United Action for Better Health

An introduction to WHO in the European Region
Cover: Mother and baby born by caesarian section meet for the first time. © WHO / Malin Bring

Health worker at COVID-19 quick test centre in Copenhagen, Denmark. © WHO / Uka Borregaard
An introduction to WHO in the European Region
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I came into the role with a vision of "united action for better health". I knew that with this Region's unique assets, and through solidarity and working together towards a common purpose, we could achieve better health outcomes for all.

Dr Hans Henri P. Kluge,
WHO Regional Director for Europe
We are part of a beautiful, diverse region, rich in culture and tradition, renowned for science and development. Here, across the 53 countries of the WHO European Region, the roots of public health grow deep, and the branches of innovation and cooperation spread wide.

Yet, when I began my mandate as the WHO Regional Director for Europe in February 2020, the Region faced numerous challenges that demanded immediate attention: the huge burden of noncommunicable diseases and mental illness; the rapidly growing threat of antimicrobial resistance; ageing populations; the increasing cost of health care and medicines; health worker shortages; and the list goes on. I came into the role with a vision of "united action for better health". I knew that with this Region's unique assets, and through solidarity and working together towards a common purpose, we could achieve better health outcomes for all.
Dr Kluge participating in outreach work for homeless people in Bucharest, Romania, at the invitation of Carusel. This NGO has provided social and medical services to people in situations of extreme vulnerability for more than 10 years. © WHO / Frozen Monkeys Media
Amid the already challenging health landscape in early 2020, COVID-19 swept across the European Region and throughout the world, demonstrating just how vulnerable we were to serious infectious and environmental health threats, and how unprepared most of the world was to meet such an emergency head on.

However, the pandemic also taught us a very important lesson – coordinated action and solidarity are, in fact, the only way to face and ultimately overcome health challenges. Partnership is not merely a matter of good will; it is an ethical duty and a prerequisite to making progress on our shared goals. Through united action, the European Region has been able to build stronger health- and social-care systems, even amid a global pandemic, and make remarkable strides towards a future economy of well-being.

The European Programme of Work 2020–2025 – "United Action for Better Health in Europe" sets out a vision of how the WHO Regional Office for Europe can better support countries in meeting citizens' expectations about health. People rightly demand quality, accessible care; they expect authorities to protect their health during emergencies; and they want to be able to thrive in healthy communities. The Programme offers the blueprint to deliver this through practical, actionable solutions to today’s challenges, together.

Achieving health and well-being is a whole-of-society endeavour; the European Programme of Work is the guide to build on our collective resources and draw these disparate parts of society into a more cohesive whole.

The following pages provide what I hope is a helpful overview of the WHO Regional Office for Europe, its context within the global United Nations family, and how we work. It is the greatest honour and privilege to lead this office and I look forward to working in partnership with you to reach our shared goals in the European Region.

Dr Hans Henri P. Kluge
WHO Regional Director for Europe
COVID-19 vaccine centre in Romania. © WHO / Frozen Monkeys Media
The World Health Organization (WHO) is the United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable – so that everyone, everywhere can attain the highest level of health. The principle of “health for all” – regardless of race, religion, political belief, economic or social conditions – has guided WHO’s work for more than 70 years.

WHO works across 194 countries in 6 regions of the world, including the European Region, and from more than 150 locations globally. WHO staff include the world’s leading public health experts, bringing together doctors, epidemiologists, scientists and managers – all champions for healthier, safer lives everywhere.

The WHO Regional Office for Europe (WHO/Europe) has a mandate to support the 53 Member States of the European Region by:

• conducting vital health research and producing health data to guide and inform health policy-making;
• carrying out technical assessments and providing guidance, recommendations and standards to enable countries to make the best possible decisions for the health of their citizens;
• working in-country alongside government officials and health professionals to turn recommendations and strategies into action;
• developing and promoting campaigns in partnership with countries to encourage healthy lives;
• arranging operational support in response to health emergencies, including procuring and delivering essential supplies;
• providing training and capacity-building in health system functions and services;
• gathering and exchanging good public health practices and initiatives; and
• coordinating the development and negotiation of agreements for joint commitment and action.
GLOBAL TARGETS AND GOALS

WHO/Europe's vision and priorities align with the overarching global goals and targets for WHO.

WHO's Triple Billion targets are an ambitious initiative to improve the health of billions of people by 2023. They are the foundation of WHO's Thirteenth General Programme of Work (GPW 13), acting as both a measurement and a policy strategy.

The United Nations Sustainable Development Goals (the SDGs, also known as the Global Goals) are 17 goals with 169 targets that all United Nations Member States have agreed to work towards achieving by the year 2030. They set out a vision for a world free from poverty, hunger and disease. Health has a central place in SDG 3, "Ensure healthy lives and promote well-being for all at all ages", and is a vital component to achieve all 17 SDGs.

WHERE WE WORK

The WHO European Region encompasses 53 countries and covers a vast geographic area, stretching from Greenland to the Russian Federation, from the Mediterranean to the Baltic Sea. Its geographical variation is matched by an incredible diversity of people, cultures and health situations.

- Approximately 900 million people
- Over 200 languages spoken
- 17 time zones

Norway’s Emergency Medical Team in discussions with the WHO country team in Greece. The EMT team provided assistance on Lesvos following the fire in September 2020 at the Moria reception centre for asylum seekers and refugees. © WHO / Aggelos Barai
The WHO Regional Office for Europe (WHO/Europe) consists of the Head Office in Copenhagen, Denmark; 40 country, field, liaison, representation and sub-offices including three sub-regional WHO Health Emergencies Programme (WHE) hubs; five geographically dispersed offices (GDOs); one WHO-hosted Partnership; and one office for Health Systems Financing.
The WHO Regional Committee for Europe is WHO’s decision-making body in the European Region. Representatives of each Member State in the Region meet annually in September to formulate regional policies and agreements.

The Standing Committee of the Regional Committee (SCRC), a subcommittee of the WHO Regional Committee for Europe, acts for and advises the Regional Committee. It includes representatives of 12 countries, with each member elected by the Regional Committee to serve for 3 years. The SCRC meets several times each year.

Representatives from European Member States also serve on WHO's Executive Board.

"Health is our most precious possession, and its protection and promotion is fundamental to the health and well-being of our societies. As Patron of the WHO Regional Office for Europe, my role is to advocate for and raise awareness of health and health-related issues."

Her Royal Highness The Crown Princess of Denmark has been WHO/Europe’s patron since 2005.
Her Royal Highness The Crown Princess of Denmark at a meeting with Dr Kluge, WHO Regional Director for Europe in February 2021. © WHO / Uka Borregaard
The European Programme of Work 2020–2025 (EPW) – "United Action for Better Health in Europe" sets out a vision for how WHO/Europe can support health authorities in Member States to rise to the challenge of meeting the health needs and expectations of their citizens – within individual countries and collectively. The EPW is "united", because partnership is an ethical duty and essential for success, and it prioritizes "action" as WHO moves from the "what" to the "how" - exchanging knowledge to solve real problems.

The EPW reflects WHO/Europe's determination to leave no one behind and to strengthen health leadership in the Region.

It was developed through a process of extensive consultation with Member States, the European Commission, non-State actors, intergovernmental and United Nations organizations, and WHO staff, and was adopted at the 70th session of the Regional Committee in September 2020.

Core priorities

1. Moving towards universal health coverage
2. Protecting against health emergencies
3. Promoting health and well-being

Flagship initiatives

WHO/Europe has identified 4 flagship initiatives to complement the EPW. These are intended as accelerators of change, mobilizing around critical issues that are high on the agendas of Member States.

1. The Mental Health Coalition
2. Empowerment through Digital Health
3. The European Immunization Agenda 2030
4. Healthier behaviours: incorporating behavioural and cultural insights
Maximizing country impact: Examples of the European Programme of Work in action from across the WHO European Region.
CORE PRIORITIES

1. Moving towards universal health coverage

Example: In Uzbekistan, WHO has provided technical support to the Government to assist with health system reform that is bringing the country closer to universal health coverage.

"When I first heard about creating multi-profile teams at the primary care level, I was opposed. I simply could not see how such ambitious reforms could be implemented. Now, after a year and a half of joint work with the Ministry of Health, Ministry of Finance and other ministries, and with the support of WHO, we have developed, step-by-step, a new model for delivering services, supported by a new model of financing them. The health workers of Syrdarya are very proud to be at the frontline of reform. It is a huge responsibility – the responsibility to show health workers across Uzbekistan, and all the people we serve, what the path towards universal health coverage can look like."

Dr Rustam Yuldashev, Head of the Regional Health Department in Syrdarya Oblast, Uzbekistan

Children's routine immunizations in a clinic in Uzbekistan. © WHO / Anna Usova
A new model of maternal, antenatal and postnatal care is being implemented in 17 primary health care centres of excellence in Kazakhstan. © WHO / Jerome Flayosc
The Healthbuddy+ app, a multilingual interactive chatbot answering questions about COVID-19, was launched in May 2020 in Europe and central Asia in response to the COVID-19 pandemic. © WHO / Uka Borregaard
CORE PRIORITIES

2. Protecting against health emergencies

Example: Throughout the COVID-19 pandemic, the spread of misinformation – amplified on social media and other digital platforms – has proven to be a significant additional threat to global public health. HealthBuddy+ is a web-based chatbot and mobile app created by WHO/Europe and United Nations Children's Fund (UNICEF) Europe and Central Asia. It allows WHO and its partners to engage at the country level, debunking false claims about the virus, supporting the dissemination of truthful information on COVID-19, collecting feedback, concerns, and rumours from users in 20+ languages and countries, and strengthening trust in pandemic response efforts.

"HealthBuddy+ has enabled partnerships and become a digital compass in the boundless infodemic. It is serving an immediate crisis-intervention role, but it will have an even greater impact if it becomes a trusted companion for the long run, a sustainable hub for health literacy and mental health beyond the COVID-19 crisis."

Mr Ivaylo Spasov, Communication for Social Change Officer at UNICEF Bulgaria and HealthBuddy+ implementer
Example: WHO and its Member States have set the goal of eliminating industrially produced trans fats from the food supply by 2023, and the European Region is moving towards becoming the first WHO region in the world that is trans fat-free.

WHO/Europe supported Turkey in the process of developing and implementing regulations, announced in 2020, to limit the amount of industrially produced trans fats allowed in foods.

"Turkey has shown great political commitment by taking a mandatory approach to the elimination of industrially produced trans fats from the food supply. This will reduce exposure to artificial trans fats and increase the availability of healthier alternatives to reduce the number of deaths from cardiovascular disease."

Dr Müşerref Pervin Tuba Durgut, Vice President of Health, Family, Labour and Social Affairs Commission of the Grand National Assembly of Turkey
Example: In Ukraine, WHO released a Ukrainian version of the Mental Health Gap Action Programme Intervention Guide Version 2.0 (mhGAP-IG 2.0) and its mobile app for health-care workers. These user-friendly decision-making tools aim to support health workers in their daily practice and ensure access to quality care for the population.

These tools help doctors to identify and provide support to people experiencing stress, anxiety, depression, self-harm/suicidal behaviour and substance use disorders in a timely fashion.

"The mhGAP approach helps significantly in my day-to-day responsibilities."

Dr Levhen Yatsura, a family doctor working in the Ukrainian city of Kramatorsk at Family Medicine Centre No. 1, who observed that more than 40% of his patients had symptoms such as high blood pressure, headache or sleep disorders that can be associated with stress-related mental health conditions.
Students at Kazakh National Medical University in Almaty training in telemedicine. © WHO / Jerome Flayosc
Example: A digital health initiative in Georgia named Project Atlas created virtual clinics that link a senior doctor with voluntary medical specialists, junior doctors, medical students and patients in a series of virtual, cloud-based chat rooms. It offers an example of how digital health can accelerate and improve the quality and accessibility of health services, making them more responsive to people's needs. The project was scaled up rapidly to meet the demands of the COVID-19 pandemic, with more than 5000 COVID-19 patients seen virtually by doctors by the end of 2020. Project Atlas also provides a training platform for the next generation of doctors.

"Before, doctors had to make phone calls, write notes and repeat the same basic messages to each patient individually. Now, the doctor's time is freed up to respond to the most urgent requests. We can teleport into different emergency rooms and make a decision in 30 seconds using this system."

Dr Davit Mrelashvili, a neurologist from Georgia who created Project Atlas
Example: A 2021 poliomyelitis (polio) vaccination campaign in Tajikistan reached more than 1.2 million children with 2 doses of oral polio vaccine. The campaign aimed to stop circulation of vaccine-derived poliovirus type 2. In 2020, Tajikistan was able to detect and report the first polio cases in the country since 2010, thanks to the well functioning disease surveillance system. This triggered an international response, with WHO and partners working closely to interrupt transmission and undertake the necessary vaccination campaigns, leaving no child behind.

"Polio vaccination is available at the primary health-care facilities, smaller health-care points and via outreach teams. In my catchment area, I have to vaccinate 679 children, and it is very important to have all of them protected against polio."

Mr Farukh Murodzoda, a feldsher working at a health-care point in Vakhsh District in southwestern Tajikistan
A child in the Vakhsh region in Tajikistan receiving her first dose of oral polio vaccine.
© WHO / Mukhsindzhon Abidzhanov
**Example:** Countries across the Region have used a WHO/Europe behavioural insights survey tool to explore population behaviours, perceptions and well-being during the pandemic. This critical insight has allowed a people-centred approach in the pandemic response, sensitive to populations’ perceptions of fairness and trust and their emotional response. A Community of Practice has emerged from this work, where countries are sharing experiences and learnings and planning joint initiatives.

"Using data from BI surveys in Serbia, we understood which population groups had lower COVID-19 vaccination intentions and which messages would drive them. Following our response, vaccination intentions have increased from 35% to 57% over 6 months. Data regarding use of essential health services and mental health are also helping us to shape our response in these areas. From the perspective of the Institute of Public Health of Serbia, we would not have been able to target our actions in such a productive way without the information gained through these surveys."

Dr Verica Jovanovic, Director of the Institute of Public Health of Serbia
People following COVID-19 public health and social measures in Belgrade, Serbia. © WHO / Blink Media - Martyn Aim
Delivery of personal protective equipment for health workers in Azerbaijan. © WHO / Fanara Bunyadzada
OUR PARTNERS

Partnership is not merely a matter of good will, it is an ethical duty and a prerequisite to making progress on our shared goals.

Dr Hans Henri P. Kluge, WHO Regional Director for Europe

WHO/Europe has established partnerships with a wide range of organizations and networks in the European Region, including United Nations bodies, intergovernmental organizations, global health partnerships and other non-state actors including civil society, academia and foundations.

The Regional Office takes a proactive approach to partnerships and welcomes new partners with whom to promote and protect health.

Some of our many current partners include:

WHO/Europe hosted partnerships
- the European Observatory on Health Systems and Policies;

United Nations system and international financial institutions

The European Union and its institutions

Global health partnerships such as:
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- GAVI Alliance

Sub-regional organizations such as:
- Central European Initiative
- Commonwealth of Independent States
- Council of the Baltic Sea States
- Eurasian Economic Community
- Northern Dimension Partnership in Public Health and Social Well-being
- Organisation of Islamic Cooperation
- Shanghai Cooperation Organisation
- South-eastern Europe Health Network
- The Nordic Council of Ministers
- Turkic Council
The International Federation of Red Cross and Red Crescent Societies

Organisation for Economic Co-operation and Development (OECD)

290 Collaborating Centres throughout the Region

Regionally accredited partnerships with non-State actors and civil society such as:

- AFEW International
- AGE Platform Europe
- AIDS Healthcare Foundation Europe
- Alzheimer Europe
- Center for Health Policies and Studies, PAS Center
- Centre for Regional Policy Research and Cooperation "Studiorum"
- EUROCAM
- EuroHealthNet
- European Alcohol Policy Alliance (Eurocare)
- European Association for the Study of the Liver (EASL)
- European Cancer Organization (ECCO)
- European Federation of Allergy and Airways Diseases Patient's Association
- European Federation of Nurses Associations
- European Federation of the Association of Dietitians
- European Forum for Primary Care
- European Forum of Medical Associations (EFMA)
- European Forum of National Nursing and Midwifery Associations
- European Hospital and Healthcare Federation
- European Medical Students Association (EMSA)
- European Patients' Forum
- European Public Health Alliance
- European Public Health Association (EUPHA)
- European Respiratory Society
- European Stroke Organization
- Finnish Association for Substance Abuse Prevention
- Health Care Without Harm (HCWH) Europe
- Norwegian Cancer Society
- Standing Committee of European Doctors
- The Association for Medical Education in Europe (AMEE)
- WEMOS

Only with this diverse array of partners can WHO/Europe deliver its work.
Rehabilitation services in Norway. Such services are important given the Region’s ageing population and the prevalence of noncommunicable diseases. © WHO / Noor / Sebastian Liste
NOTABLE ACHIEVEMENTS

Compared to every other WHO region, the European Region has the lowest mortality figures for children under the age of 5, and this is due in part to strong immunization systems. Many countries in the Region have among the highest rates of routine immunization coverage in the world. For the Region as a whole, over the past 5 years at least 90% of eligible children received their first dose of measles-containing vaccine. Similarly high rates have been reported for several other vaccines in national immunization schedules.

Life expectancy has increased for citizens in the Region: Europeans live, on average, more than 1 year longer than they did 5 years ago.

The Region has dramatically reduced the number of new cases of HIV among children: in 2014, mother-to-child transmission accounted for just 1% of reported new cases of HIV.

Mothers are healthier during pregnancy and delivery: the maternal mortality rate decreased by almost half within the Region from 2000 to 2015.
Smallpox was eradicated from the Region in 1979, the Region was certified polio-free in 2002, and malaria transmission was interrupted in 2015.

The Region is a global leader in banning the use of trans fats, with at least 30 countries having already introduced bans or restrictions. WHO has created the REPLACE action package to support countries in eliminating trans fats.

The WHO Framework Convention on Tobacco Control (FCTC) is a legally binding treaty providing a global response to the tobacco epidemic. It was the first treaty ever negotiated under the auspices of WHO, and was adopted by the World Health Assembly on 21 May 2003. Since its entry into force in 2005, this international treaty has become one of the most rapidly and widely embraced treaties in United Nations history. In the European Region, 51 countries have ratified the WHO FCTC.
The number of doctors, nurses and midwives in the WHO European Region increased by 4% between 2010 and 2018.

Despite the ongoing burden and challenge of preventing violence and injuries, deaths across the Region have decreased by more than 34% since 2000, through implementing evidence-based and data-driven policies and practices.

The European Region is a global leader in protecting people’s health from environmental risks. For over 30 years, WHO/Europe has provided technical support to promote knowledge and build capacity on the health aspects of air quality, chemicals, water, sanitation and hygiene, climate change, occupational health, contaminated sites, waste management, sustainable urban environments, and cross-cutting topics such as environmental health inequality and environment and health impact assessment. The Regional Office produces important guidelines on air quality and noise.
During the COVID-19 pandemic, countries in the European Region have worked together to share knowledge and information in real time on the spread of new SARS-COV-2 variants of concern through WHO/Europe's established online platforms. 243 missions to countries, training for over 41,000 national experts in core emergency response areas, and the publishing of 63 guidance documents have been part of the unprecedented response conducted by WHO/Europe over the first 19 months.

In recent years many countries in the Region have taken steps towards strengthening universal health coverage and reducing financial hardship, including: providing publicly financed health services to more people; offering benefits packages for medicines; and introducing exemptions, annual caps and digital solutions to protect people from health service user charges (co-payments).

The European Region is the only region globally that met the 2020 milestones of the End TB Strategy, with a reduction of 19% in the TB incidence rate and 31% fall in the number of TB deaths between 2015 and 2019.
KEY CHALLENGES

Life expectancy at birth among countries of the Region ranges from 83.0 at the highest to 73.4 at the lowest (2018 data), illustrating regional health inequities. On average, women live 6.5 years longer than men in the Region.

Cardiovascular diseases are the leading cause of death in the Region. With more than 3.7 million new cases and 1.9 million deaths each year, cancer represents the second most important cause of death and morbidity in Europe.

More than 150 million people in the WHO European Region live with a mental health condition, with depression being the most common mental health disorder affecting 45 million people. Health systems have not yet adequately responded to the burden of mental disorders; in low- and middle-income countries, between 70% and 85% of people with mental disorders receive no treatment for their condition.

Alcohol use is declining in the Region, yet consumption levels remain the highest in the world and vary widely between countries. The damaging impact of alcohol starts very early in the life course, with one in every fourth deaths in the WHO European Region in the age group of 20–24-year-olds being caused by alcohol.
Globally, the Region has the highest prevalence of tobacco smoking among adults aged 15 and older: 24.6% in 2018.

Of the 6 WHO regions, the European Region is the most affected by noncommunicable diseases (NCDs), and their growth is startling. The impact of the major NCDs (diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental disorders) is equally alarming: taken together, these 5 conditions account for an estimated 86% of the deaths and 77% of the disease burden in the Region.

Overweight rates in the Region increased from 53.6% of the population in 2005 to 58.7% in 2016. For obesity, rates increased from 18.9% of the population in 2005 to 23.3% in 2016.

Someone is killed on the roads of the Region every 8 minutes – 190 people every day, 69 000 people every year. Road trauma kills more people aged 5 to 29 than any other cause in the European Region. Deaths are just the tip of the iceberg, with more than 130 000 people seriously injured in the EU alone, placing an enormous burden on health systems.

Violence and unintentional injuries cause significant death, human suffering and disability in the Region every year. In 2015, they accounted for almost 5.7% of all deaths (530 000 lives lost) and 9.4% of all disability-adjusted life years. Injury and violence remain the leading causes of death among people aged 5 to 49 in the Region.
KEY CHALLENGES

It is estimated that 1 in 4 women in the Region will experience physical and/or sexual violence by an intimate partner at some point in her life. Estimates based on surveys in Europe suggest that 49 million women in the Region have experienced violence.

Catastrophic health spending – where health costs borne by households represent a large proportion of their income – is a key indicator of financial hardship. It affects between 1% and 17% of households on average, rising to between 3% and 56% of households in the poorest fifth of the population. It is closely linked to how much countries rely on out-of-pocket payments by households to finance the health system. The out-of-pocket payment share is over 15% in 40 out of the 53 countries in the Region.

There are an estimated 135 million people living with some form of disability in the WHO European Region. Only 1 in 2 persons with disabilities can afford health care, including rehabilitation services; and 1 in 10 have access to assistive products.

15% of all WHO European Region deaths (1.4 million deaths/year) are linked to environmental conditions, and around half of these deaths are associated with indoor and outdoor air pollution.
Although the Region carries only 2.3% of the global TB Burden, it is one of the regions most severely affected by drug-resistant forms of tuberculosis. It is estimated that one in six new TB patients, and half of previously treated TB patients have a multi-drug resistant form of the disease.

Vaccine-preventable, foodborne, health care-related and communicable diseases pose significant threats to human health. In addition, the emergence and spread of antimicrobial resistance threatens our ability to treat common infectious diseases. With 60% of known infectious diseases originating from animals, a One Health approach is needed to address health threats that emerge at the human-animal-environment interface, such as food and water safety, zoonotic diseases, vector-borne diseases, environmental health and antimicrobial resistance.

In some countries, the number of foreign-trained doctors has almost doubled in recent years, highlighting the need for Member States to invest in better training, education and retention of health workers.

The COVID-19 pandemic has laid bare the challenges and gaps in resilience to health emergencies, and shown that preparedness pays. Even before, in a typical year hundreds of people would die or become severely ill as a result of emergencies, and Europe would suffer economic losses of approximately €10 billion. The pandemic has taken a much higher toll: during its first year, data provided by countries indicates that two thirds of the European countries who reported would benefit from accelerated emergency preparedness efforts.
The approved global WHO base budget is approximately US$ 4 billion for a biennium, or 2-year period. Assessed contributions from Member States account for just under US$ 1 billion, representing roughly 22% of the base budget. The remaining 78% must be sourced through voluntary contributions from countries, agencies and other donors. This budget covers the work of WHO at the 3 levels of the Organization: headquarters, regional offices and country offices.

The European Region's base budget per biennium is approximately US$ 320.5 million, covering the Regional Office and country levels. Assessed contributions generally represent approximately 32% of the budget, and the remainder must be raised through voluntary contributions. The budget is organized around the GPW 13 results structure of strategic priorities, outcomes and outputs.

WHO European Region's base budget by strategic priority

- Universal health coverage: 40%
- Health and well-being: 31%
- Effective and efficient support: 15%
- Health emergencies: 14%
Good prison health reduces reoffending, the social costs of imprisonment, and public health expenditure. © WHO / Piotr Malecki
Nurse at Rigshospitalet, Copenhagen, Denmark. © WHO / Uka Borregaard
The WHO Regional Office for Europe
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States
Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czechia  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Montenegro  
Netherlands  
North Macedonia  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
Turkey  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan