**Abstract**

The present report aims to give a snapshot of the key activities of the WHO Regional Office for Europe (WHO/Europe) since September 2020. The work of WHO/Europe over the past year has been guided by the European Programme of Work, 2020–2025 – "United Action for Better Health in Europe"; its four flagship initiatives; and the targets of the Thirteenth General Programme of Work, 2019–2023 (GPW 13). The report presents activities within the scope of each of the three pillars of GPW 13: health emergencies, universal health coverage, and health and well-being, along with the supporting pillar of becoming more fit for purpose. Each is covered in the context of the COVID-19 pandemic, which continued to require the highest attention and mobilization across the entire Organization.

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REPORT OF THE REGIONAL DIRECTOR

The work of the WHO Regional Office for Europe in 2020–2021
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<td>COSI</td>
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<td>COVID-19</td>
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<td>ECDC</td>
<td>European Centre for Disease Prevention and Control</td>
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<td>ECEH</td>
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<td>ELA</td>
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<td>GDO</td>
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<td>IBC</td>
<td>Issue-based Coalition</td>
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<td>IEAOC</td>
<td>Independent Expert Oversight Advisory Committee</td>
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<td>IMST</td>
<td>Incident Management Support Team</td>
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<td>IZRIIS</td>
<td>Institute for Research, Intergenerational Relations, Gerontology and ICT</td>
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<td>NCD Advisory Council</td>
<td>Advisory Council on Innovation for Noncommunicable Diseases</td>
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<td>PHC</td>
<td>primary health care</td>
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<td>RC70</td>
<td>70th session of the WHO Regional Committee for Europe</td>
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<td>RCCE</td>
<td>Risk communication and community engagement</td>
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<td>SARS-CoV-2</td>
<td>severe acute respiratory syndrome coronavirus 2</td>
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<td>SCO</td>
<td>Shanghai Cooperation Organization</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>TAG</td>
<td>technical advisory group</td>
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<td>the Monti Commission</td>
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<td>UHC</td>
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<td>UNDCO</td>
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Foreword by the Regional Director
Last year, I concluded the 70th session of the WHO Regional Committee for Europe (RC70) by saying it would be difficult to anticipate what the next 12 months would bring. Now we know.

The pandemic has brought new challenges and continued to take a devastating toll of lives; new variants have fuelled the spread, preventing societies from returning to what we once considered normal.

Despite the challenges, we have kept our work centred on the best way to serve our 53 Member States and prepare for a better future and better health for the citizens of the WHO European Region. We have found a way to support Member States in their response to the pandemic of coronavirus disease (COVID-19), while keeping our sights set on moving forward, reaching other health goals and making progress on key health priorities of the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW).

Throughout my first year as WHO Regional Director for Europe, I have counted on a dedicated team, always ready to adapt their ways of working and give the Organization their full efforts. Country offices have also played a vital role in the past year, disseminating knowledge in a constantly changing context and rationalizing resources to improve efficacy, in order to serve countries better.

We have much to learn from this moment in history. If we are wise enough to draw the right lessons from the pandemic, then I truly believe we can build back better. This is not merely a catchphrase, but a promise to the people of the European Region, our partners and fellow stakeholders.

Over the last year, the WHO Regional Office for Europe (WHO/Europe)1 has brought together some of the brightest minds, not only to help us out of this public health

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1 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. It is through these offices that Programme budget 2022–2023 will be delivered, with the support of a broad partnership community, including over 270 WHO collaborating centres.
crisis, but also to help us identify key lessons we must learn. They include the group of esteemed experts on the Pan-European Commission on Health and Sustainable Development, chaired by Professor Mario Monti, President of Bocconi University and former European Commissioner. The implementation of the Commission’s report will lead to better emergency preparedness and to getting back on track to achieve the health-related Sustainable Development Goals (SDGs), countering growing inequity and increasing threats to our environment.

While our eyes are on the future, we are fully committed to leaving no one behind and achieving the goals laid out in the EPW, guided by the new EPW measurement framework which is submitted for approval to the Regional Committee at this session. As the pages of this report outline, WHO/Europe has worked hard to meet
the challenges of this past year head on, while finding ways to support country response and recovery. At the same time, we have prioritized long-term plans, which closely track the globally focused Thirteenth General Programme of Work, 2019–2023 (GPW 13).

The pandemic has taken a devastating toll in terms of lives lost and the overall health of those suffering from post-COVID-19 conditions, but also in terms of mental health and wide-ranging impact at economic, cultural and social levels. Governments face increasingly restrictive budgets, and the deadlines for our health goals seem to creep steadily towards us without pause or reprieve. But there is still cause for optimism and hope.

As I have travelled across the WHO European Region, I have been privileged to meet many people whom I would term “super-spreaders” of solidarity and hope – two qualities sorely needed in these difficult times. Our front line health workers, epidemiologists, health experts and policy-makers are all doing their part to keep health and well-being at the centre of their government’s agenda; tirelessly working for health, equity and human rights; leading the fight against climate change; and boldly taking us forward – including our own Royal Patron, Her Royal Highness The Crown Princess of Denmark, whose unwavering support for WHO/Europe is deeply appreciated.

The pandemic will leave profound footprints in our collective memory. But it has also paved the way for a better and invaluable understanding of the meaning of health; that health is a leading precondition for functioning economies and societies, that health is a bond between people and our planet – and that it should never be taken for granted. Whatever the future holds, we have never been better equipped or as well informed about how best to face future threats and challenges as we are today; namely with international solidarity, reformed primary health care (PHC) and interregional collaboration.

Much work remains to be done, but there is also much progress to celebrate. I am pleased to share this report with you and give you a glimpse into some of the work of WHO/Europe over the past year.
Introduction
The current report provides an overview of some of the main activities of WHO/Europe from September 2020 to September 2021. It positions the work of WHO/Europe within the context of the global United Nations family and gives a sense of how we work – on a global, regional, subregional and national level.

The report is not intended to give a comprehensive account of WHO/Europe’s activities. It should be read in conjunction with the verbal presentation of the Regional Director at the 71st session of the WHO Regional Committee for Europe (RC71), as well as the accompanying RC71 documents, such as progress reports, where detailed information can be found on the programmatic activities of the last 12 months. In particular, the examples of work at country level within these pages offer only a snapshot of the countless actions undertaken by the country offices to support Member States.

The present report follows the structure of EPW, adopted by the Regional Committee in 2020 as WHO/Europe’s new framework for action, aligning the work of WHO/Europe with the global GPW 13. The report summarizes action undertaken under each of the three pillars of the triple billion targets of GPW 13: universal health coverage (UHC), health emergencies, and health and well-being. It presents how WHO/Europe has made further progress in placing countries at the centre of its work and becoming more fit for purpose, in line with the fourth supporting pillar of GPW 13. It also reports on the preparatory work accomplished to launch the four EPW flagship initiatives, interweaving the three main ambitions that have spearheaded WHO/Europe’s work during the past year: driving innovation, strengthening collaboration and moving beyond the COVID-19 pandemic – reinventing health care while building back better.
The work of WHO/Europe
Following an unprecedented year in 2020, WHO/Europe undertook an approach in the latter part of 2020 and into 2021 that maintained a dual-track focus:

- addressing the continuing challenges associated with COVID-19; and
- moving forward with action on other health priorities and essential services.

Health emergencies during the past year have once again underscored the vital importance of health and well-being to societies. In the midst of devastation, they also offer opportunities to build momentum and support for non-emergency health initiatives. This has been reaffirmed numerous times as WHO/Europe has collaborated with Member States and partners to achieve progress on the core priorities and EPW flagship initiatives. The following sections provide an overview of that work.
Core priority 1: moving towards universal health coverage

COVID-19 has exposed the perils and pitfalls of health inequity and provides the strongest argument in years for prioritizing UHC. Although health is a fundamental human right, decades of inequitable access to health services have led to differences in outcomes across the Region. The pandemic has pulled back the curtain on the distressing reality of inequality, but also sharpened the call to action. Achieving UHC will not only lead to healthier populations and improve overall quality of life, but will also ensure that countries and regions are better prepared to face and withstand future health emergencies. Another resounding lesson from the pandemic is that the countries that have fared better are those that have invested strategically in public health and PHC underpinned by mature digital ecosystems, enabling them to ensure consistent delivery of essential services while scaling up their pandemic response.

Access to quality health services

The pandemic has put health systems in the Region to an unprecedented test. Front line workers have carried, and continue to carry, a tremendous burden, prompting WHO to designate 2021 the International Year of Health and Care Workers. In June 2021, WHO/Europe, with the Regional Office for South-East Asia and the Regional Office for the Eastern Mediterranean, jointly organized a high-level policy dialogue on international mobility of health professionals, in which participants...
discussed mobility patterns before and after the COVID-19 pandemic, as well as new challenges and opportunities with respect to ethical international recruitment and employment of foreign workers.

WHO/Europe provided technical assistance for 12 Member States in health workforce planning and performance; health education; data collection, analysis and monitoring; and the future development of nursing as a profession.

In March 2021, WHO/Europe organized the Biennial meeting of Government Chief Nursing and Midwifery Focal Points, European Forum of National Nursing and Midwifery Associations and WHO collaborating centres in the European Region (virtual meeting, 24–25 March 2021). The meeting discussed regional challenges, priorities and opportunities in relation to the Global Strategic Directions for Strengthening Nursing and Midwifery 2016–2020, to be taken into consideration in the European Nursing and Midwifery Roadmap 2021.

In April 2021, WHO/Europe established the WHO European Centre of Excellence for Quality in Care and Patient Safety in Athens, Greece. The Centre will support the creation of national strategies and frameworks, create an innovation hub to share novel safety approaches, translate research and findings into practical information, and build alliances.

The past year has seen an inspiring transformation of PHC at the country level. Countries have grasped the opportunity to accelerate long-standing policies to strengthen PHC, such as adding social workers and mental health specialists to PHC teams for a more holistic response and investing in mobile teams and digital services to take services closer to the people and reach the vulnerable. WHO/Europe has provided direct support to 15 countries to strengthen their PHC response, with a focus on central Asia, the Caucasus, eastern Europe and the Western Balkans, maintaining delivery of a prioritized set of essential services while contributing to the COVID-19 response.

This spring, the Regional Director spoke to the Council of Ministers of Health of the Commonwealth of Independent States (CIS) on the role of PHC in ensuring access to services during the pandemic, calling on political leaders to reaffirm the importance of PHC.

Highlighting the importance of PHC, the WHO European Centre for Primary Health Care in Almaty, Kazakhstan, launched a successful monthly webinar series in a talk show format – “Let’s talk primary health care”, delivered in English and Russian. The aim of the series was to connect with country task forces on PHC from various countries in the Region and spark a regular intercountry conversation about the importance and future of PHC. Thus far, the series has drawn participants from over 40 countries.

In June 2021, WHO/Europe launched a training course on PHC performance monitoring and management with our collaborating centre at Amsterdam University Medical Centre. In this first round, six country teams from Georgia, Latvia, Lithuania, Kazakhstan,
Ukraine and Uzbekistan received tailored support through workshops and coaching. Furthermore, with the support of the Bill & Melinda Gates Foundation, WHO/Europe worked with Kazakhstan, the Netherlands, Romania, Tajikistan and the United Kingdom of Great Britain and Northern Ireland to examine the impact of COVID-19 disruption on maternal and child health, exploring ways to mitigate this in the future.

The pandemic has shone an unforgiving light on gaps in long-term care systems across the Region, leading to a review of needs in several countries. Over the past year, WHO/Europe has supported France and Slovenia in establishing systems of long-term care for older people that respond better to the needs of rapidly ageing populations, with better quality services, and that allow more people to live independently for longer, with a particular focus on making sure that those living with dementia are not left behind.
BOX 1. FLAGSHIP INITIATIVE: EMPOWERMENT THROUGH DIGITAL HEALTH

Under this flagship initiative, WHO/Europe has supported Member States in adopting digital technologies as part of national pandemic responses and helping to ensure continuity of health services through innovative solutions.

As the WHO region with the most prolific adoption of digital proximity tracing technologies – used by at least 31 countries out of 53 – WHO/Europe co-authored landmark guidance, together with the European Centre for Disease Prevention and Control (ECDC) and WHO headquarters, to evaluate the effectiveness of these technologies for public health. This was a global first in developing a baseline for measuring the use and efficacy of digital proximity tracing as an integrated part of the public health response to the pandemic.

WHO/Europe also led a successful bid on behalf of a coalition of United Nations partners for a landmark pilot project in Georgia that aims to mitigate the impact of COVID-19 by using telemedicine and digital health, enabling a new model for PHC services. In Latvia, WHO/Europe provided technical assistance to the Ministry of Health to assess digitalization, identify gaps and draft a national digital transformation strategy. In Romania, WHO/Europe developed LENA; a mobile app that provides guidance for health care workers on communicating with patients on vaccination-related issues.

WHO/Europe also rolled out enhancements to the HealthBuddy+ mobile app, developed in partnership with the United Nations Children’s Fund (UNICEF). The multi-featured information platform provides public access to evidence-based information on COVID-19 using machine-learning, artificial intelligence and continuous fact-checking to offer content tailored to users’ needs in 22 languages.

Bridging existing public–private divides within and beyond our Region can greatly accelerate action for increasing the interoperability and use of health data. An August 2021 visit by the Regional Director to the United States of America resulted in a number of opportunities to broker new transatlantic digital health partnerships that offer great promise in unifying and aligning action for achieving the strategic objectives of the digital health flagship initiative.
Financial hardship caused by out-of-pocket payments

The importance of financial protection in addressing inequities in access to health services was highlighted in April 2021, as the WHO Barcelona Office for Health Systems Financing launched its new report “Spending on health in Europe: entering a new era”, the first in-depth analysis of health spending across all 53 Member States of the Region over nearly two decades. The report reviews key patterns and trends in the following areas:

- health spending before the pandemic;
- the priority given to health in government budgets and the adverse effects of out-of-pocket payments on financial protection;
- compulsory health financing arrangements and their impact on progress towards UHC;
- spending on PHC; and
- the implications of the COVID-19 pandemic for health spending and the role of public policy in mitigating the negative effects of the pandemic and building health system resilience.

This first-of-its-kind analysis clearly shows that economic shocks have long-term adverse effects on public spending on health. Between 2013 and 2018, after the recovery from the global financial crisis, out-of-pocket payments on health grew faster than public spending in most lower-middle-income countries in the Region; and also in around half of the upper-middle-income and high-income countries. Budget cuts and coverage restrictions have undermined national and regional progress towards UHC. It is difficult for countries to provide strong financial protection when out-of-pocket payments account for more than 15% of current health spending. Simultaneously, the gap between high- and middle-income countries in terms of capacity to protect people from financial hardship and address unmet needs has continued to widen. The report’s findings underline the importance of making health a political priority, echoing a call to action from the Pan-European Commission on Health and Sustainable Development. Governments willing to put health and well-being at the heart of COVID-19 recovery, despite expected budgetary pressures, should find strong support from international financial institutions and the public, as survey after survey shows the extent to which people value public investment in health.
During the past year, WHO/Europe provided technical assistance in 14 countries with a focus on reducing out-of-pocket payments, producing detailed analytical reports with policy recommendations on coverage, access and financial protection for Albania, Cyprus, Finland, Georgia, North Macedonia and the Republic of Moldova.

Furthermore, WHO/Europe provided technical assistance in Uzbekistan for the development and approval of a landmark legislative package that will support comprehensive health financing and service delivery reform aimed at improving financial protection and access to quality evidence-based PHC services.

**Access to medicines, vaccines and diagnostics**

The Oslo Medicines Initiative, launched in September 2020 with the Norwegian Ministry of Health and Care Services and the Norwegian Medicines Agency, offers a platform for creating a new joint vision for collaboration between the public and private sectors to ensure equitable and sustainable access to effective, novel and high-priced medicines. As part of the initiative, an informal consultation was held in January 2021 with 114 participants from 33 Member States to discuss the current roles and responsibilities of the public and private sectors in various countries and to obtain feedback on proposals for taking the initiative forward. April 2021 saw a consultation with non-State actors in the framework of the Oslo Medicines Initiative. In June 2021, the Regional Director was invited by the International Federation of Pharmaceutical Manufacturers and Associations and the European Federation of Pharmaceutical Industries and Associations to present and discuss the Oslo Medicines Initiative with chief executive officers representing the major players in the biopharmaceutical industry on ways in which the sector can contribute to the success of the initiative, agreeing on guiding principles for public–private partnership towards a new social pact on sustainable access to affordable, innovative medicines.

WHO/Europe and UNICEF’s Supply Division, with support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), united their technical resources and expertise to support the
health authorities of five countries – Azerbaijan, Georgia, Kazakhstan, Republic of Moldova and Uzbekistan – in optimizing their supply chains to ensure timely delivery of medicines and other health products. Integrated teams will establish development needs in the countries’ supply chain management systems, identifying and quantifying their strengths, gaps and opportunities as the basis for organizing and implementing improvement plans.

The need to ensure drug security and equitable access to vaccines while strengthening national health systems was further highlighted during the Regional Director’s week-long visit to the Russian Federation for the Saint Petersburg International Economic Forum. During its inaugural Drug Security Forum, the Regional Director stressed the importance of health equity and international collaboration to ensure equitable access to essential services, medicines and technologies.
BOX 2. MENTAL HEALTH FLAGSHIP INITIATIVE: EXAMINING THE MENTAL HEALTH IMPACTS OF COVID-19

With the renewed focus on mental health in the Region as a result of the COVID-19 pandemic and resulting restrictions, and under the Mental Health Coalition flagship initiative of the EPW, a technical advisory group (TAG) was established in February 2021, comprising a range of field-related experts, front line workers, mental health service users and COVID-19 survivors. The TAG aimed to examine the mental health impacts of the pandemic, provide appropriate advice and guidance for Member States and suggest key actions to be taken by national authorities.

The TAG found evidence of increased rates of mental distress and mental health conditions; that particular groups were at higher risk of mental health impacts including women, the younger population and those with pre-existing mental health conditions; that having lower educational attainment and lower income and living alone or with children increased the risk of anxiety and depression; and that public mental health services had been significantly disrupted in 38% of countries in the European Region and partially disrupted in almost half of the countries, including the closure of services, reduced staffing and fewer patients accessing care.

The TAG recommendations were presented at the Summit on actions required to address the impact of the COVID-19 pandemic on mental health and service delivery systems in the European Region, Athens, Greece, co-organized by WHO/Europe and the Hellenic Government on 22 and 23 July 2021. The Summit, focusing on actions required to address the impact of the COVID-19 pandemic on mental health and service delivery systems, was the first hybrid international event to be organized by WHO/Europe since the start of the pandemic; it was attended by 140 participants (70 physically present and 70 online) from 29 Member States. The Summit adopted a joint declaration, sending a strong message on the importance of placing mental health at the heart of the economic and social recovery process, taking stock of the lessons learned from the pandemic and calling for broad mental health service reform. Its content further shaped the technical package that is being presented at RC71.
Core priority 2: protecting against health emergencies

The past year has seen a continuation of the most severe health emergency the world has witnessed in a century. From January 2020 to 22 August 2021, the European Region has reported more than 60 million confirmed cases and more than 1.3 million deaths across the Region. Recently, the emergence of new variants has further challenged the pandemic response, making it clear that COVID-19 will continue to be a factor in the Region for some time to come. Against this backdrop, WHO/Europe has continued its work to prepare and protect countries of the Region against health emergencies – both the immediate emergencies of the present and those of the future.

COVID-19 vaccination strategies and deployment

Within the European Immunization Agenda 2030 (EIA 2030), a flagship initiative of the EPW, equitable and fair allocation of COVID-19 vaccines and vaccination was incorporated as an effective tool for containing the pandemic. Once developed and approved, vaccines quickly became the European Region’s – and the world’s – strongest weapon. WHO/Europe started to assist Member States in preparing for vaccine deployment, setting up appropriate vaccination strategies to protect vulnerable populations and build the capacity of health care professionals. This included:

- working with the European Technical Advisory Group of Experts on Immunization (ETAGE), the body tasked with providing independent expert
technical input to the Vaccine-preventable Diseases and Immunization programme of WHO/Europe, to outline 10 strategic programmatic areas that each country needs to consider and implement for an efficient vaccine roll-out;

- conducting more than 40 capacity-building technical webinars on each of the technical programmatic areas, which were attended by more than 3400 participants;

- developing an online platform for health workers, professionals and the public on the most common questions about vaccines and vaccination, with more than 30 short videos and podcasts in English, Czech, Russian, Spanish and Ukrainian;

- producing and revising vaccine-specific job aids and factsheets to equip health workers with the necessary technical information; and

- creating and disseminating social media content, including the “100 days of vaccinating health workers” campaign.

Information on preparedness levels shared by 48 Member States allowed WHO, UNICEF and other regional and national stakeholders to engage with countries, identifying gaps in the programmatic areas linked to robust deployment and implementation of COVID-19 vaccination that needed to be strengthened.

The first countries in the European Region began to deploy COVID-19 vaccines in late December 2020, prioritizing health care workers, elderly people and those with underlying health conditions. The benefits of the vaccines were then extended to other population groups. The online WHO/Europe COVID-19 Vaccine Programme Monitor allows monitoring of the reported vaccination data by age group in 51 Member States of the Region.

As of mid-August 2021, according to official and unofficial data from all Member States, 47% of the Region’s population had received a first vaccine dose, while 38% had completed full COVID-19 vaccination. Currently, the age group with the highest uptake at the regional level is people aged between 70 and 79 years, with an 82.5% uptake. The lowest uptake is in the age group 18–24 years, at 34.1%.

In order to maximize the impact on the epidemiology of COVID-19 with the available vaccines and to ensure that the functioning of the health services was sustained, it was recommended that health care workers and elderly population groups should be targeted in the national vaccination strategy. As of mid-August 2021, according to the data available from 34 Member States in the Region, 83% of the health care workers had received one vaccine dose, while 73% had completed the dose series. As a priority population group, 74% of the population above the age of 60 years had received one dose, while 69% of the population in the same age group had completed the dose series.

Since the first country in the Region started vaccinating, supported by ETAGE, nearly 800 million doses of COVID-19 vaccine have been administered. Despite the enormous efforts made by the countries in the
Region to provide the benefits of COVID-19 vaccines for their populations, the inequity in vaccination uptake is glaring. For instance, as of 10 August 2021, only 13% of the population in low- and lower-middle-income countries had received one dose of vaccine, compared with 62% in high-income countries. This inequity is also evident among various age groups and between countries.

Since March 2021, when vaccine delivery by COVAX started in the European Region beginning with the Republic of Moldova, a total of 13.1 million doses of COVID-19 vaccines have been delivered to 16 Member States in the Region. In addition, several countries in the European Region have received bilateral donations from neighbouring countries, including vaccine doses donated to COVAX. WHO Representatives and country offices have played a critical role in coordinating the roll-out, working in close partnership with UNICEF, United Nations resident coordinators and European Union (EU) delegations.

In order to close the vaccine inequity gap as fast as possible, the Regional Director created the COVAX-plus initiative, appointing a Special Adviser on COVID-19 vaccine roll-out, whereby WHO/Europe functions as a matchmaking platform between countries with a surplus of vaccines and countries lagging far behind the 80% coverage target set by ETAGE. The immediate and continued response to requests by WHO/Europe for vaccine-sharing on a bilateral basis, complementing COVAX, represents a resounding success of the pan-European initiative, and is also a demonstration of global solidarity beyond the European Region.

Additionally, the joint collaboration between the European Commission and WHO/Europe under the “Solidarity for Health Initiative”, worth €40 million, was launched to support COVID-19 vaccination preparedness and deployment in the six countries of the Eastern Partnership of the EU: Armenia, Azerbaijan, Belarus, Georgia, the Republic of Moldova and Ukraine. A further €3.5 million, coming under strengthening health systems resilience in the Western Balkans Project, supports vaccination preparedness and implementation in the Western Balkans.
BOX 3. ADDRESSING ISSUES AROUND VACCINATION UPTAKE, INCLUDING DEMAND FOR AND ACCEPTANCE OF VACCINES

Monitoring of vaccination uptake and systematic understanding of the demand for and acceptance of the vaccination, using available data to devise tailored, targeted interventions in countries, has been one of the major sources of impetus in the European Region. WHO/Europe’s tool for collecting population perception towards vaccines using behavioural insights and systematic formative research has allowed countries to tailor their interventions to improve vaccination coverage. In Ukraine, WHO/Europe, in collaboration with the Ministry of Health, conducted systematic formative research to determine the reasons behind the hesitancy of health care workers to recommend the vaccine to patients. Technical webinars and information and communication campaigns for health workers provided the required groundwork for workers to swiftly implement vaccine administration and communicate the risks and benefits of vaccination to their patients, thereby helping to steadily increase vaccination uptake.

Understanding of demand and acceptance issues among health care workers in Estonia, together with systemic issues around vaccine registration, allowed WHO/Europe to work closely with the Ministry of Health on the use of self-explanatory videos for health workers to improve vaccination uptake.

In order to gain a holistic understanding of the population’s perception of immunization issues, including a comprehensive understanding of the reasons around vaccine hesitancy, WHO/Europe has developed an objective model based on systematic modelling for “looking beyond numbers to use data for action”. A meeting of the chief medical officers of the Member States took place in September 2021 to share the concepts and tools to support countries in accelerating vaccination uptake.

During the Regional Director’s mission to the United States of America in August 2021, transatlantic government partners and the Pan American Health Organization showed great interest in a tripartite collaboration on combating vaccine hesitancy and disinformation.

Emergency response

From the early days of the pandemic, WHO/Europe has used innovative approaches to support countries’ emergency response. On a daily basis and across several platforms and channels, WHO/Europe has issued COVID-19 situation reports, risk assessments, briefs, updates, dashboards, news and statements with the aim of providing timely and evidence-based guidance to health authorities and the general public, applicable to the regional and national context. In October 2020, public health experts from more than 30 countries and partner organizations in the European Region connected remotely to
discuss how to improve the understanding of pandemic fatigue and reinvigorate public support for protective behaviours.

Risk communication and community engagement (RCCE) aimed to place countries at the centre, with the development of tools and projects designed to be relevant to and tailored for national use. WHO/Europe has developed guidance, templates and projects on infodemic management; youth, religious leaders and civil society engagement; vaccine acceptance and uptake; training packages on aspects and principles of RCCE; contact tracing; media and spokesperson training; and developed campaigns such as DoItAll and SummerSense, intended to serve countries’ needs in their efforts to develop tailored national strategies with a focus on the COVID-19 response. An RCCE information webinar took place every two weeks from March 2020 to July 2021, attracting over 3000 participants in total, within and beyond the Region. WHO/Europe has also monitored and advised on mass gathering events, such as the UEFA European football championship in June 2021, and their effects on the pandemic.
A TAG on schooling during the COVID-19 pandemic was established in the autumn of 2020. The TAG recommendations were presented at high-level meetings held in December 2020 and July 2021, bringing together more than 200 people from 40 countries in the Region, setting recommendations for the next academic year and supporting countries in enabling schooling and maintaining the health, well-being and development of children. The TAG is a living platform that will continue to advise on the best balance of benefits and harms of applied measures, and considering the rapidly changing situation. WHO worked closely with UNICEF and the United Nations Educational, Scientific and Cultural Organization on this issue.

Supporting the response to the COVID-19 pandemic from an environment and health perspective, the WHO European Centre for Environment and Health (ECEH) in Bonn, Germany has implemented a series of public webinars addressing the links between various aspects of environment and health and the COVID-19 pandemic. ECEH has published technical guidance and advocacy initiatives to promote safe water, sanitation and hygiene practices; address urban transport and mobility during and after the outbreak; reduce the risk of heat-health issues for vulnerable populations under lockdown conditions; and prevent and mitigate clusters of COVID-19 at workplaces. The work undertaken by WHO/Europe on the surveillance of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in wastewater has been cited in the European Commission recommendation as a common approach to establishing systematic surveillance of SARS-CoV-2 and its variants in EU wastewaters.

In an effort to provide guidance for Member States on how best to ensure continuity between science and decision-making, and acknowledging the unprecedented challenges Member States have faced in using evidence, often uncertain, to articulate public policies on COVID-19, WHO/Europe has initiated a joint partnership with the United States National Institutes of Health to gain a better understanding of ways to politically interpret and contextualize scientific evidence. The initiative issued 10 recommendations for facilitating synergies between scientific experts and policy-makers/law-makers.

WHO/Europe has also established a high-level expert working group to help define a strategy towards the sustainable control of COVID-19 transmission. The purpose is to define a set of actions that stabilize the pandemic – a gradual medium-term exit strategy. The conclusions of the working group will be presented at RC71 and will serve as the basis for a more detailed roadmap.

WHO/Europe has continued to respond to non-COVID crises throughout the Region. From its field office in Gaziantep, Turkey, WHO/Europe leads the health cluster and the humanitarian response for the Grade 3 Whole of Syria crisis, as well as the Grade 2 emergency in Ukraine. WHO/Europe provided incident management support during the Nagorno-Karabakh
crisis and the Grade 2 multicountry emergency in Afghanistan.

The detection of type 2 vaccine-derived poliovirus in Tajikistan this past year served as a potent reminder of both the inequitable access to vaccines and the way the pandemic has disrupted routine immunization. The outbreak triggered an international response, with WHO and Global Polio Eradication Initiative partners working closely with national authorities to interrupt transmission and ensure that Tajikistan and the European Region remain free of poliomyelitis (polio). Surveillance and immunization activities were also strengthened in Kyrgyzstan and Uzbekistan.

WHO/Europe monitored and guided influenza preparedness, as well as other zoonotic events, using the One Health approach in close collaboration with partners such as the Regional Tripartite, the ECDC and the European Food Safety Authority. The One Health concept is that different sectors (food safety, laboratory services and environmental health among others) need to collaborate closely to achieve better public health outcomes. This approach is critical to addressing threats in the animal, human and environmental interface. WHO/Europe has consistently called for the One Health approach to be applied at all levels and in all settings and projects.

**BOX 4. EMERGENCY RESPONSE SNAPSHOT**

So far in the COVID-19 response (as of 16 August 2021), WHO/Europe has carried out the following actions in over 570 days of operation of the Incident Management Support Team (IMST):

- 243 missions and deployments, or one every 2.5 days – in 23 countries and territories;
- over 1.2 million kilograms of emergency supplies shipped, at a value of over US$ 81 million, to 31 countries and territories, including: approx. 6 million laboratory and diagnostic items, over 2.6 million ventilators, over 2 million gowns and over 600 000 gloves;
- 756 webinars delivered to more than 41 000 participants on different aspects of the response;
- 63 technical guidance documents published;
- almost 23 000 public health and social measures recorded in the WHO/Europe database, receiving over 495 000 views;
- over 173 000 questions responded to through the joint WHO/Europe and UNICEF/ECARO HealthBuddy+ app.
Emergency preparedness

For the past 12 months, WHO/Europe has worked closely with Member States, partners, civil society organizations and United Nations organizations to strengthen emergency prevention and preparedness capacity in line with the core capacities required under the International Health Regulations (2005). The newly opened WHO European Centre for Preparedness for Humanitarian and Health Emergencies in Istanbul, Turkey, which the Regional Director visited on 29 October 2020, plays a crucial role in these efforts, building country capacity across the whole health sector and reaching out beyond the Region.

The Centre is working with both WHO headquarters and the WHO Regional Office for the Eastern Mediterranean, as well as the United Nations Staff College in Geneva, to support leadership development programmes for WHO Representatives and senior leadership of ministries of health in the Region, and...
the “Leadership in Emergencies” programme for WHO’s health emergency staff in the European and Eastern Mediterranean regions. This leadership-related capacity development initiative takes on global lessons from COVID-19: in particular the importance of political and health governance; identifying how negative and positive externalities emanating from political governance can transcend health governance; and how they subsequently affect the quality, effectiveness and efficiency of emergency health readiness and response interventions at the grassroots level. Accordingly, the Centre is also engaging with the United Nations Office for Disaster Risk Reduction to develop advocacy and awareness-raising courses for elected officials from the Region across the jurisdictional spectrum.

These training courses, currently in development, will include simulation models with scenarios engaging elected officials and health authorities, highlighting
political governance aspects of health interventions in the field. This concept of political and health governance bridging models for capacity-building, especially the simulation exercises for emergency preparedness in the 21st century, were also shared by the Regional Director with the leadership of the United States Department of Health and Human Services and the National Security Council at the White House during his recent visit to Washington (DC). High-level visits by the Department of Health and Human Services to the WHO European Centre for Preparedness for Humanitarian and Health Emergencies in Istanbul are expected later this year to further cement their future partnership.

The broad scope of the Centre in Istanbul was further highlighted by their participation in an earthquake simulation exercise together with Kyrgyzstan, Turkey and the Cooperation Council of Turkic-Speaking States (Turkic Council). The Centre deployed an e-learning platform for pandemic preparedness and response training and disaster risk reduction strategies in urban metropolises, both of which are supported by Turkey.

**Engagement with Member States, partners and the public**

Partnerships are not merely a matter of goodwill; they are a prerequisite for progress on common goals. Throughout the past 12 months, WHO/Europe has devoted significant time and effort to communicating with national governments and international partners and institutions, as well as civil society organizations to achieve these goals.

WHO has strengthened operational partnerships such as health clusters, emergency medical teams, the Global Outbreak and Response Network, Standby Partners and affiliates, to ensure the delivery of up-to-date medical and social countermeasures. Meetings and consultations with Member States, spanning the entire Region, have taken place on a continuous basis. Through multilateral and subregional networks of Member States, WHO/Europe has advocated for an evidence-informed response to the pandemic and for transparent information-sharing. Regular ministerial briefings, roundtables and subregional meetings were held with EU Member States, the Baltic States, the central Asian republics, the Russian Federation, the Nordic countries, the members of the Small Countries Initiative and the Western Balkan countries.

At EU level, in addition to continued exchanges with the European Commission and the ECDC on the pandemic situation, WHO/Europe also took part in meetings of the Employment, Social Policy, Health and Consumer Affairs Council and the European Parliament Committee on the Environment, Public Health and Food Safety. To leverage support for and advocate solidarity with countries in the wider European Region, the Regional Director also maintained close contact with European Commissioners and other officials, such as the EU Special Representative for Central Asia, the Head of the EU delegation to the United Nations in Geneva and the heads of EU delegations in countries.
In the context of COVID-19, the partnership between WHO/Europe and the EU has thrived and resulted in numerous actions to support countries in the Region. As of July 2021, the EU funding portfolio within the Region has reached approximately €110 million, including both multicountry and country-specific programmes. This funding is closely earmarked for specific areas of intervention and countries. Even though it remains critical for country support in selected areas of work, such as the COVID-19 response and vaccination, this funding is not flexible nor predictable, or considered as “sustainable financing” for WHO/Europe.

These targeted actions are aimed at supporting the countries in achieving a diverse range of health-related objectives, from mitigating the impact of COVID-19 to health systems strengthening, health financing and digital health. This is achieved through ongoing programmes implemented with EU support, such as: the EU COVID-19 Solidarity for Health Initiative for the Eastern Partnership countries; the central Asia COVID-19 crisis response; and strengthening health systems resilience in the Western Balkans.

Civil society organizations have also played an important role in many countries of the Region in the COVID-19 response. In Slovenia, the Institute for Research, Intergenerational Relations, Gerontology and ICT (IZRIIS) was one of eight organizations selected by WHO/Europe to be an implementing partner in the national COVID-19 response in a project launched in June 2021. The project focuses on policy development with national authorities and decision-makers; identifying needs and challenges of refugee and migrant populations; and training and engaging civil society through networks of nongovernmental organizations. Also, in Romania, a chain of care has been established to link charitable organizations working with people living on the streets with health authorities, ensuring that homeless people with underlying health issues are able to access vaccines. During his visit to Romania, the Regional Director was invited to join one such organization, Carusel, in their nightly work on the streets of Bucharest advising people living in difficult circumstances on health matters and providing them with access to vital health services.
Core priority 3: promoting health and well-being

WHO/Europe has continued to work to address the negative, wider social and economic consequences of COVID-19, not only for noncommunicable disease (NCD) risk factors such as alcohol and tobacco consumption, physical inactivity and unhealthy diets, but also on the continuity of NCD-related health services and prevention programmes; increases in mental health issues and interpersonal violence; and structural gender inequalities that disproportionately affect women.

Several countries have responded forcefully to growing levels of violence against women and children during the pandemic. The magnitude of the problem has been documented in a landmark European regional status report on preventing violence against children, which estimates that at least 55 million children in the Region experience some form of violence in their lifetime. According to the report’s findings, the total annual cost to the health systems of the Region of not preventing adverse childhood experiences, including violence, amounts to US$ 581 billion.

In Bulgaria, national authorities, together with WHO/Europe, UNICEF, UN Women and local nongovernmental organizations, developed a pocket prevention guide and policy guidance, produced training content for first points of contact such as police and health workers, strengthened data collection and ran an awareness campaign. Estonia’s focus on suicide prevention also reflects the way that COVID-19 has brought mental health to the fore. In 2022, Estonia will introduce a suicide prevention action plan based on the work of the Estonian authorities, WHO/Europe and other stakeholders over the past year.
With less than a decade left to achieve lasting change for more sustainable societies, WHO/Europe has continued its high-level coordination with United Nations agencies, alongside its work with Member States, partners and non-State actors, to achieve the SDGs. The Regional Director participated in the Regional Forum on Sustainable Development and the United Nations High-level Political Forum on Sustainable Development 2021. In July 2021, WHO/Europe launched the _E4As guide for advancing health and sustainable development_ – a compilation of methods, diagnostic tools, guidance documents, processes and mechanisms to help achieve the SDGs, in response to calls from Member States for a resource kit to implement the 2030 Agenda for Sustainable Development (2030 Agenda). WHO/Europe also worked closely with partners on the Global Action Plan reports in Albania, Kyrgyzstan, Tajikistan, Turkmenistan and Ukraine.

**Communicable diseases**

Making progress in fighting one communicable disease should never come at the cost of losing the battle with others. The focus over the past year on controlling COVID-19 has temporarily stalled progress in combating other persistent health challenges such as HIV, viral hepatitis, tuberculosis (TB) and sexually transmitted infections (STIs). Progress towards the European Region targets for 2020\(^2\) and the SDG target of

\(^2\) A global target set in the global strategy of the Joint United Nations Programme on HIV/AIDS: by 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression.
ending the epidemic of AIDS and other communicable diseases by 2030 has slowed. Simultaneously, recent WHO modelling shows that if COVID-19 leads to a 50% reduction in expected global TB detection rates over a period of three months, this could result in a 26% increase in TB deaths, bringing the world back to TB mortality levels it has not seen for many years. This is why WHO/Europe has consistently urged Member States to preserve TB, HIV and viral hepatitis services and fully restore them to pre-pandemic levels.

There have been some positive developments in this area. WHO/Europe helped Member States to secure support from the Global Fund by staging mock reviews of their funding applications. The process led to nine countries and territories obtaining approval for just under US$ 3 million of funding to prevent and treat the diseases addressed by the Global Fund. In the Russian Federation, WHO/Europe applied innovative methods of mapping capacities to address TB by conducting reviews on TB service delivery in selected pilot cities, using a combination of online meetings and field visits. In Turkmenistan, a new national strategic plan for TB services for the period 2021–2025 was developed with the support of WHO/Europe and was endorsed by the Minister of Health in January 2021.

WHO/Europe also conducted multicountry research on fully oral treatment regimens for multidrug-resistant TB and collected good practices from countries on maintaining HIV, TB and hepatitis services during the pandemic. In March 2021, the first WHO collaborating centre for viral hepatitis and HIV was launched in Berlin, Germany, at the Robert Koch Institute.

This year marked the 15th year of collaboration between the ECDC and WHO/Europe. In 2021, ECDC and WHO/Europe produced and published joint reports on TB surveillance in March, and monitoring and HIV/AIDS surveillance in Europe in December. Close collaboration in the surveillance of other infectious diseases such as hepatitis and influenza continued, with these results reflected in the joint weekly bulletin: Flu News Europe. The first joint report on antimicrobial resistance surveillance in Europe is
planned for publication in November 2021 during World Antimicrobial Awareness Week.

During European Testing Week, WHO/Europe reached out to partners such as patient associations, HIV/AIDS, hepatitis and TB networks, supporting public and partner organizations, communities and public health institutes throughout the Region to scale up voluntary testing for viral hepatitis, HIV and STIs. Georgia provides one example of the value of PHC clinics offering integrated HIV, TB and hepatitis C virus screening. During the pandemic, this service has been simultaneously offered to people being tested for COVID-19. This year the United States Centers for Disease Control and Prevention recognized the incredible work and partnership of the hepatitis C programme in Georgia with an Honor Award, the agency’s highest-level of recognition.

While deployment of COVID-19 vaccination in the Region remained the priority, WHO/Europe has also provided the required technical and operational support for its Member States with respect to other vaccine-preventable diseases. In order to keep the Region polio-free, WHO/Europe assisted the Ministry of Health of Tajikistan in responding effectively to a recent outbreak of circulating vaccine-derived poliovirus type 2. Between May and July 2021, WHO/Europe also worked with partners in the Global Polio Eradication Initiative to pave the way for the planned use of 4.6 million doses of novel oral polio vaccine type 2. Building upon the impressive reach of the first two rounds with 99% reported coverage, and in order to ensure complete interruption of transmission, an additional round in high-risk targeted districts covering more than 800 000 children will be conducted in September 2021.

In addition, the Region was able to maintain its focus in reaching its hepatitis B targets. After ETAGE validated achievement of regional hepatitis B control targets in Italy and the Netherlands, the Region is on a positive trajectory to eliminate viral hepatitis as a public health threat throughout the Region.

The European Region saw a 1% decrease in routine immunization coverage, from 95% in 2019 to 94% in 2020 (the third dose of diphtheria-tetanus-pertussis vaccine or DTP3 being used as a tracer indicator), according to WHO/UNICEF estimates for routine coverage in 2020, released on 15 July 2021. Since the start of the pandemic, WHO/Europe has provided guidance and technical assistance for Member States to sustain routine immunization during the pandemic, including provision for safe immunization services.
BOX 6. EUROPEAN IMMUNIZATION AGENDA 2030 AND THE COVID-19 PANDEMIC

Immunization is one of the “best buys” in global health and a strong foundation of the PHC system. It plays a crucial role in achieving – either directly or indirectly – 14 of the 17 SDGs, particularly SDG 3. As a flagship initiative of the EPW, the EIA 2030 incorporates the lessons learned and best practices identified in responding to the COVID-19 pandemic and deploying COVID-19 vaccines, which have underlined the need to strengthen health service policies, delivery and practices from the local to national levels. EIA 2030 aims to strengthen immunization systems and structures and build back better towards resilient immunization programmes after the ravages of the COVID-19 pandemic, based on the key pillars of immunization equity, life-course vaccination and tailored local solutions, including addressing vaccination demand and acceptance in the population.

The EIA 2030 strategy document and its monitoring and evaluation and accountability framework have been reviewed by ETAGE at its 20th meeting, which took place virtually on 11 and 12 November 2020.

EIA 2030 will pave the way for WHO/Europe to support all Member States in the Region in their development and implementation of national action plans to further enhance the protection of their populations against vaccine-preventable diseases in the Region. Tailored country-focused approaches, with subregional implementation and building upon the lessons learned from COVID-19 vaccination, will be the hallmark of WHO/Europe’s support to implement EIA 2030 moving into the next decade.

NCDs and health determinants throughout the life course

In response to the growing evidence that the combination of COVID-19 and NCDs leads to more serious disease outcomes, including increased mortality, the Regional Director introduced an initiative to dramatically accelerate the response to NCDs and their risk factors across the Region.

The Advisory Council on Innovation for Non-communicable Diseases (NCD Advisory Council) was created to inspire action, boost the implementation of evidence-based strategies, build partnerships and foster innovation to achieve the NCD-related SDGs. The first meeting of the Advisory Council took place in December 2020. Council members agreed to develop a new roadmap with fresh momentum, based on a set of signature initiatives, to accelerate progress towards the NCD targets.

Throughout the past year, the WHO European Office for the Prevention and Control of Noncommunicable Diseases, Moscow, supported by the Russian Federation, has been in the forefront of building regional capacities for NCD surveillance and
generating data to inform policies at country level. With the support of the office acting as Secretariat for the Advisory Council, six signature initiatives were further developed by specific working groups between March and June 2021 covering areas of untapped potential – childhood obesity, data and digital health, digital marketing, greener cities, health taxes and alcohol, and hypertension and salt – with specific actions and indicators. All signature initiatives are also interlocked with the WHO/Europe flagship initiatives on mental health, behavioural and cultural insights and digital health, as well as the pan-European cancer movement, United Action Against Cancer.

On World Cancer Day in February 2021, WHO/Europe launched United Action Against Cancer, a pan-European movement from grassroots to government. This includes the introduction of a newly appointed cancer ambassador, Mr Aron Anderson, a Swedish cancer survivor and inspirational leader. The movement has a particular focus on prevention, which is key to achieving the goal of eliminating cancer as a life-threatening disease in the Region. WHO has developed a set of signature solutions – evidence-based, cost-effective policies and measures designed to achieve impact at the country level by offering guidance to policy-makers over the whole cancer continuum.
To address the high rates of childhood obesity in the Region, the WHO European Office for the Prevention and Control of Noncommunicable Diseases developed the CLICK monitoring framework, which consists of five steps that countries can take to monitor children’s exposure to digital marketing of unhealthy products. The work of the office in building regional capacities for NCD surveillance and generating data to inform policies at country level remains vital, as also exemplified by the launch of the SAFER initiative on alcohol consumption and the publication of the WHO European Childhood Obesity Surveillance Initiative (COSI) report on the fourth round of data collection, 2015–2017.

Mental health, one of the flagship initiatives of the EPW, remains a key concern in the Region, accounting for almost 20% of the burden of disease and affecting at least one in four people at some time in their life. As part of the “Helping Adolescents Thrive” initiative to promote positive mental health and prevent mental disorders among adolescents, WHO/Europe, in collaboration with UNICEF, hosted orientation workshops with 132 participants from 14 countries to introduce guidance and an implementation toolkit for national experts and other stakeholders in countries of the Eastern Partnership and Western Balkans.

Health in all policies and settings

The One Health approach, working together across disciplines and geographical borders through intersectoral partnerships, provides the only realistic avenue for addressing today’s major global health issues, such as climate change, the environment and inequities. Only by acting together can the European Region hope to address its most pressing challenges and build back better for more resilient, healthy societies on all levels.

Recognizing the need for intersectoral action, WHO/Europe took the initiative to form a Regional Tripartite joint secretariat, together with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health, to coordinate action on taking a One Health approach against antimicrobial resistance across the European Region. In April 2021, the Regional Tripartite and the UN Environment Programme (UNEP) joined forces to form a One Health coordination mechanism for Europe and central Asia.

ECEH, Bonn, supported by Germany and other donors, has launched two ground-breaking reports that place the role of nature firmly on the health agenda. The first is a report on nature, biodiversity and health, calling on governments to support and enhance both nature and ecosystems, including by considering the implications of policies in various sectors on nature and biodiversity, following the One Health approach. The second is a report on the role of green and blue spaces and mental health that also contributes to the EPW flagship initiative on mental health.

ECEH published an update of the evidence underpinning its guidance on developing heat-health action plans to support strengthening of the resilience of communities and health systems to climate change.
through increased adaptation. It also launched a joint WHO/Europe–United Nations Development Programme Regional Hub value proposition and service offering to support Member States in their efforts to address climate change, and contributed to the European Climate and Health Observatory, hosted by the European Environment Agency, aiming to increase adaptive capacities.

To help to reduce the health burden caused by air pollution, which has been recognized as the fifth major risk factor for NCDs and is estimated to cause more than half a million deaths per year across the European Region, ECEH led the development of the updated WHO Air Quality Guidelines, a global public health resource, whose launch is planned in the third quarter of 2021.
In May 2021, the Vienna Declaration: Building forward better by transforming to new, clean, safe, healthy and inclusive mobility and transport was signed at the end of the Fifth High-level Meeting on Transport, Health and Environment, hosted by Austria, which brought together 46 ministers and representatives of 56 countries in the pan-European region. The Vienna Declaration is a powerful and inspiring set of commitments that can support innovative and healthy transport and mobility policies, actions and partnerships across the Region, together with the first-ever Pan-European Master Plan for Cycling Promotion.

Healthy cities were also on the agenda during a meeting with the President of the European Committee of the Regions, with the subsequent signing of a new memorandum of understanding and action plan underlining the critical importance of local authorities in the fight against COVID-19. This was also discussed at the annual conference of the Healthy Cities Network that WHO/Europe hosted in December 2020.

As part of its intercountry work with networks, subregional collaborations and platforms, the WHO European Office for Investment for Health and Development in Venice, Italy continued its successful coordination of the Regions for Health Network and the Small Countries Initiative throughout the year, accelerating knowledge exchange, innovation and advocacy for better health for all. The renewed host agreement with Italy, covering the period 2021–2026, reflects Italy’s strong commitment and vision of health as a vital investment in well-being, resilience and sustainability. The ministerial meeting of the Small Countries Health Information Network in June 2021 resulted in an agreement to develop a roadmap for the period 2022–2025 for cooperation and implementation of healthy recovery from COVID-19, which is to be further discussed at RC71.
Making WHO/Europe fit for purpose
This past year saw the completion of WHO/Europe’s restructuring process to align organizational structures, resource allocation and programming with the EPW and GPW 13. The change promotes an enhanced country focus to deliver on Member States’ expectations and needs; a values-based culture of collaboration and innovation; digitalization and leaner administration; streamlined and automated business processes; and a healthy, respectful and motivational workplace. The aim of the restructuring process is to provide effective support for health leadership at country level, enabling coordination of multiple actors towards common health goals by means of productive partnerships.
Supporting health leadership at country level

WHO/Europe has continued to invest heavily in direct engagement with the political leaders and health authorities of each Member State across the Region to offer support in these challenging times and to strengthen national health leadership. This engagement, in addition to regular subregional calls with ministers of health, comprised:

- 17 country missions led by the Regional Director to, among others, Albania, Georgia, the Russian Federation, Turkey and Ukraine, meeting heads of State and field workers alike and each time achieving concrete outcomes;
- signing of 13 biennial collaborative agreements with, among others, Albania, Estonia, Hungary, Tajikistan and Ukraine; and
- more than 150 bilateral and multilateral meetings of the Regional Director with Member States, alongside intensified outreach and discussions with ambassadors in Copenhagen, Geneva and Brussels.

To support national health leadership in countering the longer-term effects of the pandemic on the implementation of the 2030 Agenda, and forge a stronger link between health and finance, the Regional Director initiated the development of the Pan-European Commission on Health and Sustainable Development (see box).

In addition, in June 2021, the Pan-European Leadership Academy (ELA) was launched with an initial demonstration project for young public health professionals from health and health-related fields. ELA is set to develop their knowledge and skills and foster their interest in public health while they are...
placed with WHO/Europe for a period of 12 months. Initial priority is being given to young professionals from Member States in central Asia, the Western Balkans and the Russian Federation.

In the pursuit of a fit-for-purpose WHO/Europe with countries at the front and centre of efforts for change, regular meetings, consultation exercises and retreats have been held with WHO country representatives and stakeholders to ensure alignment on strategic, technical and operational approaches, including in the context of operational planning for EPW delivery for the next biennium. Particular emphasis has been placed on staff mental health and well-being, and on building and sustaining psychologically safe teams, with inputs from the Regional Staff Physician and the WHO/Europe Ombudsman.

In parallel, a comprehensive review of WHO/Europe’s work and presence in countries was initiated, under the strong leadership of the Standing Committee of the Regional Committee for Europe (SCRC) subgroup on WHO/Europe’s work at country level. Based on more than 20 consultations, providing an opportunity for all 53 Member States of the Region to engage actively alongside WHO staff as well as 12 external partners, the review reflects on WHO/Europe’s evolving role and innovative forms of country collaboration for countries with and without WHO’s physical presence. Based on guidance from the Regional Committee, WHO/Europe aims to co-create with Member States a strategic approach to optimizing its tailored engagement with every country in the Region, for presentation at RC72 in 2022.
BOX 7. THE PAN-EUROPEAN COMMISSION FOR HEALTH AND SUSTAINABLE DEVELOPMENT (THE MONTI COMMISSION)

The Pan-European Commission for Health and Sustainable Development (the Monti Commission) is an independent and interdisciplinary group convened by WHO/Europe to rethink policy priorities in the light of pandemics, with a view to developing a long-term perspective and to counter the negative effects of the COVID-19 pandemic on the implementation of the 2030 Agenda in the European Region.

The Commission comprises former heads of State and government, ministers of health and finance, scientists, economists, heads of health care and social care institutions, and leaders of the business and financial communities from across the Region. It is chaired by the former Prime Minister of Italy and former European Commissioner Professor Mario Monti, President of Bocconi University, who stated with reference to the effects of the pandemic: “What we are witnessing is economic policies being taken hostage by neglected health policies – it’s our health policies taking revenge”. At its second (virtual) meeting in October 2020, the Commission established a Scientific Advisory Board and various thematic working groups.

The Commission’s overall mandate is to make recommendations on investment and reforms to improve the resilience of health and social care systems and permanently elevate these systems as societal and political priorities, recognized as being critical to both sustainable development and social cohesion.

In March 2020, the Commission issued a call to action, recommending the establishment of a Pan-European Health Threats Council and a G20 Global Health Board, modelled on the Financial Stability Board, to maintain and finance political commitment to pandemic and health threat preparedness and response. It urged action to operationalize the concept of One Health and its incorporation into risk analysis, the establishment of a minimum 50% benchmark for female representation in emergency councils and expert groups, and action to urgently identify and heal the fractures in society. These preliminary reflections were presented personally to more than 20 heads of State or government, the President of the European Commission, the President of the European Council, the St Petersburg International Economic Forum and the States holding the Presidencies of the Council of the European Union and the G20 in a series of meetings with the Regional Director. September 2021 will see the Commission’s final report and recommendations on investment and reforms.
Strengthening international and subregional partnerships

WHO/Europe is committed to building both international and subregional partnerships and coordinating with multiple actors to achieving common health goals and EPW targets. Efforts over the last year have re-emphasized the importance of subregional cooperation and international solidarity.

Over the past year, the partnership with the EU has flourished; a new roadmap for cooperation was developed and multiple exchanges with senior officials took place to secure a pan-European response to the pandemic. The Regional Director had regular exchanges with the EU commissioners responsible for health and food safety and for neighbourhood and enlargement. He also met the Commission Vice-Presidents in charge of migration and the digital agenda to explore further collaboration in the field of health. In his meeting with the High Representative of the Union for Foreign Affairs and Security Policy, the Regional Director stressed the need to prioritize health in the EU’s new partnership frameworks with the Western Balkans, Eastern Partnership and central Asian countries.

The collaboration with the EU has resulted in numerous actions in support of countries and subregions. Close to one third of the EU funding portfolio mentioned above has been allocated to the Eastern Partnership in the largest ever EU–WHO/Europe action, to support the deployment of COVID-19 vaccines and vaccination in the six countries of the subregion.

After the Regional Director spoke at the Western Balkans leaders’ summit in Sofia, Bulgaria, in November 2020, WHO/Europe, with the strong
BOX 8. A SNAPSHOT – COLLABORATIVE ACTION BETWEEN WHO AND THE EU

The collaboration between WHO and the EU is aimed at supporting countries within our Region in achieving a diverse range of health-related objectives, from mitigation of COVID-19 impacts to fostering longer-term health system resilience, PHC, digital health, and so on. The action includes:

1. the joint EU–WHO Solidarity for Health Initiative (Eastern Partnership, multicountry);
2. central Asia COVID-19 crisis response (multicountry);
4. EU4Moldova: facility to support the health response to the COVID-19 crisis;
5. Ukraine: health systems development;
6. Turkey: strengthening national capacities against COVID-19;
7. strengthening health systems resilience in the Western Balkans (multicountry);
8. EU support for COVID-19 vaccine deployment in the Eastern Partnership (multicountry);
10. Georgia: minimizing the impact of the COVID-19 outbreak through telemedicine and digital health solutions.

In addition, several new European-Union-funded actions are in the pipeline, currently at the proposal development stage.

engagement of its country offices, engaged in subregional meetings to create a Roadmap for Health in the Western Balkans, 2021–2025, intended to close the health gap with the EU by strengthening health systems and stimulating domestic and international investment in health.

To further promote subregional cooperation for health in the CIS and central Asia subregions, the Regional Director participated in multiple meetings, including a meeting focused on PHC held in Almaty (May 2021); the 52nd plenary session of the CIS Interparliamentary Assembly (April 2021), at which a joint statement on COVID-19 and migration was drafted; the CIS conference on blood services during the pandemic; and the Drug Security Forum at the Saint Petersburg International Economic Forum (June 2021). Through contacts with the Central Asia Regional
Economic Cooperation programme, a partnership of 11 countries and development partners to accelerate economic growth and reduce poverty, the development of a joint health strategy is being promoted.

Contact and cooperation were further enhanced with the Central European Initiative (CEI), the Council for Health Cooperation of the CIS, the Turkic Council and the Non-Aligned Movement. The CEI–WHO Task Force met in September 2020 for the seventh time to share information and exchange good practices in response to the pandemic. In September 2020, WHO/Europe signed a memorandum of understanding with the Turkic Council, laying the basis for future cooperation and establishing a roadmap for action in the field of health. At the occasion of his attendance at the Council’s Health Scientific Board meeting in Istanbul (October 2020), the Regional Director met the Secretary-General of the Turkic Council, the President of Turkey and the regional directors of the United Nations Development Coordination Office (UNDCO) and the United Nations Population Fund to discuss joint action in the context of the pandemic and beyond.

As part of continuing cooperation with international partner organizations beyond the European Region, WHO/Europe expanded its collaboration with the Shanghai Cooperation Organization (SCO). The Regional Director participated in the fourth meeting of the SCO Ministers of Health in June 2021. In November 2020, he represented the Director-General at the 10th meeting of BRICS (Brazil, Russian Federation, India, China and South Africa) meeting of the Ministers of Health to discuss multilateralism and solidarity in the struggle to overcome the pandemic. On the occasion of the adoption of the Tehran Declaration and the Plan of Action on Health Cooperation in the ECO Region 2021–2022, he spoke at the invitation of the Economic Cooperation Organization, offering WHO/Europe’s convening and technical capacity to facilitate dialogue and identify opportunities for cooperation in rolling out testing capacity and providing both emergency and regular health services, complementing public sector capacity during the pandemic.

Throughout the year, new innovative approaches have been implemented in work with non-State actors through the Oslo Medicines Initiative, including private-sector consultations, the Mental Health Coalition and other initiatives. In June 2021, a new memorandum of understanding was signed with EuroHealthNet, with a focus on further strengthening engagement with WHO/Europe’s geographically dispersed offices. Furthermore, WHO/Europe broadened its commitment to ensuring that all partners’ voices are heard, and engaged with youth constituents throughout the Region. The first Forum for Young Professionals and Young People was held on 10 September 2021 and co-hosted by WHO/Europe and representatives of the International Federation of Medical Students’ Associations and International Pharmaceutical Students’ Federation. The forum involved over 100 registered students from across the Region and featured a presentation and dialogue with Professor Mario Monti, resulting in a roadmap for further youth engagement and ways for youth voices to be better integrated into the work of WHO/Europe.
In July 2021, as part of the ongoing United Nations reform, WHO/Europe finalized the new terms of reference and a renewed action plan for the Issue-based Coalition (IBC) on Health and Well-being, a mechanism bringing together 10 United Nations agencies to support countries in the achievement of SDG 3 and the health-related SDG targets through joint activities. Meetings of this IBC focused on multisectoral information exchange and explored areas for collaboration and enhanced collective decision-making, serving as a coordination platform for United Nations agencies and other partners, such as the International Federation of Red Cross and Red Crescent Societies, during the pandemic response. The WHO–United Nations–Red Cross COVID-19 Platform is also embedded in IBC-Health and has been a great success story in a difficult year. A memorandum of understanding was signed by the Regional Director and the International Federation of Red Cross and Red Crescent Societies in September 2021; through the memorandum, the two organizations will increase and mainstream their collaboration in the following areas: health emergencies; UHC with a focus on community health; the promotion of healthy lifestyles; NCD prevention throughout the life course; and voluntary blood donor recruitment.

To strengthen partnerships with United Nations organizations, the Regional Director took part in high-level regional and global meetings, such as the Regional Forum on Sustainable Development and the United Nations High-Level Political Forum on Sustainable Development 2021, held in New York in July 2021. Together with UNDCO, he convened meetings between United Nations Resident Coordinators and WHO Representatives from across the Region, and with the Regional Director of UNICEF, on the United Nations joint response to COVID-19 and its joint challenges such as the infodemic, resource mobilization and political tensions.
Managing and mobilizing financial resources

WHO/Europe can only be fit for purpose and provide dedicated and tailored support to all Member States if it receives sufficient financing. With the pandemic having propelled health into the political limelight and with countries prioritizing investments in the health sector, the financial situation of WHO/Europe for the 2020–2021 biennium has been more positive than during previous bienniums. Both the base as well as the crisis response segments are now well funded, and WHO/Europe’s base segment budget utilization is 61%, with 59% utilization of available funding. WHO/Europe is the highest-funded Regional Office, and budget utilization is the second highest across the regions.

The majority of funding continues to come from voluntary contributions and thematic funds, which means that the distribution of funding remains somewhat uneven, with pockets of poverty in some categories. This is being addressed by the flexible funding provided by some Member States, including Belgium, Germany, the Netherlands and Finland, which allows these gaps to be filled. Other Member States provide critical support for specific areas of work, such as NCD prevention and management, strongly supported by the Russian Federation; PHC, supported by Kazakhstan; and determinants of health and well-being, with Italy as a key contributor. The roles of the geographically distributed offices and other regional centres remain essential in this context.

A special SCRC subgroup on WHO/Europe’s financing has been established and has supported WHO/Europe in developing an investment case which will be finalized at RC71. Member States of the Region have been very active in the context of the
Working Group on Sustainable Financing established by the WHO Executive Board and have agreed on a draft resolution, sponsored by the SCRC subgroup, on sustainable financing for WHO, which will be submitted for adoption to the Regional Committee at its 71st session.

In 2020, WHO/Europe developed a new output scorecard to conduct mid-term reviews of implementation of the Programme budget 2020–2021, reporting on performance and achievement of outputs in terms of six dimensions.
Transforming for impact and agility

Following the completion of the structural alignment of WHO/Europe, the Independent Expert Oversight Advisory Committee (IEAOC) audited one country office and one unit, to assess and review the management practice in terms of accountability and effectiveness, transformation and alignment, and suitability of the corporate processes in place. Assessments were very positive, the leadership was commended, and the spirit and drive of staff were praised. The IEAOC members noted the innovative approaches taken by WHO/Europe to tackle problems, particularly balancing risk management when delivering on critical areas of work, such as the Oslo Medicines Initiative work in public–private partnerships to ensure access to affordable, innovative medicines.

WHO/Europe’s commitment to ensuring that the right resources are placed in the right place at the right time should never come at the cost of clarity and transparency for the staff. Recognizing that further improvements can be made in the methodology of functional programme reviews, an independent review of the realignment and restructuring process was completed, and the results will be shared with all staff to ensure that findings and recommendations are built into future restructuring processes – no matter what their scope. The benefits of the new structures are already becoming apparent, including in the strategic approach to operational planning for the next biennium, where strategic thinking, country focus and common sense prevail.
Ensuring a healthy, respectful and motivational workplace

Staff well-being has remained a priority in a year when the pandemic has taken its toll and where the restructuring of the head office in Copenhagen has generated additional uncertainty. WHO/Europe’s staff remain a source of pride, and 2021 has been designated the Year of the WHO Workforce. With the aim of continuing to build an inclusive, respectful and supportive working environment, the first “open house” event dedicated to staff mental well-being and stress management was held in February 2021, connecting 380 colleagues across the Region. As a result, specific follow-up actions have been put in place to improve well-being through the open house action plan.

The Regional Director has continued to hold twice-weekly virtual coffee mornings with WHO country offices, both individually and as a group, to constantly engage and enable staff in their duty of support for country health leadership. Additionally, WHO/Europe has taken action to alleviate some of the burden of prolonged virtual working, making changes to email and virtual meeting culture, and has delivered a training programme on collaborating effectively in a virtual world. To facilitate a smooth and safe “return to office”, WHO/Europe has developed and disseminated an interim policy on flexible working arrangements, which will be evaluated at the end of 2021 with the participation of the Staff Association.

Structured, results-oriented staff development and learning are a priority for the Regional Director.
The year 2021 has seen the development and roll-out of a programme of emotional intelligence training for all staff across WHO/Europe, as a core competence for building and sustaining psychologically safe and high-performing teams, as well as the development of targeted communications training for WHO Representatives.

Furthermore, a full-time ombudsman was appointed by the Regional Director in October 2020 to advocate for staff and to complement the work of the Staff Physician, Staff Counsellor and the Staff Health and Well-being Committee in supporting staff welfare and offering training on psychological safety. During the past year, 284 WHO/Europe staff participated in virtual workshops, which were offered to 27 different offices, divisions and teams, with priority given to country offices, geographically distributed offices and the European Observatory on Health Systems and Policies. In addition, the Regional Ombudsman is informally facilitating the work of the WHO/Europe Respectful Workplace Initiative Working Group, promoting dialogue with directors and staff. Furthermore, an “intrapreneurship initiative” was developed to generate engagement and innovative ways for advancing a more respectful working environment, in line with the Year of the WHO Workforce.

Strengthening governance

The 2020 virtual session of the Regional Committee (RC70) – the governing and decision-making body of WHO/Europe – was unprecedented in several respects. Innovations in the format of the session and organization of the agenda along political, technical and governance dimensions helped to secure the attendance of 36 ministers and 17 other high-level officials.

The SCRC has been closely consulted by the Secretariat over the past year, with two additional meetings held above and beyond the five regular sessions in order to guide the Regional Director during these extraordinary times. This also served to keep SCRC members systematically informed about any important developments within the Region and
to actively involve them in the preparation of RC71. At their third meeting, SCRC members adopted a statement on the first anniversary of the declaration of the pandemic to call for international solidarity and equity in the continued fight against the pandemic within our Region.

In addition to these meetings, three subgroups of SCRC members were established to help steer innovation and reform in WHO/Europe’s work in, respectively, financing, work at the country level and governance. These subgroups resulted in: the drafting of a resolution on sustainable financing in the Region for consideration by RC71; the design of new forms of country presence based on country-level consultations and analyses; and the development of a new procedure to make nominations and elections for membership of WHO’s governing bodies and committees more inclusive, transparent and predictable.

To ensure continuity in governance, WHO/Europe successfully conducted a secret postal ballot vote after RC70 to fill the two remaining vacant seats on the Executive Board, as no consensus had been reached on the basis of the special rules and procedures that had been adopted for the virtual session.

The Secretariat also invested effort in aligning regional actions with policies defined at the global level and supporting the delegations of European Member States during the global governing bodies’ meetings by, for example, hosting virtual daily morning briefings to provide delegations with regional perspectives on the various agenda items and to facilitate exchanges of information or reflections. The Regional Director is also maintaining close contacts with the European members of the Executive Board, as well as the European coordinator of permanent missions in Geneva, and regularly updates ambassadors in Copenhagen, Geneva and Brussels.

**Communicating openly**

Information saves lives: misinformation threatens them. During a crisis, effective communication is essential, contributing to both trust and hope in authorities and organizations. Misinformation, however, not only poses a threat to previous health gains: it may also result in poor observance of public health measures, reducing their effectiveness and endangering countries’ ability to fight a health threat.

Throughout the past year, WHO/Europe has ramped up its communication to deliver accurate, timely and evidence-based public health messaging through various channels of communication, including press and media, social media and the Web, both nationally and internationally. Communication has focused on the needs of individuals and communities, playing a vital role in providing reliable and evidence-based public information, countering the infodemic, and protecting the well-being of the people of the Region.

Leveraging the digital and social media domains as never before, WHO/Europe has strengthened engagement and collaboration with stakeholders, ranging from communities of faith to the hospitality or transport industries; from young people to fact-checkers and media outlets, who have further
amplified health messages and information among their constituents and communities.

WHO/Europe has provided messaging and materials for events, launches and campaigns. The communications team across WHO/Europe has engaged with the media on a wide range of topics, including mass gatherings, COVID-19 public health and social measures, schooling, mental health, vaccination deployment and uptake, digital health, health and care workers, alcohol control policies, United Action Against Cancer, healthy cities, health equity, PHC, extreme weather events, and many more. In a geographical region with close to 50 official languages, and in which more than 200 languages are spoken, multilingualism has remained a key element in promoting health literacy, building trust in science and eventually saving lives.

More than 20 country office communication specialists and RCCE staff and consultants have been recruited during the past year. These recruitments have not only boosted capacity at country level, but have also supported the implementation of WHO/Europe’s communication plan, the bedrock of all outreach and media work alongside the EPW and ongoing emergency risk communication efforts.

Since September 2020, WHO/Europe’s social media audience has grown by 11% on Facebook, 10% on Twitter and 244% on Instagram, making our combined social media following approximately 700,000 people. WHO/Europe’s podcast has been listened to more than 5,800 times, and the YouTube channel has had more than half a million views, equivalent to 12,900 hours of viewing. The number of WHO/Europe website users fell by 28% from 12.2 million in 2019–2020, to 8.8 million in 2020–2021. This is likely a reflection of the fact that the pandemic is now well into its second year, with increased general awareness of public health and protective measures.

In the past 12 months, more than 20 live-streamed press briefings have taken place in English and Russian, one of which received more than 200,000 views. The press briefings led to thousands of news articles and hundreds of interviews with WHO/Europe spokespersons, which have reached every country in the Region and beyond. The WHO/Europe media team has answered around 1,500 media queries in the past 12 months, ranging from queries from Hungarian public radio to the German business newspaper Handelsblatt, the Russian newspaper Izvestia and The Times of Israel.

A new WHO/Europe studio for professional, broadcast-quality video and audio is expected to be up and running in September 2021, enabling more frequent media interviews, press briefings and live link-ups to media outlets and conferences from UN City in Copenhagen, and eventually leading to more exposure and media engagement. This will also result in reduced travel time and costs, as well as better use of staff time. WHO/Europe is also set to launch its new website in late 2021 or early 2022.
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.

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