Report of the second session
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OPENING OF THE SESSION BY THE CHAIRPERSON AND THE WHO REGIONAL DIRECTOR FOR EUROPE

1. The Thirtieth Standing Committee of the Regional Committee for Europe (SCRC) held its second session on Thursday, 1 December and Friday, 2 December 2022, in a hybrid format. In accordance with Rule 3 of the Rules of Procedure of the SCRC, it had been decided that part of the agenda would be open to all 53 Member States.

2. The Chairperson, connected remotely from Almaty, Kazakhstan, welcomed all participants, both those attending in person and those attending online.

3. In his opening remarks, the WHO Regional Director for Europe noted that the first day of the session coincided with World AIDS Day. WHO drew attention to inequalities that were holding back progress in ending AIDS and called for equalizing access to essential HIV services, particularly for children, key populations and their partners, including men who had sex with men, transgender people, people who used drugs, sex workers and people in prisons. The WHO Regional Committee for Europe, at its 72nd session (RC72), had adopted a new regional action plan on ending AIDS in resolution EUR/RC72/R4, in line with the global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections adopted at the Seventy-fifth World Health Assembly (WHA75) in May 2022. The Regional Director welcomed the initiative to draft a document on decreasing stigma and discrimination, in coordination with the upcoming Spanish Presidency of the Council of the European Union. He also referred to several activities organized to mark World AIDS Day, such as the dissemination of the results of the 2022 HIV/AIDS surveillance report, published jointly by the European Centre for Disease Prevention and Control and the WHO Regional Office for Europe (WHO/Europe), as well as initiatives towards ensuring continuity of HIV services for Ukrainian refugees in the European Union (EU) and other neighbouring countries.

ADOPTION OF THE PROVISIONAL AGENDA AND PROVISIONAL ANNOTATED PROGRAMME

4. The provisional agenda (document EUR/SC30(2)/1) and provisional annotated programme (document EUR/SC30(2)/2) were adopted.

5. The Chairperson recalled that the report of the first session of the Thirtieth SCRC (EUR/SC30(1)/REP), held on 31 October 2022, had been adopted and published on the WHO/Europe website.

6. The Chairperson also recalled that the decision to appoint a Vice-Chairperson of the Thirtieth SCRC, pursuant to Rule 9 of the Rules of Procedure of the SCRC, had been postponed from the first session in order to give members more time to reflect. Based on discussions with members and following consultation with the Regional Director, the Chairperson nominated Ms Anna Wechsberg (United Kingdom of Great Britain and Northern Ireland) for the position of Vice-Chairperson, who was then appointed by acclamation.
FOLLOW-UP ON THE 72ND SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPE (RC72) AND PROPOSED PROGRAMME OF WORK FOR THE THIRTIETH STANDING COMMITTEE OF THE REGIONAL COMMITTEE FOR EUROPE (SCRC)

Evaluation and review of actions by the SCRC and the Secretariat

7. The Team Leader, Regional Governance and Languages, WHO/Europe, introduced document EUR/SC30(2)/4 (Annex 3) on lessons learned from RC72. He noted that the comments on the matter from the discussion at the first session of the Thirtieth SCRC had been taken on board, as well as feedback received through other sources, including an online survey.

8. One of the main lessons learned was to be more selective in setting the agenda in order to better manage time. In terms of decision-making, the consultation process on proposed resolutions and decisions should be reviewed. The timeliness of documentation remained a challenge, partly owing to the difficult alignment between regional and global governance cycles. In this context, it was noted that moving the annual session of the Regional Committee from September to October should provide more lead time following the World Health Assembly. With regard to logistics, a big lesson learned was that communication with delegations both before and during the Regional Committee needed to be improved, and the development of a conference app for RC73 would help in that regard.

9. The Regional Director thanked the Israeli host of RC72 again, as well as the Executive President of RC72 and the team from the Secretariat. Having recently attended the Executive Board’s informal retreat, he was proud to note that many Executive Board members from Member States in the WHO European Region had expressed appreciation for the efforts taken to make the Regional Committee and SCRC meetings more attractive, relevant and productive. He was also pleased to see that many of the issues discussed during this retreat had already been tackled in the Region. Indeed, regions could act as incubators of innovation to improve governance overall.

10. Members of the SCRC welcomed the comprehensive evaluation. One member stressed the particular importance of having sufficient time to discuss issues where strategic guidance was needed, such as the programme budget and results. Discussions were more efficient and relevant when documents were distributed in a timely manner and included guiding questions. To improve the process of developing resolutions and decisions, it was suggested that the SCRC should play a stronger role in ensuring that these were relevant and Member-State-owned.

11. The Executive President of RC72, attending as an observer, suggested that introductions of agenda items could be shortened or eliminated to leave more time for Member States’ interventions and replies by the Secretariat. In order to achieve consensus on proposed resolutions and decisions, sufficient time should be given for consultations. The Secretariat should organize virtual informal consultation sessions with all Member States, who should take the responsibility of coordinating their positions with their Permanent Missions in Geneva. With regard to nominations and elections, she suggested that the communication of the assessment by the SCRC to the candidate Member States could be further improved. She also acknowledged that there had been issues relating to the deadline of one nomination for the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPR) during RC72, and it would have been useful to have had accurate information from WHO headquarters at the time.
Consideration of the subgroups of the Thirtieth SCRC: composition, proposed terms of reference and programme of work

Subgroup on WHO/Europe’s governance

12. The Executive Director, WHO/Europe, in his introduction of the proposed terms of reference for the SCRC subgroup on WHO/Europe’s governance (EUR/SC30(2)/INF./1), highlighted the significant steps that had been taken in this field thanks to the work of the subgroup, particularly with regard to the transparency, predictability and ease of the nominations and elections process. The subgroup’s work was particularly pertinent in the year ahead as, traditionally, a more comprehensive governance review would be conducted in the year preceding the election of the next Regional Director. On the process for consultation with Member States, two very important points had been raised by the SCRC at its last session: the establishment of WHO technical or normative outpost offices and the reform of accountability and oversight mechanisms at the regional level, and the subgroup would also be looking at these.

13. Representatives of the Czech Republic, France, Kazakhstan, Luxembourg, Norway, Romania and United Kingdom expressed an interest to be part of the subgroup. The member from the United Kingdom confirmed her availability to continue to chair the subgroup and this was agreed. The SCRC may decide to invite other interested Member States and technical experts to participate in the work of this subgroup.

14. Several members noted that the draft terms of reference were quite ambitious and suggested to prioritize. One member identified subparagraphs (c), (e), (f) and (g) of paragraph 6, as the most important elements to consider.

15. A comprehensive management report could perhaps also be included as an important governance document. Another member suggested that it would be important to link the work of the subgroup with that of the SCRC subgroup on WHO/Europe’s work at the country level, as the two groups had overlapping agendas, especially with regard to supporting the process for consultation with Member States on the establishment of technical outposts. A third member noted that more could be done with respect to the nomination process to ensure that members of the SCRC had certain helpful and complementary competencies to further strengthen WHO/Europe and its visibility. Another member said that the plan to involve experts from non-SCRC Member States would help ensure greater transparency.

16. The Executive Director welcomed the support expressed for the comprehensive management report. He agreed that the interconnectivity between working groups was very important.

Subgroup on WHO/Europe’s work at the country level

17. The Director of the Division of Country Support, WHO/Europe, introduced the proposed terms of reference for the SCRC subgroup on WHO/Europe’s work at the country level (EUR/SC30(2)/INF./2). Under the chairpersonship of Belgium, the subgroup had been particularly active in the past two years, especially on the development of a strategy for collaboration between WHO/Europe and its Member States, which was eventually adopted at RC72 in resolution EUR/RC72/R8. The proposed terms of reference foresaw four core functions for the subgroup, as outlined in paragraph 6 of the document.

18. Two members nominated the representative of the Czech Republic as Chairperson of the subgroup. The representative of the Czech Republic thanked the SCRC for the opportunity to chair the subgroup, noting that the adoption of the strategy was only the first step and that moving forward, the subgroup would need to focus on its implementation.

Subgroup on WHO/Europe’s emergency preparedness and response

19. The Regional Emergency Director, WHO/Europe, referred to the discussion during RC72 on the elaboration of a new regional framework on emergency preparedness and response, the so-called
Preparedness 2.0, in the light of ongoing emergencies in the Region. While the proposal had been generally well received, some reservations had been expressed with regard to avoiding duplication of other ongoing global processes. After extensive internal consultations, the Secretariat had proposed to convene a technical advisory group that would accompany the process of consultations with Member States instead of a subgroup. This would help to move swiftly with the implementation of some of the recommendations of the Pan-European Commission on Health and Sustainable Development, in particular the establishment of a Pan-European Network for Disease Control, and strengthening regional coordination and solidarity while closing country capacity gaps. This process would build consensus on the future priorities for a new strategy, on which the Regional Committee, at its 73rd session, would be consulted prior to the action plan being developed. The Regional Emergency Director proposed that the technical advisory group could include interested SCRC members to ensure close coordination and that the SCRC be regularly briefed on the progress made.

20. The representative of Romania expressed an interest in participating in the technical advisory group, noting that revising the national preparedness plans for new threats was very important, including their evaluation and the kind of technical support that WHO could offer. One representative asked for clarification on the process, taking into account that the establishment of the Pan-European Network for Disease Control was already on course and the increasing fragmentation of discussions that could be observed in other complex ongoing global processes, such as the Intergovernmental Negotiating Body (INB) and the Working Group on Amendments to the International Health Regulations (2005).

21. The Regional Emergency Director said that the idea was to first create a common platform to better inform Member States in the Region about the ongoing global processes, then to create a new information-sharing platform to feed updates to Member States, not just at Geneva level, but also to ministries of health, in order to hopefully enhance the engagement of WHO European Member States in the global processes and create a common position. The other goal was to initiate the process of agreeing priorities for a new strategy in the European context, as the current action plan was due to expire at the end of 2023.

**DRAFT PROVISIONAL AGENDA AND PROVISIONAL PROGRAMME OF RC73**

**Update on arrangements to host RC73 in Astana, Kazakhstan and related events**

22. The Regional Director updated the SCRC on the arrangements related to hosting RC73 in Astana, Kazakhstan. The Regional Committee would be preceded by a special global pre-conference on primary health care to mark the 45th anniversary of the Declaration of Alma-Ata, the 5th anniversary of the Astana Declaration and the 75th anniversary of WHO. At the margins of the next SCRC session, which will be held on 14–15 March 2023 in Almaty, Kazakhstan at the invitation of the SCRC Chair, the Secretariat was also planning a site visit in preparation of RC73.

**Initial discussion on the proposed RC73 provisional agenda and provisional programme**

23. The Executive Director introduced the proposed provisional agenda for RC73 (EUR/RC73/1), recalling that the SCRC had asked the Secretariat to shortlist a number of items that were felt to be most pertinent for RC73, while not overloading the agenda. The plan was to maintain the three-dimensional structure of the Regional Committee including, respectively, political, technical and governance matters. The first day would mainly focus on the addresses delivered by the WHO Director-General and the Regional Director, as well as the midterm progress report on the implementation of the European Programme of Work, 2020–2025 (EPW), while leaving room for any other pertinent political issues that may have arisen. The technical day would focus on the four most pertinent technical items: a new European roadmap on antimicrobial resistance (AMR); a new action framework on the health and care workforce; a new European action plan on refugee and migrant health, as well as the priorities for Preparedness 2.0.
24. The Director of the Division of Country Health Programmes, WHO/Europe, noted that AMR was the silent pandemic that would become an even bigger threat if no action was taken. The European Strategic Action Plan on Antibiotic Resistance had expired in 2020. The increased availability of national surveillance data on AMR showed that progress had been made, and strong partnerships and investments by the Member States had increased technical reporting capacities. However, only 75% of Member States with national action plans had a dedicated budget, which pointed to a lack of prioritization, weak governance mechanisms and hampered implementation. A new European roadmap on AMR for 2023–2030 would provide a set of recommended actions for Member States, civil society, the private sector and other partners across the One Health spectrum, focusing on closing the implementation gap and accelerating action at country level. The guiding principles for this new roadmap would draw on the lessons learned from the COVID-19 pandemic. The priority areas and actions against AMR would be defined in close consultation with Member States, experts and through the quadripartite regional consultation mechanism, but it would be important to secure high-level leadership accountability and buy-in from governments, civil society and the private sector. Another key area would be to integrate actions against AMR into efforts to improve universal health coverage and quality of care. It would also be important to generate quality data and for countries to own the evidence; to drive science and innovation to understand the AMR burden, which would be important for the development of evidence-based policies; and to advance implementation through behavioural science approaches.

25. The Director of the Division of Country Health Policies and Systems, WHO/Europe, also introduced the proposed item on the health workforce. The key challenges were well known: growing shortages; an ageing health workforce; insufficient recruitment and attraction of young health workers; difficulties with providing primary care, particularly in rural and remote areas; and the mental burden, stress and burnout of health care workers causing some to leave the profession early. A high-level meeting was planned in Bucharest, Romania, on 22–23 March 2023 to scale up innovative solutions and opportunities for technical innovation in the form of digitalization, strengthening primary health care and rethinking the role of hospitals. Drawing on the outcomes of this high-level meeting, an action plan would be drafted, containing recommendations for Member States and sending a strong political message to both health workers and patients. Alongside the formal Member State consultations and consultations with health workers themselves in coordination with existing collaborating partners, a country working group would be set up with experts from across the Region.

26. The Regional Emergency Director referred to his earlier statement, also noting that the rationale for action was the consequences of the war in Ukraine across Europe and beyond, the multicountry mpox (formerly known as monkeypox) outbreak and the continuing challenges of the COVID-19 pandemic, which required renewed focus and a pan-European perspective. The establishment of the Pan-European Network for Disease Control would complement the EU Health Security Framework and catalyse stronger European health security beyond the borders of the EU. The operationalization of One Health, with a focus on strengthening regional coordination and closing country capacity gaps, would enhance preparedness for future health crises.

27. The Director of the Division of Country Support reminded the participants that at RC72, Members had called for the development of a new European action plan on health and migration in line with the global strategy, which was up for renewal at the next World Health Assembly. The high-level meeting that had been held in Istanbul in March 2022 had resulted in an outcome document that called for a new vision and approach in order not to fall back into a cycle of neglect. This call had also been reinforced at side events on migration and health organized during the Health Assembly in May 2022 and the United Nations General Assembly in September 2022.

28. Members of the SCRC welcomed the focus on these four interconnected technical agenda items. The representative of Norway reiterated that it would be useful to have concept notes available in order to facilitate an informed discussion. These concept notes should clearly indicate the expected outcome of each agenda item, and should include links to global processes and relevant documents and resolutions, including costing. One member asked whether there was any room left in the agenda to discuss any unforeseen emergencies. Another member stressed the importance of addressing the issue of burnout in
health care workers in the proposed strategic framework, which also affected the quality of health care. Another member emphasized the importance of cooperation between countries in the field of primary health care. Greater discussion was needed to help governments take decisions to better finance primary health care and regional and rural provision of services in particular.

29. One member queried the division between the political day and the technical day, since some of the technical issues could also benefit from political interaction and endorsement. It was important to make constructive use of the presence of ministers, which could be difficult if they had already left by that stage. Two members expressed concern that it would be difficult to protect the governance day from items that might not be finished from the previous days, leaving insufficient time to discuss fundamental items such as budget matters. The Executive President of RC72, participating as an observer, expressed concern about potential issues due to scheduling the Member State consultations on documents, resolutions and decisions over the summer break. She also was concerned that the inclusion of the progress report on implementation of the EPW and the flagship initiatives on the first day would blur the line between the political and technical elements, as well as potentially overload the programme for day one. She also wondered whether the item on matters arising from the Seventy-sixth World Health Assembly would be better placed earlier in the agenda as it could benefit from broader political or technical discussions.

30. The Executive Director, responding to the comments made, said that concept notes, including the why, the what and the how, would be discussed at the third session of the Thirtieth SCRC. He also said that the midterm update on the EPW implementation and progress on the four flagship initiatives would be considered together with the Regional Director’s statement and report. The governance day, next to the closed session on elections and nominations, would cover a midterm review of the current Programme budget 2022–2023 and the proposed regional plan for implementation for the next biennium. There would also be a presentation of the outcomes of the regional governance review and a discussion of matters arising from the Seventy-sixth World Health Assembly and other global matters. He confirmed that the Secretariat was considering all options to preserve sufficient time for discussion on governance matters, including the option of changing the order. The documentation plan for RC73 and working drafts would be reviewed at the next SCRC meeting in March 2023. Final documents would be presented in June, after which Member State consultations would be held through June–July and documents would be finalized for dispatch six weeks before the start of RC73, which was now scheduled to take place five weeks later than usual.

31. The Director of the Division of Country Health Policies and Systems confirmed that the mental health of the health workforce would be one of the key topics for the meeting in Bucharest, and would definitely feature as one of the key points in the working document. The health workforce was indeed becoming a very political issue in many countries, but technical solutions needed to be found.

32. The Regional Emergency Director confirmed that in the development of Preparedness 2.0, alignment with the global processes would be sought and a pragmatic approach would be taken. He hoped that Member State consultations would help to achieve regional consensus on priorities, as well as common understanding on the process for developing a regional architecture.

33. The Director of the Division of Country Support welcomed the support of members for the item on migration and health, particularly the importance of reflecting the cross-cutting EPW across the various discussions. Indeed, the important dimensions that had been highlighted at the high-level meeting in Istanbul would be carried forward in the proposed action plan.

Proposed briefings and side events

34. The Team Leader, Regional Governance and Languages, said that the main purpose of technical briefings and side events organized in the context of the session of the Regional Committee was to offer an opportunity for sharing knowledge and exchanging experience. Several options could be considered for selecting suitable topics: either focusing on topics that could not be included in the plenary agenda due to prioritization, on items that would be relevant in view of the agenda of RC74, or on global matters arising
from the Seventy-sixth World Health Assembly on which the regional committees were being consulted as suggested by WHO headquarters. The exact timing of these briefings and side events still had to be further considered, taking into account the pre-conference on primary health care, which was scheduled for the day preceding the opening of RC73.

35. One member welcomed the idea of dedicating an extra day to briefings and side events, which might enable smaller delegations to participate more actively. The Executive President of RC72 suggested that it might be more productive to eliminate them altogether and instead focus on the priority items selected for the plenary discussions.

36. The Executive Director responded that another option could be to hold side events digitally in the weeks preceding the Regional Committee. Further discussion was needed and the governance subgroup could help inform the final decision.

Pre-conference on primary health care

37. The Director of the Division of Country Health Policies and Systems presented the concept of the pre-conference on primary health care. It was important to look forward, recognizing that health systems had been facing many challenges over the past three years, and that primary health care in many countries was struggling with workforce or transformation issues. The plan was for the event to be primarily a regional conference but with a global flavour. This would offer another occasion to show that primary health care was the vehicle for delivering on WHO’s agenda, particularly on noncommunicable diseases (NCDs) and mental health, as well as on maternal and child health, and communicable diseases. The outcomes of the pre-conference could be presented in the plenary session of RC73 to reaffirm political commitment to invest in primary health care.

38. The alternate member from Kazakhstan said that the date of the pre-conference had not yet been fixed, as there had been some discussion on whether to hold it before or after RC73. It was also important to recognize that nongovernmental organizations and other international organizations also had an important role to play in the issues being discussed. One member suggested to include the sharing of competencies for primary health care providers on the agenda of the pre-conference event.

MEMBERSHIP OF WHO GOVERNING BODIES AND COMMITTEES

39. The Team Leader, Regional Governance and Languages, gave an overview of the vacant seats that would need to be filled in 2023, as presented during the previous session, and outlined the procedures for nominations and elections. In line with the rules and established practice, the Regional Director would send out a call for nominations in February 2023 with a deadline in April. The SCRC would be invited to assess the nominations in June and report back to the candidate countries so that they would have an opportunity to reach consensus among themselves and, potentially, some candidates could withdraw. If there were still more candidates than vacant seats by October, the SCRC would send their assessment reports to delegations before the private session held during the Regional Committee, to inform the election procedure.

40. For the Executive Board seats, participants were reminded that the Health Assembly would ultimately elect the candidates nominated by the Regional Committee. Participants were also reminded that in accordance with Rule 47 of the Rules of Procedure of the Regional Committee, the Regional Committee at its next session would be expected to appoint a Regional Evaluation Group, composed of six members, to support the process for nominating the Regional Director.

41. To increase the transparency and predictability of the process, the SCRC in 2021 introduced a voluntary pre-consultation phase on a trial basis, during which Member States could voluntarily express their interest to serve on governing bodies and committees. With the agreement of the SCRC, this could be done in January, ahead of the call for nominations. It was proposed to include the elected posts for the Seventy-sixth World Health Assembly that were allocated to the Region in this pre-consultation. Similarly,
the SCRC in 2021 had decided to assess nominations received through an open, structured discussion examining each criteria one by one, enabling an equitable balance between the profile of the candidate country and the profile of the proposed individual representatives. Using examples from the 2022 nomination and election process, the pre-consultation phase seemed to have provided more predictability for Member States, although the results had been mixed. With regard to the assessment procedure followed by the SCRC, the evaluation suggested that the new system had worked well and had contributed to finding consensus.

42. Based on this evaluation, the SCRC agreed to continue with the voluntary pre-consultation phase and the structured assessment of nominations. Two members spoke in support of continuing the procedures that had been introduced on a trial basis.

ACTIVITY REPORT BY THE REGIONAL DIRECTOR

(Open session)

43. The Regional Director, at the start of the open part of this meeting, provided an update on the work of WHO/Europe between September and December 2022. He began by presenting a short video summarizing his recent mission to Ukraine.1 The primary reason for the visit had been to keep international attention focused on the health needs in Ukraine. For many people in the country, the coming winter would be a real survival challenge as they faced a devastating energy crisis, deepening mental health emergency, lack of access to health services and supplies, and the risk of viral infections. The physical threat to health and the psychological toll of the war were almost incalculable.

44. Next to a report of his latest visit to Ukraine, in his report to the SCRC, which was supported by a slide presentation2, the Regional Director provided a detailed account of activities, including inter alia:

- the 5th Emergency Medical Teams Global Meeting held in Armenia, where the Emergency Medical Teams 2030 strategy had been launched;
- the publication of a compendium of 18 COVID-19 risk communication and community engagement (RCCE) case studies from across the Region, and a capacity-building exercise “RCCE school”, held by the WHO European Centre for Preparedness for Humanitarian and Health Emergencies in Istanbul;
- the launch of the second WHO Primary Health Care Demonstration Platform in Sweden, which showcased service delivery in the most rural, remote and sparsely populated areas and integrated digital solutions for the delivery of primary health care services;
- a mission to Armenia in October, led by the Director of the Division of Country Health Policies and Systems, to support the Ministry of Health of Armenia with ongoing reform of the health system, prioritizing primary health care, mental health and quality of care, and with a special focus on digital tools;
- a Nordic–Baltic dialogue on mental health promotion, hosted with the Danish health authority, to share ideas and experiences on how to maintain and improve mental health services for the nearly 35 million people in the subregion;
- the first technical advisory group on One Health, resulting in preliminary recommendations that would guide the development of the regional and operational framework on One Health for the Regional Committee in 2024;
- the fifth meeting of the Advisory Council on Innovation for Noncommunicable Diseases, held in Berlin, Germany, engaging with the broader public health community to advocate for its agenda of six signature initiatives and underlining the leading role of the Region in the run-up.

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1 See: https://www.youtube.com/watch?v=jvx82WqB30Q.
2 See: https://dreambroker.com/channel/98g8rj4/7wugb2q2.
to the 4th High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases in 2025;

- the publication of the WHO European Childhood Obesity Surveillance Initiative’s (COSI) fifth report, measuring trends in overweight and obesity among primary school-aged children;
- the launch of a new guide evaluating behaviourally and culturally informed health interventions in complex settings, followed by a four-day training school in Istanbul, Türkiye, with 35 participants from 13 countries;
- the graduation of the first cohort of young scholars from the Pan-European Leadership Academy, from Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, Turkmenistan and the Russian Federation, followed by the onboarding of Tier 2, nine mid-career professionals from ministries of health and institutes of public health in eight countries; and
- the launch of a four-year project to strengthen immunization and digitalization of health systems in central Asia, financed to the tune of 10 million euros by the EU.

45. The Regional Director in the past 10 weeks had visited 13 countries and had spoken to presidents, prime ministers and ministers of health. He considered this as a testament to WHO/Europe’s strong reputation and the ability of health to unify efforts. During these country visits, he had also visited health care facilities to speak to those delivering and receiving care, and he had been humbled by the professionalism and commitment of those he had met. He had also been very inspired by the Tirana 2022 Health and Well-being Forum for Youth, held in Albania, which had brought together 150 youth delegates from 30 countries in the Region to discuss how to engage young people in health decisions (a short video about the Forum was shown). Other personal highlights had been his participation in the Council of Health Ministers of the Commonwealth of Independent States in Turkistan, Kazakhstan, as well as his recent visits to the WHO Hub for Pandemic and Epidemic Intelligence in Berlin and to the European Centre for Disease Prevention and Control in Stockholm to discuss its expanded mandate.

46. Turning to WHO/Europe’s business operations, the Regional Director also reported on continued efforts to improve working methods and processes. Following the decision in August to partially relocate an expanded enabling presence in Istanbul, agreements had been confirmed with the Government of Türkiye and preparations were ongoing. Dedicated resources had been put in place to support affected administrative staff in Copenhagen and every effort was being made to secure continued employment for those who wished to continue working with WHO/Europe. With the expected increase in the scope of delivery under the EPW in the 2022–2023 biennium, 100 new staff members and 1500 consultants had been onboarded in 2022. In the spirit of transparency, since time constraints had not permitted a discussion of budget matters at RC72, a special briefing had been held for Member States in mid-November, including discussions on the Programme budget 2022–2023 and planning for the Proposed programme budget 2024–2025.

47. On the prevention of sexual exploitation, abuse and harassment, both within the Organization and in Member States, the Regional Director mentioned a dedicated town hall meeting to be held in mid-December, and the training of more than 60 doctors, nurses and health facility managers in several regions of Ukraine to provide care for survivors of gender-based violence, with financial support from the Government of Canada.

48. The Regional Director and his senior management team were keenly aware that the ongoing health crises were having a significant impact on the workload and the well-being of WHO personnel, so he noted that staff health and well-being services were in place to support those experiencing mental health challenges or at risk of burnout.
49. The Regional Emergency Director reported that the Region appeared to be on a good trajectory to transition out of the emergency phase of the COVID-19 pandemic, although it was still very important to remain vigilant. The number of COVID-19 cases was increasing in a number of countries which, along with the co-circulation of influenza and respiratory syncytial virus (RSV), could again lead to an overload of the health system. It was also important to maintain focus on surveillance to detect potential new variants and their potential for immune escape. Vaccination remained a top priority in the efforts to protect the vulnerable. Across the Region to date there had been 265 million confirmed COVID-19 cases and over 2 million deaths.

50. Turning to the matter of mpox (formerly known as monkeypox), he noted that WHO had decided to change the name of the virus and reported that there were a relatively low number of cases in the Region, showing an encouraging trend. The main risk remained importation from outside the Region, which required vigilance. There was also good news in the form of promising data on vaccine effectiveness, even with just one dose, which would provide a powerful counter-measure to protect those at high risk.

51. With regard to the situation in Ukraine, the Regional Director reported that there had been more than 16 000 civilian casualties according to figures from the Office of the United Nations High Commissioner for Human Rights, which were gross underestimates. Continued attacks on health care continued to be a concern, with more than 715 such attacks recorded, in addition to the unprecedented displacement, with almost 8 million refugees registered across the Region and more than 6.5 million people displaced internally, resulting in high levels of vulnerability. WHO had delivered more than 2100 metric tonnes of life-saving supplies to Ukraine, including medicines and medical equipment, and also generators, ambulances, refrigerators and mobile laboratories. Generators in particular were very important, to compensate for the volatile electricity supply resulting from targeted attacks on essential infrastructure, which put health infrastructure in a very precarious situation. WHO had 170 more generators in the pipeline to be delivered to priority facilities in close coordination with the Ministry of Health of Ukraine.

52. There was great concern that the harsh winter conditions and extreme cold could lead to an exacerbation of chronic diseases. Together with the Ministry of Health, WHo had identified eight oblasts with the highest humanitarian needs to prioritize for winterization, but there were of course still areas, particularly those under occupation, where there was no access at all and where humanitarian needs were extremely high. High-level negotiations were ongoing to advocate for a humanitarian corridor to the Donbas region and to the occupied territories. WHO was also working with neighbouring refugee-hosting and -receiving countries, particularly with regards to the medical evacuation and repatriation of patients to and from EU countries. Work was underway on surveillance mechanisms to better address communicable disease challenges during the winter months and to ensure continuity of care for chronic diseases, as well as to address the mental health needs of displaced populations and the risk of gender-based violence and domestic abuse.

53. For the benefit of transparency, the Regional Emergency Director repeated the Secretariat’s plans for the development of a new regional strategy and action plan to strengthen health emergency preparedness, response and resilience in the Region.

Discussion on the reports by the Regional Director and the Regional Emergency Director

54. The SCRC members commended the Regional Director, the Regional Emergency Director and their teams for their important work on so many issues. Two members particularly welcomed the work being
done to address the health and humanitarian needs in Ukraine. One member welcomed the update on the ongoing epidemics, noting the key role that communication had played in the success of the management of mpox (formerly known as monkeypox) and suggesting that it should serve as some sort of benchmark. Two other members stressed the importance of continuing to prioritize AMR.

55. Another representative expressed concerns about the proposed timeline for Preparedness 2.0. and asked whether there would be further discussions on the matter before its presentation to RC73, and that hopefully there would be as much flexibility as possible built into the schedule, to help delegations manage the work. Concerns were also raised about the workload relating to the establishment of the Pan-European Network for Disease Control.

56. The representative of Ukraine thanked the Regional Director for his visit and stressed that the main issue was readiness for winter in the context of missile attacks. It was important to ensure the availability in the region of a large supply of drugs and medical products for rapid response to emergency situations, while also ensuring turnover of stock in order to make the best use of funds.

57. The Regional Emergency Director said that the idea was to first get consensus on the priorities during consultations in the run-up to RC73, then to hold further consultations in the run-up to RC74 to develop the actual action plan. The timeline would be flexible as it was dependent on the progress of the global processes, with which the consultations were also very closely engaged.

58. The Regional Director thanked the members for their comments and welcomed the suggestion to benchmark the success story of mpox because it was important to celebrate such incredible successes, such as 20 years of polio-free Europe.

IMPLEMENTATION OF RESOLUTION EUR/RCSS/R1

(Open session)

59. Noting that NCDs accounted for 90% of all deaths in the Region, with a burden that was not distributed equally, the Regional Director stressed the importance of maintaining WHO’s strong technical work without disruption. Most of the technical work on NCDs was led by the WHO European Office for the Prevention and Control of Noncommunicable Diseases (NCD Office), which was predominantly funded by a grant from the Russian Federation, and which had been extended in 2019 until 1 November 2024. The NCD Office worked primarily on risk factors, NCD data and surveillance, as well as contributing to NCD management activities with the team in Copenhagen. The NCD Office had earned a reputation for innovation in areas such as the digital food environment, mobile apps to measure alcohol intake, work on electronic cigarettes, data dashboards and capacity-building courses, as well as producing a long list of useful publications. The financial and human resources in the NCD Office also meant that WHO had the capacity to provide timely country support.

60. The four options presented for safeguarding the work of the NCD Office were:
   1. keeping both international and local staff of the NCD Office in Moscow;
   2. relocating the NCD Office to Copenhagen;
   3. relocating the NCD Office to another country; or
   4. continuing the current interim solution.

61. The first option was considered not feasible, due to the number of operational challenges to the provision of timely technical support, as well as political issues. The second option would entail breaking the donor agreement, which would mean losing funding for the much-needed work on NCDs. Additional funds might also be required for staff separations and to meet existing commitments such as rent for the premises. If there was a confirmed offer to move the NCD Office to a new country under option three, which there had not yet been, it would take approximately one year for it to be fully operational. Standard
templates existed for host and financial agreements, but the actual time frame would depend on the relevant government’s internal processes, among other things. The fourth option entailed continuing the current interim arrangement, with international staff being relocated to Copenhagen. Technical work would not be compromised under that arrangement.

62. The alternate member from the Czech Republic, speaking on behalf of the EU and its Member States, considered that the Russian Federation’s unprovoked, illegal war of aggression against Ukraine disrupted WHO’s work in the Region and put the achievements of the NCD Office at risk. She noted the conclusion with regard to option four, but requested more information in order to make a well-informed assessment, taking into account the long-term sustainability of activities, the short- and long-term risks, as well as the moral dimensions relating to the origins of funding. Any decision taken should have a minimal impact on the capacity of WHO/Europe to deliver on its mandates. The retention of WHO staff with expertise and experience in the field was the most crucial factor in all cases. More detailed information would therefore be appreciated on the legal and financial arrangements to ensure that existing WHO staff would be given the necessary guarantees for the continuation of their contracts. Additional information would also be appreciated on any contractual rights and obligations in the existing donor agreement, such as termination clauses and the payment of instalments. With regard to option two, she requested more information on the financial impacts of running the NCD activities from the main office in Copenhagen, and a further assessment of a scenario in which the current agreement was terminated and new funding was made available without delay from other Member States. She also inquired about the contractual terms for different categories of staff and the legal obligations of WHO towards those not employed on staff contracts, such as local personnel and consultants. Turning to option three, she asked whether the time frame indicated related to the formal WHO processes or to country-specific circumstances that impacted the length of time needed to establish a new office. If there were candidates for a new host country, what key factors would ensure a swift transition without disruptions to the technical work? Could an interim solution be envisaged to ensure continuity until the completion of the necessary formalities to establish the office in another country? Was there any way to streamline the process? With regard to option four, she asked whether the interim solution presented any difficulties, such as in communication between the teams and with Member States. Were there any additional expenses being incurred, such as travel costs? Was the interim solution sustainable? In particular, what would be the long-term perspective after the existing donor agreement expired? What steps were necessary to diversify funding sources in the future? Lastly, she requested a further consultation on the matter, before the 152nd session of the Executive Board, to provide the further details necessary to take concrete steps as soon as possible. She also requested further clarification on how any decision would be taken, as well as any other relevant procedural issues.

63. Another representative considered the fourth option to be the best guarantee that the important work of the NCD Office was not disrupted. One member noted that the safety of WHO teams should also be considered and that optimal conditions for their work needed to be ensured in the short, medium and long term. Two other members expressed support for maintaining the interim solution, but stressed that arrangements should be made to move the office to Copenhagen or to another country as soon as possible. Another member said that a robust, permanent solution needed to be found and a more detailed, costed transition plan was needed, requesting in particular more information on whether flexible funding could be redirected to maintain the work of the office in the Region, or whether the work on NCDs could be done from the main office in Copenhagen within the existing budget. One member said that the SCRC needed to recognize that moving the office would carry additional costs, but that did not mean it was not the right option. One representative requested clarification on which body was competent to take the decision, and when a decision could be envisaged.

64. The member from Ukraine categorically opposed the NCD Office remaining in Moscow, and urged the SCRC to work towards a decision to move it to Copenhagen or to another country. The Russian Federation was attacking the health care system of Ukraine, which only worsened the situation for the spread of NCDs, and its association with WHO was a stain on the reputation of the Organization.
65. The representative of the Russian Federation said that NCDs had been given the highest global and national priority since the adoption of the Moscow Declaration at the first Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control in 2011. The report presented at the United Nations General Assembly third High-level Meeting on the Prevention and Control of NCDs in 2018 had shown a significant decline in morbidity and mortality from NCDs in eastern Europe and central Asia, in part due to the active work of the NCD Office. The work of the office had also been commended by the WHO Director-General, who had given it an Award for Excellence in 2019. Since February 2022, the NCD Office had conducted more than 30 events, including training courses in all languages of the Region, and continued to be actively involved in important research in a number of areas. Its experts had good knowledge of health care systems in eastern Europe and central Asia, and were able to take account of local culture and communicate freely. Any interruption to the ongoing work of the office would affect the progress made in reducing mortality and morbidity due to NCDs, and this was unacceptable. It would be particularly dangerous to interrupt the work of the office during the ongoing COVID-19 pandemic, as those suffering from NCDs were particularly impacted by the complications of COVID-19. The Russian Federation saw no obstacles to further funding the work of the office after 2024, as long as it remained in the Russian Federation.

66. Four other representatives said that the NCD Office should not be moved, as it could have significant financial implications, take a long time and put at risk ongoing projects, as well as increase the overall workload. The office continued to be very efficient and successful in its work, in particular its invaluable work with Russian-speaking experts. Any disruption to ongoing projects and programmes would be highly undesirable.

67. Responding to the comments made, the Executive Director noted that less than 30% of WHO/Europe’s funding was flexible, most of which was already assigned to its administrative functions, including staffing both in Copenhagen and in country offices. Reassigning around 15% of those flexible funds to maintain the NCD Office would severely compromise delivery of the EPW. Since other voluntary contributions received were earmarked, any reassignment of those funds would require negotiations with donors. Member States would need to advise which programmes should be ramped down or closed.

68. The Senior Legal Officer, WHO headquarters, clarified that the establishment or relocation of a geographically dispersed office (GDO) was done through a resolution adopted by the Regional Committee. The decision to terminate the host agreement or move the NCD Office to another location was in the hands of Member States. It would be for the Regional Committee to take the decision, taking into consideration the different criteria and the terms of the specific host agreement. Rule 14.2.10 of the Rules of Procedure provided that the SCRC could act for and represent the Regional Committee and counsel the Regional Director between sessions of the Regional Committee. That function had only been used once in the past, in an emergency situation relating to a very specific case. In all other cases, the Regional Committee had retained the decision-making power to establish or move GDOs within the Region.

69. The Regional Director expressed his appreciation to all the staff of the NCD Office for their continuing work under stressful circumstances.

70. The Chairperson concluded that the Secretariat would further elaborate on the options presented in the document, providing more detailed information in response to the questions that had been raised during the discussion. Further consultation would be arranged with all Member States on this revised document before the next session of the Executive Board, in order to receive guidance on how to proceed.

PROPOSED PROGRAMME BUDGET 2024–2025: PRIORITY SETTING
(Open session)

71. The Chairperson recalled that a briefing on budget matters had been held on 11 November 2022 to compensate for the fact that the subject could not be properly discussed due to time constraints during RC72. Recordings of that briefing had been made available for those that could not attend.
72. The Executive Director said that to date, 38 Member States had completed the prioritization exercise, equally balanced between countries with and without country offices. The current output ranking showed that eight of the Region’s high priority outputs also featured in the global top 10. Since the prioritization process appeared to be aligned with the existing EPW and no major new initiatives were expected to be introduced, a continuation of the previous programme budget was largely expected with the same programme budget space for the next biennium for WHO/Europe, at 363 million US dollars. Recognizing that the consultation process had not been optimal, more time for the prioritization by Member States and a more systematic iterative process were needed for developing future programme budgets.

73. One SCRC member noted that funding was often tied to specific activities that did not always align with Member States’ expressions of priorities and requested clarification on how that would impact the upcoming programme budget period. Another representative said that WHO’s action in countries with the highest needs should be prioritized, and that strengthening WHO ought to be a priority, although it had not been included in the prioritization exercise. It was also important to include a regional perspective instead of just country priorities. A third representative expressed surprise that the lowest two outputs listed in the ranking appeared to be those related to pandemic preparedness and the response and management of health emergencies, and asked how that would impact funding for such crucial activities going forward. Another member asked for programme budget priority-setting to be included on the agenda of the next SCRC meeting, with a document prepared in advance to enable more fruitful discussions.

74. Responding to the comments made, the Executive Director said that aligning prioritization with financing was a long-standing issue and the resource mobilization team was constantly focused on sourcing voluntary contributions to close pockets of poverty. Diversifying funding, mobilizing resources from new donors, either from within or outside the Region, as well as encouraging existing donors to shift to unearmarked funding, would help to create greater flexibility. Programme budget priority-setting would continue to stand as an SCRC agenda item, and in the future the slides would be shared in advance.

75. The Unit Head, Programme and Resource Management, WHO/Europe, said that in recent years, significant efforts had been made by Member States in the Region to make more flexible funds available and enable more dynamic management of the programme budget. However, a large part of fully flexible corporate funds that had been made available to WHO/Europe was spent on the enabling functions and the running costs of the Secretariat and the country offices. Several Member States had also made significant technical flexible funds available that could be used to accommodate the misalignment of prioritization and resources. With regard to emergency preparedness, he indicated that 2023 would be a transitional year for baseline work on emergency preparedness and the core capacities of Member States, rather than on acute emergencies.

GLOBAL GOVERNING BODIES MEETINGS AND REGIONAL IMPLICATIONS
(Open session)

76. The Chair of the Executive Board, in her capacity of SCRC–Executive Board link, said that the Organization was facing an unprecedentedly busy period, with five governing body processes underway concurrently, including two major Member-State-led processes. The new Standing Committee on Health Emergency Prevention, Preparedness and Response would also soon begin its work, having confirmed all the nominees for membership through a silence procedure. The Agile Member States Task Group on Strengthening WHO’s Budgetary, Programmatic and Financing Governance (AMSTG) had considered recommendations for long-term improvements for better transparency, accountability, compliance and efficiency of the Organization. Some of its recommendations could also be very useful at regional level, including improving the conduct of governing body meetings and improving the process for developing resolutions.

77. During the informal Executive Board retreat that had been held 29–30 November 2022, the members had agreed on the need for the Executive Board to be more proactive, as well as for the conduct of Board
meetings to be more strategic. Some preliminary ideas to achieve that included providing guiding questions to steer discussions, encouraging Member States to provide written statements in advance so that members could consider them before taking decisions, and also having regional preparatory meetings for Board members. The hope was that those changes would promote more dynamic and meaningful discussions during Executive Board meetings. They had also agreed on the need to involve non-State actors in the work of the Executive Board more meaningfully, potentially by holding meetings before the session. Some of the proposals agreed would be piloted at the upcoming session of the Executive Board.

78. The Executive Director said that WHO/Europe was already acting on several of the recommendations of the AMSTG. The SCRC subgroup on WHO/Europe’s governance would consider a transparent process of consultation with Member States on the establishment and costing of new WHO offices outside Copenhagen. On the role of governing bodies, he believed that regions could incubate changes and the SCRC had already discussed how to make governing body meetings more attractive, useful and effective.

79. A recommendation that resonated well with SCRC members was the expectation for results-based management as a best practice. With regard to accountability, members stressed the importance of providing up-to-date organization charts and contact lists, including departmental-level staff contact details.

80. The Team Leader, Regional Governance and Languages, announced the set-up of a new SharePoint site for regional governance matters, where Member State representatives would find practical information and documentation relating to governing body matters. SCRC members had already been onboarded, but all Member State focal points and representative would soon receive an email allowing them to access the site.

**OTHER MATTERS; CLOSURE OF THE SESSION**

81. After the customary exchange of courtesies, the Chairperson declared the session closed.
Annex 1. Agenda

Closed session

1. Opening of the session by the Chairperson and the Regional Director
2. Adoption of the provisional agenda and provisional annotated programme
3. Follow-up on the 72nd session of the WHO Regional Committee for Europe (RC72) and proposed programme of work for the Thirtieth SCRC
   (a) Evaluation and review of actions by the SCRC and the Secretariat
   (b) Consideration of the subgroups of the Thirtieth SCRC: composition, proposed terms of reference and programme of work
4. Draft provisional agenda and provisional programme of RC73
   (a) Update on arrangements to host RC73 in Astana, Kazakhstan and related events
   (b) Initial discussion on the proposed RC73 provisional agenda and provisional programme
   (c) Proposed briefings and side events
5. Membership of WHO governing bodies and committees
6. Other matters; closure of the session

Open session

7. Activity report by the WHO Regional Director for Europe
8. Update on the health emergency response in the WHO European Region
9. Implementation of resolution EUR/RCSS/R1
11. Global governing bodies meetings and regional implications
Annex 2. List of participants

Present
Czechia, Dr Alena Šteflová
Czechia, Ms Marcela Kubicova
France, Professor Jérôme Salomon
France, Ms Christine Berling
France, Dr Roxane Berjaoui
Greece, Dr Asimina (Mina) Gaga
Greece, Dr Ioanna Bakopoulou
Kazakhstan, Dr Marat Edigeevich Shoranov¹
Kazakhstan, Ms Gulnara Mukhanova
Kazakhstan, Ms Aigul Baisalykova
Kazakhstan, Ms Yuliya Suchshenko
Luxembourg, Dr Thomas Dentzer
Montenegro, Ms Mirjana Djuranović
Montenegro, Dr Milica Stanisic
Norway, Dr Cathrine Marie Lofthus
Norway, Mr Arne-Petter Sanne
Romania, Dr Adriana Pistol
Spain, Dr Amós José García Rojas
Turkmenistan, Dr Sachly Nuryyeva
Turkmenistan, Dr Maral Gujikova
Ukraine, Dr Oleksandr Komarida
Ukraine, Mr Oleh Khavroniuk
United Kingdom of Great Britain and Northern Ireland, Ms Anna Wechsberg²
United Kingdom of Great Britain and Northern Ireland, Ms Natalie Smith

Observers
Dr Marc Danzon, WHO Regional Director for Europe emeritus
Professor Michel Kazatchkine, Special Envoy to the Regional Director on Tuberculosis, AIDS and hepatitis
Dr Hans Troedsson, Special Advisor to Regional Director
Dr Anne Marie Worning, Special Advisor to Regional Director
Ambassador Ms Nora Kronig Romero, Executive President of the 72nd session of the WHO Regional Committee for Europe

¹ Chairperson of the Thirtieth SCRC.
² Vice-Chairperson of the Thirtieth SCRC.
Dr Kerstin Vesna Petrič, Chairperson of the Executive Board, and link between the Executive Board and Thirtieth Standing Committee of the Regional Committee (SCRC)

Mr Nitzan Arny, Counselor, Permanent Mission of Israel to the United Nations Office and other international organizations in Geneva³

Ms Tabea Kappeler, Division of International Affairs, Global Health Section, Federal Department of Home Affairs, Federal Office of Public Health, Switzerland

Ms Suzana Gervasi, Division of International Affairs, Global Health Section, Federal Department of Home Affairs, Federal Office of Public Health, Switzerland

Mr Andrej Martin Vujkovac, First Secretary, Permanent Mission of the Republic of Slovenia to the United Nations Office and other international organizations in Geneva

³ WHO European Coordinator among Permanent missions to the United Nations Office and other internal organizations in Geneva.
Annex 3. 72nd session of the WHO Regional Committee for Europe: Lessons learned

INTRODUCTION

1. As one of his campaign commitments, the WHO Regional Director for Europe has been determined, since the start of his mandate, to increase the effectiveness and attractiveness of WHO Regional Committee for Europe sessions for the Member States. Drawing on an open dialogue with the Twenty-seventh Standing Committee of the Regional Committee for Europe (SCRC), changes were introduced to the programme, such as introducing a three-dimensional structure (political/technical/governance) and reducing its length from four to three days.¹

2. Due to the outbreak of the COVID-19 pandemic, the Regional Committee sessions in 2020 and 2021 had to be organized in a virtual format. Nevertheless, several novel aspects were already applied in the organization of governing bodies meetings at regional level to enhance their political relevance and attractiveness and better align with the agenda at global level. Some examples are: aligning the agenda with the Triple Billion targets of the Thirteenth General Programme of Work, 2019–2025, inviting guest speakers from outside the WHO European Region, involving youth representatives, and moving certain items under a written procedure.

3. Through the special rules and procedures that were adopted for RC70 and RC71, other new elements were introduced to ensure governance continuity and accommodate the virtual format of the sessions. This experience also allowed the convening, in record time, of the special session of the Regional Committee on the health implications of the war in Ukraine, as requested by 43 Member States of the Region.

ATTENDANCE AND ENGAGEMENT

4. The 72nd session of the Regional Committee (RC72) was the first session to be held in person since the outbreak and since the Regional Director took office. It saw a high turn-out, with 450 delegates and representatives attending the session in person and another 150 connected on the virtual platform Zoom. All 53 Member States in the WHO European Region formally attended RC72, with only two Member States not represented in person. In total, 29 health ministers took part in the proceedings, of whom 25 attended in person, as well as another 22 senior-level officials, such as state secretaries, deputy ministers, director-generals and chief medical officers from the various ministries of health.

5. In total, 800 participants were registered to participate, including WHO staff and staff of the host country as well as invited guests. In addition, the sessions were available through the livestream link on the website, which recorded an average of 1800 views per day, and through the recorded session on the WHO Regional Office for Europe (WHO/Europe)’s YouTube channel.

6. The session was officially opened by the President of Israel, Mr Isaac Herzog, and the First Lady, Ms Michal Herzog. The Prime Minister of Israel, Mr Yair Lapid, welcomed participants through a video statement. WHO Director-General Dr Tedros Adhanom Ghebreyesus and WHO Regional Director for Europe Dr Hans Henri P. Kluge spoke on behalf of WHO. The First Lady of the Republic of Croatia, Professor Dr Sanja Musić Milanović, intervened during a parallel session on the issue of tackling childhood overweight and obesity in the Region. Ms Sandra Gallina, Director-General for Health and Food Safety, spoke on behalf of the European Commission, and Dr Viktor Nazarenko, on behalf of the Eurasian Economic Commission. Nobel laureate Professor Roger D. Kornberg provided a keynote address. In addition, video statements were received from the Prime Minister of Greece, Mr Kyriokos Mitsotakis; the European

¹ See report EUR/SC27(2)/REP.
Commissioner for Neighbourhood and Enlargement, Mr Olivér Várhelyi; and the Director of the Pan American Health Organization (PAHO), Dr Carissa F. Etienne.

7. Invited speakers from Member States, international partners, non-State actors and civil society introduced various items on the plenary agenda as well as the parallel sessions that were organized during morning and lunch breaks. In addition, two ministerial lunches were organized to mobilize political commitment around the priorities of ensuring access to affordable medicines, ending tuberculosis and AIDS, and eliminating the epidemics of viral hepatitis and sexually transmitted infections. In the margins of RC72, health ministers of five central Asian countries met to formally endorse the Roadmap for Health and Well-being in Central Asia (2022–2025). In addition, other meetings between delegations, with non-State actors, and with the WHO regional network for national counterparts took place.

8. An exhibition was set up at the venue where non-State Actors, Member States and WHO technical units, through videos, posters, pitch presentations and booths, could showcase a series of activities related to topics on the RC72 agenda, such as digital health and behavioural and cultural insights. The WHO Global Outbreak Alert and Response Network (GOARN) presented a rapid response mobile laboratory to demonstrate how it provides support to Member States in mitigating outbreaks on the ground.

9. Participants also took the opportunity to network during breaks and the evening receptions, which were organized by the Israeli host and WHO/Europe respectively. In the mornings, participants could take part in a range of “Walk the Talk” physical exercise activities. Some cultural acts were selected to grace the opening ceremony and the social events. Participants were also offered the chance for a social excursion.

**GENERAL APPRAISAL**

10. The feedback that the Secretariat received about RC72 was very positive overall. Participants highly appreciated the fact that after three years they could finally meet again in person with delegates from across the Region.

11. At the same time, the current geopolitical situation cast a shadow on the session and was the source of some disagreement and a difficult decision-making process. The war in Ukraine was an important focus in various interventions made by delegations. These interventions expressed genuine concerns about the humanitarian situation and the wider health implications of the ongoing military activities and should not be considered as politicization of the discussion. Never was the right of reply exercised so extensively in a session of the Regional Committee for Europe.

**Agenda and proceedings**

12. The RC72 programme and its three-dimensional structure was generally welcomed. The selected topics for the agenda were considered appropriate, the sequence logical and clear, and the presentations and discussions engaging. The late addition of certain items to the agenda at the request of delegations, such as the implementation of resolution EUR/RCSS/R1 and a parallel session to discuss the Intergovernmental Negotiating Body process, was appreciated. The address of the Regional Director received the highest rating and was considered very inspiring.

13. Time management was clearly a problem. The high number of interventions, the frequent exercising of the right of reply, and the need in some cases to proceed to a vote, caused considerable delays. As a result, sessions had to be rescheduled and reduced, introductory presentations and videos had to be cut or skipped, healthy breaks shortened, and the plenary session prolonged until Wednesday evening. This somewhat obscured the logical build-up of the programme, and – more importantly – impeded the discussion of some agenda items.
14. Respondents thought that the RC72 programme had been overambitious and too focused on showcasing health policy developments across the Region. They emphasized the need for more realistic future agenda setting. They especially regretted the fact that there was too little time for more in-depth discussion of budget matters and matters arising from the global agenda. They suggested that more space should be reserved for open discussion on unpredicted political issues, strategic initiatives and reporting on results. While some expressed concerns over the use of the online (pre-established) speakers’ list, others suggested to limit the time or number of Member States’ statements. In addition, the time for discussion during parallel sessions was often considered too short, as they were truncated by the overrunning plenary programme and sometimes had too many speakers. Attendance of early morning parallel sessions was low in some cases. Also, virtual attendance of parallel sessions was relatively low, probably due to the lack of livestreaming and difficulties in communicating the open Zoom links. Low attendance at the exhibition area may also have been due to the dense programme and competing parallel events.

Suggestions and actions:

- Improve time management through more selectiveness in setting the agenda for RC73.
- Reconsider speaker management, including alternative ways for stimulating open discussion and sharing knowledge and experience.
- Revise the hybrid format of parallel sessions and exhibition areas; and improve virtual participation.
- As of next year, briefings and side events are supposed to be scheduled on the day before the opening of the plenary session.\(^2\)

Governance and decision-making

Resolutions and decisions

15. Although all 13 proposed conference papers were adopted in the end, they were not all approved by consensus or in their submitted form. Disagreements related to: references to the war in Ukraine in RC72 documents, the use of terms with respect to gender identity and sexual orientation, and the balance between health and economic interests. Thanks to the informal consultations that were conducted during RC72, and all delegations’ indulgence, a solution could be reached to preserve the underlying regional strategies, action plans, frameworks and roadmaps.

16. During the session, some delegates expressed their disappointment over the fact that in some cases the richness of the original text, which had been achieved through wide-ranging consultations with Member States and civil society organizations, and references to essential evidence-based aspects, were lost in the process of reaching consensus. Other delegations deplored that the wording had been amended in a way that had compelled them to dissociate from the text, and requested greater consideration to be given to country-specific circumstances.

17. In the evaluation, respondents felt that there had not been enough room for Member State consultation and requested a more realistic consultation process in order to ensure transparency and ownership by Member States. One key concern is that while the Secretariat traditionally conducts consultations with the technical experts of the ministries of health in capital cities, the permanent missions to the United Nations Office and other international organizations in Geneva had only been engaged at the end of the process.

18. The Secretariat was commended on the quality and brevity of meeting documents. A new template was developed to improve readability, in particular for online reading and for people with reading disorders. However, timeliness of documents remains an issue, including for global documents that are

\(^2\) See resolution EUR/RC72/R9.
submitted to the Regional Committee for feedback. The agreed rescheduling of the dates for future
Regional Committee sessions to the month of October should in principle provide more time for
preparations and consultations. It was also suggested that all papers should be properly reviewed by the
SCRC and that the voting procedure during governing bodies meetings should be improved and modernized
(electronic voting).

Suggestions and actions:

- Critically review the whole consultation process with Member States and other stakeholders,
  particularly the process of developing resolutions, including the role of the Secretariat.
- Improve the timely dispatch of documentation.
- Review the voting process during governing bodies meetings.

Nominations and elections

19. During a private meeting on the third day of RC72, delegations considered the candidatures for
vacant seats in various governing bodies and committees. Based on the nominations received following the
call by the Regional Director in January 2022, the SCRC in June assessed which candidates, in its view,
would best meet the selection criteria established in the Rules of Procedure for the Regional Committee
and resolutions. The outcome of this assessment was communicated to the respective candidate
countries, informing them of the possibility to withdraw as a way to reach consensus. At its last meeting
right before RC72, the SCRC observed that there were still more candidates than vacant seats, and
therefore requested to communicate the assessment reports to all delegations for information.

20. At the start of the private meeting, the situation was as follows:

(a) Executive Board: For the vacant seat in Groups B and C, respectively, all other remaining
candidates had withdrawn in favour of Switzerland and Ukraine, respectively. However, at the
explicit request of the Russian Federation, a secret ballot vote was held to approve the
nomination in Group C.

(b) SCRC: Two candidates remained for the vacant seat in Group C, for which Ukraine was elected
in a secret ballot vote.

(c) Joint Coordinating Board of the Special Programme for Research and Training in Tropical
Diseases: For the vacant seat, one of the two remaining candidates was not represented at the
meeting and therefore considered to have withdrawn (in line with Rule 14.2.2(d)) in favour
of Kyrgyzstan.

21. Only Executive Board members were eligible to fill two vacant seats attributed to the European
Region in the newly established Standing Committee on Health Emergency Prevention, Preparedness and
Response. Following the call for nominations by the Director-General, three nominations had been
received. According to the information received, one of these nominations had been submitted beyond the
stipulated deadline. On that basis, the SCRC recommended to the Regional Committee that (a) even if in
principle all three nominations could be confirmed, the Regional Committee should indeed nominate only
two, so as not to delay the start of this important subcommittee of the Executive Board; and (b) in general,
candidatures that are submitted after the deadline should not be accepted on procedural grounds and
should be regarded as unreceivable. At the meeting, the Russian delegation came forward with evidence
showing that the initial nomination of the candidate of the Russian Federation – a representative other
than the actual member of the Executive Board – had been submitted before the expiration of the
mentioned deadline. Based on this new information, the presiding officer decided to proceed with a secret
ballot vote, which elected Denmark and France.

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3 See information document EUR/RC72/INF./7.
4 See working document EUR/RC72/13 Add.2.
22. Member States have recognized the efforts made by the SCRC, with the support of Secretariat, to make the process of nominations and elections more inclusive, transparent and predictable. A group of Member States supporting the so-called Initiative for Transparency have recommended that the SCRC should further review the process, including a wider involvement of all Member States in the assessment of candidates, without excluding the candidates themselves.

**Suggestions and actions:**

- Decide whether the approach used by the SCRC for the assessment of submitted nominations, introduced in 2021 on a trial basis, should be maintained.
- Decide whether the voluntary pre-consultation of Member States about their interest to serve on any governing bodies and committees, operated in 2021, should be continued.
- Consider further changes to the process of nominations and elections as part of the comprehensive governance review that is planned under the Thirtieth SCRC.

**Format**

23. The decision by the Twenty-ninth SCRC to organize RC72 under a hybrid format was generally welcomed by the Member States. Some respondents indicated that this should be continued in future, as this would give the necessary flexibility for delegations to organize their attendance in the most cost-effective way. In particular, the possibility for a broader audience of technical experts to participate in the parallel sessions (briefings and side events) is considered an important advantage.

24. From an organizational perspective, organizing a hybrid Regional Committee session presents additional challenges in terms of planning, costs and the conduct of the session. For example, many delegations delayed their decisions about travel and booking of hotels for RC72.

**Suggestions and actions:**

- Make the hybrid format the new default option for governing bodies meetings, while considering the implications for the registration and hotel booking process for delegations as well as for the Rules of Procedure.

**Practical arrangements and preparations**

25. The Israeli host and the Secretariat were commended for a well-organized high-level event. Participants appreciated the clear information provided through the Guide for Participants and briefings in advance of RC72. However, some requested more clarity about the deadlines for registration and the relevance and function of the various forms to be completed. Also, some found the Tel Aviv hotel rates too high and the cancellation policy very strict, and suggested that this might have prevented some non-State actors and smaller partners from attending the session.

26. Logistics were generally rated very positively, especially interpretation services, catering and conference facilities. The availability of sign language interpretation and live captioning for the session on the health status of persons with disabilities was much appreciated. Some expressed concerns about the airport procedure and the shuttle transfer, especially when not staying in the official hotels. During the session, the quality of the Wi-Fi and the Zoom connection were mentioned as sometimes problematic. Also, some found the space for delegates in the plenary hall narrow and complained about the lack of electricity sockets. The COVID-19 protocol was welcomed, although it was not systematically followed by participants.

27. Receptions and other social events were highly rated. Time and space for networking and bilateral meetings should be preserved in the programme. To optimize time for personal interaction, the healthy break physical exercises that had been conducted in the previous virtual Regional Committee meetings
were skipped this time. Some respondents suggested that the Walk the Talk event should be one bigger event, rather than daily early morning sessions.

Suggestions and actions:
• Streamline the registration and hotel booking process.
• Redefine the format of the Walk the Talk event and healthy breaks.

COMMUNICATION

28. Press materials and social media inputs were produced to cover RC72 proceedings and highlight the underlying technical areas and work. Supporting video clips received a lot of interest and praise. On the last day, the Israeli Minister of Health, Mr Nitzan Horowitz, and the Regional Director provided a press briefing for the national and international press corps.

29. As in previous years, access to all media content was provided through the WHO/Europe website, and included all official Regional Committee documents, written statements submitted from Member States, partners and non-State actors, photographs and recordings of the session. In addition, a separate website (www.rc72tlv.com) was set up with the local event organizer to facilitate bookings through the selected hotels programme and provide updated information on practical arrangements on the physical meeting in Tel Aviv.

30. RC72 was conducted as a predominantly paperless meeting. An exception was made for the Report of the Regional Director, which presented the key activities of the last year since RC71, and which was provided to participants in a physical copy. During the session, QR codes were used to facilitate direct access to online documents, information and the speakers list. Participants suggested the use of a conference app to further streamline communication with delegates.

Suggestions and actions
• Development of a conference app for RC73.

CONCLUSIONS

31. Overall, RC72 was a very successful event that was highly appreciated by participants. The Government of Israel, as the host of RC72, did its utmost to make all delegations feel welcome and make this session a great success.

32. The Thirtieth SCRC will draw on this experience to guide the preparations for RC73.

33. A draft RC72 meeting report has already been circulated to Member States for comments, and it is anticipated that it will be adopted electronically in December 2022.