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1. Introduction

With the establishment of the Consultative Group on Programme Development (CGPD) in 1977, the Consultative Group on Budgetary Questions (CGBQ) in 1978, the European Advisory Committee for Medical Research (EACMR) in 1977 and the Regional Health Development Advisory Council (RHDAC) in 1980, a new structure aimed at promoting closer cooperation between the Regional Office and Member States has been introduced. These different groups constitute a forum in which senior health officials of Member States can discuss major issues of policy, programme development, finance and research in greater depth than is normally possible during sessions of the Regional Committee. These groups thus form strong links between the Regional Committee and the Regional Office. It has, for example, become the established practice for the chairmen of the respective groups to present the results of their deliberations to the Regional Committee; thus, in some respects their functions are comparable with those of the Executive Board vis-à-vis the World Health Assembly.

The question of advisory bodies was discussed by a subgroup of the thirtieth session of the Regional Committee for Europe, which met at the Regional Office on 8 December 1980 to study the implications for the work of the regional committees of resolution WHA33.17 - Study of the Organization's structure in the light of its functions, and resolution WHA33.19 - Periodicity of health assemblies. In view of the more active role the regional committees should play in regional and global policy issues, especially those stemming from efforts directed towards attaining the target of health for all by the year 2000 (HFA2000), the subgroup felt that effective and careful review by their regional advisory bodies of both policy and programme matters would ease the work of the regional committees.

2. Nomination of members

If these groups are to deal effectively with the above issues and thus limit the matters to be dealt with by the regional committees, their composition, size and rotation of membership will have to be given careful consideration. In view of this, and despite the fact that this advisory mechanism may still be considered to be in its early stages, the time may now have come to transform the CGPD and the CGBQ from groups named by the Regional Director into statutory committees of the Regional Committee, selected by the Committee itself.

It is, however, suggested that the present status of the RHDAC and the EACMR be retained, i.e., their members should continue to be selected by the Regional Director, with the respective chairmen reporting to the Regional Committee.

In addition, the relationship between these four main advisory bodies and the more programme-specific advisory mechanisms is being followed closely, in order to develop an advisory structure that is as effective, practical and simple as possible.

3. Rotation of membership

The Regional Committee has repeatedly stressed the importance of enforcing a system of rotation of the members of advisory bodies to ensure broad geographical representation. The Secretariat has, therefore, drafted the following alternative proposals which it submits to the CGPD for comments, before presenting them to the Regional Committee.

3.1 Alternative A

It is suggested that the Member States of the European Region be grouped in 6 groups of 5 countries, in addition to a group formed by the 3 permanent members of the Executive Board, as follows:

- Group I - France, United Kingdom and USSR
- Group II - Algeria, Malta, Morocco, Portugal, Turkey
- Group III - Denmark, Finland, Iceland, Norway, Sweden
- Group IV - Albania, Bulgaria, German Democratic Republic, Poland, Romania
- Group V - Austria, Czechoslovakia, Hungary, Italy, Switzerland
- Group VI - Belgium, Federal Republic of Germany, Ireland, Luxembourg, Netherlands
- Group VII - Greece, Monaco, San Marino, Spain, Yugoslavia.

The duration of membership in any of the four main advisory bodies should be four calendar years, with a change of one-quarter of the members per year for countries in groups II to VII, while those in group I would hold permanent seats.<sup>a</sup> Care would be taken not to discontinue the membership of two experts from the same group in the same year.

### 3.2 Alternative B

Each country having a seat on the Executive Board would also be represented in the four advisory bodies. The remaining seats would be offered to the other European countries, e.g., taking them in alphabetical order.

This solution would strengthen the link between the Executive Board and this Region and it is, of course, hoped that the countries concerned would designate the same person for both the Executive Board and for our advisory bodies. It would however represent a considerable burden on the national administration concerned.

## 4. Consultative Group on Programme Development

### 4.1 Membership

This group is at present composed of 10 senior public health administrators. If alternative A is adopted, it is suggested that its membership be increased to 15, 3 seats being reserved for the countries in group I, and each of the other 6 groups having 2 seats. If alternative B is adopted, the membership could also be enlarged to 15, 7 seats being then reserved for countries having seats on the Executive Board.

### 4.2 Terms of reference

They are at present: to review trends and policies in the European Region as a basis for EURO's future programme; to set priorities; to review ways of improving technical collaboration by involving more and more national institutes and agencies in the intercountry programmes, and to analyse critically, with a view to improvement, the real impact of EURO's programme at the national level.

In order to reflect the new role which this group should assume vis-à-vis the Regional Committee, it is suggested that its terms of reference be changed as follows: to advise the Regional Committee on questions referred to it by that body; to analyse and present substantive questions to the Regional Committee; to review and comment to the Regional Committee on important issues raised in resolutions of the Executive Board and the World Health Assembly; to evaluate and appraise regional programmes; to submit advice or proposals to the Regional Committee on its own initiative.

### 4.3 Timing

To enable the group to respond to issues raised at the World Health Assembly and the Executive Board and present them at the next session of the Regional Committee, the timing of its meetings might have to be changed.

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<sup>a</sup> A major reason for suggesting that countries in group I hold permanent seats is the fact that they also hold permanent seats on the Executive Board.

At present the group meets in March/April, thus making it possible for the Secretariat to reflect the group's comments in the documents to be presented to the Regional Committee; the Secretariat therefore feels that this meeting should in any case be retained. This is, however, too early to deal with issues raised at the World Assembly and at the following Executive Board.

To solve this problem, the subgroup of the Regional Committee suggested that the members of the CGPD who attend the Assembly should review the important issues immediately after the Assembly, as preparatory work for the Regional Committee.

A number of other options could be envisaged, such as convening the group (or a subgroup thereof) again after the Assembly in Geneva, or later during the year, e.g., in June or just before the Regional Committee. However, all these alternatives would be rather costly and also difficult administratively, in view of the time needed to prepare the documentation for the Regional Committee in the four working languages.

#### 4.4 Title

It is suggested that the group's title be changed to "Programme Advisory Committee" (PAC).

### 5. Consultative Group on Budgetary Questions

#### 5.1 Membership

This group has at present a membership of 5 senior public health administrators and senior administrators in health administrations and meets only once every second year (i.e., when programme budgets are dealt with at the Regional Committee). It is proposed to keep the same number of members. If alternative A is adopted, it is suggested that their distribution be as follows: the 3 members from group I, and 1 member from 2 of the other 5 groups. The 5 should normally be chosen from among the members of the CGPD, in order to reduce costs. If alternative B is adopted, the members of the group would be chosen from those holding seats on the Executive Board.

#### 5.2 Terms of reference

Its terms of reference are: to analyse the budgetary implications of the programme proposed; to make proposals for alternative ways and sources of financing. No change is suggested.

#### 5.3 Title

It is suggested that the group's title be changed to "Budget Advisory Subcommittee" (BAS), as it should be considered a subcommittee of the Programme Advisory Committee.

### 6. Regional Health Development Advisory Council

#### 6.1 Membership

This group is at present composed of 20 members - 10 drawn from the CGPD and 10 from other sectors such as economy, political science, sociology, ecology, etc., depending on the issue to be discussed.

While rotation would automatically be applied to those members who have a seat on the PAC, it is felt that too strict a geographical distribution should not be applied to the members from other sectors, as the Regional Director should be free to select them primarily with regard to professional background and personal qualifications.

It is proposed to increase the membership of this group to 25, i.e., taking into account the increase proposed for the PAC, while the number of experts from other sectors would be retained (10).

#### 6.2 Terms of reference

Its terms of reference are: to advise the Regional Director on the practical aspects of HFA2000; to assess priority health problems in the Region and to formulate strategies for HFA2000 through the establishment of national health development programmes in individual Member States and the appropriate orientation of the Regional Office programme.

#### 6.3 Title

No change is suggested in its title.

## 7. European Advisory Committee for Medical Research

### 7.1 Membership

This group has at present a membership of 16 senior public health administrators, senior research administrators and scientists.

In view of the increase in the number of Member States and the wide research field of HFA2000, it is proposed to increase its membership to 17. If alternative A is adopted, it is suggested that a permanent seat be reserved for the countries in group I, and 2-3 seats for each of those in the other 6 groups. For the latter, care would be taken not to choose the same countries as those represented on the PAC, in order to widen the geographical distribution in the Regional advisory structure. If alternative B is retained, 7 seats would be reserved for those countries which are represented on the Executive Board.

As to the professional background of members of the EACMR, the following parameters would be applied:

- (a) category - senior health administrator, health worker, consumer, researcher (including at least one Principal Investigator of a WHO Collaborating Centre), research administrator;
- (b) specialty - basic sciences, clinical medicine, public health, sociology, health economics, political sciences, environmental health.

Care would be taken to ensure adequate representation of the younger generation of researchers and to maintain a reasonable balance between male and female participants.

### 7.2 Terms of reference

Its terms of reference are: to advise the Regional Director on the main issues related to the promotion, development and coordination of biomedical and health services research in the European Region. No change is suggested.

### 7.3 Title

It is suggested that its title be changed to "European Advisory Committee on Health Research" (EACHR).

## 8. Conclusion

In view of the complexity of this matter and its links with the question of membership of the Executive Board, you may wish to suggest to the Regional Committee that it appoints a special committee to study this whole issue.