INTRODUCTION

The 71st session of the WHO Regional Committee for Europe (RC71) was held as a virtual session on 13-15 September 2021. Several side events and briefings were held at its margins, also in a virtual format, from 16 to 17 September 2021.

At the start of the meeting the Committee adopted a Decision on special rules and procedures (EUR/RC71(1)) to accommodate the virtual format of the session, supplementing the Rules of Procedure where needed.

PART 1: TOPICS FOR GLOBAL DISCUSSION

Sustainable financing

The Committee had received the report from the third meeting of the Executive Board’s Working Group on Sustainable Financing (WGSF) (EUR/RC71/INF./6(A)). Its Chair gave an interim report on the Working Group’s work and deliberations since its creation by decision EB148(12). He noted that voluntary contributions, most of them earmarked, currently made up 84% of the global WHO budget, which reduced the Organization’s flexibility and ability to react quickly and effectively enabled donors, rather than Member States, to set its agenda. He also noted how this situation particularly effects the work of WHO Regional Office for Europe – given that only 7% of global assessed contributions were distributed to the Region – leaving an extraordinary burden on WHO/Europe to attract and secure voluntary contributions.

Reporting on the list of five questions that had been sent by the WGSF, Member States of the WHO European Region expressed their willingness to consider an increase in assessed contributions, potentially capped at an appropriate level, but they also felt it essential to increase WHO’s effectiveness, accountability and transparency as well as its impact at country level. Voluntary contributions should be flexible, predictable and provided over at least the medium term. All proposed changes in the financing model should be assessed for both potential benefits and potential risks. Sustainable financing of WHO should encompass all three levels of the Organization and discussions should include the question of resource allocation across WHO major offices.

This was also reflected in the Resolution on WHO sustainable financing in the European Region (EUR/RC71/R6) that the Committee adopted at the proposal of the 28th Standing Committee of the Regional Committee (SCRC). Drawing on a detailed funding analysis of the WHO Regional Office for Europe (WHO/Europe) (EUR/RC71/INF./5), the resolution...
recognizes the role of WHO/Europe, its financing challenges and the efforts made to address them. It calls for coordinated actions across levels. It lists potential options to address WHO/Europe’s financing challenges including through a justified increase in assessed contributions based on countries’ capacities, and greater flexibility in the use of voluntary contributions. Lastly, it requests WHO/Europe to continue its resource mobilization, communications, transparency and financial management efforts.

The Regional Director reiterated that if WHO continued to operate under its current financing model, the implementation of the European Programme of Work 2020-2025 (EPW) and potentially the future of WHO itself were in danger. WHO/Europe had obtained a great deal of additional short-term funding to tackle the COVID-19 pandemic; however, most voluntary contributions were still earmarked, unpredictable and short-term, and some critical areas of work remained underfunded. He thanked the contributors from the Region that are paying by far the largest part of the assessed contributions and also provide large non-earmarked and earmarked voluntary funding, and called upon other Member States to follow their example. He also called upon Member States from the Region to support an increase of assessed contributions in the future.

Over the previous 18 months, WHO/Europe developed a Mobilization Strategy and Investment Case, and provided additional support in resource mobilization for country offices and programmatic divisions, including the establishment of a small enabling hub in Istanbul, Turkey.

**Programme budget 2022–2023**

The Committee took note of the regional plan for implementation (RPI), which laid out WHO/Europe’s programme for delivering the outcomes specified in the WHO Programme budget 2022–2023 at regional level, the first full biennial EPW plan, since its adoption in September 2020. (EUR/RC71/12).

The European Region’s share of the approved base programme budget (US$ 320.5 million) accounted for 7.3% of the total base programme budget of WHO. The unfunded portion amounted to US$ 125 million, or approximately 39% of the regional budget. The challenge to fill this substantial gap was reiterated during RC71.

**Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes**

The Committee considered a discussion paper including draft recommendations to strengthen and monitor diabetes responses within national noncommunicable disease programmes (EUR/RC71/INF./6(D)). The Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025 emphasizes the impact of the modifiable risk factors, including unhealthy diet and physical inactivity, on the development of diabetes and its interconnections with other NCDs.

**Oral health**

The Committee also considered a discussion paper on the draft global strategy on oral health (EUR/RC71/INF./6(F)). Promoting oral health is one of the priority supporting interventions within the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025. It is also addressed in the Framework for Early Childhood Development and through the Schools for Health in Europe.
The global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections

The Committee noted that a specific European action plan on HIV, viral hepatitis and sexually transmitted infections for 2022–2030 is being developed in line with World Health Assembly decision WHA74(20); the draft action plan will be submitted for adoption by the Regional Committee at its 72nd session in 2022.

Social determinants of health

The Regional Committee for Europe noted that the 2019 European Health Equity Status Report provides the framework for monitoring the situation and building resilient health recovery from the impact of the COVID-19 pandemic, within the context of the EPW. The recommendations of the Pan-European Commission on Health and Sustainable Development will contribute to a rethinking of health and social care in light of the pandemic.

Accelerating action to reduce the harmful use of alcohol

The Committee considered the first draft of the Global alcohol action plan 2022–2030 to strengthen implementation of the Global strategy to reduce the harmful use of alcohol (EUR/RC71/INF./6(E)). In the margin of the 71st session, a side event was organized on “alcohol control policies: tackling the gap between evidence and policy action”. The SAFER European Region initiative, developed by the NCD Office in Moscow, aims at supporting the implementation of the most effective and cost-effective alcohol control policies, in line with the global SAFER initiative.

PART 2: TOPICS OF REGIONAL SIGNIFICANCE

Report of the Regional Director on the work of WHO/Europe in 2020–2021

The Regional Director informed the Committee on the state of health in the WHO European region and the work that had been accomplished by the WHO Regional Office in the last year to support Member States in addressing the many health challenges, especially in the light of the ongoing pandemic. He reminded them of the three main lessons to be learned from the pandemic: the need to invest more in multilateralism and international solidarity; in communities’ resilience and people’s mental health; in public–private partnerships. This led him to put forward three priority areas: more regional focus; more political participation by Member States under the International Health Regulations (IHR); and more flexible financing. Finally he presented three overarching directions that the Regional Office will take in the next biennium to finish off this crisis: further invest in political leadership and coordination; strengthen primary health care for resilient health systems; and enhance inter-regional collaboration to make WHO stronger globally.

Member States expressed their appreciation for WHO’s support. Despite the unprecedented challenge that the pandemic continued to pose, much had been achieved. The pandemic must not overshadow other critical issues. COVID-19 had shone a light on the importance of tackling noncommunicable diseases, but also on weaknesses in health systems. WHO/Europe’s leadership, in line with the EPW, would be essential to give impetus to innovation and help strengthening health systems.

Member States also recognized the importance of health in all policies, through a whole-of-government and whole-of-society approach. The rapid rise in antimicrobial resistance posed
an enormous threat to public health, which could only be tackled through One Health, to ensure a coordinated approach to animal and human health. Pandemic preparedness was also not possible without international cooperation and measures were needed to strengthen the global health architecture.

**COVID-19 lessons learned: getting ready for the next pandemic**

Based on the Secretariat’s report on response to the COVID-19 pandemic ([EUR/RC71/6 Rev.1](#)), which drew on the lessons learned to date from various sources, including intra-action reviews, consultations with Member States and the recommendations from various panels and review committees, the Committee exchanged experiences and national lessons learned in their respective response to the pandemic. Representatives underlined the need to further strengthen health emergency preparedness and improve implementation of the International Health Regulations (IHR) (2005).

The Regional Committee was informed about the High-Level European Expert Group proposed roadmap towards stabilization of the COVID-19 Pandemic in the European Region ([EUR/RC71/BG/14](#)). It took note of the Secretariat’s commitment to continue with implementation of the current Action Plan to Improve Public Health Preparedness and Response in the WHO European Region 2018–2023, drawing on the latest developments and following closely with the discussions taking place at global level. It asked to keep the SCRC informed of progress on drafting a successor policy.

**Pan-European Commission on Health and Sustainable Development**

The Committee took note of the final report of the independent Pan-European Commission on Health and Sustainable Development ([EUR/RC71/BG/12](#)) and the accompanying review of the evidence ([EUR/RC71/BG/13](#)). Representatives agreed that solutions to the current pandemic and measures to prevent future ones must be intersectoral and adopt a whole-of-government approach. Significant improvements needed to be made in preventing outbreaks, beginning with the One Health approach for the early detection and prevention of new pathogens; it was also crucial to make health systems more inclusive, equitable and accessible. It underscored the need for investment in primary health care, and especially in the health workforce.

WHO should remain the central pillar of the global health architecture, holding responsibility for the direction and coordination of responses to health emergencies while setting norms and standards. Any changes in global and regional health governance structures and financing mechanisms should be based on careful analysis of required functionalities, avoidance of overlap with existing mechanisms, and strengthening of existing structures. The Standing Committee was entrusted with the task of further analysing the Commission’s recommendations and their possible implementation in the WHO European Region.

**Realizing the potential of primary health care in the post-COVID-19 era**

The Committee adopted a Resolution ([EUR/RC71/R3](#)) that recognized primary health care as the nexus of the three core priorities and four flagship initiatives of the EPW and in which Member States renewed their commitment to prioritize primary health care and invest in it as a key enabler of resilient health systems.
As the pandemic had also reaffirmed the need to transform services WHO/Europe stood ready, together with the WHO European Centre for Primary Health Care in Almaty, Kazakhstan, to assist Member States in tailoring good practices to national contexts, supporting the uptake of digital solutions, promoting the coordination and integration with other services and level of care, as well as monitoring capacity, performance and impact. The Regional Office was cooperating closely with the WHO Special Programme on Primary Health Care.

**European Immunization Agenda 2030**

The Committee adopted the European Immunization Agenda 2030, one of the four flagship initiatives of the EPW ([EUR/RC71/R4](#)). The Agenda seeks to build better health through stronger immunization programmes based on three pillars: equity; immunization across the life course; and local solutions to local challenges, with a monitoring and evaluation framework to ensure accountability. A high-level multi-stakeholder immunization board will be launched by the end of 2021 to monitor progress in implementing the Agenda and analyse its results.

The Committee emphasized that the monitoring process must employ clear targets and indicators. Digital technology had a significant role to play and its use should be optimized, not only for vaccine distribution and uptake, in particular to ensure coverage of at-risk, vulnerable and hard-to-reach groups, but also for gathering and analysing data to develop the evidence base for further decision- and policy-making. Advocacy and communication must be tailored to local cultural specificities and sensitivities. Raising public awareness should take place not only through health care facilities but also through education systems.

**Mental Health Coalition**

The Regional Committee adopted a new European Framework for Action on Mental Health 2021–2025 ([EUR/RC71/R5](#)), that would be implemented through the pan-European Mental Health Coalition, which is a flagship initiative of the European EPW. The Mental Health Coalition consists of focal points for mental health, a technical advisory group and a “Partners for mental health” group, supported by the WHO Secretariat. It will provide an overarching structure in the Region for the exchange of knowledge and good practices. The Committee noted the pan-European Mental Health Coalition launch event, due to take place under the auspices of Her Majesty Queen Mathilde of the Belgians with the European Commission, on 30 September 2021, in Brussels.

The Committee stressed the need to put mental health at the centre of coronavirus disease (COVID-19) recovery plans, with a particular focus on young people and vulnerable populations. Mental health should be an integral part of disaster preparedness and emergency response plans, taking a balanced approach, involving measures related to education, social and family relations, access to green spaces, physical activity or leisure and access to preventive and social care.

**Measurement Framework for the European Programme of Work, 2020–2025**

The Regional Committee for Europe adopted a measurement framework for the EPW ([EUR/RC71/R7](#)), a set of 26 indicators across 16 Sustainable Development Goals that addresses the core priorities and the four flagship initiatives of the Programme. In addition, it includes a “development list” of 20 indicator areas of high importance to the Region (e.g.
primary health care, mental health, digital health and the health effects of climate change) that still need substantial work on data collection, monitoring and analysis.

The Committee emphasized the need to adapt the proposed indicators to the specific conditions of the European regional context. Work on the framework’s development list needed to be embedded in the regular structures and processes of WHO/Europe, in order to ensure sustainability. The Committee emphasized the importance of good collaboration with international partners in order to focus on harmonization and consistency of actions, create a single integrated information system in the Region and avoid an increase in the reporting burden for Member States.

Delivering a fit-for-purpose WHO/Europe for country impact

The Regional Director informed the Committee that the transformation process of the Regional Office, which had been initiated when he took office, had meanwhile been completed. It aligned the Regional Office’s structure to the Thirteenth General Programme of Work, 2019–2023 (GPW 13) and the EPW, and had established a dynamic, emotionally intelligent senior management team, as well as a support network for staff, including an Ombudsperson, to ensure a psychologically safe workplace.

As to the process of reviewing WHO/Europe’s country presence and work in countries, the Committee took note of WHO/Europe’s efforts to enhance country focus through supporting health leadership in countries, inter alia through the Pan-European Leadership Academy, the strengthening the role of WHO representatives and heads of country offices as well as fostering subregional cooperation. It was informed that a review of capabilities in country offices was underway way. The review process would continue to be guided by the SCRC subgroup, and a strategic paper on country presence would be prepared for RC72.

WHO/Europe would continue to contribute to the global WHO transformation and would ensure that recommendations from the global level would be incorporated into regional efforts to make WHO fit for purpose. The report on delivering a fit-for-purpose WHO/Europe for country impact constituted an exercise in accountability, which in the future would be presented as an integrated management report – similar, in format, to that presented to the PBAC annually at the global level.

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