World Health Organization

REGIONAL OFFICE FOR Europe

Nineteenth Standing Committee of the Regional Committee for Europe
Third session

EUR/RC61/SC(3)/REP
120742

15 May 2012

Copenhagen, 19–20 March 2012

ORIGINAL: ENGLISH

Report of the third session

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

Contents

Introduction

1. The Nineteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its third session at the WHO Regional Office for Europe in Copenhagen on 19 and 20 March 2012. A welcome was extended to Professor Veronika Skvortsova (Russian Federation) and Dr Luka Vončina (Croatia), who were attending an SCRC session for the first time, as well as to Dr Ewold Seeba, the Executive Board member from Germany attending the session as an observer. Apologies were received from Dr Daniel Reynders (Belgium).

Opening statement by the Chair of the Standing Committee and the WHO Regional Director for Europe

2. In his opening remarks the Chair of the Standing Committee welcomed the members of the SCRC to its session in Copenhagen. He also made some general observations on the method of work of the SCRC, which he encouraged the SCRC to address during the session. While aware of the heavy workload of the Secretariat, the late publication of most of the documents before SCRC sessions did not respect the three weeks stated in the Rules of Procedure of the SCRC and made it very difficult for members to prepare for sessions.

3. Important steps had been taken towards improved transparency of the SCRC, but there was still room for improvement; for instance, the provisional agenda of SCRC sessions could be shared with non–members before the meetings. In order to increase transparency, the Standing Committee agreed to adopt the report of each session by e-mail, so that it could be posted on the website before the next session. The documents could also be shared with other Member States, as soon as they had been adopted, by mailing them instead of just uploading them to the Regional Office's web site. The SCRC also requested that the list of documents should be distributed to all Member States before each session, so that countries could put forward their views or questions to members of the SCRC. The Standing Committee also noted that all documentation for its open session in May 2012 would be made available to all Member States.

4. In her opening statement Zsuzsanna Jakab, WHO Regional Director for Europe, informed the SCRC that since its previous session ministers of health from eight countries had visited the Regional Office to sign biennial cooperation agreements (BCAs) or discuss country cooperation strategies (CCSs). The Regional Director had attended an international "Healthy Mother – Healthy Child" symposium in Tashkent, Uzbekistan on 25–26 November 2011, and the first WHO European Conference on the new European health policy framework– Health 2020 – had been held in Israel on 28–29 November. In addition to redrafting Health 2020 in the light of comments made at that conference and by the Nineteenth SCRC at its previous session, the Secretariat had spent the last month of 2011 and early 2012 preparing for the WHO Executive Board's 130th session (EB130), as well as for the subsequent meeting (held at WHO headquarters on 27 and 28 February 2012) to advance the process of WHO reform. Substantial work had been done to continue preparations for the forthcoming Regional Committee session and multiple meetings had taken place with Member States to ensure consultation. The main working documents for the SCRC had been distributed 2 weeks – ten days – before the session, except for the document on the Organization's proposed programme budget 2014–2015, which has been tabled on the opening day of the session, since the Secretariat had had to wait for the final report by the Chair of the WHO Executive Board on the meeting on priority-setting held at the end of February 2012. Short information documents for the session had also been uploaded in the week before the meeting.

5. The second meeting of the European Environment and Health Ministerial Board (EHMB) had been held in Bonn, Germany in February 2012, and an opening ceremony to mark the expansion of the WHO European Centre for Environment (ECEH) had taken place in that city on 14 February, in the presence of EHMB members, the German Federal Minister for the Environment, Nature Conservation and Nuclear Safety, the German Federal Minister for Health, and the Lord Mayor of Bonn. The Regional Director had made a presentation on Health 2020 and improving Roma health in Europe at a conference on "Scaling up action for Roma health in Serbia and beyond", held in Belgrade, Serbia on 29 February. At a meeting in Brussels on 6–7 March, senior officials from WHO and the European Commission had reviewed progress since their previous meeting in 2011 and agreed on concrete plans for working together in 2012. Heads of WHO country offices in the European Region had met on a "retreat" at the Regional Office from 12 to 16 March, and the Director-General had visited the Office and addressed all staff on 15 March.

Report of the second session of the Nineteenth SCRC

6. The report of the Nineteenth SCRC's second session (Stockholm, Sweden, 14–15 November 2011) was adopted without amendment.

7. The Standing Committee agreed that in future it would approve reports of its sessions by electronic mail, thereby enabling them to be uploaded to the Regional Office's web site without delay, in the interests of transparency. In addition, it called on the Secretariat to send out the draft agenda and preliminary list of working documents well in advance of each session.

Matters arising out of the 130th session of the WHO Executive Board

8. The Deputy Director, Division of Communicable Diseases, Health Security and Environment reported that EB130 had adopted four decisions and nine resolutions on technical agenda items.

9. By resolution EB130.R3, the Executive Board had recommended that the Sixty-fifth World Health Assembly (WHA65) should urge Member States to honour their commitments to the United Nations Secretary-General's Global Strategy for Women's and Children's Health and to implement the recommendations made by the Commission on Information and Accountability for Women's and Children's Health. A regional working group would be set up to that end, and the topic was a cross-cutting issue of high priority for the Region.

10. Following the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, 28–29 April 2011) and the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases (New York, 19–20 September 2011), the Executive Board had adopted resolution EB130.R7, urging Member States inter alia to participate fully in the WHO-led process of developing a comprehensive global monitoring framework and recommendations for a set of voluntary global targets for the prevention and control of NCDs before the end of 2012. The Regional Office had organized a technical consultation with Member States in February 2012.

11. On the subject of maternal, infant and young child nutrition, the Executive Board had (by decision EB130(2)) requested the Director-General to conduct, as soon as possible, further consultations regarding the targets within the existing draft comprehensive implementation plan, via a web-based process open to all Member States as well as multilateral organizations, and it

had decided that the Director-General should finalize the implementation plan in time for consideration by WHA65 in May 2012.

12. By resolution EB130.R8, the Executive Board had recommended that the World Health Assembly should call on the Director-General to draw up a comprehensive mental health action plan and submit it for consideration by WHA66 in 2013. Similarly, the Regional Office was preparing a regional action plan that would be presented to the Regional Committee at its sixty-third session in 2013.

13. The Executive Board had (by resolution EB130.R10) called on WHA65 to "declare the completion of poliovirus eradication a programmatic emergency for global public health" and urged Member States to interrupt wild poliovirus transmission globally by the end of 2013 and to initiate planning for financing of the polio "end-game strategy" to the end of 2018.

14. Other resolutions, decisions and matters of regional interest concerned WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies (resolution EB130.R14), preparations for the United Nations Conference on Sustainable Development (Rio+20) (decision EB130(5)) and implementation of the International Health Regulations (2005) (document EB130/16).

15. The SCRC welcomed the fact that at EB130 a statement had for the first time been made on behalf of the whole European Region of WHO (concerning counterfeit medicines, by the Executive Board member from Switzerland). The success of the session had also been due to open, friendly relations between countries in different WHO regions. The Regional Director was accordingly urged to explore the question of interregional cooperation at the next meeting of WHO's Global Policy Group (GPG) and to brief European Member States on areas of mutual interest to various regions before sessions of the Organization's governing bodies.

Revised proposed programme budget 2014–2015: regional perspective

16. The Director, Programme Management presented the outcomes of the consultative meeting with Member States held at WHO headquarters on 27 and 28 February 2012, at which one of the topics discussed had been the setting of priorities for WHO's proposed programme budget (PPB) 2014–2015. It was proposed that WHO's work would in the coming biennium be arranged under five categories (communicable diseases; noncommunicable diseases; promoting health through the life course; health systems; and preparedness, surveillance and response), together with an additional category covering corporate (e.g. governance) and enabling/supporting functions. Specific criteria would be used for setting priorities between and within those categories. Those criteria would include the current health situation, the needs of individual countries, internationally agreed instruments, the existence of evidence-based, cost–effective interventions, and WHO's comparative advantage. Prioritization and a clearer division of labour between the different levels of the Organization would most likely result in relative shifts from communicable to noncommunicable diseases, from WHO headquarters to regions, and between regions according to actual levels of operation.

17. The PPB 2014–2015 could be presented in two "tiers" (key and other priorities), as compared with the three "segments" of the current, unified programme budget; the World Health Assembly could approve (rather than merely "take note of") the new budget and commit itself to funding it; 50% of the new budget might be funded from assessed and flexible voluntary contributions (compared with 25% of the current budget); and assessed contributions might be appropriated in two sections, rather than the current 13.

18. Apart from arrangement of the budget in six categories, most of those new concepts had been applied by the WHO European Region during operational planning for 2012–2013. It was likely that those changes would result in a larger budget for the Region in the coming biennium and different staff contract management practices.

19. It was expected that the draft outline of the Organization's Twelfth General Programme of Work (GPW) would be presented to the Executive Board's Programme, Budget and Administration Committee at its sixteenth meeting (16–18 May 2012) and then to WHA65 for review and discussion. Both documents (PPB 2014–2015 and GPW12) would then be reviewed by WHO's regional committees between August and October 2012, before being submitted to EB132 in January 2013 and to WHA66 for adoption in May 2013.

20. The SCRC recognized that global guidance on the PPB 2014–2015 would most likely not be forthcoming until the end of April, once the GPG had met, but it called for a short paper to be presented at its next session describing the outstanding differences, if any, between such guidance and the main thrusts of the WHO reform process (see paragraphs 21–22 below). It was reassured to learn that the Regional Office had no intention of amending the 2012–2013 biennial collaborative agreements (BCAs) with countries, and it welcomed moves to develop CCSs, but wanted to learn more about the suggestion of initially doing so with the 15 countries that were members of the European Union before 1 May 2004 (EU15).

WHO reform – implications for the European Region

21. The Special Adviser to the Regional Director reported on the discussions on WHO reform held at EB130 and the consultative meeting with Member States. With regard to priority-setting, agreement had been reached (as noted above, see paragraphs 16–20) on five programme categories and five criteria, as well as on the timeline for preparation of GPW 12 and PPB 2014–2015. In the area of governance, revised proposals would be presented to EB131 in May 2012 concerning revised terms of reference for the Executive Board's Programme, Budget and Administration Committee (PBAC); increased linkages between regional committees, the Executive Board and the World Health Assembly; harmonization of practices in regional committees, and scheduling of sessions of the Organization's governing bodies. Governance matters to be further discussed at WHA65 included partnerships and engagement with other stakeholders; oversight and harmonization of hosted partnerships, and principles governing WHO's relations with nongovernmental organizations (NGOs). The independent evaluation of WHO (report of stage 1 and "roadmap" for stage 2) would also be discussed at WHA65, while a draft evaluation policy, detailed proposals for a new financing mechanism, a contingency fund for public health emergencies and a consolidated resource mobilization strategy would be considered at EB132 immediately after WHA65. While a clearer picture should therefore emerge after WHA65, significant implications for the European Region were likely in the areas of resource allocation, planning processes, governance, independent evaluation and managerial reforms.

22. The Standing Committee noted that the Executive Board had delegated a number of matters to the PBAC and agreed that its composition would need to change to reflect its increased programmatic (rather than purely administrative and budgetary) role. The SCRC recognized the value of rescheduling sessions of the Organization's governing bodies and priority-setting discussions to bring them into line with the budget cycle. So far as the Regional Committee was concerned, it agreed that a "lead time" of 1.5 years would be needed, so any new schedule could only be applied to RC64 in 2014. On the vitally important question of improving the Organization's use of earmarked voluntary donations, the SCRC recognized the value of holding the suggested "pledging conference" or "financing dialogue" before the World Health Assembly, so that contributions could be aligned with the Organization's priorities.

Report of the Environment and Health Ministerial Board and Task Force

23. The Director, Division of Communicable Diseases, Health Security and Environment recalled that, following the Fifth Ministerial Conference on Environment and Health (Parma, Italy, March 2010), two bodies had been established to take forward the European environment and health process (EEHP): the European Environment and Health Ministerial Board (EHMB) and the European Environment and Health Task Force (EHTF). The former had met on two occasions (Paris, 4–5 May 2011 and Bonn, 14 February 2012), while the latter had met once (Bled, Slovenia, 26–28 October 2011). According to the provisions of Regional Committee resolution EUR/RC60/R7, the term of office of members of the EHMB was two years, and four new members from the health sector were accordingly due to be elected by RC62. However, only one country had submitted its candidature for membership by the deadline of 9 March 2012. As a separate matter, Germany had requested, at the EHMB meeting in Bonn, to attend future meetings of the Ministerial Board as an observer.

24. The SCRC noted that the Secretariat was working on developing an overarching framework that would support the identification of priorities for the EEHP, as called for by the EHTF at its first meeting. To allow for the completion of a full cycle of work and ensure institutional continuity, the Standing Committee decided to recommend to RC62 that the term of office of current members of the EHMB from the health sector should be extended by one year, to 2013. It also suggested that consideration might be given to "staggering" members' terms of office in future, so that not all seats had to be filled at the same time. The Chair of the EHMB should report back on the work of the EHMB and EHTF under the RC62 agenda item on "Report of the Nineteenth SCRC", while matters related to the mandate of EHMB members and the observer status of Germany could be considered under the agenda item on elections and nominations.

Review of the provisional agenda and programme of the sixty-second session of the Regional Committee (RC62)

25. The Regional Director presented the provisional agenda and programme of RC62 (10–13 September 2012). A meeting with representatives of newly independent states of the former Soviet Union (NIS) and members of the Commonwealth of Independent States (CIS) would be held on Saturday 8 September, while the EHMB would meet in the morning of Sunday 9 September and the Nineteenth SCRC would hold its fifth and final session in the afternoon. The Secretariat could inform the SCRC at that session of the situation with regard to credentials presented by Member States.

26. The first day of RC62 would start with an address by the Regional Director, followed by a general debate; the afternoon would be devoted to an address by the European Commissioner for Health and Consumers, a partnership panel discussion, consideration of the report of the 19th SCRC and a review of matters arising out of decisions and resolutions of the World Health Assembly and the Executive Board. The second day would be entirely devoted to Health 2020 and related studies. The morning of Wednesday 12 September would spent considering the action plans on strengthening public health capacities and services and on healthy ageing, as well as WHO reform, PPB 2014–2015 and GPW 12. After a private meeting to elect or nominate members of various WHO bodies and committees, the Regional Committee would continue its consideration of technical items for the remainder of Wednesday afternoon and the whole of Thursday. Lunchtime technical briefings and "ministerial" lunches (for heads of delegations) would be organized on the first three days of the session.

27. The SCRC expressed concern about the very ambitious agenda and emphasized that it would be essential to give sufficient time for the necessary discussion.

Review of draft documents for RC62

European action plan for strengthening public health capacities and services

28. The Director, Programme Management informed the SCRC that, in addition to a web-based consultation with Member States, two subregional meetings had been held to secure countries' input into the public health action plan: one in Helsinki in January 2012, attended by representatives of 13 Member States and three partner organizations, and the other in Brussels earlier in March, involving 27 countries, a dozen partner organizations and no fewer than five different EC directorates-general.

29. The main feedback from those meetings was that the structure of the action plan should be optimized to mirror more closely the 10 essential public health operations (EPHOs), and that the holistic vision of Health 2020 must be made an even more salient feature of the plan and the EPHOs. In addition, the action plan should provide a synthesis of evidence on the state of public health in the WHO European Region. Subsections should be added identifying the partner organizations and networks that would contribute to implementation of the plan, setting out the timeframe and describing the monitoring and evaluation measures that would be taken. A common glossary of terms should be developed for both the public health action plan and the Health 2020 policy framework and strategy. The aim was to present a revised version of the action plan to the Nineteenth SCRC at its fourth session in May 2012.

30. The Standing Committee saw the long version of Health 2020 as the "encyclopaedia of evidence" underpinning future work on health in Europe, while the action plan could be viewed as a "handbook on how to do public health". It welcomed the fact that the action plan was broad enough to allow for differences between countries: in that sense, one size should fit all. The EPHOs would benefit from being brought more closely into line with Health 2020, for instance by incorporating approaches aimed at the social determinants of health and by taking account of the "health gradient". Lastly, the eight "key avenues for action" should be critically reviewed, to eliminate any duplication with the EPHOs.

Health 2020: Leadership for health and well-being in 21st century Europe

31. The Head, Policy and Cross-Cutting Programmes and Regional Director's Special Projects reported that, following the Nineteenth SCRC's second session, Member States' views on Health 2020 had been solicited at a WHO European conference in Israel at the end of November 2011, a drafting group had been set up and a concise document had been prepared, aimed at politicians and policy-makers. A web-based consultation on both the shorter and longer versions of Health 2020 (as well as on the public health action plan) had been launched at the beginning of March. The next steps would be to review both documents at the third meeting of the European Health Policy Forum for High-Level Government Officials (Brussels, 19–20 April) and then to present revised drafts to the Nineteenth SCRC at its fourth session in May, before the documents were finalized for submission to RC62.

32. The SCRC was concerned that the shorter Health 2020 document, while clearly structured and easy to read, was not appropriately worded for its intended audience, i.e. presidents, prime ministers, ministers of finance and other sectors, etc. It needed to provide them with answers to the question "Why invest in health?". The "whole of government" approach and the concept of "Health in all policies" were not addressed fully enough, and no specific recommendations or

guidance were given about governance and leadership by leading political figures. To reach that target audience, a two-page executive summary of the shorter document was needed (as had also been called for by the Director-General of WHO). The role of the WHO Regional Office should also be further clarified. In addition, the SCRC noted that there was relatively little mention made (especially in the shorter document) of risk factors such as tobacco use. In response, the Secretariat explained that the NCD section had been deliberately couched in general terms (the detail would be provided in specific action plans), although Health 2020 did indeed also focus on the determinants of health (including lifestyles and the environment).

33. The Standing Committee called for the Health 2020 targets to be given more prominence in the policy framework and strategy, since they offered practical examples of the Regional Office's leadership. While acknowledging that the targets were designed to have a regional scope, the SCRC looked forward to the Regional Office providing the methodology for adapting them to national (and subnational) contexts. The Secretariat confirmed that the Health 2020 targets would be a key theme of the forthcoming European Health Policy Forum meeting: Member States' views would be sought on (a) the distribution and coverage of targets across the three groupings; (b) the content or substance of each target; and (c) the numerical value assigned to each target. Furthermore, it was clarified that the intention was to formulate targets for the European Region and not for Member States.

Strategy and action plan for healthy ageing in Europe 2012–2016

34. The Coordinator, Healthy Ageing, Disability and Long-term Care presented the first full draft of the strategy and action plan for healthy ageing. As outlined at the Nineteenth SCRC's first session, it consisted of four strategic areas for action: healthy ageing over the life-course; supportive environments; health and long-term care systems fit for ageing populations; and strengthening the evidence base and research. Five priority interventions and three supporting interventions had been "mapped" to those strategic areas. The actions planned in each area responded to needs expressed by countries in the WHO European Region. The draft document had been placed on the Regional Office's ShareFile web site, for electronic consultation with Member States.

35. The Director, Division of Noncommunicable Diseases and Health Promotion noted that the theme of World Health Day 2012 was "Active ageing adds healthy life to years", and that the European Commission had declared 2012 to be the European Year for Active Ageing and Solidarity between Generations.

36. The SCRC firmly believed that healthy ageing was a vitally important issue: by 2030, more than 25% of people in the WHO European Region would be over 65 years old. The strategy and action plan, with its focus on a limited number of areas, was well written and would be useful to Member States. The Standing Committee also appreciated the interaction between WHO and the European Commission, which would bring added value. In terms of content, more emphasis should be given to secondary and tertiary prevention, to strengthening health systems and ensuring that they were age-friendly (inter alia by adapting medical training curricula), and to healthy ageing in long-term care institutions. Reference should be made to improving the affordability of medicines while avoiding problems of polypharmacy. Frailty, dementia and, in particular, nutrition were also topics that needed to be covered in the strategy and action plan.

37. The Standing Committee looked forward to reviewing a final draft of the strategy and action plan at its next session.

Strategy for the Regional Office's work with countries

38. The Executive Manager, Country Relations and Corporate Communications informed the Standing Committee that the new strategy for the WHO Regional Office for Europe's work with countries (the "country strategy"), revised following the Nineteenth SCRC's second session, had been discussed at three subregional consultations: with those Member States that did not have country offices (Brussels, 2–3 February 2012), with NIS (Kyiv, 20–21 February), and with countries of central and south-eastern Europe and the Baltic states (Belgrade, 27–28 February).

39. A number of common themes had emerged from those consultations. WHO country offices were still needed, to provide technical assistance with tackling challenges where there was no "academic" capacity at national level, to coordinate partners, and to demonstrate and disseminate countries' experience. Subregional collaboration should be promoted, taking account of large groupings of Member States (such as the EU) while ensuring constant links between the east and the west of the Region. The relationship between WHO and the European Commission should be clarified and better coordinated. CCSs should be drawn up with all countries, including those that were members of the EU. The financial implications of implementing the country strategy should be clearly spelt out, and translation of the strategy into languages other than English would be facilitated by the compilation of a glossary and consistent use of terminology.

40. To take account of the ongoing process of WHO reform, it had been suggested that an interim country strategy should be drawn up, covering the period 2012–2014. By the end of that three-year period, the WHO reform process would have been completed and Health 2020 would be in the implementation phase. The interim strategy could then be evaluated and a longer-term document drawn up.

41. One recommendation from the consultation with NIS was that the "country road map" (a paper setting out the steps to be taken in order to improve the institutional framework for WHO's work in countries) should accompany the interim country strategy as a background document. That road map, briefly presented by the Executive Manager, aimed to review the human resources currently available in the country offices; to reclassify country offices according to predetermined criteria; and to propose the ideal core structure for each category of country office, and the basic skills and competencies required of staff working there.

42. The SCRC agreed on the need for a new country strategy. The current one dated back to 2000 (resolution EUR/RC50/R5), before 12 new member countries had joined the EU; it would therefore be appropriate to present a new approach to RC62, one that continually responded to the thrust of WHO reform and which ensured congruence between policies adopted by the Organization's governing bodies and priorities identified for country work. The Standing Committee also noted the emphasis placed on subregional collaboration based on natural alignment of countries around specific shared needs; one member confirmed that her country was ready to play a leading or coordinating role in such an approach. The SCRC echoed the call made at the subregional consultations for detailed clarification of the respective roles of WHO and the EU. It asked for the country road map to be part of the "package" presented to RC62, in particular so that the criteria for classification of country offices could be made explicit and systematically applied.

43. The interim country strategy, updated to take account of the SCRC's comments, would be uploaded to the Regional Office's ShareFile web site for continued consultation with Member States. Oral feedback on that electronic consultation would be given at the European Health Policy Forum meeting, and a final draft of the country strategy would be presented to the SCRC at its next session.

WHO health communication strategy for Europe 2012–2016

44. The Executive Manager, Country Relations and Corporate Communications noted that the current draft of WHO's health communication strategy was substantially different from the version presented to the SCRC in May 2011. Five communication developments and challenges underpinned the new regional communication strategy: (i) public demand for reliable transnational health information and advice was increasing; (ii) communication was of growing importance in determining health choices; (iii) the quality and coherence of health messages should be strengthened; (iv) information gaps and inequities had to be bridged; and (v) advocacy for public health must be strengthened.

45. To meet those challenges, five areas of strategic action were proposed:

- integrate communication more closely into the work of the Regional Office;
- assess current communication capacity and needs throughout the Region, new ways in which regional partners could work together and the use of new media and technology;
- improve existing communications within WHO and across the Region;
- advocate for health protection and promotion by raising the political profile of public health priorities; and
- find ways with partners to enhance public health communication capacity across the Region.

46. The new communication strategy had been reviewed at three subregional consultation meetings held in February 2012 (see paragraph 38 above). The NIS saw the pan-European network of health communicators (PEN-Health), whose establishment was envisaged in the strategy, as performing a vital clearing-house function, transmitting messages not only to health ministries but also to other sectors. To that end, journalists would need to be trained and communication tools jointly developed. Experience with the use of new technologies (especially social media) should be shared between countries. South-east European countries and the Baltic states had also placed emphasis on mapping and strengthening communication capacity in the Region. A broad partnership should be established between the EU and Member States, and practical tools were needed in order to adopt more proactive approaches to communication. Member States without WHO country offices had suggested that a distinction should be made between communication with health professionals, with the public and with other organizations. They had also endorsed the need to train health professionals in communication techniques, and to designate focal points in ministries of health to be part of PEN-Health.

47. The Standing Committee acknowledged the dual aim of the new communication strategy: to disseminate information about the Regional Office and its work, and to promote and improve Member States' communication with the public. It recommended that the Regional Office should select a few areas of public health on which to focus attention and maximize the use of partnerships. Transparency should be the "leitmotiv" of relations between the European Commission and WHO; in particular, the role of PEN-Health should be clearly defined and distinguished from that of the Commission's Health Security Committee. In general, risk communication messages had to be coordinated by all partners involved.

48. The SCRC agreed that the three subregional meetings had yielded sufficient feedback from Member States on the new communication strategy. It looked forward to reviewing a final draft of the strategy at its next session.

A renewed strategy on geographically dispersed offices for Europe

49. The Senior Strategy and Policy Adviser, Office of the Regional Director recalled that at its previous session the Nineteenth SCRC had agreed that the renewed strategy on geographically dispersed offices (GDOs) for Europe was "moving in the right direction", that in principle each strategic area of the Regional Office's work should be covered by one GDO, and that an analysis should be made to identify in which areas new GDOs were needed. Since then, the draft of the renewed strategy had been revised to take account of Member States' and the SCRC's comments; the External Review Group's list of new GDOs had been analysed and the Regional Director's suggestions included in the revised draft; and a web-based consultation with Member States had been launched.

50. The main changes to the draft strategy were that the description of the situation had been updated to take account of the closure of the ECEH Rome office; the requirements to be met by a Member State wishing to host a GDO had been made somewhat less demanding; the contribution in the form of staff secondments had been further clarified; and an analysis of the need for new GDOs had been included. The External Review Group had proposed that support should be actively sought for the establishment of five new GDOs in the areas of mental health, ageing, migrations and disadvantaged migrant population groups, primary health care and health information. The Regional Director was suggesting that mental health and ageing could be covered by the newly established GDO on NCDs in Athens, while migration could be covered by a project being established in cooperation with the government of Italy. Primary health care and health information were indeed two areas where new GDOs were needed. In addition, the area of humanitarian assistance and emergencies had been delegated from WHO headquarters to regional and country offices, albeit with few accompanying resources.

51. Although the host agreement concerning the Athens GDO had been ratified by the Greek parliament, national funds to launch the Centre had not yet been released, so operations were currently on hold. If funds became available, implementation would begin in a phased manner. With regard to the Barcelona Centre for Health Systems Strengthening, the Regional Office was seeking to resolve the political issue of the lack of an agreement at national level with the government of Spain.

52. The Standing Committee urged the Regional Director to retain the prescriptive nature of the strategy, given that GDOs were a long-term component of the Regional Office's structure whose life extended beyond the term of office of a given national government. It also recommended that an alternative plan should be prepared to provide additional capacity in the area of NCDs, such as through a global project, in the event that funding for the Athens GDO was not forthcoming. The SCRC also called for the annex to the strategy to be updated to include data from 2010–2011 and details of the valuable technical assistance provided by GDOs (in addition to the research work they carried out). Lastly, the Standing Committee welcomed the statement in the strategy that all proposals for any new GDO should be presented to the Regional Committee with a well developed "business case" and the confirmation that the Regional Committee would have the final say on any new GDO.

53. The Standing Committee looked forward to reviewing the final draft of the renewed strategy on GDOs at its next session.

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

54. The President of the WHO Regional Office for Europe's Staff Association (EURSA) welcomed the opportunity to speak on behalf of the European Region's workforce and

confirmed the staff's commitment to forging an even stronger and more consolidated WHO as a result of the reform process. EURSA had listened with interest and anticipation when the Executive Board had called for transparent and all-inclusive consultation on that process, with mechanisms in place for WHO staff (including those in the European Region) to provide input and engage with interactive dialogue with management. The aims of the WHO reform endorsed by the World Health Assembly were the staff's aims, too. The newly constituted Staff Committee believed that the WHO reform process could support EURSA in achieving its goals, as laid down in its statutes, of promoting the welfare, interests and career development of all staff, safeguarding staff rights, and fostering conditions in which all staff could work harmoniously and effectively.

55. EURSA did not act alone: it had close ties with the six other WHO staff associations, as well as with those of other international organizations in the United Nations common system. It particularly valued its membership of the Federation of International Civil Servants' Associations (FICSA) and had hosted the 60th anniversary meeting of the FICSA Council from 13 to 17 February, which had culminated in the adoption of the Copenhagen Declaration.

56. In the year since EURSA's previous statement to the SCRC, the aftershocks of the global economic crisis had had a major impact on WHO and its work. The proposed programme budget had only been adopted by the World Health Assembly in 2011 once the operational budget had been cut by US$ 845 million; that had resulted in a 10% reduction (800 staff) in the global workforce that year, with a further 10% cut expected in 2012. Workloads were continuing to increase, owing to decreasing staffing levels and activity budgets.

57. Another difficult challenge for staff in 2011 had come out of the closure of the Rome office of the WHO European Centre for Environment and Health (ECEH). EURSA had worked to represent the best interests of the 31 staff assigned there: 14 of the 17 internationally recruited professional staff had been reassigned (9 to the Bonn office of ECEH, and 5 to the Regional Office in Copenhagen), but the same was true of only 3 of the 14 locally recruited general service staff.

58. The Regional Office premises in Copenhagen had been flooded twice in the summer of 2011. Staff had rallied together by working remotely when feasible or in temporary facilities on site. The disruption of normal operations, and particularly of the information technology (IT) infrastructure, had impacted adversely on productivity and communication across the Region.

59. One area in which the Regional Office and EURSA had been particularly active during 2011 was the prevention of harassment. Following adoption of the new global policy on the prevention of harassment at WHO in September 2010, a global advisory committee had been established in 2011, which included staff representatives designated by all WHO staff associations. EURSA was continuing to raise staff's awareness of the goal of the policy, which was "to promote a work environment … in which staff members at all levels avoid behaviours that may create an atmosphere of hostility or intimidation".

60. Looking ahead, EURSA saw various issues where successful and mutually agreeable outcomes had yet to be achieved. One was establishing a single mandatory age of separation for all staff. Furthermore, EURSA believed that age should be appropriate, relevant and aligned with the highest contemporary standards of national civil service in the countries of the WHO European Region. Another task was to ensure staff involvement in planning the imminent move of the Regional Office from its current premises to the new UN City campus, in particular with regard to working conditions and work assignments, job re-profiling, security of employment, the provision of common services, and mechanisms for sharing facilities with the other UN agencies.

61. EURSA looked forward to maintaining close cooperation between staff and management. WHO was facing many challenges, cutbacks in budgets and reductions in staff. It was at such times that communication, dialogue and feedback were most important.

62. The Chairman of the SCRC thanked the President, EURSA for her statement. The Standing Committee was very aware of the good work that the staff were doing and was impressed by its quality.

Membership of WHO bodies and committees

63. Under the terms of Regional Committee resolution EUR/RC60/R3, and in particular part 1 of the annex to that resolution which set out the subregional grouping of Member States, there would be no vacant seat on the Executive Board to be filled in 2012 by countries in group A. On the other hand, there would be one vacancy each in groups B and C.

64. The Standing Committee agreed that members from countries which had put forward candidatures for seats on the Executive Board or the SCRC should not be present during discussion of the agenda item, in order to avoid possible conflicts of interest.

65. On that basis, the SCRC reached consensus on the two candidates that it would recommend for membership of the Executive Board and on the candidates from two of the three subregional groupings that it would recommend for membership of the Standing Committee.

66. In view of the fact that only one country had submitted its candidature for membership of the European Environment and Health Ministerial Board, the SCRC agreed to recommend to the Regional Committee that it extend the terms of office of existing members from the health sector for one year. In the meantime, the Standing Committee would consider the possibility of "staggering" membership so that not all members were elected at the same time, and it would review Germany's request for observer status on the EHMB.

Oversight functions and transparency of the SCRC

SCRC oversight report

67. The Director, Division of Administration and Finance reported that the Regional Office had implemented 91% of the funds available to it in the Organization's 2010–2011 programme budget (US$ 209 million of US$ 229 million). The aspirational budget levels for work towards strategic objective (SO) 2 (HIV/AIDS, tuberculosis and malaria) and SO 10 (health systems and services) had been significantly higher than the funds actually available, but overall implementation rates had been satisfactory across the board.

68. Operational planning at the Regional Office for the 2012–2013 biennium had resulted in higher projected expenditure for SO 7 (social and economic determinants of health) and SO 8 (healthier environment) than in the programme budget approved by the World Health Assembly. The overall figure for the Regional Office's base programmes under SOs 1–11 (technical areas of work), however, was the same as that approved by the Health Assembly (US$ 137.8 million). On the other hand, the planned expenditure for base programmes under SO 13 (enabling and support functions) was significantly lower than the Health Assembly-approved level (US$ 20.3 million compared with US$ 26.5 million). The human resource plan for the 2012–2013 biennium came with a resource mobilization challenge of about US$ 29 million. Overall, it was not unrealistic to mobilize such an amount, but implementing the human resource plan would place a high demand on corporate resources.

69. The amount of "other voluntary contributions" currently available to the Regional Office was some US$ 5 million lower than at the same time the previous biennium. Data were now available in the Organization's global management system (GSM) to monitor trends closely on a monthly basis, and the Secretariat would continue to keep the Standing Committee informed through the oversight report.

70. The Standing Committee welcomed the information provided as a good example of the Organization's transparency. It noted, however, that there was little evidence of a marked shift of resources as between different SOs. It questioned why the budget segment for special programmes and collaborative arrangements (SPA) in the 2010–2011 programme budget had exceeded the World Health Assembly-approved level by 181%. In response, the Secretariat noted that the Health Assembly had endorsed the approach of treating SPA and the area of outbreak and crisis response (OCR) as budget segments separate from base programmes, and that one of the European Region's partnership arrangements, namely the European Observatory on Health Systems and Policies, was extremely successful in raising funds. The Executive Board's forthcoming review of partnership arrangements, and discussion of the issue within the GPG, should ensure that funding received by partnerships was channelled into activities that were congruent with their mandate.

Preparations for the Nineteenth SCRC's fourth session, Geneva, 19–20 May (open meeting)

71. The Regional Director informed the SCRC that, following the successful open meeting of the SCRC the previous year and building on the lessons learnt, working documents for the forthcoming open meeting in May 2012 would be distributed to all Member States through the Regional Office's ShareFile site. The provisional agenda for that session would also be distributed to all Member States in good time. Like the previous year, the open meeting would be conducted in accordance with Rule 3 of the Executive Board's Rules of Procedure.

Regional suggestions for elective posts at the Sixty-fifth World Health Assembly and preparations for meetings with Member States in the European Region during the Health Assembly

72. The Standing Committee endorsed the Regional Director's proposed nominations for the posts of Vice-President of the World Health Assembly and Vice-Chair of Committee A, and for membership of the Health Assembly's General Committee and Committee on Credentials.

73. The Regional Director informed the Standing Committee that it was planned to organize information-sharing meetings (chaired by the Chairperson of the SCRC) for representatives of European Member States from 08:30 to 09:00 on 22–29 May 2012, during WHA65 and EB131. Member States were urged to give thought to agenda items under which statements could be made on behalf of the whole Region (see paragraph 15 above).

Issues to be taken up with European members of the Executive Board and collaboration with its Programme, Budget and Administration Committee

74. The adviser to the Executive Board member attending the session as an observer noted that preparatory meetings with European members of the Board were useful for elaborating

Europe-wide positions and learning about those of other regions, thereby fostering interregional cooperation.

Dates and places of sessions of the Twentieth SCRC

75. The Standing Committee member from Croatia extended an invitation to the SCRC to hold a future session in his country but ceded to the Vice-Chairperson, who invited the Standing Committee to hold its November 2012 session in Sofia, Bulgaria. The SCRC was grateful for both invitations and looked forward to receiving confirmation of the invitation from the government of Bulgaria.

76. Subsequent sessions of the Twentieth SCRC would be held as usual at the WHO Regional Office in Copenhagen in March 2013, at WHO headquarters in Geneva in May 2013, immediately before the Sixty-sixth World Health Assembly, and in Portugal in September 2013, before RC63 (also pending confirmation from the host country).

Other matters

Health information strategy

77. The Director, Division of Information, Evidence, Research and Innovation recalled that at its previous session the SCRC had welcomed the idea of setting up a working group to take forward elaboration of a health information strategy for Europe. The terms of reference and composition of the working group had since been defined and proposed tasks had been outlined. Nominations for membership of the working group were currently being sought from Member States and would continue to be considered on a rolling basis; to that end, an expert roster was being drawn up.

78. The Standing Committee considered the terms of reference of the working group to be acceptable. The SCRC member from Turkey agreed to join the working group.

Observer status at SCRC sessions

79. The Standing Committee agreed that requests for observer status at its sessions should be dealt with on ad hoc basis, according to the provisions of Rule 3 of its Rules of Procedure: “The meetings of the Standing Committee shall be private unless the Standing Committee decides otherwise.”