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Report of the Twenty-fourth Standing Committee of the WHO Regional Committee for Europe

This document is a consolidated report on the work done by the Twenty-fourth Standing Committee of the Regional Committee for Europe (SCRC) at the four regular sessions and one teleconference held to date during its 2016–2017 work year.

The report of the Twenty-fourth SCRC's fifth and final session (to be held in Budapest, Hungary, on 10 September 2017, before the opening of the 67th session of the WHO Regional Committee for Europe) will be submitted to the Regional Committee as an addendum to this document.

The full report of each SCRC session is available on the Regional Office's website (http://www.euro.who.int/en/about-us/governance/standing-committee/twenty-fourth-standing-committee-of-the-regional-committee-20162017).

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Contents

Introduction

1. The Twenty-fourth Standing Committee of the WHO Regional Committee for Europe (SCRC) has held four regular sessions to date:

- at the 66th session of the Regional Committee for Europe (RC66) in Copenhagen, Denmark, on 15 September 2016;
- in Berlin, Germany, on 1 December 2016;
- at the WHO Regional Office for Europe, Copenhagen, Denmark, on 15–16 March 2017; and
- at WHO headquarters, Geneva, Switzerland, on 20 May 2017.

2. In addition to the regular sessions mentioned above, the Twenty-fourth SCRC held a teleconference on Monday, 26 September 2016, in continuation of its first session, to discuss the provisional agenda of the 67th session of the WHO Regional Committee for Europe (RC67), with particular attention to agenda item 5 on policy and technical topics, and to agree on the further work to be carried out by the Secretariat before the second session of the Twenty-fourth SCRC.

3. In accordance with Rule 9 of the SCRC's Rules of Procedure, Ms Dagmar Reitenbach (Germany), as Deputy Executive President of the WHO Regional Committee for Europe at its 66th session, is ex officio Chairperson of the Twenty-fourth SCRC. At its first session, Dr Amiran Gamkrelidze (Georgia) was elected Vice-Chairperson of the Twenty-fourth SCRC. The member of the WHO Executive Board from the Netherlands agreed to act as the link between the Executive Board and the SCRC in 2016–2017. The Twenty-fourth SCRC agreed that a representative of Hungary, as the host country of RC67, could attend its sessions as an observer.

Reflections on the 66th session of the WHO Regional Committee for Europe

4. At its first session, Members of the Twenty-fourth SCRC exchanged initial reflections on RC66. They considered that the session had been well planned and organized, and that good progress had been made. The agenda of the session had been heavy; responses and reactions by the Secretariat at the conclusion of agenda items should be kept as concise as possible. One member called for more "live" discussions to avoid the reading of prepared statements, and encouraged greater involvement of academics in Regional Committee sessions. Members of the SCRC suggested that a presentation on country work could be made at a subsequent session of the Standing Committee, and that the SCRC might consider examining the cost implications more thoroughly when proposing areas of work for prioritization or downgrading to the Regional Committee.

5. Evaluating RC66 at the SCRC's second session in December 2016, members of the SCRC welcomed the efforts that had been made to improve efficiency, particularly consultation processes with Member States to facilitate discussions of technical items, and the post-sessional electronic adoption of the Regional Committee report. The interactive nature of the ministerial lunches had been a welcome development, making them entertaining and informative. In previous sessions, coffee breaks had afforded an important opportunity for

networking and informal discussions. They were therefore a valuable part of the Regional Committee's programme of work, which should be reinstated for future sessions.

6. The Regional Director reassured the Standing Committee that coffee breaks would, indeed, be reinstated for future sessions of the Regional Committee. Efforts would also be made to reduce the number of documents for RC67. The large number of side events at RC66 had put pressure on delegations and would therefore be reduced for future sessions. Participation of high-level speakers, experts and academics would be encouraged, while preserving the focus on policy-making.

SCRC subgroups

7. In view of their continued relevance and the concrete work they carried out, the Twenty-fourth SCRC, at its first session, decided to maintain the three subgroups on governance, migration and health, and implementation of the International Health Regulations (IHR) (2005) that had been established or continued by the Twenty-third SCRC. The Regional Director proposed that the existing terms of reference of the three subgroups should be circulated to members of the Twenty-fourth SCRC for review.

Subgroup on governance

8. At its second session, the Twenty-fourth SCRC was briefed on the work of subgroup on governance, which had reviewed the nomination procedures for the Executive Board and the SCRC and considered criteria for submitting conference declarations to the Regional Committee. Most of the elements for WHO reform as set out in decision WHA69(8) were already in place in the European Region. The regional rolling agenda should be reviewed in light of the global six-year forward-looking planning schedule. Further consideration was required on how to include reporting on country presence at RC67.

9. Discussions on the elaboration of a proposal for the adoption of new policy documents had been facilitated by a "non-paper" prepared by the Secretariat, which would be further developed and submitted to Member States for consideration. Any documents prepared for RC67 requiring consultation would be submitted to Member States on 17 February 2017, with a one-month time frame for comments, before being finalized and presented to the open session of the SCRC in May. Procedures for consulting on draft resolutions would remain unchanged.

10. At its third session, the SCRC was informed that the subgroup had met to discuss the draft report on governance in the WHO European Region, for submission to RC67, and had recommended taking a case-by-case approach to considering whether global policies and resolutions would require regional adaptation. The subgroup had also considered the Regional Director's proposals for increasing the visibility of regional governance reports at the global level. It had discussed the new procedure for web-based consultations on Regional Committee documents and had reflected that the large volume of documentation could pose a challenge.

Subgroup on implementation of IHR (2005)

11. At the SCRC's second session, the chairperson of the subgroup on implementation of IHR (2005) said that the subgroup had held a teleconference with the Director, Division of Health Emergencies and Communicable Diseases, who had presented the global implementation plan for the recommendations of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response. The Regional Office was preparing a document, under the guidance of the subgroup, for discussion at RC67. Regarding the joint external evaluations, while feedback had been generally positive, some concerns had been raised that the four-year time frame was short. A pool of external experts for the joint external evaluations was being compiled at the regional level by the Secretariat for input into the global roster.

12. Members of the SCRC agreed that the joint external evaluation was particularly useful. Consideration should be given on how to harmonize the IHR (2005) and the Global Health Security Agenda. It was particularly important to consider how countries could ensure that gaps identified through the evaluation process would be filled. Some Member States were concerned that although they had competent candidates, they did not have the requisite financial resources to fund an expert to take part in external evaluations.

13. At the Standing Committee's third session, the chairperson of the subgroup outlined the briefings that the subgroup had heard on a variety of issues and informed the SCRC about the outcomes of the meeting of national IHR focal points, held in Saint Petersburg, Russian Federation, in February 2017. National IHR focal point meetings would become an annual event. The subgroup had noted that cooperation among WHO regions on IHR (2005) implementation should be promoted and should take full advantage of the experience of the WHO Lyon Office, particularly on the role of transport networks and laboratory preparedness. The use of regional resources, such as the European Commission Health Security Committee, should be optimized.

Subgroup on migration and health

14. At its second session, the Twenty-fourth SCRC was informed that the subgroup's mandate and membership had been revised. The European Knowledge Hub for Health and Migration had been launched in Sicily, Italy, in November 2016. The Regional Office would host a global meeting on migration and health in December 2016, with the aim of developing an Organization-wide internal strategy in line with the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region. While migrants should be tested for communicable diseases on arrival in transit or destination countries, and continuity of care and monitoring should be ensured, the subgroup had underscored that a delicate balance must be struck to prevent stigma and discrimination of refugees and migrants.

15. Members of the SCRC underscored the importance of engaging in partnerships to deal with migration flows and to promote the health of refugees and migrants, and stressed that equitable access to treatment and services for refugees and migrants could only be achieved through universal health coverage. The inclusion of refugee and migrant children in education systems would be key to promoting good health outcomes.

16. At the SCRC's third session, the chairperson of the subgroup said that the focus of the public debate on migration in the European Region had shifted from migrant's needs to issues such as criminal trafficking, on-the-ground intervention in transit countries and support for countries of origin. That shift would affect the direction of funding. The subgroup considered that greater attention should be paid to integration-related social, educational, labour and health aspects of migration. Although the WHO Executive Board's failure to reach agreement on a draft resolution on promoting the health of refugees and migrants, its adoption of a decision on promoting the health of migrants and refugees would underpin WHO's position, including during the negotiations of the United Nations Global Compact for Safe, Orderly and Regular Migration and the United Nations Global Compact on Refugees.

17. The SCRC expressed disappointment with regard to the failure of Member States to uphold regional positions in global discussions. The establishment of the European Knowledge Hub on Health and Migration was welcomed; the annual summer school of the European Observatory on Health Systems and Policies could provide an opportunity to build a network of technical experts from Member States to liaise with the European Knowledge Hub and facilitate cross-border cooperation.

Preparation for the 67th session of the WHO Regional Committee for Europe

Draft provisional agenda and programme

18. The Regional Director presented the provisional agenda for RC67 to the Twenty-fourth SCRC at its first session. Owing to time constraints, discussion was postponed until a teleconference on Monday, 26 September 2016. The Regional Director proposed that under agenda item 5 on policy and technical topics, items 5(a) and 5(b) should be merged to form a single item that would cover strategic directions for implementation of Health 2020 as well as public health in the implementation of Health 2020 and the Sustainable Development Goals. The discussion of agenda item 5(e) on a European framework for action on access to cost-effective medicines and technologies would be focused at the country level. The SCRC endorsed the proposed changes to the provisional agenda.

19. At its second session, the Standing Committee's guidance was sought on whether a pre-meeting, to brief delegations the day before the opening of the Regional Committee's session, would be useful. The Regional Director informed the SCRC that the newly elected WHO Director-General would address the Regional Committee on the second day of the session. Later that day, discussions would focus on Health 2020 and the 2030 Agenda for Sustainable Development, which would be a good opportunity to engage speakers from other sectors, partners and representatives from the local level with a focus on national implementation. The final day of the session would include an important discussion on partnerships for health and the consideration of progress reports. The SCRC's guidance was also sought with regard to the topics to be selected for technical briefings and ministerial lunches.

20. The Standing Committee considered that tobacco control should be included in RC67 discussions, including consideration of alternatives to tobacco smoking, in particular combusting or vaporizing tobacco, which had not yet received sufficient attention. WHO

should take a firm position on the issue. Several members of the SCRC requested a ministerial lunch on mental health and suggested that dementia be included as a topic for discussion, particularly since joint action on the issue by WHO and the European Commission was due to be launched in 2017. The importance of discussing antimicrobial resistance was also emphasized, in particular multidrug-resistant tuberculosis (MDR-TB), as a threat to health systems. The need to draw attention to immunization was underscored; health literacy, in particular, vaccine literacy, might also merit discussion. Vaccine coverage could be linked to migration and health, and could take into account the need to provide cross-border prevention, as well as cross-border assistance. The topic of big data was welcomed.

21. One member suggested that one lunchtime session could be used as an opportunity for an informal meeting with the new WHO Director-General. Others suggested including discussions on climate change and the increased risk of vector dissemination in the European Region, in line with the issue being included on the agenda of the forthcoming G7 Summit in Sicily in May 2017. Access to high-priced medicines was also a serious issue for some Member States in the Region, which warranted further discussion. Primary health care strengthening could be promoted as a form of public health investment with a strong link to the health workforce issue that would be discussed as a technical item on the agenda. Training and the reform of medical education could also be discussed under the health workforce topic.

22. The draft provisional agenda and programme for RC67 were revised in the light of the Standing Committees discussions and comments, and presented to the SCRC for consideration at its third session, with a plan of the resolutions foreseen. Guidance was sought on whether decisions might be required on governance and on strengthening Member State collaboration on improving access to medicines in the Region. The Standing Committee was also briefed on the topics selected for ministerial lunches and technical briefings. Breakfast meetings and parallel lunch sessions were also being planned.

23. The SCRC welcomed the revised programme of work and advised that the host country should be invited to organize a briefing to share its experiences on a selected item on the agenda. The agenda was heavy; particular attention should be paid to the time allocated for discussing matters arising from resolutions and decisions of the World Health Assembly and the Executive Board. The Regional Director offered assurances that although heavy, the RC67 agenda would be manageable. Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board would be linked to the discussion on governance.

24. At its fourth session, the SCRC was informed that during RC67, a ministerial lunch would be held with the new WHO Director-General, on the SCRC's guidance, during which he or she would be asked to discuss priorities for the Organization over the coming five years. Four technical briefings had been scheduled and Hungary, as the host country, had chosen the topic of early childhood development for the fifth technical briefing. It was likely that the election of members of the European Environment and Health Ministerial Board (EHMB) would be dropped from the agenda of RC67, pending discussions on the proposal for the future governance of the European Environment and Health Process (EHP).

Action by the Regional Committee	**Review and adopt the provisional agenda** (EUR/RC67/2) **and provisional programme** (EUR/RC67/3) **of RC67**.

Outcomes of high-level conferences

Improving environment and health in the context of Health 2020 and the 2030 Agenda for Sustainable Development: outcomes of the Sixth Ministerial Conference on Environment and Health

25. At its second session, the Twenty-fourth SCRC was briefed on preparations for the Sixth Ministerial Conference on Environment and Health. A proposed scenario was presented for a substantive discussion at RC67 on environment and health in the context of Health 2020, along with a proposed working document on an overview of expected outcomes of the Sixth Ministerial Conference and a draft outcome document (declaration). The Ministerial Conference was expected to culminate in a ministerial declaration, an implementation plan and an agreement on revised institutional arrangements for the EHP. It would identify seven thematic priorities, which would be mapped to the 169 targets of the SDGs and would link directly with the Health 2020 roadmap.

26. The Standing Committee advised that the outcome document should contain a list of strategic objectives rather than a list of technical issues. Consideration could be given to short-, medium- and long-term approaches. Air pollution should be included as a fifth risk factor. Water-related issues should be discussed. Consideration could also be given to amending the environmental assessment procedures to include an essential health impact assessment. The implementation plan could include a monitoring and reporting framework.

27. With regard to streamlining the institutional arrangements of the EHP, priorities would be to strengthen intersectoral coordination at the national level, ensure a strong and clear linkage to the governing bodies of WHO and the UNECE, and establish a single coordinating body, the European Environment and Health Forum. The SCRC suggested that the new governance structure of the EHP could include reporting by Member States to enable a quantitative understanding of the connections between environment and health. Consideration could be given to establishing unified customs regulations to address the entry of chemicals and contaminants to the European Region.

28. The Standing Committee’s guidance was sought as to whether to continue with the nomination of members of the EHMB in the interim period, before the new structure was approved. The SCRC agreed that it would not be prudent to make any further appointments to the EHMB. Convening eight ministers had always been problematic for organizational and logistical reasons, which had diminished the added value of the EHMB.

29. At the Standing Committee’s third session it reviewed three draft outcome documents prepared in advance of the Sixth Ministerial Conference on Environment and Health: a draft ministerial declaration; a draft implementation plan; and revised institutional arrangements for the EHP. Feedback on the first draft of the ministerial declaration had been incorporated into the revised text. The revised declaration had a stronger narrative about the potential health outcomes of the EHP. The objectives and actions contained in the implementation plan, agreed in consultation with experts, partners and Member States, would be used to build national portfolios of actions. The institutional arrangements required Member States to have a strong national coordination mechanism that included all stakeholders and representatives at the different levels of government. One governance mechanism would be maintained for the EHP, which would meet once a year.

30. Members of the SCRC commended the comprehensive consultation process for drafting the outcome documents of the Ministerial Conference and welcomed the reform of the EHP governance structure. Coordination with the United Nations Issue-based Coalition on Health should be considered. The implementation plan should include a reference to the importance of protecting workers against exposure to chemicals and pollutants. It should also mention climate mitigation co-benefits and advocate green budgeting as an example of how ministries of finance could support environment and health. Air pollution should be included as a major risk factor. With regard to mapping and analysis, some Member States had relevant experience that could be shared. The Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) regulation of the European Union, establishing procedures for collecting and assessing information on the properties and hazards of chemical substances, could also be useful.

31. At its fourth session, the SCRC was presented with a streamlined version of the outcome document, consisting of the draft ministerial declaration, with an implementation plan and the EHP institutional arrangements annexed, along with a draft resolution for consideration by RC67. The Standing Committee welcomed the revised draft ministerial declaration and the extensive consultative process through which it had been prepared. One member wished to replace the reference to the "decarbonization of transport" in the draft compendium of actions by a reference to mobility.

Action by the Regional Committee	**Review the report on outcomes of the Sixth Ministerial Conference on Environment and Health** (EUR/RC67/15). **Consider the corresponding draft resolution** (EUR/RC67/Conf.Doc./8).

Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy framework

32. At its second session, the Twenty-fourth SCRC considered the proposed plan for the roadmap to scale up Health 2020 and to integrate public health in the implementation of the 2030 Agenda for Sustainable Development. The Standing Committee, stressing the value of thorough consultations on the document, noted that it would guide the work of all Member States in the European Region for the coming 15 years. The large number of background documents could perhaps be restricted in order not to detract from the roadmap. Member States were committed to the 2030 Agenda, Health 2020 and the NCD Global Monitoring Framework, all of which were interlinked. It was therefore important to harmonize reporting under the three frameworks to alleviate the burden on Member States.

33. The Standing Committee was informed that a preliminary draft of the working document would be circulated for consultation in mid-February. The information document on the social determinants of health would be informed by the large amount of evidence gathered by Professor Sir Michael Marmot and the team at the WHO European Office for Investment for Health and Development in Venice, Italy. There was a great deal of evidence on the economic benefits of investing in health, which would be brought together in one document to support efforts to advocate investing in public health to finance ministers and heads of state. The third information document would address public health challenges in

light of the SDGs and Health 2020 and would integrate horizontal issues, such as equity, human rights and gender, in a coordinated manner.

34. The draft roadmap was presented to the Standing Committee at its third session, along with a supporting document entitled, Facing the future: opportunities and challenges for 21st-century public health in implementing the SDGs and the Health 2020 policy framework. The roadmap proposed five interdependent strategic directions and four enabling measures to advance the implementation of the 2030 Agenda and Health 2020. A joint monitoring framework had been developed, which linked Health 2020 indicators with the indicators of the SDGs and the NCD Global Monitoring Framework. Priorities for the Regional Office included: working with countries; providing technical support to countries; strengthening partnerships; and monitoring and reporting.

35. Members of the SCRC underscored the value of strong public health systems, investment in health, strong global and regional partnerships, and local action. Growing inequalities in health, the health-versus-revenue dilemma, emerging needs for care as well as treatments for the ageing population in the European Region, and the ageing of the health workforce were identified as major challenges. The roadmap should include recommendations for merging social and health systems, examples of best practice and worst-case scenarios, and recommendations on guidelines adapted to advanced health technologies.

36. In the light of concerns about the potential reporting burden and the need to avoid any duplication of effort, the proposed joint monitoring framework was well received. However, further clarification of its implications for national health information systems and the role and involvement of the European Commission and the Organisation for Economic Co-operation and Development (OECD) would be needed.

37. The Director, Division of Information, Evidence, Research and Innovation, informed the SCRC that the draft joint monitoring framework would be discussed the following week at the meeting of the Steering Group of the European Health Information Initiative (EHII) and during the forthcoming visit of senior staff of the European Commission’s Directorate General for Health and Food Safety. As the EHII was a joint initiative, the European Commission and the OECD had been involved from the outset in developing the joint monitoring framework.

38. The Regional Director said that the main challenge was to combine the wealth of information gathered by mapping resolutions, policy documents and SDG targets, among others, into a concise document. The roadmap would pave the way forward and promote intersectoral action and partnerships to support the implementation of Health 2020 and the 2030 Agenda, while the annex would provide a summary of achievements under the Health 2020 policy framework to date.

39. At the Twenty-fourth SCRC’s fourth session, the Director, Division of Policy and Governance for Health and Well-being, and the Coordinator, Vulnerability and Health, Division of Policy and Governance for Health and Well-being, presented the revised draft roadmap, into which the comments and proposals made during the third session had been incorporated. The roadmap had been shortened, and its structure improved. A section on situation analysis had been added, and the five strategic directions and four enablers had been revised to refer to determinants of health and health literacy. The priorities of the Regional Office had been revised and the annex had been deleted.

40. SCRC members welcomed the revisions to the roadmap. Further discussions would be needed on the proposed focal points on the SDGs and their intended role and responsibilities, in particular with regard to communication with ministries of foreign affairs. The current version of the roadmap no longer mentioned specific strategies and programmes for infectious diseases; it was important to know how the roadmap would align with those programmes. Antimicrobial resistance, as a cross-cutting issue, should also be addressed in greater detail. The link between health literacy, e-health and investors should be made clearer.

41. The Director, Division of Policy and Governance for Health and Well-being, agreed that consideration should be given to the terms of reference for the focal points on the SDGs and how they should work with the ministries to strengthen the health component of the 2030 Agenda and the SDGs. She confirmed that the roadmap could be further modified to ensure that it made appropriate reference to specific strategies, not least in the areas of infectious diseases and antimicrobial resistance.

42. The Director, Division of Information, Evidence, Research and Innovation, emphasized that e-health was strongly linked to improving digital literacy and that digital literacy went hand-in-hand with health literacy. Investments in e-health would lead to both higher digital literacy and higher health literacy which would, in turn, support the implementation of the SDGs.

Action by the Regional Committee	**Review the Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being** (EUR/RC67/9). **Consider the corresponding draft resolution** (EUR/RC67/Conf.Doc./4) **and its financial implications** (EUR/RC67/9 Add.1).

Joint monitoring framework

43. At its fourth session, the Director, Division of Information, Evidence, Research and Innovation, briefed the Standing Committee on the progress made towards establishing a joint monitoring framework intended to reduce the reporting burden of Member States vis-à-vis the SDGs, Health 2020 and the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Consultations on the core set of indicators for the framework were under way. Following the adoption of the concept at RC67, a Member State-led expert group would be created to propose the core indicators and any additional indicators, and to decide on the procedure for periodic review. After further consultations with Member States, the joint monitoring framework would be submitted for adoption by RC68 in September 2018.

Action by the Regional Committee	**Review the joint monitoring framework** (EUR/RC67/Inf.Doc./1).

Towards a sustainable health workforce in the WHO European Region: framework for action

44. At the SCRC's second session, it welcomed the proposal to prepare a framework for action towards a sustainable health workforce in the WHO European Region, which would include a toolkit to support stakeholders with strategic and operational implementation. A clear definition of the term "health worker" would be required. Consideration should be given to the importance of promoting decent employment by the health sector in order to manage the migration of health workers seeking better work conditions elsewhere. Decent work required consideration of the impact of working hours and relevant regulations. Investment in education and training for health workers was the key to building the workforce, and innovative measures, such as e-learning platforms, were required to make training accessible, in particular to those in remote areas.

45. The draft framework for action, which incorporated the SCRC's comments and suggestions, was presented to the Standing Committee at its third session. The SCRC welcomed the draft framework, agreed with the strategic objectives, and considered that the toolkit would be extremely valuable. The framework had the potential to contribute significantly to health systems strengthening. It must not only address current challenges, but should be forward looking. The inclusion of examples of good practice in the toolkit would be useful.

46. At the SCRC's fourth session, the revised draft framework was reviewed and the Standing Committee was informed that the initial draft structure of the regional toolkit and some sample content had been completed. The toolkit structure mirrored the four strategic objectives of the draft framework for action. An initial version of the toolkit, focusing on core materials and on Region-specific evidence, would be completed for RC67. The toolkit would build on WHO reports and recommendations, online sources on human resources for health, the Joint Action of the European Union on Health Workforce Planning and Forecasting and the European compendium of good practices in nursing and midwifery towards Health 2020 goals. Members of the SCRC welcomed the draft framework for action but stressed the need to update information frequently and to take a long-term, gradual approach to transforming health systems. One member suggested that national legislation could be used as an additional source of information for the toolkit.

Action by the Regional Committee	**Review Towards a sustainable health workforce in the WHO European Region: framework for action** (EUR/RC67/10). **Consider the corresponding draft resolution** (EUR/RC67/Conf.Doc./5) **and financial implications** (EUR/RC67/10 Add.1).

Strengthening Member State collaboration on improving access to medicines in the WHO European Region

47. At its third session, the Twenty-fourth SCRC reviewed the report on strengthening Member State collaboration on improving access to medicines, which placed emphasis not only on access to new and innovative high-cost drugs, but also to existing medicines, mainly for securing treatment for HIV and tuberculosis, particularly in countries that would no longer be eligible for financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The document also proposed ways in which WHO could facilitate and provide support for collaboration among Member States. Members agreed that access to medicines was crucial for the pursuit of universal health coverage and that all Member States needed to improve access to medicines and contain costs, while avoiding high out-of-pocket payments, to guarantee financially sustainable health systems. Some members proposed amendments and additions to the document, including the need to include a subsection on orphan drugs and to place greater emphasis on the role of policies on generic and biosimilar medicines.

48. A revised version of the report was presented to the SCRC at its fourth session, and the Standing Committee was briefed on measures taken by WHO to support efforts to improve access to medicines in several Member States in the Region. Members of the Standing Committee underscored the importance of addressing pricing issues and the persistent problem of orphan drugs. The Director, Division of Health Systems and Public Health, noted that a balance must be achieved between a price which allowed pharmaceutical companies to make a profit and fund further research and development and a price which the payers could readily afford.

Action by the Regional Committee	**Review Strengthening Member State collaboration on improving access to medicines in the WHO European Region** (EUR/RC67/11). **Consider the corresponding draft decision** (EUR/RC67/Conf.Doc./9).

Accelerating implementation of the IHR (2005) and strengthening laboratory capacities for better health in the WHO European Region

49. At the SCRC's third session, the Director, Division of Health Emergencies and Communicable Diseases, and Special Representative of the Regional Director on the SDGs and Governance presented the report on accelerating implementation of the IHR (2005) and strengthening laboratory capacities for better health, which was intended as a guidance document to operationalize the draft global implementation plan by adapting it to the regional context and to potentially serve as a basis for the development of a regional action plan. The document linked preparedness work and IHR (2005) capacity-building with health systems strengthening and the essential public health functions. It took an all-hazards perspective and underscored the importance of whole-of-government and whole-of-society approaches, prioritizing support to high-risk and low-capacity countries. Priority areas for action in the European Region had been identified in line with global recommendations. The document would be revised on the basis of feedback from Member States. The Regional Committee's guidance would be sought on the possible development of a European action plan.

50. Members of the SCRC welcomed the draft document and offered to submit proposed amendments in writing. One member said that more information was required on the type of laboratory support needed and where innovation in laboratory techniques could be included. WHO had a key role to play in promoting quality assurance schemes through a harmonized certification and accreditation system for laboratories at the national level, which was essential to avoid discrepancies in reporting through laboratory networks.

51. At the Standing Committee's fourth session, it reviewed a revised version of the document, which included more information on biological hazards and a strengthened regional perspective. It now emphasized whole-of-government, whole-of-society and multisectoral approaches and specific tools and actions for sustainable change in health services and public health systems. Efforts to build core capacities in high-risk, low-capacity Member States would include both annual monitoring and joint evaluation exercises. The Better Labs for Better Health initiative would support national policies and actions, training, quality assurance and accreditation of reference laboratories.

Action by the Regional Committee	**Review the report on Accelerating implementation of the International Health Regulations (2005) and strengthening laboratory capacities for better health in the WHO European Region** (EUR/RC67/13).

Partnerships for health in the WHO European Region

52. At its second session, the Twenty-fourth SCRC reviewed the outline for renewed vision of partnerships for health in the WHO European Region, the development of which had previously been postponed pending discussions at the global level on the Framework of Engagement with Non-State Actors (FENSA). Several members of the SCRC welcomed the proposed document and the application process for accreditation, which was in line with FENSA. The applications should be forwarded to the Regional Committee following review by the SCRC.

53. At its third session, the SCRC discussed the draft report and stressed its importance with regard to achieving broader coherence with partners beyond occasional cooperation on specific topics. Defining topics for cooperation at the regional level and extending WHO capacity to achieve cross-border alignment and coherence on issues such as migration, communicable diseases or vaccination schedules would also be useful. Members asked to what extent options for collaboration with public-private partnerships had been explored, and called for greater clarity and in-depth discussion on the nature of future engagement with civil society organizations. Entities applying for accreditation to attend sessions of the Regional Committee should be required to provide information on funding sources.

54. The Standing Committee, at its fourth session, reviewed the revised draft strategy and a draft resolution, for submission to RC67. The SCRC took note of the inclusion of a new paragraph listing proposed points of action for implementation of the partnerships for health in the coming years, and of the amended wording of the annex, which clarified that the process for granting accreditation to regional non-State actors not in official relations with WHO to attend Regional Committee meetings was fully in line with FENSA.

Action by the Regional Committee	**Review Partnerships for health in the WHO European Region** (EUR/RC67/17). **Consider the corresponding draft resolution** (EUR/RC67/Conf.Doc./7).

Governance in the WHO European Region

55. At the SCRC's third session it reviewed the draft report on governance in the WHO European Region, which proposed classifications of the four main categories of policy documents for governing body meetings and included proposals for raising the profile of reports of regional committee sessions presented to the Executive Board. One member of the SCRC suggested that short policy briefs could be prepared on the main decisions taken by the Regional Committee, to increase the circulation of key messages among ministers and policy-makers.

56. The Standing Committee welcomed the transparency and timeliness of the new consultation schedule for working documents and resolutions for submission to the Regional Committee; however, Member States would be faced with a large number of documents to consider in a short period of time. Consideration might therefore be given to staggering the delivery of documents for consultation, to avoid overburdening Member States. Given that the deadline for the submission of feedback from Member States on the consultations of technical documents for RC67 was fast approaching and no comments had been received, the SCRC agreed to extend the deadline by one week.

57. With regard to strengthening technical collaboration with countries, the governance report set out proposals to include a section on country offices in the regular oversight report prepared for the SCRC, prepare a working document for the Regional Committee on the management and programme results of country offices in addition to the biennial report on WHO country presence, and invite heads of country offices to attend the Regional Committee session and to participate in a technical briefing on the Regional Office's work in countries. One member of the SCRC said that the results of work in countries without country offices should also be shared. The Standing Committee agreed that a decision by the Regional Committee would be needed to reflect the decisions proposed in the working document on governance.

58. At its fourth session, the SCRC considered a revised version of the report on governance in the WHO European Region and its draft decision. The consultation period for Member States on all Regional Committee documents would be extended until 2 June 2017. The SCRC agreed with the proposal from the Executive Manager for Strategic Partnerships not to institute two consultation periods on documents, but to maintain one and decide on the need for further consultation on a case-by-case basis. An evaluation of the current

consultation process would be conducted, with suggestions for how to further improve it ahead of the consultation period on documents for RC68 in 2018.

59. Regarding the development of regional policies in areas where no global policy existed, one member suggested that regional policies should be developed only when there was no reasonable expectation of a global policy being developed in the near future. Members agreed that while policy development should not be duplicated at the regional and global levels, certain initiatives required a regional impetus from the outset.

Action by the Regional Committee	**Review Governance in the WHO European Region** (EUR/RC67/14). **Consider the corresponding draft resolution** (EUR/RC67/Conf.Doc./6).

Country performance in the WHO European Region

60. At its third session, the SCRC considered the report on country performance in the WHO European Region for submission to RC67. The Standing Committee commended the work done by WHO at the country level and welcomed the idea of reporting on performance in countries, including in those without WHO country offices. Performance reports should contain information on partnerships, collaborators, country collaboration strategies, costs and funding sources, and an analysis of trends over time. They should also link outcomes, costs and inputs. Country offices could function as local knowledge hubs on a variety of issues. The SCRC recommended that the report be submitted to RC67 as an information document.

61. A revised version of the document was presented to the Standing Committee at its fourth session. One member of the SCRC suggested the inclusion of an annex providing an overview of the staffing and financial resources of country offices, the ways of working and the levels of direct financial cooperation provided and for what purpose.

Action by the Regional Committee	**Review Country performance in the WHO European Region** (EUR/RC67/12).

Budgetary and financial issues

Report of the Secretariat on budget and financial issues

62. The Director, Division of Administration and Finance, presented reports on budget and financial issues (oversight function of the SCRC) to the Twenty-fourth SCRC at its second, third and fourth sessions.

Implementation of Programme budget (PB) 2016–2017

63. At the SCRC's second session, it was informed that with regard to the technical and financial implementation of PB 2016–2017, while the budget of the Regional Office was 91% funded and thus "on track", there was some misalignment in funding with pockets of poverty persisting, which meant that some programmes were underfunded when compared to the

approved PB 2016–2017. While available funds were being implemented successfully, those programmes were lagging behind when it came to meeting targets under the approved PB 2016–2017. Category 3 was the least funded.

64. Members of the SCRC welcomed the report and commended the successful efforts to secure an increase in funding through the Financing Dialogue. Opportunities could be sought to approach Member States to secure funding to cover pockets of poverty.

65. At its third session, the Standing Committee was informed that the fourth report of the 2016–2017 biennium on key performance indicators had been presented to programme managers. Managerial and administrative capacities and vulnerabilities were being reviewed at the regional and country levels, and steps had been taken to build professional administrative capacities through the recruitment of additional staff. The Regional Office was a leader in shaping WHO Business Intelligence and had been instrumental in influencing the design of the WHO Programme Budget Portal. Information is provided to programme managers on a monthly basis through dashboards.

66. At its fourth session, the Standing Committee heard that the status of financial implementation of PB 2016–2017, as at 31 March 2017, showed a consistent financing pattern, with category 2 programmes the best funded, categories 1 and 4 well-funded, and category 3 and the WHO Health Emergencies Programme underfunded. Implementation was consistent with available funding, but not with the approved PB 2016–2017.

67. Budget utilization was below linear projected utilization but consistent with that of other regional offices. Proposed measures to improve utilization included regular monitoring, discussion and solution seeking; joint delivery of country outputs; concerted efforts to implement large country projects; a clear timeline for the reallocation of non-utilized flexible funds to underfunded areas; an increase in administrative capacity; and further streamlining of administrative processes.

Proposed PB 2018–2019

68. The guidance provided by WHO regional committees had been taken into account in the revised version of the proposed PB 2018–2019 to be submitted to the Executive Board at its 140th session (EB140) in January 2017. The Twenty-fourth Standing Committee was informed at its third session that the final proposed PB 2018–2019 would be submitted to the Seventieth World Health Assembly in May 2017. The overall envelope would be approximately US$ 60 million less than the version submitted to EB140, with categories 2, 4 and 6 adversely affected. Although the budget cuts for the Regional Office were comparatively small, discussions were ongoing to secure larger budgets for some areas. At its fourth session, the Twenty-fourth SCRC was informed of a proposed increase of US $ 7 million for the European Region, mainly for category 1, which now includes antimicrobial resistance, and a decrease for category 6, which includes stewardship of activities related to the SDGs.

Compliance and audit

69. At its third session, the Standing Committee was informed that in 2016, all budget centres had responded to the risk register and internal control framework checklist and had contributed to the reports submitted to the governing bodies. Analysis and communication of the information was also improving, which would influence operational planning for 2018–2019. Implementation of International Aid Transparency Initiative (IATI) standards was progressing.

70. At its fourth session, the Twenty-fourth SCRC was advised that, with regard to internal accountability, the second cycle of the risk register exercise had been conducted and the internal control framework self-assessment checklist exercise had been successfully completed. No recommendations from the external auditor remained open. A programme and administration review had been conducted in the WHO Country Office in Kyrgyzstan; an integrated internal audit of the WHO Country Office in Turkey had been conducted; and an internal audit of the Division of Administration and Finance was scheduled to take place shortly. Support and technical assistance had been provided for ad hoc audits of country offices.

Action by the Regional Committee	**Review Overview of implementation of PB 2016–2017 in the WHO European Region** (EUR/RC67/Inf.Doc./2).

Progress reports

71. At its third session, the Twenty-fourth SCRC reviewed and commented on progress reports that would be submitted to RC67.

Implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 (resolution EUR/RC61/R4)

72. At the SCRC's third session, members noted that while progress had been made towards the reducing per capita alcohol consumption in the WHO European Region, it still remained the highest in the world and continued to cause substantial harm, from both health and economic perspectives. They suggested that further consideration should be given to defining "harmful use" of alcohol. Future progress reports could elaborate on the implementation of policy interventions. One member noted that the alcohol policy scoring system described in the progress report was useful. Some Member States faced challenges related to the unregistered production and consumption of alcohol, which could not be monitored or assessed. Raising awareness and reporting on progress were therefore particularly important.

73. The Standing Committee took note of a revised version of the progress report at its fourth session.

Implementation of the European Food and Nutrition Action Plan 2015–2020 (resolution EUR/RC64/R7)

74. At its third session, the Standing Committee took note of the progress report on implementation of the European Food and Nutrition Action Plan 2015–2020.

Implementation of the European Mental Health Action Plan (resolution EUR/RC63/R10)

75. At the SCRC's third session, one member said that the progress report on implementation of the European Mental Health Action Plan mostly focused on action taken by the Regional Office rather than by Member States. It would be interesting to know more about the mental health status of the European population and what progress had been made by Member States in the Region since the adoption of the Action Plan. He proposed some additional specific examples of work done by WHO collaborating centres and bilateral efforts, which could be included in the report. Country experiences in tackling mental health issues, such as the "depression deal" in the Netherlands, which aimed to reduce depression by 30%, would be usefully included.

76. The progress report was revised in the light of those comments, and presented to the SCRC at its fourth session. The Standing Committee took note of the report.

Action by the Regional Committee	**Review and take note of the Progress reports** (EUR/RC67/8).

Membership of WHO bodies and committees

77. The Twenty-fourth SCRC was informed at its second session that the nominations or elections for membership of the following WHO bodies and committees would take place at RC67:

- Executive Board — 4 seats
- Standing Committee of the Regional Committee for Europe — 4 seats
- Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction — 1 seat

78. Members of the SCRC expressed concerns about the periodicity of return of semi-permanent members of the Executive Board and wanted to ensure that the "three years in – three years out" rule was fully respected. The SCRC would submit a revised draft resolution in that regard for consideration by RC67. With regard to elective posts at the Seventieth World Health Assembly, the SCRC was informed that the European Region was required to submit candidatures for the posts of President of the World Health Assembly, Vice-Chairman of Committee B, Rapporteur of Committee A, five members of the General Committee, three members of the Credentials Committee, and Rapporteur of the Executive Board.

79. In private meetings during its third and fourth sessions, the Twenty-fourth SCRC reviewed the vacancies on WHO bodies and committees and the candidatures received.

Action by the Regional Committee	**Review the report on Membership of WHO bodies and committees** (EUR/RC67/7).

Items for future Regional Committee meetings

80. At the Twenty-fourth SCRC's third session, the Regional Director presented a document on items for future Regional Committee meetings (rolling agenda) and the draft provisional agenda for RC68. In addition to standing items, the draft agenda for RC68 included the following proposed policy and technical topics: the European health report 2018; follow-up on the implementation of the Roadmap to implement the 2030 Agenda for Sustainable Development in the European Region and Health 2020, including the joint monitoring framework; financial protection in the WHO European Region; policy implications of health systems response to noncommunicable diseases; a regional action plan for IHR (2005) implementation; a European strategy on men's health and well-being; the draft proposed PB 2020–2021, along with a regional perspective; implementation of the PB 2016–2017; and the Thirteenth General Programme of Work. Several progress reports under categories 1–6 and one cross-cutting progress report on Health 2020, including indicators, would also be considered.

81. At the fourth session, the Standing Committee reviewed updated documents on the items for future Regional Committee meetings and the provisional agenda of RC68. It was noted that an unusually large number of progress reports would be due at RC68, and that the discussions thereon should be well-structured to ensure that sufficient time was allotted for each report. Although programme budget preparations had been much improved by the bottom-up approach, which sought to align country needs and global priorities, insufficient emphasis had been placed on considering, in parallel, country priorities and the burden of disease. In response, the Regional Director emphasized that PB 2020–2021 would be fully aligned with the SDGs. The bottom-up approach showed that the Organization was on the right track, but further improvements to the process could certainly be made; the incoming Director-General would also need to share his or her views on the next General Programme of Work and on the next programme budget.

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

82. The President of the WHO Regional Office for Europe Staff Association addressed the SCRC at its third session and expressed the Staff Association's concern about the global mobility policy, which removed options for career development and advancement, and allowed demotion. The distinction between work performed by staff and work performed by consultants was becoming increasingly blurred. With regard to the increase in the mandatory age of separation to 65, in line with WHO's public health policy on ageing, the request by WHO to delay implementation beyond 1 January 2018 had taken the collective WHO staff associations by surprise. A proposed staff policy change that would allow the Organization to terminate the contract of a staff member on sick leave was also cause for concern.

83. Several initiatives taken to improve working conditions of staff had been welcomed, in particular the Respectful Workplace Initiative, which sought to create a workplace where everyone was treated fairly, difference and diversity were acknowledged and valued, communication was open, conflict was addressed early and a culture of empowerment and cooperation was promoted. The Staff Association was committed to working with management to ensure a work environment that was respectful and helpful for all who served WHO.

84. The Regional Director underscored the excellent collaboration between the Staff Association and the Executive Management of the Regional Office and explained that mobility and rotation policy was in its pilot phase and feedback would be given due consideration. Non-staff contracts continued to be used to avoid liabilities when funding was not completely secure. A new global policy on non-staff was due to be finalized using the European Region model as an example of good practice. An analytical report on the deferral of the implementation of the mandatory age of separation matter was being prepared, for submission to the Executive Board. The proposed policy on the termination of contracts during sick leave was under consideration.

85. Members of the SCRC commended the open and constructive relationship between the staff and management at the Regional Office. Although WHO ought to set an example to its Member States with regard to employment conditions, some aspects of its employment policy were not exemplary. The possibility to terminate employment agreements when a staff member was on sick leave should not be under consideration in the world's leading health organization. While global mobility could be positive, staff should not be penalized for not being mobile. Reliable, sustainable financing was required to increase job security; a raise in assessed contributions was due. The increase in the mandatory age of separation should be implemented in line with the decision of the United Nations General Assembly.

Other matters

86. At the Standing Committee's fourth session, the Executive Manager for Strategic Partnerships and WHO Representative to the European Union explained that the draft resolutions and decisions for submission to RC67 would be made available online for a one-month consultation period, to begin after the closure of the Seventieth World Health Assembly in May 2017.

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