Twenty-eighth Standing Committee
of the Regional Committee for Europe

Second session

Virtual session, 18 November 2020

20 January 2021

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Report of the second session
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Opening of the session

1. The Twenty-eighth Standing Committee of the Regional Committee for Europe (SCRC) held its second (virtual) session on Wednesday, 18 November 2020. The first part of the session, comprising the opening statement by the WHO Regional Director for Europe and an update on the COVID-19 pandemic situation in the WHO European Region, was webcast.

2. The report of the Twenty-eighth SCRC’s first (virtual) session, held on Tuesday, 15 September 2020 following the closure of the 70th session of the WHO Regional Committee for Europe (RC70), had been approved electronically.

Opening statement by the WHO Regional Director for Europe

3. The Regional Director reported that, since the closure of RC70, the European Region had experienced a new surge in COVID-19 infections, thereby again becoming the epicentre of the pandemic. In the midst of the pandemic, new and existing emergencies and humanitarian crises were calling for attention: the conflict in Nagorno-Karabakh had flared up again; an earthquake had hit the area around Izmir (Turkey); the living conditions of asylum-seekers and refugees on Lesvos (Greece) had worsened after the fire that had devasted the Moria reception and identification centre; and another fire had broken out in the intensive care unit of the county hospital at Piatra Neamt (Romania).

4. The Regional Director’s recent visits to Albania, the Russian Federation and Turkey had brought home to him the hardship and plight of those on the front line, caring for loved ones, communities and family members.

5. In order to support health leadership and counter the negative effects of the COVID-19 pandemic on the implementation of the 2030 Agenda for Sustainable Development, the Regional Director had set up the Pan-European Commission on Health and Sustainable Development. At its second (virtual) meeting, held on 27 October 2020, the Commission had established a Scientific Advisory Board and thematic working groups.

6. In addition to the country visits that he had made, the Regional Director had received visits from the Minister of Foreign Affairs of Switzerland and the Minister of Health of Greece. New biennial collaborative agreements had been signed with Albania, Estonia, Hungary, Tajikistan and Ukraine. Regular meetings and retreats were held with WHO country representatives.

7. Under the first pillar of the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW), on universal health coverage, one of the immediate key priorities was to prepare for the COVID-19 vaccine to be deployed and made available in the Region. In that context, the Regional Director had met the European Union (EU) commissioners for Health and Food Safety and for Neighbourhood and Enlargement, as well as the Special Adviser to the President of the European Commission on supporting and steering research and innovation in the global fight against the coronavirus pandemic, to discuss the Region’s commitment to the COVAX Facility and pan-European vaccine deployment. That commitment was central to the Oslo Medicines Initiative, which had been launched at the European Health Forum Gastein (30 September to 2 October 2020). The Regional Director had also held a videoconference on 13 October with the incoming Chair of the Gavi Board, to discuss co-financing for the vaccine in middle-income countries.
and the reduction of immunization inequity in the Region, taking forward the EPW flagship initiative on the European Immunization Agenda 2030.

8. In order to foster dual-track health services (ensuring that other health conditions were addressed at the same time as COVID-19 cases were managed), WHO/Europe was actively engaged in sharing innovative practices across the European Region and strengthening primary health care (PHC) resilience in emergency situations. On digital health, WHO/Europe had, inter alia, organized local training on the implementation of telemedicine, provided technical assistance on the development of a national digital health strategy in North Macedonia and Romania, and rolled out a mobile app together with the United Nations Children’s Fund (UNICEF) Europe and Central Asia Regional Office.

9. With regard to the second core priority in the EPW, protecting against health emergencies, WHO/Europe had convened a virtual emergency regional meeting of ministers of health at the end of October, to look at COVID-19 projections for the winter season and exchange information on national measures to control the virus and protect health systems and their workforces. It had also supported national efforts on immunization against influenza in Hungary and the Republic of Moldova. The Regional Office was compiling evidence on school health and COVID-19, to be presented at a second high-level meeting of ministries of health and education, planned for early December. In preparation for that meeting, a new WHO/Europe regional technical advisory group had met on 26 October and 12 November, to assess available information and provide recommendations on the way forward. On humanitarian assistance and response, support had been provided for the response to several crises and conflicts in the Region and the newly opened WHO European Centre for Preparedness for Humanitarian and Health Emergencies in Istanbul, Turkey, which the Regional Director had visited on 29 October, was set to improve countries’ preparedness for and response to crises and emergency situations of all kinds.

10. On promoting health and well-being, the third EPW core priority, WHO/Europe had taken the initiative in forming a regional tripartite joint secretariat, together with the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE), to coordinate action, taking a One Health approach, against antimicrobial resistance across the Region. The secretariat was organizing a high-level webinar to be held on 23 November as part of World Antimicrobial Awareness Week (18–24 November 2020). Public health experts from over 30 countries and partner organizations in the European Region had connected remotely on 5 October to discuss how to improve the understanding of pandemic fatigue and how to reinvigorate public support for protective behaviours. Revised COVID-19 messages and targeted visual materials were being pilot-tested in Ukraine. On the occasion of World Mental Health Day (10 October), high-level persons from the Region, including Her Majesty Queen Mathilde of the Belgians, had participated in the first-ever WHO global online advocacy event on mental health, and WHO/Europe was actively engaged in similar events at regional and country level.

11. With the aim of building partnerships to attain those EPW objectives and of leveraging political, financial and practical support to deliver on the health-related SDGs, the Regional Director had participated in a range of high-level meetings and consultations. He had addressed the Scientific Advisory Board of the Turkic Council on 30 October and had met with the Secretary-General of the Council and the President of Turkey. He had spoken at the Western Balkans leaders summit in Sofia, Bulgaria, on 10 November and had represented the WHO Director-General at the tenth meeting of ministers of health of BRICS countries
(Brazil, Russian Federation, India, China and South Africa) on 11 November. He had also met with the EU High Representative of the Union for Foreign Affairs and Security Policy and stressed the need to prioritize health in the EU’s new partnership frameworks with the Western Balkans, Eastern Partnership and central Asian countries. During his visit to Istanbul, he had met the new Regional Director for Europe and the Commonwealth of Independent States of the United Nations Development Coordination Office, and the Regional Director for Eastern Europe and Central Asia of the United Nations Population Fund, to discuss further joint action in the context of the COVID-19 pandemic. The Regional Director had also participated in the seventh meeting of the joint Central European Initiative–WHO Task Force in response to the COVID-19 emergency and had held a videoconference with members of the South-eastern Europe Health Network. A productive first meeting had been held with the President of the European Committee of the Regions and an agreement on health equity had been signed with the Welsh Government (United Kingdom of Great Britain and Northern Ireland). Virtual meetings had also been organized with non-State actors, including EuroHealthNet.

12. The process of restructuring the Regional Office was nearing completion and comprehensive functional reviews of all divisions had been conducted in recent months. The Regional Office’s new business process automation tool was being pilot-tested. The WHO Independent Expert Oversight Advisory Committee had audited one country office and one unit in the Regional Office, giving them very positive assessments. Increased efforts in resource mobilization had raised the regional budget funding level for the current biennium from 48% to 65%. To ensure the predictability and sustainability of funding, it was important that donors clearly specified when voluntary contributions were to be allocated to the European Region.

13. The next steps to be taken by the Regional Office would include scaling up and adapting the response to the COVID-19 pandemic, drawing up a roadmap on PHC, developing an EPW monitoring framework, and carrying out a functional review of the Division of Country Support, Emergency Preparedness and Response.

**Update on the COVID-19 pandemic situation in the WHO European Region**

14. The Regional Emergency Director said that there had been an exponential increase in COVID-19 cases and deaths in many countries. It was estimated that, as of 9 November 2020, 7% of people in the Region had been infected, placing an increasing burden on health services. All European countries had some measures in place to counter the pandemic. Early projections of deaths made in March 2020 had proved to be overestimates; the Regional Office was analysing to what extent that was a result of the measures taken or the modelling approaches used. The lack of physical distancing was the main driver of the spread of the pandemic. The lessons learned to date from the pandemic underscored the importance of good governance and engaged communities; value-based societies with solidarity and people-centred care; policies driven by data and enabled by politics; command, control and coordination; placing health and social services at the core; shielding those at risk; and research and innovation. The EPW, with its emphasis on strengthening health leadership and its four flagship initiatives, was prophetic in that regard.
15. The WHO European regional strategy to respond to COVID-19 had seven objectives: to mobilize and engage all sectors and communities; identify and control sporadic cases and clusters; prevent community transmission; build resilient health systems; ensure essential health and social service provision; innovate and learn from European experience; and leverage effective partnerships to mitigate the socioeconomic impact of COVID-19 response measures. Together with its partners, WHO/Europe had conducted 145 missions and deployments to 22 countries in the Region. It had sent laboratory test kits and supplies to 32 countries and territories in the Region, and essential medical supplies (including ventilators, oxygen concentrators and personal protective equipment) to 18 countries and territories. By the end of October 2020, more than 12 500 health workers had been reached by WHO virtual capacity-building webinars, and nearly 110 000 people had completed OpenWHO courses on infection prevention and control and case management of COVID-19 patients. Twenty-seven countries in the Region were implementing the findings of behavioural insight research using WHO tools, and 4 million people in eight countries were participating in pilot studies on message testing. Integrating efforts on health systems strengthening with those for organizational innovation, the Regional Office had issued 140 policy briefs and technical guidance notes, as well as cross-country analyses in the COVID-19 Health System Response Monitor.

16. Risk communication and community engagement were essential for countering pandemic fatigue. A behavioural insights tool had been rolled out in 27 countries, and HealthBuddy+, a joint initiative of WHO/Europe and the UNICEF Europe and Central Asia Regional Office, provided evidence-based advice on COVID-19 in 22 languages. WHO/Europe’s humanitarian emergency response work in Lesvos (Greece), Syria (from its hub in Gaziantep, Turkey) and Ukraine included providing technical advice on managing evolving COVID-19 outbreaks. The conflict in Nagorno-Karabakh imposed a significant burden on the health systems of both Armenia and Azerbaijan and had added serious complexity to the COVID-19 response.

17. The Institute for Health Metrics and Evaluation currently projected that daily deaths from COVID-19 in Europe and central Asia would reach 8 000 in mid-January 2021 and then decline to 4 750 by 1 March. Daily infections would exceed 1.2 million in late December/early January. Most health systems in that region would experience extreme stress on their intensive care capacity between December and February. If universal (95%) mask coverage were attained in the following week, 270 000 lives could be saved by 1 March 2021.

18. In order to gain control of the virus, WHO was advocating adopting a tiered approach to public health and social measures, placing countries at the centre, drawing from lessons learned, fostering solidarity, taking timely, targeted measures, protecting livelihoods and keeping schools open as much as possible. It would engage in multi-level (national, transnational, subregional and regional) health diplomacy to enhance understanding of the political aspects of the COVID-19 response.

19. While responding to the current pandemic and health emergencies, Europe had to be better prepared for the future, with countries strengthening their core capacities to comply with the International Health Regulations (2005) (IHR). A report on implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region 2018–2023 would be submitted to the Regional Committee at its 71st session (RC71) in September 2021, together with a draft action plan on Getting ready ahead of emergencies – WHO European Region 2023–2028.
Adoption of the provisional agenda and the provisional programme

20. The provisional agenda (document EUR/SC28(2)/2) and provisional programme (document EUR/SC28(2)/3) of the session were adopted.

21. SCRC members were also reminded that the report of the first session of the Twenty-eighth SCRC, held virtually on 15 September, had been adopted electronically and was available on the Regional Office’s website. The report of the 70th session of the Regional Committee had just been sent to Member States for their review.

Exchange and discussion on the update on the COVID-19 pandemic situation in the WHO European Region

22. Commenting on the opening statement by the Regional Director, the Vice-Chairperson of the Twenty-eighth SCRC recalled that Switzerland, together with Botswana, Nepal and Oman, had launched a coalition in May 2020 for universal health protection architecture. That multilateral approach would help strengthen WHO and foster its sustainable financing, particularly in emergencies. The SCRC might wish to consider how the European Region could best engage in and contribute to discussions about WHO reform, including the revision of the IHR (2005) and the functioning of the IHR Emergency Committee for COVID-19. The Chairperson suggested that those questions could be taken up by the SCRC subgroup on governance.

23. One member of the SCRC believed that the review on the functioning of the IHR (2005) during the COVID-19 response should be first completed before any revision of the Regulations themselves was undertaken. In the latter context, consideration could be given to grading public health emergencies of international concern depending on the seriousness of the situation. The Secretariat was asked whether Member States in the Region were responding adequately to the second wave of the COVID-19 pandemic, how the pandemic was affecting other health and health system parameters, and what advice WHO could give to school authorities about closure during the pandemic. Another member enquired whether there was scope for the European Region to take a more leading role in improving the management of surveillance data, especially in the context of a One Health approach.

24. One SCRC member acknowledged that the presence of a WHO country office in his country had proved valuable in fostering emergency preparedness. The Regional Office had an important role to play in consolidating and coordinating financial support and methodological guidance to countries. Another member noted that WHO enjoyed broad support for taking leadership in the COVID-19 pandemic, as it should do.

25. Responding to questions raised, the Regional Director said that, during the second wave of the pandemic, prompt and drastic responses by Member States were essential; any hesitation, misinformation, denial or partisanship would be fatal. Low-technology measures, such as mask-wearing and social distancing, if universally practised, would save many lives. A high-level advisory council on noncommunicable diseases would be established in December 2020, to take stock of the situation with regard to noncommunicable diseases based on non-COVID parameters. The European Region had a voice in the WHO reform process through its Executive Board members, as well as through the Pan-European Commission on Health and Sustainable Development, the Independent Panel for Pandemic Preparedness and Response and
the IHR Review Committee. The tripartite secretariat of the FAO, OIE and WHO would begin work the following week; Dame Sally Davies, the Convenor of the Trinity Challenge, would link with the Pan-European Commission on Health and Sustainable Development.

26. The Regional Emergency Director noted that COVID-19 currently ranked third in terms of disease burden in the European Region, after cancer and cardiovascular diseases. She participated in meetings of the IHR Review Committee and its three working groups (on alert, preparedness and response). The Review Committee would consult with Member States and national IHR focal points before drawing up any recommendations for revision of the Regulations.

27. The Director, Division of Country Health Policies and Systems reported that a technical advisory group on schooling was currently drawing up recommendations for consideration by participants in the regional high-level meeting on COVID-19 to be held on 8 December 2020. There was little evidence of child-to-child transmission of COVID-19, especially in those under 13 years old. The picture was mixed in the age group 13–18 years, mainly owing to social interaction outside school settings. WHO’s advice was likely to be that proactive closure of primary schools should be avoided as much as possible, unless specific circumstances made reactive closure necessary.

Follow-up to the 70th session of the WHO Regional Committee for Europe

28. The Team Leader, Regional Governance said that RC70 had been a successful and highly visible event, with good attendance and high coverage on social media. Many innovations had been introduced with regard to the format of the session and the management of the agenda and of presentations and interventions. Discussions had been clustered around certain agenda items. The address by the Regional Director in the form of a TED Talk had been highly appreciated. The special rules and procedures, put together with guidance from the SCRC subgroup on governance, had ensured smooth proceedings. The provision in the special rules and procedures for the organization of a secret postal ballot after the RC70 session (in which all 53 European Member States had taken part) had helped to ensure continuity in governance.

29. Nonetheless, in some areas there was room for further improvement. The lengthy period of consultation on working documents had led to delays in their dissemination, while the virtual platform of the session had sometimes rendered decision-making more difficult. Some members had suggested that the handling of candidatures for membership of WHO bodies and committees should be reviewed and, as noted, further efforts should be made to involve non-State actors more fully in a virtual format. The advice of the SCRC would be sought on the advisability of organizing RC71 in a hybrid format.

30. One member of the Twenty-eighth SCRC said that some of the lessons learned from RC70, such as the advantages of a combination of prerecorded video statements and high-level presentations from the floor, could be applied at future sessions. The Regional Office was commended on successfully holding a secret postal ballot, but the possibilities for avoiding future votes should be discussed in more detail: Member States in the European Region should be able to take decisions by consensus. Non-State actors should be more involved in Regional Committee sessions, possibly through the organization of side events.
Draft provisional programme of the 71st session of the Regional Committee

31. The Regional Director presented a first draft of the provisional programme of RC71, noting that the most appropriate format for the session would be kept under review in the light of developments with the COVID-19 pandemic. In the light of experience at the Seventy-third World Health Assembly (WHA73), special rules and procedures applicable to various scenarios, if required, would be drawn up well in advance of the session. It was proposed that RC71 would last three days: the first day would be devoted to political and strategic aspects, the second to political and technical matters, and the third to governance and business continuity.

32. The central item of the session would be the report of the Pan-European Commission on Health and Sustainable Development (scheduled for the afternoon of the first day). A ministerial lunch that day, on building a resilient health and care workforce, would highlight the International Year of Health and Care Workers that had been decided by the World Health Assembly the previous week. The first day would conclude with a ministerial round-table discussion on digital health. The item on PHC, to be taken up on the second day, would be an occasion to further discuss the implementation of the operational framework that had been adopted by the Health Assembly the previous week. Virtual regional consultations, as requested in particular by EU Member States, could be organized early in 2021 as a way of preparing for discussion of that item.

33. As suggested by the SCRC subgroup on governance the previous year, progress reports would, so far as possible, be linked with related technical items on the agenda. The guidance of the SCRC was sought on the suggestions and proposals for technical briefings and side events on technical subjects of importance for the Region.

34. The Team Leader, Regional Governance described the process for production of documentation for RC71, as endorsed by resolution EUR/RC67/R6. The experience gained in 2020, however, argued for a more flexible approach, allowing more time for written consultation with Member States. That approach could also be discussed by the SCRC subgroup on governance.

35. Members of the Twenty-eighth SCRC, noting that the proposed programme of RC71 reflected many of the suggestions made by the SCRC break-out groups in November 2019, welcomed the proposed three-day duration and endorsed the approach of structuring the session on the EPW. Responses to the COVID-19 pandemic and health emergencies should occupy a prominent place in the political dimension of RC71 on the first day of the session. Pillar 2 of the EPW could be taken up next, followed by the other pillars. While recognizing that a physical meeting gave more opportunities for informal discussions, SCRC members agreed that a hybrid format could be used for RC71 if circumstances so required. The TED Talk format of the Regional Director’s address was welcomed.

36. The programme was perhaps too heavy, with very long working days. SCRC members were not in favour of having presentations during ministerial lunches and believed that the number of technical briefings and side events should be limited, since small delegations found it difficult to cover them all. One member welcomed the proposed ministerial round-table discussion on digital health, while another suggested that interactive discussion of a prepared set of thematic questions could lead to more productive exchanges of views. Preference was expressed for technical briefings on access to affordable medicines and on climate change and
health (in view of the 26th Conference of the Parties to the United Nations Framework Convention on Climate Change, to be held in November 2021). One member proposed that joint presentations could be made on the work of WHO’s geographically dispersed offices, such as those in Kazakhstan, the Russian Federation and Turkey.

37. Commenting on the suggestions made, the Regional Director agreed that it would be a good idea to have joint presentations, ideally by national officials, of the work of WHO’s geographically dispersed offices. Ministerial lunches should be free of presentations, to give more time for informal discussions. To make the agenda of RC71 less heavy, it might be possible to concentrate on two of the four flagship initiatives in the EPW.

Forward-looking planning schedule of expected agenda items for the Regional Committees (rolling agenda)

38. The Executive Director, Office of the Regional Director said that the Regional Committee would be invited at its 71st session to consider whether the various WHO European regional strategies and action plans due to extend beyond 2021 should, in the light of the new EPW and revised priorities, be continued or sunset, or whether their subject matter could be more effectively and efficiently addressed in some other format. The initial idea had been to start that exercise by holding extensive consultations with Member States, experts, non-State actors and other stakeholders. Since that approach was no longer appropriate during the COVID-19 pandemic, the SCRC agreed that the Secretariat would put forward a written proposal for a revised methodology.

Consideration of the subgroups of the SCRC

39. The Regional Director recalled that, at its first session, the Twenty-eighth SCRC had decided that the two subgroups currently in existence, on country work and governance, would continue for a further year and that consideration of their terms of reference and composition should be deferred to the subsequent session. Furthermore, in view of the interventions that had been made at WHA73, it was proposed that a new SCRC subgroup on financing should be established. To ensure active participation of all members, the Regional Director also suggested that the composition and the chairpersonship of all subgroups should be renewed and invited members to express their interest in participating in any of the subgroups and to nominate possible chairpersons.

SCRC subgroup on WHO/Europe’s work at country level

40. The Director, Division of Country Support, Emergency Preparedness and Response, having described the work done by the Twenty-seventh SCRC’s subgroup on work at country level in the previous year, said that its main objective in the year ahead would be to support the development of an agile operating model for the Regional Office in order to achieve maximum impact at country level. That should include systematic assessment of countries’ expectations of WHO/Europe and an exploration of existing and new modalities of WHO’s support to countries, as well as an assessment of the organizational and financial sustainability of WHO/Europe’s country engagement. The proposed terms of reference of the Twenty-
eighth SCRC’s subgroup on WHO/Europe’s work at country level were set out in document EUR/SC28(2)/Inf.Doc./1.

41. The Twenty-eighth SCRC confirmed that its subgroup on WHO/Europe’s work at country level should continue. The members from Armenia, Bulgaria, Croatia, Czechia, Kazakhstan, Poland and the Republic of Moldova indicated that they wished to participate in the subgroup, which the member from Belgium agreed to chair.

**SCRC subgroup on WHO/Europe’s governance**

42. The Executive Director, Office of the Regional Director said that, based on resolution EUR/RC60/R3, a subgroup on governance had been established for each session of the SCRC since 2010. The subgroup had discussed issues such as the alignment of global and regional governance, regional implications of global governance reform proposals, the nomination and election procedures for the WHO Executive Board and the SCRC, the procedure for the nomination of the WHO Regional Director for Europe, templates for Regional Committee resolutions, involvement of non-State actors and arrangements concerning sessions of the Regional Committee.

43. The proposed terms of reference of the Twenty-eighth SCRC’s subgroup on WHO/Europe’s governance were set out in document EUR/SC28(2)/Inf.Doc./2. Members of the SCRC suggested that the subgroup should: (a) review the procedures used at regional level for elections and nominations for membership of WHO bodies, including country groupings, the scoring system, and the practice of semi-permanent membership for countries that were members of the United Nations Security Council; and (b) assess the effectiveness of global initiatives, such as the COVAX facility.

44. The members from Croatia, Poland, Norway, the Republic of Moldova, the Russian Federation and Switzerland indicated that they wished to participate in the subgroup, which the member from the United Kingdom agreed to chair.

**SCRC subgroup on WHO/Europe’s financing**

45. The Executive Director, Office of the Regional Director noted that only some 30% of the base programme budget of the WHO European Region came from corporate flexible funds; WHO/Europe was thus highly dependent on specified voluntary contributions, a large share of which was strictly allocated to specific areas of work and/or countries, and in many cases further earmarked to a specific expenditure category. More recently, the introduction of thematic funding had helped in addressing the need for more flexible funding for WHO, but the level of such funding was still not high enough to completely resolve all of WHO’s funding challenges.

46. The subgroup on financing would identify possible measures to remediate and overcome the challenges identified; review and act as a sounding board for WHO/Europe resource mobilization products; and provide input to RC71 on the planning and approval process for the Programme budget 2022–2023 from a regional perspective. The terms of reference of the Twenty-eighth SCRC’s subgroup on WHO/Europe’s financing were set out in document EUR/SC28(2)/Inf.Doc./3. Members of the SCRC suggested that the subgroup
should also look at the financing of WHO’s activities at country level and consider how best to link its work with that done at the global level of the Organization.

47. The members from Bulgaria, Croatia, Kazakhstan and Norway indicated that they wished to participate in the subgroup, which the member from Switzerland agreed to chair.

Update on global governance by the Vice-Chairperson of the Executive Board, as the link between the Executive Board and the SCRC

48. The European Vice-Chair of the Executive Board said that, at its special session on 5 and 6 October 2020, the Board had decided to hold a retreat when it would be possible to meet physically. The Programme, Budget and Administration Committee of the Executive Board (PBAC) had met in mid-October, and the resumed WHA73 had been convened from 9 to 13 November, followed by the resumed 147th session of the Board on 16 November. Clear calls had been made for the management of the agendas of such meetings to be better handled in the future, and for Member States to be more properly consulted on initiatives announced by the Director-General. The next meeting of the PBAC would be from 13 to 15 January 2021, followed by a session of the Executive Board from 18 to 26 January; both those events would be virtual meetings. The PBAC meeting on 19–21 May 2021 would be followed by WHA74 from 24 May to 1 June.

49. Exchanges of views among European members of the Executive Board, facilitated by the Secretariat, had been held on two substantive issues: the programme budget and lessons learned from the COVID-19 pandemic. On the former, the Secretariat at WHO headquarters had suggested that the SCRC could informally discuss the Proposed programme budget 2022–2023, possibly in early January 2021, in order to provide a regional perspective to the global debate. On the latter, the review process included bodies such as the Independent Panel for Pandemic Preparedness and Response and the IHR Review Committee. They would be considering the work of the Organization not only at global but also at regional and country levels. Their output would be presented to WHA74 in May 2021.

Membership of WHO bodies and committees

Nomination of members of the Executive Board and election of members of the SCRC

50. The Team Leader, Regional Governance recalled the procedure for nomination of members of the Executive Board and election of members of the SCRC, as set out in the Rules of Procedure of the Regional Committee for Europe and resolution EUR/RC63/R7. There would be two vacant seats on the Executive Board, one in group A and one in group C, for nomination at RC71. For the SCRC, there would be four vacant seats to be filled at RC71, two in group B (including an additional one to restore the geographical balance after a seat had migrated from group A to group B at RC70, given the lack of candidates) and two in group C.
Election of one member in Category 2 of the Policy and Coordination Committee (PCC), Special Programme of Research, Development and Research Training in Human Reproduction (HRP)

51. At its 70th session, the Regional Committee had decided to extend the mandate of Czechia on the PCC/HRP by one year and to elect a new member at RC71 for a term beginning on 1 January 2022.

Elective posts at the Seventy-fourth World Health Assembly and the 149th session of the Executive Board in May 2021

52. The Team Leader, Regional Governance informed the SCRC that the European Region was due to fill the following elective posts at WHA74: Vice-President of the Health Assembly, Vice-Chairperson of Committee B and Rapporteur of Committee A. In addition, the Region would have four seats on the General Committee and three seats on the Committee on Credentials. At the 149th session of the Executive Board, the Region would provide a Vice-Chair of the Board and have one seat on the PBAC. The Regional Director would submit proposals for those elective posts to the SCRC at a later date.

Other matters, closure of the session

53. The Chairperson thanked all members for their active involvement, as well as the Regional Director and the Secretariat for the preparations, and looked forward to the next session of the Twenty-eighth SCRC, due to be held on 10–11 March 2021.
Annex 1. Agenda

1. Opening of the session by the Chairperson, followed by opening statement by the WHO Regional Director for Europe and update on the COVID-19 pandemic situation in the WHO European Region (webcast)

2. Adoption of the provisional agenda and the provisional programme

3. Exchange and discussion on the update on the COVID-19 pandemic situation in the WHO European Region

4. Follow-up to the 70th session of the WHO Regional Committee for Europe
   • Evaluation and review of actions by the Standing Committee of the Regional Committee for Europe (SCRC) and the Secretariat

5. Draft provisional programme of the 71st session of the Regional Committee

6. Forward-looking planning schedule of expected agenda items for the Regional Committees (rolling agenda)

7. Consideration of the subgroups of the SCRC
   • Composition, proposed terms of reference and programme of work for the SCRC subgroups on WHO/Europe’s governance, work at country level and financing

8. Update on global governance by the Vice-Chairperson of the Executive Board, as the link between the Executive Board and the SCRC

9. Membership of WHO bodies and committees
   • Nomination of two members of the Executive Board
   • Election of four members of the SCRC
   • Election of one member in Category 2 of the Policy and Coordination Committee (PCC), Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
   • Elective posts at the Seventy-fourth World Health Assembly and the 149th session of the Executive Board in May 2021

10. Other matters, closure of the session
Annex 2. List of documents

**Working documents**

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