



EUROPE

Seventeenth Standing Committee of the Regional Committee for Europe Fourth session

**WHO headquarters, Geneva, Sunday, 16 May 2010
(Executive Board Room)**

EUR/RC59/SC(4)/REP
17 May 2010
101294
ORIGINAL: ENGLISH

Report of the fourth session

Introduction

1. The Seventeenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its fourth session at WHO headquarters on 16 May 2010. The member from Azerbaijan was unable to attend the session, while Lithuania and Montenegro were represented by their alternate members, Mr Viktoras Mieziš and Dr Zoran Vratnica, and Dr Ivana Misić replaced Professor Tomica Milosavljević as the representative of a European member of the Executive Board attending the session as an observer.
2. The Regional Director reported that the previous two months had been a period of intensive work at the Regional Office. Preparations for the sixtieth session of the WHO Regional Committee for Europe (RC60) were being finalized; four internal transitional processes were under way (to review the Regional Office's financial sustainability, administrative procedures and technical capacity, and to implement the new organigram); responses had been made to a number of emergency situations (a civil emergency in Kyrgyzstan, a volcanic eruption in Iceland and outbreaks of poliomyelitis in Tajikistan and measles in Bulgaria); and regular planned activities (including the Fifth Ministerial Conference on Environment and Health, and European Immunization Week) had been carried out.
3. The report of the Seventeenth SCRC's third session (Copenhagen, 1–2 March 2010) was adopted without amendment.

Review of the provisional programme of the sixtieth session of the Regional Committee (RC60)

4. The Regional Director informed the SCRC that each day of RC60 would have a different theme: the first day, Monday 13 September 2010, devoted to the future of the Regional Office, would include agenda items on the Regional Director's address (during which she would outline her vision of how best to adapt the Office to the changing European environment); the report of the Seventeenth SCRC; health governance; and the future of the European environment and health process. The second day would be a "Ministers' day", with addresses by a high-level official from the host country, the Russian Federation, and the WHO Director-General; ministerial panel discussions on health in foreign policy and on addressing key public health and health policy challenges; and consideration of partnerships for health, including presentation of a strategic partnership between the Regional Office and the European Commission.
5. The third day, focused on the Regional Office as a networked organization, would include consideration of the Organization's proposed programme budget 2012–2013, and elections and nominations to various WHO bodies and committees; a topical item, poliomyelitis eradication (see below, paragraphs 18–20) had been added at the end of the day. The question of encouraging countries to make a renewed commitment to measles and rubella elimination would be taken up on the final day, before the draft report of RC60 was presented for adoption. In addition, it was planned to hold four technical briefings and to invite two keynote speakers to give addresses.
6. The SCRC welcomed the provisional programme but believed that it was quite ambitious. The time set aside on the first morning for debate on issues raised by the Regional Director was perhaps too short, and it might be difficult to take up draft resolutions immediately after the ministerial panel discussions on the second day. The draft of the RC60 working document on the use of public policy instruments for public health in the WHO European Region was not as close to finalization as other papers so, in order to free up some time, the

corresponding agenda item (due to be taken up on the Wednesday morning) could be postponed to a subsequent RC session. A mandate should nonetheless be sought from RC60 to continue work on that topic.

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

Update by the SCRC working group on health governance in the WHO European Region

8. The Chairperson of the SCRC working group on health governance reported that it had met three times to date, including an extensive two-day meeting at the Regional Office on 12 and 13 April 2010. To support the strategic developments being taken forward in the area of governance, understood in its widest sense, the working group had reviewed the Regional Office's way of working and the Rules of Procedure of the Regional Committee and the SCRC, to which it proposed a number of changes and amendments that could be presented to RC60. Broadly speaking, those amendments could be grouped under five headings.

Membership of the Executive Board and the SCRC

9. The size of the SCRC should be increased from 9 to 12 members, in addition to the Chairperson (the seat formerly occupied by the Chairperson should continue to be filled by another person from the same country). The criteria for nomination as a member of the Executive Board, including the desirability of ensuring a broad mix of skills, should be formally extended to apply to membership of the SCRC. The existing (but outdated) subregional grouping of countries for the purposes of elections should be amended to three roughly equal-sized groups (A, B and C), each with four members of the SCRC and two or three members of the Executive Board. Transitional measures should be taken to ensure that four seats on the SCRC became vacant each year. The arrangement for representation on the Executive Board of those Member States that were permanent members of the United Nations Security Council as specified in Regional Committee resolution EUR/RC53/R1 (i.e. three years out of six) should remain unchanged¹, but the provision in that resolution that "no country should be a member of the Board and the SCRC at the same time" should be lifted.

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

The SCRC's way of working

11. The SCRC's role should be strengthened through increased delegation of tasks to it from the Regional Committee and closer oversight (although not micro-management) by it of the major outputs of the Regional Office. The proceedings of the SCRC should be made more transparent by holding one open session each year (for financial reasons, on the day before the

¹ After the close of the session, the Chairperson of the SCRC met representatives of the Member States concerned (France, the Russian Federation and the United Kingdom) to inform them of that recommendation.

opening of the World Health Assembly), which representatives of all European Member States would be able to attend as observers. In addition, the Regional Director's opening statement at each SCRC session (perhaps including answers to questions submitted in advance) should be broadcast live over the world wide web, while selected SCRC working papers could be uploaded to the Regional Office's website, in addition to the reports of each session.

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

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

Nomination of the Regional Director

14. To reflect more accurately the functions that it performed, the Regional Search Group (RSG) should be renamed the Regional Evaluation Group. The ban on simultaneous membership of the RSG and the SCRC should be removed. Following consultations with the WHO Director-General, the working group recommended, as a matter of principle (and in line with Article 52 of the WHO Constitution), that the Director-General should not play an active role in the process of nominating the Regional Director. On the other hand, the letter sent out from the Director-General's Office informing Member States of nominations received should be brought forward and clearly separated in time from the letter containing the Regional Search Group's evaluation report. The latter report should continue to be sent out not less than ten weeks before the opening of the relevant Regional Committee session. In the meantime, all candidates for the post of Regional Director should have the opportunity to address the open session of the SCRC (to which all Member States could send observers) that would be held on the eve of the opening of the World Health Assembly.

15. The SCRC endorsed those proposed amendments and recommendations, noting in addition that the Organization's Legal Counsel had advised that the Regional Search Group could make a short-list of fewer than five candidates, provided they "most closely meet the criteria laid down" (Rule 47.10 of the Rules of Procedure of the Regional Committee).

Adjustment of the agenda of Regional Committee sessions

16. As stated in Article 50 of the WHO Constitution, the principal function of the Regional Committee was "to formulate policies governing matters of an exclusively regional character". However, as part of a global organization, the Regional Committee also gave regional input into and examined the regional implications of global decisions. The agenda of Regional Committee sessions should be reoriented to foster a policy dialogue on issues of key concern to ministers that could have immediate impact on their work at national level. The inclusion of ministerial panel discussions would make Regional Committee sessions more participatory and encourage all countries to share their national experiences.

17. The Standing Committee endorsed the working group's recommendations concerning the agenda of Regional Committee sessions.

Importation of poliovirus into the WHO European Region

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

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

20. To secure renewed commitment to the eradication of poliomyelitis and to seek funding for targeted immunization in high-risk countries, the subject would most likely be moved from a progress report to a substantive item on the agenda of the Sixty-third World Health Assembly that would open the next day and would be placed on the agenda of RC60.

Review of draft documents and draft resolutions for RC60

21. The Regional Director explained that she saw the draft document entitled *Better health for Europe: Adapting the WHO Regional Office for Europe to the changing European environment* as an overarching framework or "chapeau" for the other RC60 working papers, most of which were interlinked. That document, however, had been drafted before many of the others, and they would all need to be scrutinized to identify and remove overlaps and duplications. One member offered editorial help to bring all related documents together within a unified framework that would (a) describe the general situation and challenges, (b) analyse the specific problems being faced in the WHO European Region, (c) state the policy "vision" for the Region and define the role of the Regional Office, and (d) set priorities in terms of actions that would have to be carried out, that should be carried out and that would be beneficial to carry out.

22. As already noted (see paragraph 6 above), the SCRC recommended that the main messages in the draft document entitled *The use of public policy instruments for public health in the WHO European Region* should be incorporated in other RC60 working papers. The wording of the eight challenges identified in the paper entitled *Addressing key public health and health policy challenges in Europe* should be reviewed, and they should be clearly set in a global context. Practical "tools" or case studies of how ministries of health and foreign affairs had worked together should be added to the draft document entitled *Health in foreign policy and development cooperation*.

23. Generally speaking, the SCRC called for the language used in the documents to be much straightforward, direct and explicit, and for the epidemiological foundation to be more rigorous. All documents should be shorter and could contain "sidebar summaries" of individual sections.

Towards the Regional Office's new business plan

24. The Senior Strategic Adviser to the Regional Director briefed the SCRC on the progress made with drawing up a new business plan for the Regional Office, in response to the SCRC's request to introduce best practices and increase transparency. The focus of the business plan was to ensure greater financial flexibility and sustainability, to develop tools to aid decision-making, and to define specific responsibilities for addressing the situation and the resulting outputs required. To those ends, the business plan rested on four pillars: (a) create room to manoeuvre; (b) reduce financial risk; (c) improve resource management; and (d) ensure accountability and transparency. External factors, challenges and responses had been identified for each pillar. The task force working in the area would have an action plan ready for executive decision by the end of May, with the full business plan expected to be finalized by the end of August 2010.

25. The SCRC expressed concern about the mismatch that could occur between the health policy stance adopted by a country's ministry of health at the World Health Assembly and the subsequent funding decisions concerning voluntary contributions (VCs) that were typically taken by the ministry of foreign affairs. On the other hand, it was encouraging that, in its conclusions on the role of the European Union (EU) in global health (CL10-077EN), the EU Council had recently requested Member States "to gradually move away from earmarked WHO funding towards funding its general budget." The SCRC urged WHO to have the courage to refuse earmarked or linked VCs that would skew the policy directions set by the Organization's governing bodies. Other measures that WHO could take included developing and implementing a corporate resource mobilization strategy and joint fundraising activities, and agreeing on criteria and a methodology for distribution of core VCs throughout the Organization.

Officers of RC60

26. The SCRC gave its initial approval to proposals concerning the officers of RC60 (President, Executive President, Deputy Executive President and Rapporteur).

Membership of WHO bodies and committees

27. The SCRC confirmed that candidatures for membership of WHO bodies and committees submitted by Member States after the deadline laid down in Rule 14.2.2 (a) of the Rules of Procedure of the Regional Committee were irreceivable. Conversely, they would be accepted if supported by evidence that they had been submitted before the deadline.

28. The SCRC endorsed the text of a circular letter to be sent to all Member States in the WHO European Region calling for nominations for membership of the European Environment and Health Ministerial Board, whose establishment had been agreed at the Fifth Ministerial Conference on Environment and Health (Parma, Italy, 10–12 March 2010).

29. The Standing Committee made a preliminary review of candidatures received for membership of the Executive Board, the SCRC and the Joint Coordinating Board of the Special Programme for Research and Training in Tropical Diseases.

Sixty-third World Health Assembly

30. The SCRC was informed of the names of people from the WHO European Region who would be put forward the following day as officers of the Sixty-third World Health Assembly (WHA63) (Vice-President, Vice-Chairman of Committee A and Rapporteur of Committee B) and as members of its General Committee. The Standing Committee was also briefed on matters

of regional interest on the agenda of WHA63. More extensive information would be provided at the meeting with representatives of all European Member States to be held later in the day.