



EUROPE

Sixteenth Standing Committee of the Regional Committee for Europe Third session

Copenhagen, 30–31 March 2009

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Report of the third session

Introduction

1. The Sixteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) held its third session at the WHO Regional Office for Europe in Copenhagen on 30 and 31 March 2009. The Chairperson welcomed Professor Zita Kucinskiene, the member from Lithuania, and noted that Dr Boris Dimitrov was attending the session as an alternate to Dr Marat Mambetov, the member from Kyrgyzstan. Dr Boban Mugosa, the member from Montenegro, was unable to attend.
2. The Regional Director reported on developments since the Sixteenth SCRC's second session. The previous week he had attended a meeting of WHO's Global Programme Group (bringing together the Director-General and the six regional directors), which had been held in the WHO Country Office in Albania. The members of the Group had been impressed with the deep understanding of the country and the high level of technical competence shown by Country Office staff. The Group had focused its attention on identifying how best to prepare the Organization for a difficult future in a time of economic crisis, looking more specifically at issues of governance and leadership. He had also attended a meeting of chief medical officers of countries that were members of the European Union (EU), held in Prague on 16 and 17 March 2009, and had accompanied the Director-General on an official visit to Germany. In addition, the Regional Office had organized a meeting in February 2009 to review the early steps taken to implement the Tallinn Charter: Health Systems for Health and Wealth in the context of the economic downturn. Preparations were being made for the Fifth Ministerial Conference on Environment and Health, to be held in Parma in February 2010, and final steps were being taken to open a geographically dispersed office of the WHO Regional Office for Europe in Athens.
3. The Sixteenth SCRC adopted the report of its second session without amendment. The Deputy Regional Director noted that the Secretariat had carried out all the tasks called for by the SCRC on that occasion.

Matters arising out of the 124th session of the Executive Board

4. The Acting Director, Division of Health Programmes and the Director, Division of Country Health Systems commented on resolutions in their respective areas of responsibility that had been adopted by the Executive Board at its 124th session (EB124). On climate change and health (resolution EB124.R5), the European Region was already working on a framework for a plan of action that would be presented to the Parma Conference. The WHO European Office for Investment for Health and Development in Venice had been engaged in work on the social determinants of health (resolution EB124.R6) for a number of years, and its staff were currently working on measurement methodologies and the research agenda. A Regional Office publication on the subject was in preparation. Primary health care in the context of strengthened health systems (resolution EB124.R8) remained a central concern for the WHO European Region, and Regional Office staff had helped to organize a conference in Almaty in October 2008 to commemorate the thirtieth anniversary of the Declaration of Alma-Ata.
5. A member of the Executive Board from the European Region, attending the SCRC session as an observer, explained that one of the objectives of the workplan on climate change (as set out in document EB124/11) was to ensure that health considerations were taken into account in the activities of other sectors and work on climate change, and vice versa. The aim of resolution EB124.R6 was to secure countries' commitment to future work on the social determinants of health. The Board had recognized the link between such determinants and primary health care, but it had wished to adopt a separate resolution on the latter topic, including strengthening of health systems. The SCRC believed that, against the background of the current

economic crisis, the social determinants of health would soon become a political issue and could no longer be regarded merely as a technical matter. In that connection, the health sector would have to be an outspoken advocate of social justice.

Fifty-ninth session of the Regional Committee (RC59)

Review of the provisional agenda and programme

6. The Deputy Regional Director presented a first draft of the provisional programme of RC59. The SCRC agreed that the agenda item on health in times of economic crisis should be concluded on Monday 14 September 2009, so that the private meeting of the Regional Committee devoted to elections and nominations could begin in the late morning of Tuesday 15 September and continue after the lunch break. The agenda item on health governance in the WHO European Region should be taken up immediately after that private meeting.

7. If all went according to plan, there would be time in the afternoon of Wednesday 16 September for the Regional Committee to consider one additional policy or technical item. The SCRC agreed that a suitable topic would be implementation of the International Health Regulations (2005) in the WHO European Region: it offered a good practical example of national and international governance in the health field.

Review of draft documents

Health in times of global economic crisis

8. The Deputy Regional Director informed the SCRC that the Director-General had convened a high-level consultation on the financial crisis and global health in Geneva on 19 January 2009, before the opening of EB124, and that the Regional Office, in collaboration with the Norwegian Ministry of Health and Care Services and the Norwegian Directorate of Health, was organizing a conference on the implications for the WHO European Region, to be held in Oslo on 1 and 2 April 2009. The first draft of the paper for RC59 would also be a discussion paper for the Oslo conference, and it would subsequently be revised to take account of comments made both by the SCRC and by conference participants.

9. In its current form, the paper consisted of four main sections. The first explored the multidimensional nature of the severe economic and financial crisis, which was accompanied by major energy and environmental problems and wide social inequities. The second section analysed the observed and potential impacts of the crisis on health and health systems. While only limited changes had so far been observed in health system expenditures and employment, or in people's lifestyles and behaviours, many health information and monitoring systems were proving to be unfit to serve the needs of policy-makers. A third section suggested ways of navigating through particularly difficult times, noting the need for ministries of health to agree on core areas, services and activities that should be fully protected, to ensure the accessibility of health services and to promote energy-efficient investments as a way of reducing running costs. For its part, WHO would put in place a virtual network and "hot line" to help ministries and stakeholders access relevant information and advice. The paper concluded with some ideas that Member States could use in their own contexts for building up a package of anti-crisis measures.

10. The SCRC believed that the first section of the paper was very clear and concise, but that the second part should be further elaborated and should better distinguish health outcomes. A more positive outlook could be adopted in the third section, considering the crisis not only as a threat but also as an opportunity. Lastly, the SCRC recommended that the RC discussions could look at different health systems, to judge whether one was better suited to cope with the crisis

than others. It would review the final draft of the paper at its next session, amended to take account of the conclusions of the Oslo conference, as well as a draft resolution on the subject for consideration by RC59.

Governance of health in the WHO European Region

11. Ideally, a paper on the subject should address the entire picture of health governance in Europe, the consequences of such governance on the health of the European population, and the specific contribution of the WHO Regional Office for Europe and other organizations. Realistically, however, it was proposed that the working document for RC59 would begin by examining a number of theoretical and policy issues in the area of health governance, at both national and international levels. "Governance" was a term used in three different ways, to refer to:

- a new theory of developments in the relationship between the state and society;
- the dynamic process of setting goals and steering and coordinating policy; and
- the structure of markets, networks and communities involved in the delivery of services to citizens.

Those conceptual approaches gave rise to questions about the roles and responsibilities of Member States in the light of globalization, the ability of a government alone to improve the population's health, and the importance of accountability (for processes and procedures, as well as for results and financial compliance). The paper would also explore how national and supranational dimensions of governance complemented each other, and how best to measure governance or express the relationship between health system objectives and functions in quantitative and qualitative terms.

12. The main body of the paper would look at governance within the Regional Office, focusing on the links with global mechanisms and institutions (the World Health Assembly and Executive Board, the Director-General of WHO and its General Programme of Work, etc.) and on the role and effectiveness of regional mechanisms such as the Regional Committee, the SCRC itself and other subcommittees, and the Secretariat. Attention would also be paid to the ways in which European Member States belonging to other supranational bodies (notably the European Union) expressed their positions in joint fora.

13. The paper would conclude with a number of recommendations concerning content and process. In the former area, the Regional Committee could commit itself to defining good governance of health in Europe in both conceptual and operational terms at country and international levels. It could also support continuation of further research work on governance and on its measurement, ensuring stronger involvement of the European Advisory Committee on Health Research. With regard to process, the Regional Committee could consider commissioning case studies of best practices and consider requesting the SCRC to review the operation of existing subcommittees and report back to RC60 in 2010, proposing initiatives to improve governance in the WHO European Region.

14. The SCRC was concerned that the first part of the paper in its current form was perhaps too theoretical and would benefit from a more practical slant. In addition, the document approached the subject of governance from the separate perspectives of an individual Member State, the international or pan-European (regional) level and the Regional Office. The revised paper for RC59 should explore the links between those various levels in more depth, while leaving it open for the Regional Committee to play its role in a political dimension and commission further work on one (or several) of them in particular.

Health workforce policies in Europe

15. In accordance with resolution EUR/RC57/R1, the Regional Director was requested to report back to RC59 on the progress made with regard to health workforce development and health worker migration. The draft paper therefore gave an overview of main activities and accomplishments at regional and global levels since 2007, with particular reference to the three policy briefs on health workforce policies prepared for the WHO European Ministerial Conference on Health Systems (Tallinn, Estonia, June 2008) and the round-table discussion conducted at the First Global Forum on Human Resources for Health (Kampala, Uganda, March 2008), as well the establishment of a regional technical expert group and the organization of a multi-stakeholder dialogue on migration of health professionals and a global code of practice.

16. The second part of the paper contained a review and update of challenges and policy implications, drawing attention to continuing imbalances in the numbers, distribution and skills mix of the health workforce, to the international mobility of health workers and to the consequences of the economic crisis on labour markets. The document concluded by outlining the way forward, which would entail bridging the gap from information to action, improving training and harmonizing licensing, managing the health workforce and regulating the framework for human resources for health. Details were given of the “unfinished agenda” for Member States and the Regional Office.

17. Members of the SCRC confirmed that it would be useful for the Regional Committee to have an update on work done to implement the RC57 resolution, as well as a description of important human resource issues for the future. They reported on work being done on health workforce migration in their countries, including the multisectoral development of strategies and the signing of agreements with neighbouring countries. Lastly, they agreed that it would be desirable for RC59 to discuss the matter and signal the European Region’s attitude to the development of a code of practice, based on a new paper that was being drafted as background for the technical briefing to be held at the Sixty-second World Health Assembly (WHA62) in May 2009.

Selection of SCRC members to introduce agenda items

18. The SCRC agreed that the following members would present its views on substantive items on the agenda of RC59:

Agenda item	SCRC member
Protecting health in times of economic crisis: the role of health systems (including social determinants of health)	Dr Vladimir Lazarevik
Towards improved governance of health in the WHO European Region	Dr Gaudenz Silberschmidt
Health workforce policies in the WHO European Region (including International recruitment of health personnel: draft global code of practice)	Dr Marat Mambetov
Implementation of the International Health Regulations (2005) in the WHO European Region	Dr Boban Mugosa

Membership of WHO bodies and committees

19. The SCRC confirmed that candidatures for membership of WHO bodies and committees sent in to the Regional Office after the deadline (in this case, 13 March 2009) were not receivable.

20. The Standing Committee made an initial review of candidatures for membership of the Executive Board, the SCRC and the Joint Coordinating Board (JCB) of the Special Programme for Research and Training in Tropical Diseases. It noted that there were five candidates for two vacant seats on the Board, seven candidates for three seats on the SCRC and one candidate for one seat on the JCB. Further consideration of those candidatures would take place at its subsequent sessions.

21. In connection with the possible redistribution of seats among country subgroups, the Deputy Regional Director recalled that the provisions of resolution EUR/RC53/R1 continued to be applicable until they were amended or rescinded by the Regional Committee itself. In pursuance of that resolution, the Standing Committee would be assessing the experience gained in implementing the recommendations contained therein and would report its findings to RC60 in 2010.

Distribution of European seats on the Executive Board and criteria for selection (matter referred back by RC58)

22. The Chairman recalled that, at its first session in September 2008, the Sixteenth SCRC had noted that it had been given a mandate by the Regional Committee to revisit and follow up the issue of the current methods for nominating Executive Board members, and in particular the question of subregional groupings.

23. The SCRC recalled that the purpose of applying the criteria set out in resolution EUR/RC53/R1 was two-fold: a) to ensure selection of the best candidates in terms of competence and b) to achieve fair geographical distribution over time. However, it acknowledged that it was difficult to achieve the first purpose, given that curricula vitae were not as informative as personal interviews and that the Regional Committee selected countries, not individuals: Member States were free to change their representatives at any time, if they so wished.

24. The Standing Committee requested the Secretariat to prepare, for consideration at its next session, a paper analysing the application of the various criteria (including implicit ones, such as whether a country had withdrawn its candidature on a previous occasion), together with the possibility of making subregional groupings a “softer” criterion and, more generally, the role played by the SCRC in the selection process.

25. In its upcoming sessions, the SCRC would re-examine the arrangement whereby the periodicity of Board membership for those Member States in the European Region of WHO that were permanent members of the United Nations Security Council had been extended to three out of six years, with the ultimate aim of ensuring that common criteria were applied to all Member States in the Region.

Council of Europe and blood transfusion/organ transplantation – update on recent developments

26. The Director, Division of Country Health Systems reported that technical cooperation with the Council of Europe had recently improved: agreement had been reached on sharing databases on the use of blood products, and it was hoped to do the same for blood safety. Work towards high-level political agreements, however, would best be pursued once the new Secretary-General of the Council of Europe and WHO Regional Director for Europe were appointed.

27. The SCRC expressed disappointment that the Council of Europe was still engaged in the technical aspects of blood safety and blood products (albeit only in the context of a “partial agreement” covering a limited number of Member States), despite its previous call for the Council to focus on ethical aspects. The adviser to the European member of the Executive Board attending the session as an observer offered to propose a draft resolution for submission to RC59, calling on Member States to avoid duplication of efforts in the work of the two bodies.

Geographically dispersed office in Athens

28. The Regional Director informed the SCRC that advance funding had been received for the geographically dispersed office (GDO) in Athens and that the post of head of office had been advertised and would be filled in the near future. It was envisaged that some 12–15 staff would be employed initially and that activities would be under way by September 2009. Only certain technical aspects of the Regional Office’s work on noncommunicable diseases would be covered by the Athens GDO, and overall policy and leadership of the field as a whole would remain at the Regional Office in Copenhagen.

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

29. The President of the WHO Regional Office for Europe’s Staff Association (EURSA) said that, with the ever-growing demands on the Organization, the Staff Association recognized the need for changes in WHO’s work, funding and internal structure. That required open channels of communication between management and staff, to ensure the latter’s involvement and commitment. The global economic crisis would also inevitably affect the whole Organization, and openness in respect of its likely effects, on both workload and staffing, would be welcome. EURSA sustained regular channels of communication with management in order to discuss those matters.

30. The difficulties encountered with the new computerized Global Management System (GSM) had been felt throughout the Organization, despite the fact that it had not yet been fully introduced in the Regional Office. Although the ultimate aim of the system was to increase transparency and efficiency, and EURSA was optimistic that would be achieved, the initial result had been an increase in workload. Management had been understanding in addressing staff concerns, notably in relation to the miscalculation of salaries. A transition team had been established to ease the full introduction of the system in the Regional Office at the beginning of 2010, which was also the start of the next biennium.

31. EURSA had paid particular attention to the situation of staff in the country offices and geographically dispersed offices, who made up more than 50% of the workforce in the Region. They were working under even greater pressure than staff in Copenhagen and so should be provided with at least the same conditions of employment.

32. Members of the Standing Committee shared the Staff Association’s concern about the possible effects of the financial crisis and encouraged it to continue discussions with management about how the challenge might be met. The Deputy Regional Director explained that 80% of funding for the current biennium had been received and, although there would be some reprioritization, no staff cuts would take place in the biennium. However, the situation for the following biennium was somewhat different: the results of discussions at the Executive Board session in January, expected to be endorsed by the World Health Assembly, indicated a 10% budget reduction, the effects of which, in the case of the Regional Office, would be particularly felt in the country offices.

33. The Deputy Regional Director and the Director, Administration and Finance acknowledged the problems with the introduction of GSM, which had not yet proved to be adapted to team-working. The Regional Director encouraged staff to continue to show proof of their adaptability and flexibility, as they had with the reorganization of the Office to work within the strategic objectives. Management's intention was to be transparent in its decisions, and his optimism that the Office was capable of changing its way of working had grown over the years.

34. Recognizing that the concerns over GSM were shared by management and staff, the Chairman encouraged them to ensure that the change was dealt with professionally. As with issues related to the economic crisis, transparency in terms of both capabilities and needs was of fundamental importance. If the resources were inadequate and it was not possible to implement the work as planned, the Member States wished to be kept informed.

Preparations for the Sixty-second World Health Assembly and the 125th session of the Executive Board

35. The SCRC agreed that two meetings of representatives of European Member States should be held in connection with WHA62, one (as customary) on the Sunday before the opening and the other at lunchtime in the middle of the first week of the Health Assembly. The aim of those meetings would be to brief countries on developments with regard to a limited number of specific technical areas, receive feedback on the outcome of EU coordination meetings and promote the adoption of common positions by all European Member States.

Date and place of sessions of the Seventeenth SCRC

36. The Seventeenth SCRC would hold its first session on Thursday 17 September 2009, after the closure of RC59. The member from the former Yugoslav Republic of Macedonia offered to host the second session in his country on 9 and 10 November 2009. An informal session would be held in Geneva before the opening of EB126 in January 2010, and subsequent sessions were scheduled at the Regional Office in March 2010, in Geneva in May 2010 (before the opening of WHA63) and in Moscow in September 2010 (before the opening of RC60).

Other matters

Proposed programme budget 2010–2011

37. The Director, Administration and Finance informed the SCRC that, in response to the discussion on the economic crisis at EB124 in January 2009, the Director-General of WHO had called for a revised version of the Organization's proposed programme budget 2010–2011 to be prepared, with the total amount budgeted for WHO's global base programmes reduced by 13.4% as compared with the version presented to regional committees in September 2008 (from US\$ 3.89 billion to US\$ 3.37 billion). The Regional Office's agreed allocation had changed from US\$ 268 million to US\$ 239 million. In February 2009 the Regional Office had accordingly submitted its budget proposal with reductions targeted at strategic objectives (SOs) selected to reflect regional priorities. However, the proposal subsequently prepared by WHO headquarters for presentation to WHA62 instead included significant cuts (of between 23% and 30%) in the budgets for the governance of WHO and partnerships (SO12) and, notably, for functions supporting the work of the Secretariat (SO13) (the so-called "enabling function"). An internal review of WHO had compared the budgets allocated for SO12 and SO13 across the Organization and found that the levels originally proposed by EURO for 2010–2011 were in

line with best practice and that among all WHO locations EURO had the highest proportion of funds devoted to the operation of country offices.

38. The SCRC called for continued dialogue on the matter between WHO headquarters and the Regional Office and agreed to take up the issue, if necessary, at WHA62. It requested the Secretariat to organize a briefing, at one of its subsequent sessions, on the operation of WHO's country offices in the European Region.

Private meeting

39. The SCRC met in private to discuss the forthcoming election for the post of Regional Director. The Chairman introduced the issue by emphasizing that, although the SCRC was not directly involved in that election process, it felt that it had a responsibility to ensure that the functioning of the Regional Office was not negatively affected by the election campaign, especially as some candidates were WHO staff members and, more specifically, two were staff of the Regional Office.

40. The Regional Director informed the members of the SCRC that the issue of participation of WHO internal staff in such elections had been discussed during the March 2009 meeting of the WHO Global Policy Group, which brought together the Director-General and regional directors. It was decided the staff members who are candidates for elected WHO positions will be provided with guidelines that outline the general principles for proper ethical conduct during the campaign. The Regional Director also mentioned that at this stage the Director-General did not intend to impose a leave of absence on any internal candidates.

41. SCRC members welcomed the above initiatives and agreed that, while there was no need to impose a special leave of absence on the internal candidates, such decisions were at the discretion of the Regional Director. They also asked the Regional Director to ensure that internal candidates who were staff of the Regional Office were not treated in a discriminatory manner as compared to any other candidates, assuming that they would not mix their ongoing WHO functions with their campaign and thereby ensure the fairness of the election process. The Deputy Regional Director indicated that she had already sought guidance from the WHO Legal Office on "do's and don'ts" that were consistent with the principles of integrity, loyalty and discretion.

42. The Chairman concluded that the SCRC was satisfied with a clear understanding of the need to ensure the legitimacy of the election process through the proper conduct of all candidates and indicated that a short report on this discussion would be included in the report of the SCRC to be presented to RC59.