on the issue to be reached during the Ministerial Conference

and should contribute to advancing the global debate around health workforce issues. The SCRC wished to see the European Region as a global leader in that area.

41. By the time of the SCRC's fourth session, the draft RC document had been prepared taking account of the comments made at its previous session. The SCRC wished to see further details of the projected needs for health workers, possibly in the form of case studies that looked at migration processes both within and outside the European Region. A more active approach might be called for by the draft resolution, whereby the Regional Director could be asked to start working on an ethical framework for recruitment of health workers. The SCRC agreed to submit written comments on the draft document and resolution to the Secretariat by the end of April 2007.

42. The revised version of the draft paper submitted to the SCRC at its fifth session included a more detailed analysis and assessment of health workforce trends and future needs, while more emphasis was placed (both in the document and in the draft resolution) on development of an ethical framework for the international recruitment of health workers in the WHO European Region.

43. One member of the SCRC recalled that ministers of foreign affairs of seven countries (including Jonas Støre of Norway) had on 20 March 2007 adopted the Oslo Ministerial Declaration on global health,² one component of which addressed human resources for health. In addition, a task force on health workforce migration had been set up under the Global Health Workforce Alliance. The Regional Office was urged to keep in close touch with the many groups being formed to tackle the issues being faced in that field.

44. The SCRC also agreed that the draft resolution should be amended to include the following points:

- Member States should be urged to plan and take responsibility for the development of their own health workforce; and
- the Regional Director should be requested to develop a minimum core data set, in order to improve the quality and comparability of information.

Action by the Regional Committee

Review the paper on health workforce policies (EUR/RC57/9) and consider the corresponding draft resolution (EUR/RC57/Conf.Doc./3)

Follow-up to the WHO European Ministerial Conference on Counteracting Obesity, including the Second European Action Plan for Food and Nutrition Policy

45. The Director, Division of Health Programmes informed the SCRC at its third session that the paper for RC57 would review the progress made since the Ministerial Conference and present a draft of the Action Plan. The latter would have two dimensions: the first considering the health challenges, and the second providing action packages for the different sectors or players (agriculture, education, environment, etc.). A draft resolution would be submitted, to obtain the Regional Committee's endorsement of the Action Plan.

46. The SCRC approved of that approach and suggested that a similar process of consultation with Member States should be followed as had been used when the Charter was being drawn up before the Ministerial Conference. In addition, one member noted that his country was considering introducing, at the forthcoming Executive Board session, a component in the global strategy on NCD that would cover obesity and the marketing of unhealthy foods to children. The Secretariat confirmed that negotiations were under way with two countries to host a consultation meeting, and that WHO was working with the European Commission on questions related to food labelling.

47. At its fourth session, the SCRC was informed that the paper for RC57 had been drawn up as previously outlined. Consultation with Member States and selected stakeholders on the Action Plan was

² Oslo Ministerial Declaration – global health: a pressing foreign policy issue of our time. *The Lancet*, 369: 1373–1378 (2007).

already under way. A second draft would be ready by the end of April 2007, and a joint meeting with national counterparts of the Nutrition and Food Security (NFS) and Food Safety (FOS) programmes was scheduled to be held in Paris in early June. The final draft would therefore be ready in mid-June 2007.

48. The SCRC noted that the Action Plan set out a large number of specific actions in each area: it would be appropriate to reduce them and sharpen their focus in order to make them more actionable. Emphasis could usefully be placed on settings within which to deliver nutrition education. The SCRC also questioned the advisability of setting numerical goals or targets, such as increasing by 20% the proportion of infants exclusively breastfed at six months of age. It wondered whether reliable baseline data were available (a problem that was also encountered with respect to health workers), and whether the target values proposed were applicable in all countries and situations. It might be preferable to express the goals in broader terms, such as “to increase the proportion of the population consuming more than 400g of fruits and vegetables a day”. It agreed, however, to leave such questions to the expert consultation to be held in June.

49. At its fifth session, the SCRC noted that the focus of the second draft of the paper had been sharpened and it had been made more action-oriented. The health goals in the proposed Action Plan had been reworded in “generic” terms, while the question of whether to include measurable targets would be decided at the meeting of national focal points to be held in early June 2007.

50. The SCRC suggested that the Action Plan as proposed had been following a more “classical” approach, while it should take more account of recent developments in the field, such as novel foods and the use of nanotechnology, and that it should place more emphasis on healthy ageing, to balance the proposed action area on “Supporting a healthy start”. The Standing Committee was also concerned that the Action Plan should be recognized as being forward-looking and covering the broader area of food and nutrition, whereas the other part of the agenda item, reporting on the WHO European Ministerial Conference on Obesity, presented a description of the current situation in a narrower field and should fit better under the agenda item on “Follow-up to previous sessions of the Regional Committee”.

51. The SCRC member who would present the Standing Committee’s views on the item at RC57 confirmed that he would draw attention to that distinction. In addition, he would note that the Action Plan comprised a range of measures from which Member States would have to choose, depending on their specific circumstances: some might opt for a classic, intersectoral orientation, while others would need to adopt novel approaches. In addition, he would place emphasis on the ethical aspects of food and nutrition policy.

Action by the Regional Committee

Review the second European action plan for food and nutrition policy (EUR/RC57/10) and consider the corresponding draft resolution (EUR/RC57/Conf.Doc./4)

Millennium Development Goals in the WHO European Region: health systems and health of mothers and children – lessons learned

52. At its third session, the Deputy Regional Director informed the SCRC that under the RC57 agenda item, the intention was to present information on the progress being made towards attainment of the Millennium Development Goals (MDGs) in all 53 countries in the WHO European Region, and to discuss strategies to facilitate progress towards those goals, with specific recommendations on necessary actions for strengthening health systems. Highlighting challenges and possible solutions, and assessing the lessons learned from good practice, would provide Member States with a framework for review and improvement of national policies and would promote multisectoral action. However, the limited time available for consideration of the agenda item meant that a choice would have to be made: either to move from general consideration of the MDGs to focus in on MCH, or to take up the issue of the health of mothers and children more generally within the context of the MDGs.

53. The SCRC recommended that the RC discussion should be focused on the difficulties being experienced in the WHO European Region with attaining “problematic” MDGs, and in particular those related to the health of mothers and children through health systems actions. While agreeing that the item would mainly consist of reporting on the progress (or lack of it) being made, the SCRC also suggested that a draft resolution should be submitted, urging Member States to step up their efforts to reach the goals in question.

54. By the time of the SCRC’s fourth session, the draft RC paper had been written. It described the degree of attainment of the MDGs in the European Region. Overall progress was good if judged by regional averages, but data from national and subnational levels gave a much more inequitable picture. There was a clear relationship between income levels and progress towards the health MDGs. In terms of child and maternal mortality (MDGs 4 and 5, respectively), the European Region still showed unacceptable disparities between countries. Within countries, too, there were staggering differences in mortality rates. The paper noted that MDG 5 called for a reduction of the maternal mortality ratio by three quarters between 1990 and 2015, irrespective of the baseline value. Ten western European countries were off track to meet that target in 2000. While mortality ratios in those countries were already low relative to the average for the Region and further reduction might be difficult, some of them had in fact experienced increases between 1990 and 2000. The paper concluded that providing families with universal access to a continuum of care was ultimately dependent on extending and strengthening health systems.

55. The SCRC suggested that the paper might usefully have a final section describing the links between the work on MDGs and the WHO European Ministerial Conference on Health Systems to be held in 2008. Like for the paper on health workforce policies, it agreed to submit written comments on the draft document and resolution to the Secretariat by the end of April 2007.

56. At its fifth session, the SCRC confirmed that the conclusions of the draft document had been amended to make more explicit the links with the forthcoming Ministerial Conference, and it accordingly agreed to the revised draft.

Action by the Regional Committee

Review the paper on the Millennium Development Goals (EUR/RC57/8) and consider the corresponding draft resolution (EUR/RC57/Conf.Doc./2)

Regional Committee, future sessions

57. In December 2006 the SCRC noted that offers to host RC59 (in 2009) had been received from Georgia, Kazakhstan and the Russian Federation. It requested the Regional Director to inform countries that further offers would be welcome, but to set a deadline for such offers so that the Standing Committee could review them and make a proposal at its April 2007 session.

58. In April 2007, the SCRC was reminded that the Regional Committee had already decided, by resolution EUR/RC56/R5, that its fifty-eighth session would be held from 15 to 18 September 2008 in Copenhagen, and that its fifty-ninth session would be held from 14 to 17 September 2009. As previously noted, offers to host RC59 had been received from three governments. Nonetheless, in the interest of ensuring a neutral venue at which to nominate a candidate for appointment as Regional Director, the SCRC decided to recommend to the Regional Committee that it hold its fifty-ninth session in Copenhagen.

59. The SCRC therefore requested the Secretariat to ascertain from the countries that had offered to host RC59 whether they would be in a position to host RC58 in 2008 despite the relatively short notice and, if not, whether they would maintain their offer for the 2010 session. At the same time, the Secretariat was asked to consider the budgetary implications of potentially holding two consecutive sessions of the

Regional Committee (in 2008 and 2009) in Copenhagen, and to report back to the SCRC at its next session.

60. By the time of the SCRC's fifth session, the Secretariat had accordingly approached the three countries that had offered to host RC59, to ascertain whether they would be in a position to host RC58 instead. In the light of the responses received, the SCRC agreed to recommend to the Regional Committee that it should hold its future sessions in the following locations:

2008	Georgia
2009	Copenhagen
2010	Russian Federation
2011	Copenhagen

Action by the Regional Committee

Consider the draft resolution on the date and place of future sessions of the Regional Committee (EUR/RC57/Conf.Doc./5)

Standing Committee of the Regional Committee

Dates of SCRC sessions

61. At its first session in September 2006, the SCRC confirmed that at its May session it wished to concentrate on reviewing candidatures for membership of WHO bodies. However, that might have repercussions on the time available to review drafts of working papers and resolutions on technical subjects to be taken up at the RC session later in the year. In any case, the timing of preparation of papers was not ideal: there was little time between the presentation of an outline of papers to the SCRC in March and then a full draft in May, while some documents still required further work in June and even July.

62. With a view to allowing better analysis of and input into documents for sessions of the Regional Committee, the SCRC at its second session therefore agreed in future to hold its autumn session in late October/early November and to add one extra session during the year, to be held in January, at which the orientation or outline of RC documents could be reviewed. That would enable almost final drafts to be prepared in time for its May session. The arrangement should be evaluated at the first session of the Fifteenth SCRC in September 2007, to see whether it would also be needed in 2007–2008. The Fourteenth SCRC accordingly agreed to hold its 2007 sessions on 15 January and on 3 and 4 April at the Regional Office in Copenhagen, on 13 May in Geneva and on 16 September in Belgrade.

63. At its fifth session, the Fourteenth SCRC recognized that the dates of three of the six sessions planned for its 2007–2008 work year were defined in advance, in relation to the meetings of other bodies:

- the first session, due to be held in Belgrade on 20 September 2007, immediately following the closure of RC57;
- the fifth session, on the day before the opening of the Sixty-first World Health Assembly (date to be confirmed); and
- the sixth session, on 14 September 2008, the day before the opening of RC58.

64. The Chairperson extended an invitation for the Fifteenth SCRC to hold its second session in London on 8 and 9 November 2007. It was further proposed that the Fifteenth SCRC should hold its third session in Copenhagen on 14 and 15 January 2008, and its fourth session also at the Regional Office on 18 and 19 March 2008.

Terms of reference and progress report of the group reviewing the SCRC's role and way of working

65. At its third session, the Chairperson of the SCRC recommended that the working group should concentrate in the first instance on examining the roles and relationships of the SCRC, the Regional Committee, other governance bodies and the Regional Office Secretariat. At the SCRC's fourth session, in April 2007, a member of the working group recalled that it consisted of representatives of Norway, the Netherlands, Hungary and the United Kingdom and that it had received information support from the WHO Secretariat. At its first conference call meeting, on 13 March 2007, the group had begun by examining the concept behind the establishment of the SCRC.

66. The Standing Committee had been set up by the Regional Committee in 1992 (resolution EUR/RC42/R5) and had become operational one year later, with a mandate to act for and in support of the Regional Committee in its policy-making, supervisory and other roles. The SCRC's legal status derived from Rule 14.1 of the Regional Committee's Rules of Procedure, which permitted the latter to establish subcommittees. More specifically, the SCRC was intended to function as a subordinate body of the Regional Committee, with a responsibility primarily to propose and recommend, not to make decisions.

67. When reviewing how the SCRC had actually operated, the group considered that the Standing Committee had been successful in acting as a support to the Regional Office and giving advice to the Regional Director. However, in order to strengthen its position as a bridge between the Regional Committee and the Regional Office, the SCRC needed to be more strategically focused and better at prioritizing its work. The group felt that the SCRC was not taking full advantage of its enormous potential to influence health development within the Region.

68. At a second conference call meeting on 21 March 2007, the group had developed a set of recommendations with the aim of making the SCRC a more effective body. A number of actions could be taken immediately:

- provide Member States with specific information describing the SCRC, its role and functions and its legal status;
- brief new SCRC members and/or all Regional Committee members on how to prepare for meetings and be as active participants in them as possible;
- take more control of defining and leading matters to be discussed at SCRC sessions, and discuss whether private meetings would bring added value to sessions;
- set aside time in each session for updates from each SCRC member on issues of special importance for their particular region and neighbouring countries.

69. The group had also formulated several longer-term considerations to which thought could be given:

- Should the SCRC's Rules of Procedure (2001) be amended to clarify the reciprocal governance duties of the SCRC and the Regional Office?
- Should the SCRC have a remit to act as a conduit for Member States who have concerns with the way in which WHO is performing in their region or more generally?
- Should the SCRC be more proactive in linking in to EU business and reporting on developments in that area at sessions of the Regional Committee?
- Should the SCRC take a more active position on the east/west divide?

70. The Chairperson noted that the SCRC was already moving to address some of those issues: for instance, it had held an extra meeting during the present year, in order to give input into drafts of Regional Committee documents at an early stage, and it had agreed in advance which members would present its views on topics to be discussed at Regional Committee sessions (see paragraph 34 above). More generally,

the SCRC strongly endorsed the view that it should play a strategic and proactive role, to ensure that the Secretariat acted on the wishes of the Member States as expressed in the Regional Committee.

71. The SCRC also supported the proposal that Member States should be provided with more information about the evolving functions of the SCRC, perhaps in the form of a short leaflet. The progress report of the working group could be taken as a starting point. It might usefully be expanded to clarify the fact that, despite its limited formal legal status, the SCRC did have an important role to play in providing strategic direction and support to the Regional Director. The SCRC agreed that moves to amend the Rules of Procedure and make its legal status more explicit and formal might be counter-productive, giving rise to political reactions on the part of Member States. On the other hand, emphasis should be placed on the importance of securing members of the SCRC with the right qualities, and on ensuring equitable geographical distribution through a “gentlemen’s agreement” arrangement of consultation and consensus-seeking.

72. The working group was accordingly asked to review and expand its report, with the aim of submitting a revised version to members of the SCRC for comment. The finalized paper could be used to provide briefing for the new members of the SCRC who would begin their term of office in September 2007.

Membership of WHO bodies and committees

73. The Standing Committee recalled that in 2003 the Regional Committee had recommended (by resolution EUR/RC53/R1) that the criteria developed by an SCRC subgroup should be applied when selecting European Member States to submit candidatures for membership of the Executive Board. Those criteria had subsequently also been implicitly applied when considering candidatures for membership of the SCRC itself.

74. Following discussion at the Fourteenth SCRC’s first session in September 2006, two of its members elaborated the following general principles, aligned as closely as possible with those used for Executive Board candidatures, which could be applied to applicants for membership of the Standing Committee:

- to maintain the practice that a Member State is selected, but on the basis of the candidate proposed by the country. The candidate must be a technically qualified person with experience both in the health administration of the country and in working with international organizations;
- to use the principle of geographical groupings for the distribution of seats;
- to adhere to the principle of equal opportunity, so that the number of years that a country has not been represented on the Standing Committee, or the fact that it has never been represented, is a selection criterion;
- to preclude a country being a member of the Standing Committee and the Executive Board at the same time;
- if several Member States remain as candidates after the above criteria have been applied, to take account of the following criteria concerning the nominated individual, in order to arrive at a ranking for nomination:
 - number of years and type of experience of the candidate;
 - type of work and number of years of international experience or of working with international organizations;
 - gender (female candidates to be encouraged);
 - ability to collaborate, coordinate and communicate within the country and between countries;
 - experience in coordinating high-level political and/or technical programmes, nationally (interregional or interministerial) or internationally.

75. The SCRC gave its preliminary agreement to those general principles; members would have the opportunity to make further comments by e-mail, if necessary.

76. At its fourth session in April 2007, the SCRC revisited the question of whether subregional groupings of countries should be taken into account when considering candidatures for membership of the Standing Committee. It re-emphasized its view that the personal characteristics of candidates were of prime importance, especially given the fact that the SCRC's primary role was an advisory one. Equitable geographical distribution was a legitimate aim to strive for in a more formal governing body such as the Executive Board, but it was perhaps not necessarily the main driver of the SCRC.

77. The SCRC concluded that the general principles presented at its second session could be used by countries to assess whether or not to put forward candidatures for membership of the SCRC, and as a guide by the SCRC when considering such candidatures, but that they should not be formally or rigidly applied as criteria. In any case, it was acknowledged that the Regional Committee was free to elect whichever candidates it so chose.

78. The SCRC then made a preliminary review of candidatures received for membership of the Executive Board, the Standing Committee, the Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Diseases, and the European Environment and Health Committee (EEHC). It confirmed that candidatures received after the deadline of 9 March 2007 were not admissible. It agreed that it would be inappropriate to take geographical distribution into account when considering candidatures for the JCB, and it recognized that more "principles" might need to be developed to help it consider the many candidatures for the EEHC. A more detailed review of candidatures for all bodies and committees would be made at its next session, on the eve of the World Health Assembly.

79. With a view to reaching consensus on the candidates it would recommend to RC57, the SCRC at its fifth session made a more detailed review of candidatures received for membership of the four bodies in question. In so doing, some members again expressed concern about using subregional groupings as one criterion and suggested that such groupings might in any case need to be revised. So far as the EEHC was concerned, the SCRC noted that five of its ten "country members" were to be designated by the United Nations Economic Commission for Europe's Committee on Environmental Policy (CEP). The CEP was due to hold its next session in Geneva on 29 May 2007; the SCRC therefore agreed tentatively to five candidates and decided to postpone its formal consideration of candidatures for membership of the EEHC until its pre-RC57 session.

Action by the Regional Committee

Review the curricula vitae of candidates (document EUR/RC57/7) and nominate or elect members of the Executive Board, the Standing Committee and the Joint Coordinating Board

International cooperation in the field of health (blood transfusion/organ transplantation)

80. The Danish Minister for the Interior and Health had written to the Executive President of RC55 in early September 2006 expressing concern that activities on blood transfusion and organ transplantation previously carried out by an expert group under the Council of Europe's European Health Committee (CDSP), and therefore covering all 46 member countries of the Council, would on 1 January 2007 be transferred to a "partial agreement" that included only 34 countries. He had accordingly proposed that the main activities of a technical nature in that area should be taken over by the WHO Regional Office for Europe, while the particular aspects related to human rights would remain the responsibility of the Council of Europe. The SCRC requested the Secretariat to prepare a more elaborated paper for consideration at its April 2007 session.

81. By April 2007, the Secretary-General of the Council of Europe had responded to the letter from the Danish Minister for the Interior and Health, giving assurances that the results of the expert committee's work would be shared among all the Council's 46 member states and beyond. In view of the concern that one Member State of WHO continued to express about that development, and the views expressed by SCRC members with regard to the technical feasibility for the Regional Office of possibly incorporating those important activities in its work to reach to all 53 Member States, the Regional Director offered to engage in high-level discussions with the Secretary-General of the Council of Europe, with the aim of avoiding duplication of effort and ensuring the most efficient working arrangements. He would report back to the SCRC at future sessions.

Establishment of a new geographically dispersed office

82. In line with the procedure endorsed by the Regional Committee in 2004 (resolution EUR/RC54/R6), the Regional Director informed the SCRC at its fourth session that Greece had proposed the establishment of a geographically dispersed office of the Regional Office. A short outline of that proposal would be submitted to the SCRC for review at its next session, prior to recommendation for its consideration by RC 57.

83. At the SCRC's fifth session, the Deputy Regional Director noted that Greece's proposal to establish a new geographically dispersed office or centre was designed to help strengthen the work of the Regional Office, and that the Regional Director had suggested that it should work in the area of noncommunicable diseases (NCD), including mental health, an area that had historically been underfunded and which was now a priority for the Regional Office, following the adoption of the European Strategy for NCD prevention and control. A number of broad objectives and areas of work had been identified, but they would be subject to further discussion and negotiation.

84. The Regional Director recalled that the proposed centre would be the first to be established in seven years, and he confirmed that it would meet the criteria for its establishment and would comply fully with all WHO's rules governing such entities. The funding offered (€2 million per annum for ten years) was for technical activities, in addition to the provision of premises, and it would be difficult to secure such a long-term commitment of funds in any other way.

85. The SCRC believed that, while a geographically dispersed office or centre might be a valuable instrument to make available to the Organization, the Secretariat should consider carefully in which field to apply it and how to make it part of a long-term strategy. If NCD were a priority, it was essential for the Regional Office to address that area properly, as part of its core business. The Standing Committee was therefore keen to receive an assurance from the Secretariat that the proposed centre would fit into the Regional Office's corporate strategy.

86. In addition, the SCRC had concerns about the implications of WHO receiving substantial resources in the form of tied donations, rather than being able itself to decide on their use. The SCRC also questioned whether the infrastructure of the Regional Office in Copenhagen would be required to support the proposed operations in Greece.

87. In reply the Director, Administration and Finance confirmed that the proposed level of funding for the centre met two of the criteria endorsed by the Regional Committee in resolution EUR/RC54/R6, namely that it would have a minimum critical mass of professional staff and a funding commitment for at least five years. In addition, the agreement with the host country would be a standardized one, and the proposed centre would use the same planning, financial and administrative tools as the rest of the Organization.

88. The Deputy Regional Director reiterated that the intention was to look at all the fields within the broad domain of NCD and identify those that were in need of additional support within the framework of the draft Medium-term strategic plan. In general, the Regional Office was keen to increase its capacity to support high-priority areas of work.

89. In conclusion, the SCRC was confident that the Regional Director would do what was needed to make sure that the proposed centre worked well as an integral part of a structure of the Regional Office. It agreed that the Regional Director and the Secretariat should continue to discuss with the Greek Ministry of Health and Social Affairs how best to constitute the proposed centre, and that the Chairperson should be kept informed of developments. It looked forward to receiving a more detailed document in the near future, for discussion during RC57.

Action by the Regional Committee

Review and decide on the proposal to establish a geographically dispersed office in Athens
(document EUR/RC57/11)

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

90. The President of the WHO Regional Office for Europe's Staff Association (EURSA), addressing the SCRC at its fourth session in April 2007, emphasized that the SCRC and the Secretariat had a collective interest in the Member States being best served by an effective organization where staff could work in an enabling environment and where they were both supported and respected. The Director-General had recognized that fact at a recent constructive meeting with regional directors and presidents of all the Organization's staff associations.

91. In the past year, EURSA had been in consultation with the Administration on the contractual reform that, according to the decision taken by the Executive Board, would enter into force on 1 July 2007. A number of issues remained to be resolved, including the connection with the Organization's human resource planning for the coming biennia, the financial implications and process for the budgeting of posts, and arrangements for the transitional period. Over the coming weeks, staff would be briefed on the details of the contractual reform.

92. EURSA welcomed the ongoing work being done to harmonize and strengthen the policy on staff rotation and mobility, the system for staff appraisal and the administration of justice. It was important to have an effective conflict prevention and resolution system, and EURSA was working with the Administration on how best to organize the function of the Ombudsperson at the Regional Office.

93. The Staff Association also welcomed the Regional Director's initiative to improve staff management in the Organization, which had evolved into the preparation of a broader organizational development plan and the establishment of a corresponding unit. The Regional Office's business processes would now have to be looked at, to ensure that the commitments made were realistic. In the context of the PPB and MTSP, EURSA welcomed the objective "to develop and sustain WHO as a flexible, learning organization", and endorsed the view that "efficient management of human resources was a key challenge".

94. As noted in the report of the Executive Board's Programme, Budget and Administration Committee in January 2007, the new Global Management System was expected to have a considerable impact on the staff presently employed in carrying out administrative support functions. EURSA expected that more information would become available soon, so that the implications for the staff concerned could be fully discussed.

95. In conclusion, the EURSA President reiterated the view that, while the situation might not be "a bed of roses", the Staff Association was concentrating on promoting collective interests rather than on magnifying differences. The staff constituted the most valuable asset of WHO, and a productive and respectful working environment yielded the highest returns to WHO and its Member States.

96. The Chairperson of the SCRC endorsed the President's view and noted that his statements had resonance with issues faced at country level. The SCRC was very conscious of the enormous challenges

that the staff were facing and was pleased to learn that there was good communication and relations between staff and management within the Organization. The members of the SCRC were most appreciative of the high quality of the technical work being carried out.

Annex

Membership of the Fourteenth SCRC 2006–2007

Members, alternates and advisers

Estonia

Dr Ülla-Karin Nurm
Head, Public Health Department, Ministry of Social Affairs

Adviser

Dr Marge Reinap
Public Health Department

Georgia

Professor Nikoloz Pruidze
Deputy Minister, Ministry of Labour, Health and Social Affairs

Hungary

Dr Mihály Kőkény
Member, Parliamentary Health Committee

Adviser

Dr Katalin Rapi
Secretary of State for Health Policy, Ministry of Health

Italy

Dr Francesco Cicogna
Senior Medical Officer, Directorate General for the EU and International Relations, Ministry of Health

Kyrgyzstan

Dr Shailoobek Nyiazov³
Minister of Health

Dr Tuygunali Abdraimov⁴
Minister of Health

Alternate

Dr Almaz S. Imanbaev⁵
Head, Department of Strategic Planning and Reform Implementation, Ministry of Health

Adviser

Mr Mukhtar Djumaliev⁶
Ambassador, Permanent Representative, Geneva

³ First session

⁴ Fifth session

⁵ Second, third and fourth sessions

⁶ Fifth session

Netherlands

Ms Annemiek van Bolhuis⁷

Director, Nutrition, Health Protection and Prevention Department, Ministry of Health, Welfare and Sport

Advisers

Mr Lejo van der Heiden

Coordinator, Global Public Health, International Affairs Department,
Ministry of Health, Welfare and Sport

Ms Frieda M. Nicolai

Senior Policy Adviser, International Affairs Department, Ministry of Health, Welfare and Sport

Norway

Dr Bjørn-Inge Larsen

Director-General, Directorate for Health and Social Affairs

Adviser

Dr Arne-Pette Sanne

Senior Adviser, Department for Health and Welfare Economics,
Directorate for Health and Social Affairs

Serbia

Professor Tomica Milosavljevic

Minister of Health

Adviser

Dr Snezana Simic⁸

Assistant Minister of Health

United Kingdom

Dr David Harper⁹

Director-General, Health Protection, International Health and Scientific Development,
Department of Health

Advisers

Mr Nick Banatvala¹⁰

Head, Global Affairs, Department of Health

Ms Lorna Demming

International Business Manager, Department of Health

Ms Sarah Hendry

Director, International Health, Department of Health

Observers

Dr Jens Kristian Gøtrik¹¹

Former Director-General and Chief Medical Officer, National Board of Health, Denmark

Dr Viktors Jaksons¹²

Adviser to the State Secretary for International Affairs, Ministry of Health, Latvia

⁷ Vice-Chairperson

⁸ Attended third session as alternate

⁹ Chairperson

¹⁰ Attended second session as alternate

¹¹ Observer, participating in his capacity as Executive President of the Regional Committee

¹² As a member of the WHO Executive Board from the European Region