Report of the 70th session of the WHO Regional Committee for Europe

Virtual session, 14- 15 September 2020
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening of the session</td>
<td>1</td>
</tr>
<tr>
<td>Election of officers</td>
<td>1</td>
</tr>
<tr>
<td>Adoption of special rules and procedures</td>
<td>1</td>
</tr>
<tr>
<td>Adoption of the agenda, programme and annotated programme</td>
<td>2</td>
</tr>
<tr>
<td>Report of the Twenty-seventh Standing Committee of the Regional Committee for Europe</td>
<td>2</td>
</tr>
<tr>
<td>Addresses</td>
<td>3</td>
</tr>
<tr>
<td>Keynote speech by Her Royal Highness The Crown Princess of Denmark</td>
<td>3</td>
</tr>
<tr>
<td>Address by the WHO Director-General: the state of health in the world, including lessons learned from the COVID-19 pandemic</td>
<td>3</td>
</tr>
<tr>
<td>Address by the WHO Regional Director for Europe: the state of health in the WHO European Region, including lessons learned from the COVID-19 pandemic</td>
<td>3</td>
</tr>
<tr>
<td>Governance topics</td>
<td>6</td>
</tr>
<tr>
<td>Transformation in the WHO European Region</td>
<td>6</td>
</tr>
<tr>
<td>Proposed high-level programme budget 2022–2023: for Regional Committee consultations</td>
<td>9</td>
</tr>
<tr>
<td>Accreditation of regional non-State actors to the WHO Regional Committee for Europe</td>
<td>10</td>
</tr>
<tr>
<td>Introduction by the Regional Director</td>
<td>10</td>
</tr>
<tr>
<td>Video statement by Her Majesty Queen Mathilde of the Belgians</td>
<td>11</td>
</tr>
<tr>
<td>Video keynote speech by the European Commissioner for Health and Food Safety</td>
<td>11</td>
</tr>
<tr>
<td>Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board</td>
<td>17</td>
</tr>
<tr>
<td>Progress reports</td>
<td>18</td>
</tr>
<tr>
<td>Strategic Priority/Pillar 1. One billion more people benefitting from universal health coverage</td>
<td>18</td>
</tr>
<tr>
<td>Strategic Priority/Pillar 3. One billion more people enjoying better health and well-being</td>
<td>18</td>
</tr>
<tr>
<td>Strategic Priority/Pillar 4. More effective and efficient WHO providing better support to countries</td>
<td>18</td>
</tr>
<tr>
<td>Elections and nominations</td>
<td>19</td>
</tr>
<tr>
<td>Executive Board</td>
<td>19</td>
</tr>
<tr>
<td>Standing Committee of the Regional Committee</td>
<td>21</td>
</tr>
<tr>
<td>Category 2 membership of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction</td>
<td>21</td>
</tr>
<tr>
<td>Confirmation of dates and places of regular sessions of the Regional Committee</td>
<td>21</td>
</tr>
<tr>
<td>Other matters</td>
<td>22</td>
</tr>
<tr>
<td>Closure of the session</td>
<td>22</td>
</tr>
</tbody>
</table>
Resolutions

EUR/RC70/R1. Report of the Twenty-seventh Standing Committee of the Regional Committee for Europe


EUR/RC70/R4. Dates and places of regular sessions of the Regional Committee for Europe in 2021–2023

Decisions

EUR/RC70(1). Special rules and procedures for a virtual 70th session of the WHO Regional Committee for Europe

EUR/RC70(2). Engagement with non-State actors: accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe

Annex 1. Agenda

Annex 2. List of documents

Annex 3. List of representatives and other participants

Annex 4. Keynote speech by Her Royal Highness The Crown Princess of Denmark

Annex 5. Address by the WHO Director-General

Annex 6. Address by the WHO Regional Director for Europe
**Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Access to COVID-19 Tools (ACT) Accelerator</td>
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<td>AMR</td>
<td>antimicrobial resistance</td>
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<td>COVID-19</td>
<td>coronavirus disease</td>
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<td>EU</td>
<td>European Union</td>
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<td>GDO</td>
<td>Geographically Dispersed Office</td>
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<td>GPW 13</td>
<td>Thirteenth General Programme of Work, 2019–2023</td>
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<td>IAEA</td>
<td>International Atomic Energy Agency</td>
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<td>IPPR</td>
<td>Independent Panel for Pandemic Preparedness and Response</td>
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<td>NCDs</td>
<td>noncommunicable diseases</td>
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<td>NSAs</td>
<td>non-State Actors</td>
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<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<tr>
<td>PCC/HRP</td>
<td>Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction</td>
</tr>
<tr>
<td>PPB</td>
<td>Proposed programme budget</td>
</tr>
<tr>
<td>PPE</td>
<td>personal protective equipment</td>
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<td>SCRC</td>
<td>Standing Committee of the Regional Committee for Europe</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>UNECE</td>
<td>United Nations Economic Commission for Europe</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Opening of the session

The 70th session of the WHO Regional Committee for Europe (RC70) was held as a virtual session, organized by the WHO Regional Office for Europe, on 14 and 15 September 2020. Representatives of 53 countries in the WHO European Region took part. Also present were representatives of WHO partners such as United Nations agencies and other intergovernmental organizations and regional networks. Non-State actors (NSAs) in official relations with WHO and regional NSAs accredited by the Regional Committee were following the webstream and had the opportunity to submit video and written statements in advance (Annex 3). The first working session was opened by Mr Magnus Heunicke (Denmark), outgoing President of RC69.

In accordance with Rule 3 of the Rules of Procedure of the Regional Committee for Europe, the Member States of the Region provided credentials before the opening of RC70. In accordance with paragraph 12 of the draft decision submitted to RC70 on Special rules and procedures for a virtual 70th session of the WHO Regional Committee for Europe (EUR/RC70/Conf.Doc./4), the credentials were submitted electronically. Credentials were reviewed by the Credentials Committee that had been appointed by the Twenty-seventh Standing Committee of the Regional Committee for Europe (SCRC) at its fifth session.

The Credentials Committee met virtually on 13 September 2020 and carried out follow up consultations by email, after which it concluded that all submitted credentials met the established requirements.

The WHO Regional Director for Europe welcomed participants and thanked the Government of Denmark for providing continued support, especially in the previous few challenging months, to help ensure the operational capability and business continuity of the Regional Office in Copenhagen. He was very pleased to be virtually connected with all 53 Member States in the Region, and to see such high-level attendance at the session. He would be wearing a face mask during the session, except when he spoke, in order to express solidarity with health and social care workers in the Region, who put their own health at risk each day, and to pay his respects to all those who had lost a loved one or had suffered or continued to suffer amidst the coronavirus disease (COVID-19) pandemic.

Election of officers

In accordance with the provisions of Rule 10 of its Rules of Procedure, the Regional Committee elected the following officers:

- Dr Alexey Tsoy (Kazakhstan) President
- Mr Søren Brostrøm (Denmark) Executive President
- Dr Iva Pejnović Franelić (Croatia) Deputy Executive President
- Ms Nora Kronig-Romero (Switzerland) Rapporteur

Adoption of special rules and procedures

(EUR/RC70/Conf.Doc./4, EUR/RC70/Inf.Doc./1)

The President recalled that the Twenty-seventh SCRC, at a special session held virtually on 29 June 2020, had decided that holding a virtual de minimis session of the Regional
Committee would be the most appropriate option in the circumstances relating to the COVID-19 pandemic.

The Legal Counsel explained that special rules and procedures would be required in order to ensure proper conduct of a session of the Regional Committee under a virtual and *de minimis* format. They concerned, in particular: the agenda (limited to items essential for governance continuity and strategic orientation); participation (representatives of non-State actors would not be able to speak); interventions (live or prerecorded video statements, complemented or replaced by written statements); and decision-making (preferably by consensus; for nominations and elections for membership of the governing bodies, if consensus was not possible, then by secret postal ballot after the session).

The Regional Committee adopted decision EUR/RC70(1) on Special rules and procedures for a virtual 70th session of the WHO Regional Committee for Europe.

**Adoption of the agenda, programme and annotated programme**

*(EUR/RC70/2, EUR/RC70/3, EUR/RC70/3 Add.1)*

The Regional Committee adopted the agenda (Annex 1), programme and annotated programme.

The Regional Committee decided that the European Union (EU) delegation should be invited to attend and participate without vote in meetings of committees and sub-committees of the Regional Committee, drafting groups or other subdivisions thereof addressing matters falling within EU competence at the current and future sessions of the Regional Committee.

One representative said that his delegation was not in favour of granting permanent observer status to the EU. The matter should be put to a vote at each session of the Regional Committee. The representative of Germany, speaking on behalf of the EU, said that the proposal had been made in a spirit of time saving and efficiency, given that the request for observer status, previously made each year by the EU, had never faced any opposition. He understood that the matter had received the Regional Committee’s approval, but that the agreement could be revoked at any time.

**Report of the Twenty-seventh Standing Committee of the Regional Committee for Europe**

*(EUR/RC70/4, EUR/RC70/4 Add.1, EUR/RC70/Conf.Doc./2)*

In a video statement made available on the web page of the session, the Chairperson of the Twenty-seventh SCRC reported that, since RC69, the Standing Committee had held five regular sessions (three face-to-face meetings in Copenhagen and two virtual meetings). In addition, two special sessions of the SCRC – also virtual – had been convened under Rule 5.3 of the Rules of Procedure of the Standing Committee of the Regional Committee for Europe.

The Regional Director had kept the Twenty-seventh SCRC continuously informed about the response to the COVID-19 pandemic, provided it with updates on the financial situation of the Regional Office, and consulted it on the development of the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW). The SCRC subgroup on governance had helped to organize the adoption of an intersessional decision by the Regional Committee under a written silence procedure and to design the special rules and procedures for the Regional Committee session. The SCRC subgroup on country work had explored innovative
ways for the Regional Office to support countries. Liaison with the Executive Board and updates on decisions and actions taken by WHO’s global governing bodies had helped the SCRC to align its work and had informed its discussions at the regional level.

The Regional Committee adopted resolution EUR/RC70/R1.

Addresses

**Keynote speech by Her Royal Highness The Crown Princess of Denmark**

Her Royal Highness The Crown Princess of Denmark addressed the Regional Committee (Annex 4).

**Address by the WHO Director-General: the state of health in the world, including lessons learned from the COVID-19 pandemic**

The Director-General addressed the Regional Committee (Annex 5).

**Address by the WHO Regional Director for Europe: the state of health in the WHO European Region, including lessons learned from the COVID-19 pandemic**


The Regional Director addressed the Regional Committee (Annex 6).

**Discussion**

Professor Mario Monti, Chair of the Pan-European Commission on Health and Sustainable Development, said that the COVID-19 pandemic was a monumental stress test for health and social care systems in the Region, which had already thrown light on severe inequalities in the modern world. Yet, it also presented an unprecedented opportunity to rethink those systems with a long-term perspective and in a broader context of economic and social policies. The Commission had been established at the initiative of the Regional Director, bringing together a group of leaders with proven political, economic and scientific acumen, who could offer practical, forward-focused policy recommendations to be taken up by the highest levels of leadership across the Region. The Commission would take a magnifying glass to economic and social policies in Europe, review performance evidence and issue guidance on how to prevent and respond to future crises. It would be supported in its work by a scientific advisory committee. The Commission had held its first meeting in August 2020 and had committed to issuing a set of policy recommendations within a year.

In the discussion that followed, members of the Regional Committee thanked the Director-General and the Regional Director for their wise leadership during a time of unprecedented health challenges, and expressed their gratitude for the opportunity to meet virtually for RC70. No one could have foreseen the challenges that the Regional Director would face in his first year in office. The Regional Office’s guidance and the Regional Director’s transparency and rapid reactions had been, and continued to be, invaluable to all in the Region, and served as an example that should be followed at the global level.
Representatives described the measures their governments had taken to contain the virus, save lives and protect their health systems, minimize the long-term economic and social impacts of the ongoing pandemic, and prepare for a potential second wave. The COVID-19 pandemic had brought with it major social, economic and political implications for every country in the world. The European Region had been hit early and hard, with the poorest in society most affected. Technical support from WHO across the Region, in particular the provision of personal protective equipment (PPE), had been greatly appreciated. A strong and effective WHO was more essential now than ever before; the key role of health and its impact on every aspect of society had been brought sharply into focus. WHO must be at the forefront of efforts to ensure that health was central to decision-making in all sectors and was acknowledged as being central to Member States’ economic and social well-being. Representatives referred to the SDGs as a comprehensive and powerful tool for crisis management and proposed promoting a stronger role for health in the overarching development goals at the global level. The establishment of the Pan-European Commission on Health and Sustainable Development was, therefore, particularly welcome, and its conclusions and recommendations, along with the results of the evaluation to be conducted by the Independent Panel for Pandemic Preparedness and Response (IPPR), were eagerly awaited.

Health systems must be strengthened and sufficiently funded; the pandemic had shown that while advanced clinical practices were in place in many Member States, gaps in public health persisted. In particular, the health workforce must be protected. To build back better, it was essential to start by overcoming any weaknesses that the pandemic had exposed. Lessons learned from initial pandemic response measures must be applied as societies moved towards a reopening of economies and education. Any steps to contain the spread of the infection must be taken in the context of striving for universal health coverage, with a focus on primary care and access to contact tracing, testing and treatment, free of charge. The health and well-being of health workers was of primary importance. Digital health had an important role in the pandemic response, particularly the use of contact-tracing applications and technologies for symptom checking and monitoring. The crisis had given rise to rapid innovation and the development of new technologies, which must remain available to benefit health systems after the pandemic ended.

Cooperation and partnerships within and between countries were essential, as underscored in the new EPW, particularly with regard to decisions on distancing, quarantine and travel restrictions, as the pandemic knew no borders. Refugee and migrant health must therefore also be tracked and monitored responsibly. Sharing knowledge and building capacity were crucial to prevent further peaks in the spread of the virus, and in particular for the development of vaccines and effective medicines. The alliances forged to achieve those objectives, such as the COVAX Facility and the Access to COVID-19 Tools (ACT) Accelerator, required the support of all Member States. If and when a vaccine was found, it must be made affordable and available to all as a global public good. Efforts to counter the pandemic must not, under any circumstances, result in impoverishment.

Despite the physical separation required to counter the spread of the virus, a spirit of solidarity was absolutely critical. Member States must work together, learn from each other and share information; no one would be safe until everyone was safe. Decision-making must, at all times, be rooted in scientific evidence, while the ongoing responses to the vast range of impacts of the pandemic must have human rights and gender considerations at their centre. The overwhelming economic impact of the pandemic demonstrated the need for a transition to
an economy of well-being. Going forward, containment and mitigation measures must be revised to minimize any further economic and social impacts.

The mental health implications of the wide-ranging effects of COVID-19 were vast and would be long-lasting, requiring a concerted response. It was also important not to let the pandemic overshadow other major health issues around the world, not least the latest Ebola virus disease outbreak in the Democratic Republic of the Congo. All other health services must be maintained; the implications of postponing screening, diagnosis, treatment and care regimes for noncommunicable diseases, in particular cancers, would be severe. Antimicrobial resistance must also be given due consideration; during the pandemic, an increasing number of people had turned to self-medicating with and misusing antibiotics, which could have severe consequences. With that in mind, a One Health approach to the COVID-19 response was particularly important. Lastly, due preparation for the influenza season in the Region was required to prevent the further overwhelming of health services and health workers.

The pandemic was far from over, and so every opportunity must be taken to work together to research vaccines and treatments, and to learn from each other and prepare health systems so they are stronger and more resilient in future. Member States must ensure that WHO was adequately supported and funded, and in turn the Organization must ensure transparency and accountability at all times. The impacts of the pandemic would be vast and long lasting; cooperation and the application of evidence and lessons learned would be the key to building back better, ending inequalities and preventing a global health crisis on the scale of COVID-19 from happening again.

Representatives of the United Nations Economic Commission for Europe (UNECE) and the Organisation for Economic Co-operation and Development (OECD) drew attention to the catastrophic economic impact of the COVID-19 pandemic and the need to promote good health as a driver of resilient economic growth. Countries should join together to guarantee financing for the development and large-scale production of vaccines, which should be distributed equitably according to need. The current crisis was an opportunity to demonstrate the economic case for investment in public health. Noting that cancer was a priority health issue in Europe and central Asia, the representative of the International Atomic Energy Agency (IAEA) drew attention to the Programme of Action for Cancer Therapy that was being implemented jointly with WHO and the International Agency for Research on Cancer. IAEA’s work covered radiation medicine for the diagnosis and treatment of communicable and noncommunicable diseases, as well as ensuring the radiation safety of patients, medical staff and the environment. IAEA was also working to increase access to and the quality of radiotherapy and medical imaging services.

Representatives of the Office of the United Nations High Commissioner for Human Rights, the United Nations Population Fund, the Office of the United Nations High Commissioner for Refugees and the International Federation of Red Cross and Red Crescent Societies stressed the disproportionate effect of the pandemic on the most vulnerable groups in society, including elderly people living in care homes and migrants, who should receive the protection and treatment they needed irrespective of their immigration status. It was more important than ever to implement the regional Action Plan for Sexual and Reproductive Health to protect vulnerable women and girls. The representative of the European Committee of the Regions drew attention to the COVID-19 Exchange Platform, intended to foster cooperation and facilitate mutual support between cities and regions across Europe.
The Regional Director thanked all participants for their encouraging words and their support for the Regional Office’s contribution to the global efforts to control the COVID-19 pandemic. Participants had emphasized the need for solidarity, partnerships and the strengthening of health systems in all countries. He would be guided by the future recommendations of the IPPR and the Pan-European Commission on Health and Sustainable Development.

The Director-General said that although the pandemic had brought many innovations in health care, it had also exposed many weaknesses in national public health systems. European leaders had strongly supported the COVAX Facility which, he hoped, would enable the targeted distribution of any future vaccine to priority groups in all countries on the basis of equity.

The selection process for the members of the IPPR had been conducted with the utmost impartiality. WHO had introduced a weekly consultation session with Member States on ways in which it might improve its work, and the forthcoming special session of the WHO Executive Board on the implementation of resolution WHA73.1 on the COVID-19 response would provide further guidance.

Written statements were submitted by the Secretariat of the WHO Framework Convention on Tobacco Control, Alzheimer’s Disease International, EuroHealthNet, the International Federation of Medical Students’ Associations, the International Federation of Pharmaceutical Manufacturers and Associations, the International League Against Epilepsy (also on behalf of the International Bureau for Epilepsy), the International Pharmaceutical Students’ Federation (also on behalf of the International Federation of Medical Students’ Associations), the International Society of Physical and Rehabilitation Medicine (also on behalf of the International Spinal Cord Society, Handicap International Federation and the World Federation of Occupational Therapists), the Thalassaemia International Federation, the World Federation of Neurology, the World Federation of Occupational Therapists, the World Obesity Federation (also on behalf of the European Association for the Study of Obesity) and the World Organization of Family Doctors.

The Russian Federation exercised its right of reply to the written statement submitted by Ukraine.

The Regional Committee adopted resolution EUR/RC70/R2.

**Governance topics**

**Transformation in the WHO European Region**

(EUR/RC70/10, EUR/RC70/Inf.Doc./3)

The Regional Director said that the adjustment of the Regional Office’s structures into a fit-for-purpose organization capable of delivering maximum impact at country level was one of the priorities of the EPW. The Organization needed to become more agile and able to respond rapidly to Member States’ needs, while keeping a steady focus on its corporate mission and long-term priorities. The early lessons learned from the COVID-19 pandemic were being taken into account.

In line with the commitment to delivering as one WHO, the new draft high-level organigram for the Regional Office aligned its organizational structure with the strategic priorities of the
EPW and the Thirteenth General Programme of Work, 2019–2023 (GPW 13). A Management Project Plan Steering Committee had been established and working groups were looking at a number of key transformative areas, capturing innovative and agile ways of working. One working group was analysing the formal team-based structures to identify options for teamwork across departments and divisions in a less hierarchical manner. Another had been tasked with simplifying a number of business processes prioritized by staff.

As part of the establishment of a new organizational culture of open communication and engagement, the Regional Director had hosted two inaugural townhall meetings and signed the WHO Values Charter, inviting all Regional Office staff to join him in doing so. In line with the commitment to enabling a safe and respectful workplace, with zero tolerance for workplace harassment, a full-time Ombudsman would be recruited, and a General Service Staff Task Force had been established. Online mental health sessions and virtual fitness classes had been made available to foster staff mental and physical health and well-being.

The Twenty-Seventh SCRC had convened a brainstorming session in November 2019 to explore options for making Regional Committee sessions more responsive to ministers’ needs. The SCRC had recommended separating the political, governance and technical segments of Regional Committee sessions more clearly and ensuring better linkages with the European members of the WHO Executive Board. The broad participation of ministers in the current session was encouraging and would hopefully be sustained in future, non-virtual sessions.

The Regional Office was determined to address the inherited financial deficit and ensure future financial stability. At a meeting with the Member States that funded the bulk of its activities held earlier in the year, the Regional Office had presented the investment case for the EPW flagship initiatives. The Swiss Ambassador for Global Health had offered to help with the investment case. The Regional Office was working closely with WHO headquarters to mitigate the potential impact of the announcement by the Government of the United States of America giving notice of withdrawal from WHO, and several short-term solutions were already being implemented.

The Senior Advisor to the WHO Director-General, Organizational Change, said that the document on Transforming for enhanced country impact (EUR/RC70/Inf.Doc./3) provided an update on the WHO transformation agenda and progress made. The document looked at the three-level transformation of WHO to enhance country impact and optimize WHO’s delivery at country level. In the previous two years, the focus had been on adjusting processes across the three levels, developing country-centred strategic planning and budgeting processes, and redesigning existing processes and operating models to put countries at the centre.

In parallel, WHO regional offices had carried out reviews of their country presence and offices. The common themes emerging from the reviews had important implications for WHO’s ongoing transformation. There were ongoing mismatches between capacities at country level and the expectations and needs of Member States. In order to address these, human resources processes that had been redesigned in the context of transformation needed to be fully implemented. Current financing and resource mobilization approaches limited regional and country offices’ capacity to implement the changes needed. In addition, flexibility was needed in determining how each region and country could best set out and support country presence.

The findings set the course for transformation in the years ahead. However, transformation did not take place in a vacuum. The COVID-19 pandemic had reinforced the importance of
transformation and provided opportunities for fast-tracking certain aspects. It had also exposed gaps in the transformation process and illustrated the need to redesign human resources, planning, budgeting and business and administrative processes across the three levels of the Organization.

The document was a work in progress. Recommendations from WHO regional committees, the IPPR and the planned independent evaluation of WHO transformation would be taken on board to identify ways to make WHO even more responsive, faster and better connected across its three levels, in order to deliver impact at country level and make a measurable difference to people’s lives.

Discussion

There was broad support for the Regional Office’s commitment to the process of transformation and the strong focus on country impact. Representatives indicated their countries’ readiness to support the Regional Office in the process. The benefits of increased health policy, management and financing capacities generated through WHO’s country presence had become particularly apparent during the COVID-19 pandemic. It might be useful to engage further in discussion on modalities for cooperation with countries without country offices. Strategic approaches to health and priority-setting and collaboration with subnational entities could be useful. In the current times of great uncertainty, reform discussions were all the more relevant. New approaches to resource mobilization, human resources reforms and greater transparency would help, not hinder, the Organization’s ability to respond to current global health threats. The reforms already undertaken in the Region, including organizational restructuring and initiatives to transform corporate culture, were commendable. WHO’s greatest asset was its staff and the new culture of open communication and participation was greatly appreciated. Steps taken to enable a supportive work environment could ensure greater staffing stability and thus be highly beneficial.

The document on transformation for enhanced country impact would benefit from a more detailed account of the findings of country reviews. Representatives requested additional information on concrete solutions to the mismatch between available resources and staffing needs; greater transparency in the presentation of progress made in the delivery of the transformation agenda; and a more comprehensive portrayal of the situation on the ground. It had been useful to learn about the impact of the COVID-19 pandemic on the transformation process. When implementing the changes generated by the pandemic, a constant cycle of reforms should be avoided. One representative enquired about the possible lessons learned from alignment between WHO transformation and the United Nations development system reform, and the timeline for the independent evaluation of WHO transformation.

The Senior Adviser to the WHO Director-General, Organizational Change, responding to the points raised, noted the requests from Member States for more detail about ongoing reviews and progress on the specific aims of the WHO transformation process. The independent evaluation of the WHO transformation had begun in July 2020 and would be completed by early 2021, with a final report to be submitted to the World Health Assembly in May 2021.

The Regional Director thanked representatives for their comments and paid tribute to his staff and the Staff Association of the European Region of the World Health Organization for their contribution to the transformation process. Reform at the Regional Office was proceeding in parallel with, and would be constantly aligned with, the transformation process in the Organization as a whole.
The results of the survey commissioned by the SCRC subgroup on country work, asking about Member States’ experiences with the WHO country offices, were currently being analysed. New posts had been created in country offices where necessary, and three country offices in the Baltic states that had previously been led by WHO representatives were now led by national liaison officers. The evaluation of country work would continue with a desk review and consultations with WHO representatives in Member States with a country office, or SCRC members and national counterparts in Member States with no country office.

A written statement was submitted by the International Federation of Medical Students’ Associations.

**Proposed high-level programme budget 2022–2023: for Regional Committee consultations**

*(EUR/RC70/Inf.Doc./8)*

The Director of Planning, Resource Coordination and Performance Monitoring, WHO headquarters, reported on the status of development of the Proposed programme budget (PPB) 2022–2023. Because of the disruption caused by the COVID-19 pandemic, it had not been possible to prepare a complete draft PPB for consideration by the regional committees. Moreover, the evaluation to be prepared by the IPPR was likely to lead to substantial changes in the Programme budget; that evaluation was not due to be submitted to the World Health Assembly until the 74th session in May 2021, at the same time as the PPB.

It was proposed that a provisional PPB should be presented to the Executive Board at its 148th session in February 2021, along with options for more sustainable financing of the Programme budget, and that the deadline for achievement of the triple billion targets in GPW 13 should be extended beyond the current end date of 2023, to 2025. The provisional PPB would cover the activities laid down in GPW 13 and take into account the new elements that had emerged since the approval of the Programme budget 2020–2021. The latter included the strengthening of essential public health operations and the WHO preparedness function triggered by the COVID-19 pandemic; initiatives deriving from the WHO transformation process, such as the new Science Division at WHO headquarters; and the transfer of essential public health functions under the poliomyelitis transition programme.

Since it had not been possible for the regional committees to discuss a complete draft of the PPB in the usual way, a comprehensive series of informal consultations and briefings with Member States would take place in the run-up to the Executive Board session and again before the Health Assembly, making use of existing regional mechanisms where possible.

The Director of Business Operations at the Regional Office noted that the budget submission to WHO headquarters for the Regional Office was due at the end of October 2020, and would take into account the impact of the COVID-19 pandemic on implementation of the regional programme of work and a forthcoming desk review of prioritization in relation to the implementation of the GPW 13 targets. The new Regional Office structure would be presented to the staff in late September 2020, and the new teams would then prepare their plans, targets and priorities for the period to 2023. The aim was to create a flatter management structure and a fiscally responsible budget.

Representatives expressed disappointment that they had not received a full draft of the PPB: ample time and detailed information should be provided for consultations with Member States.
before the PPB was submitted to the Executive Board. Member States should be fully informed about costed activities, including those that had not been included in the Programme budget 2020–2021. One representative urged that the budget should be drawn up on the basis of zero real growth rather than the proposed 7.8% increase. The lessons learned from the COVID-19 pandemic should inform the PPB and planning for the long-term implementation of GPW 13, taking into account the future recommendations of the IPPR. Two representatives announced that their countries would provide additional funding for the work of the Regional Office in 2020. Some representatives supported the proposal to extend the implementation of GPW 13 to 2025, but others asked for more time to consider the implications of the proposal, including the potential impact on regional planning and measurement of results.

The Director of Planning, Resource Coordination and Performance Monitoring, WHO headquarters, assured representatives that wide-ranging consultations with Member States on the further development of the PPB would take place over the coming weeks. The provision of predictable and flexible additional funding, such as the sum of €15 million recently pledged by one Member State, was enormously valuable for the Regional Office’s work.

**Accreditation of regional non-State actors to the WHO Regional Committee for Europe**

*(EUR/RC70/9, EUR/RC70/Conf.Doc./6)*

The Regional Committee approved the list of four regional non-State actors that had applied for accreditation to attend its meetings, in accordance with the procedure it had agreed on at its 68th session.

The Regional Director thanked all participating non-State actors for the written and recorded statements they had submitted to the virtual session, and particularly thanked those that had expressed support for the EPW. He reiterated his commitment to engaging with civil society organizations and involving them in EPW implementation.

The President recalled that, pursuant to paragraph 6 of the special rules and procedures for RC70, interventions on the present agenda item would be limited to written statements.

The Regional Committee adopted decision EUR/RC70(2).


**Introduction by the Regional Director**

The Regional Director recalled that the Twenty-seventh SCRC, at its third session in March 2020, had called for the EPW to be submitted for endorsement to the current session of the Regional Committee, in order to align it with GPW 13 and, in particular, to build on the vision emerging from the discussions that had accompanied his appointment.
The overarching priorities of the EPW started from what people across the Region increasingly, rightly and reasonably held their health authorities accountable for:

- universal access to quality care without fear of financial hardship;
- the ability to thrive in healthy communities in an economy of well-being; and
- effective protection against health emergencies.

Preparing the EPW in the midst of the COVID-19 pandemic had forced the Secretariat to rethink what concrete steps needed to be taken to make progress with those three core priorities and to focus on the four flagship initiatives on mental health, digitalization, vaccination, and behavioural insights. The pandemic had also focused attention on how WHO should organize itself to enhance its country focus and country support and to work in a different way with partners.

The EPW had gone through a process of extensive consultation with the SCRC, Member States, United Nations agencies and intergovernmental organizations, the European Commission and non-State actors, as well as WHO staff. The Regional Director was confident that the vision it embodied enjoyed a strong sense of ownership in the European health landscape and would help to build a Regional Office that fostered unity, solidarity and cooperation.

**Video statement by Her Majesty Queen Mathilde of the Belgians**

In a video statement, Her Majesty Queen Mathilde of the Belgians said that, as an advocate for the United Nations Sustainable Development Goals (SDGs), she had decided to make mental health one of her priorities.

The COVID-19 pandemic had already had a huge psychological impact. It had resulted in a surge of anxiety-related illnesses, depression and deaths caused by despair, especially among the most vulnerable, and it had exposed the limitations of mental health care systems. But the crisis could also act as a catalyst for improving services and changing societal attitudes about mental health. New initiatives were emerging, including to raise awareness. It was encouraging that mental health had a central position in the new EPW. Promoting mental well-being was a core element of universal health coverage, social equity and sustainable development.

**Video keynote speech by the European Commissioner for Health and Food Safety**

In a video keynote speech, the European Commissioner for Health and Food Safety said that cooperation between the EU and WHO was a cornerstone of the multilateralism framework and expressed the European Commission’s support for the valuable work done by the Regional Office. She welcomed the EPW, which complemented the Commission’s work and provided an excellent framework for improving health in the Region. The four flagship initiatives would make it possible to build on the lessons learned from the COVID-19 pandemic and support Europe’s recovery, and they offered good opportunities for synergies in common priority areas.

On vaccination, WHO and the European Commission needed to join forces in utilizing and promoting existing vaccines, fighting disinformation and vaccine hesitancy, and developing a coronavirus vaccine. Digital health was a priority of the Commission; the COVID-19 pandemic had shown how important digital solutions were and had, in some aspects,
The European Commission was a strong supporter of a health-in-all-policies approach. In order to tackle antimicrobial resistance and chronic diseases and to address the impact of cancer, health needed to be looked at holistically. In the fight against COVID-19, the European Commission had authorized treatments, coordinated clinical trials, issued clinical guidelines with the European Centre for Disease Prevention and Control, in close cooperation with WHO, and facilitated the supply of personal protective equipment for frontline health care workers. For the benefit of citizens globally, the Commission had committed €400 million to the COVAX Facility in order to ensure vaccines for low- and middle-income countries. It also hosted the Coronavirus Global Response pledging initiative, which had raised €16 billion to develop and deploy therapeutics, diagnostics and vaccines.

The European Commission had stood next to WHO every step of the way and would continue to do so.

The Regional Director noted that the European Commission and the Regional Office had on that day endorsed a joint statement, which called for a further deepening of their partnership and for making it results-oriented.

Discussion

Representatives expressed broad support for the EPW and the vision it embodied. The EPW was considered a strong instrument, able to take that vision forward. The close alignment with GPW 13 and the linkages to the SDGs were commended. By aligning regional and global priorities, the EPW represented an important step forward towards working effectively across all levels of the Organization. There was some concern that the close alignment with GPW 13 might affect the way in which the WHO governing bodies assessed the performance of the Regional Office – a matter that called for further discussion. Representatives supported the focus on maximizing country impact, noting that the new resource mobilization strategy should be implemented with that goal in mind. The core priorities and flagship initiatives of the EPW aligned well with national health goals in many Member States. Representatives welcomed the approach whereby the core priorities were based on the legitimate expectations of citizens with regard to their health authorities, placing people squarely at the centre. Health objectives should emerge from a continuous and constructive dialogue between citizens and their authorities. The priorities identified should be assessed by the extent to which people felt protected, cared for and able to enjoy better lives. The broad stakeholder consultations in the design of the document and the intention for it to be a live document, able to respond to global and regional developments, were commended.

The Regional Committee welcomed the fact that the EPW took account of the early lessons learned from the COVID-19 pandemic and was a suitable instrument to tackle the challenges posed by the pandemic. While changing agendas and realities, the pandemic had also heightened the urgency of existing health priorities. It had reaffirmed the importance of universal health coverage, effective protection from health emergencies and the ability to live healthy lives. Strong, resilient and well-structured health systems, an adequate, well-resourced health force and access to quality care had proven critical. In some countries, a shortage of medical staff, including as a result of the pandemic, had seriously hampered the ability to deliver adequate care. The crisis had raised awareness about the value of health and well-being in the response to individual and broader health and societal effects of the pandemic.
Therefore, Member States highlighted that a sustainable health policy required increased cooperation in all policy areas, and involving all stakeholders. One representative asked for a steering mechanism to implement the "Health in All Policies" approach.

As countries were engaged in responding to COVID-19, one of the greatest challenges had been ensuring continuity of other essential services. The EPW provided useful guidance on providing a dual-track response, combining the emergency response to COVID-19 with dedicated efforts to maintaining continuity of access to care. Representatives concurred on the need to keep sight of existing health challenges and to make progress towards the achievement of the SDGs in the context of the COVID-19 response. Attention was drawn in particular to the importance of addressing noncommunicable diseases, antimicrobial resistance, ageing, dementia and tobacco use. Representatives expressed concern about the challenges that the pandemic and its economic fallout posed for the sustainability of health and social systems. In times of economic instability, reforms must balance the need for investment with the achievement of key priorities. Political will, innovative approaches, the use of new technologies, creative use of resources and greater efficiency were crucial. The EPW provided useful guidance in that regard.

With regard to COVID-19 response measures, representatives also touched on the issue of public attitudes deriving from disinformation. Improved health literacy and the availability of understandable health information were crucial to maintaining public confidence in health measures. There was concern that coronavirus vaccine hesitancy might affect attitudes towards vaccination in general. The flagship initiative on the European Immunization Agenda 2030 was seen as crucial in that regard. The pandemic had highlighted the importance of healthy behaviours, facilitated important behavioural and cultural insights and provided opportunities for influencing such behaviours. The Regional Committee acknowledged WHO’s crucial role in raising awareness and promoting healthy behaviours.

The COVID-19 pandemic had exposed gaps in health systems and revealed insufficient capacities to detect, prevent and respond to global health challenges. At the same time, it had reaffirmed the need to strengthen those systems, protect public health and cooperate across policy areas. The pandemic presented an opportunity to promote a whole-of-society approach to health and recognition of health as a key driver of economic recovery, societal resilience and environmental sustainability. While putting a spotlight on limitations, the pandemic had also shown countries’ abilities to harness the experiences acquired to respond to health threats more effectively. The pandemic had underlined the essential role of health workers and the need to sustain and support the existing health workforce during post-pandemic recovery. By placing health at the centre of the public debate, the pandemic gave unique impetus to advocating for investment in health and well-being across sectors and beyond the present emergency. COVID-19 had made health everyone’s business and focused global attention on the need to scale up pandemic preparedness. The Regional Office’s commendable efforts to strengthen national and regional preparedness needed to go hand in hand with the promotion of worldwide implementation of the International Health Regulations (IHR) (2005). One representative called for a critical review of IHR (2005) implementation, drawing attention to Member States’ individual responsibility for ensuring national core capacities.

COVID-19 had provided a number of fundamental lessons: the importance of solidarity, the need for health system preparedness and the interdependence between health and the economy. It had also reaffirmed the importance of trust in health leadership. The monumental challenges could only be addressed through solidarity, cooperation, mutual trust and
understanding. No country could tackle the challenges alone and no one would be safe until all were safe. It was encouraging to note that the wealth of knowledge and experience gained within a short space of time had been shared among Member States for the benefit of all. It was a time to be courageous and to learn from mistakes. Given growing global interdependence, the emphasis in the EPW on collaboration with relevant European actors was well placed.

There was unanimous agreement that the COVID-19 pandemic had emphasized the critical importance of a strong WHO. Member States were deeply grateful to WHO and the Regional Office, in particular for their efforts to guide and support them during the crisis. An agile, proactive and responsive Regional Office would be a vital tool for regenerating the work of WHO in the Region. One representative suggested that it might be useful to link the Regional Office’s work more effectively to the activities of other international forums.

Representatives expressed appreciation for the overarching theme of the EPW – united action for better health – which was particularly topical in the context of COVID-19. Coalitions, strategic partnerships, multicountry initiatives and subregional networks were seen as cost-effective, responsive vehicles for solidarity and cooperation. Small countries, in particular, were keenly aware of the need for united action and traditionally relied on cooperation, resource sharing and knowledge exchange. At the same time, their flexibility was a strength they could harness to respond to the pandemic.

Overcoming the pandemic would be a long and difficult endeavour. It would require specialist knowledge and the proposed pan-European transformative leadership academy would be a useful tool. COVID-19 would not disappear overnight and addressing inequalities deepened by the pandemic was a key issue. Even countries without a single COVID-19 case had suffered the economic consequences of the pandemic. Therefore, the focus in the EPW on leaving no one behind was critical. Countries had taken a range of measures to protect their citizens from health-related financial hardship, including the establishment of a free primary health care system. The crisis had also shown that financial protection needed to go beyond health and include social services and benefits packages for the most vulnerable. Strong legal frameworks were needed to ensure the quality and integration of community health services delivered by actors outside the health sector. In addition, universal access to quality health care must extend beyond citizens to include migrants and refugees.

There was an undisputed need for affordable health care services and medicines. Given the crucial importance of access to medical products, restrictions on trade in medicines and other life-saving goods were unacceptable. Equitable access to diagnostics, therapeutics, vaccines and prevention programmes was also crucial. The proposal to accelerate the implementation of World Health Assembly resolution WHA72.8 on Improving the transparency of markets for medicines, vaccines, and other health products, as contained in the EPW, was commendable. It was important to renew the social contract between public health authorities and the pharmaceutical industry in the context of COVID-19; a conference on that topic was scheduled to be held in the European Region in 2021. In order to ensure access to effective, affordable medicines, a holistic approach was needed across the supply chain. The proposed COVAX Facility was an important tool to secure equitable access to diagnostics, treatments and vaccines.

The COVID-19 pandemic had accelerated the scale-up of digital health services, and representatives welcomed the EPW flagship initiative on digital health. Digital health and telemedicine had been critical to maintaining continuity of care during the pandemic, which
had lent additional urgency to the development of e-health solutions. Several countries offered to share their experiences in the use of digital health platforms, e-prescriptions, e-referrals and other digital modalities.

The pandemic had vast secondary effects on mental well-being and thus heightened the relevance of an already important issue. Representatives expressed strong support for the EPW flagship initiative on mental health and the establishment of the Mental Health Coalition. The pandemic had underlined how deeply a health crisis affected society, both physically and mentally, and mental well-being would become increasingly relevant as countries dealt with the societal changes resulting from the pandemic. A range of mental health-related activities had already been conducted at country level. Member States had mapped the mental health impact of COVID-19; conducted an assessment of stress and burnout among health workers during the pandemic; introduced community-based mental health services; and initiated the development of mental health plans.

While for some representatives, the EPW usefully emphasized the importance of sexual and reproductive health and rights, which should be given particular attention in the context of health emergencies, several other Member States expressed reservations with regard to the language used in the EPW in reference to sexual and reproductive health. The representative of Hungary explained that the term “sexual and reproductive health and rights” and related issues such as “sexual rights” were interpreted and promoted in her country in the context of the 2030 Agenda for Sustainable Development, the Programme of Action of the International Conference on Population and Development and the Beijing Declaration and Platform for Action and domestic legislation. The references in the EPW were unsatisfactory and Hungary dissociated itself from the proposed approach and the language used. The representative of Poland noted that the term “sexual and reproductive health and rights” used in the EPW was inconsistent with the terminology employed in SDG target 5.6 and in GPW 13. Without wishing to block consensus on the document, Poland urged the Secretariat to strive for consistency with those documents, in order to ensure that the EPW was an inclusive document that garnered the full support of all Member States. The representative of Slovakia noted that her country also interpreted matters related to sexual and reproductive health and rights in accordance with its domestic legislation. Approaches to the issue differed across the Region and such diversity should inspire exchange and mutual learning, rather than discord. The EPW was a live document and the terminology used therein should be aligned with universally accepted language as reflected in GPW 13 and the SDGs. Slovakia was in favour of further expert dialogue on the matter.

The representative of the United Nations Children’s Fund (UNICEF) said that years of health gains might be lost in the wake of the COVID-19 pandemic, which was stress-testing countries’ health systems to their functional limits. Investment in prevention and preparedness had been shown to be key. The EPW was an important plan for all of the agencies of the United Nations system working towards the Sustainable Development Goals. It laid out a clear set of priority areas consistent with those already highlighted in UNICEF’s current strategic plan and regional priorities. The representative looked forward to advancing collaboration with WHO on social protection schemes and inclusive social policy, adolescent mental health, digital health, health emergencies and medical supplies. In the area of immunization, UNICEF was working with WHO and other partners to address vaccine hesitancy and misinformation, as well as the procurement and distribution of vaccines through the newly proposed COVAX Facility.
The Secretary-General of the Turkic Council, a regional cooperation mechanism bringing together Azerbaijan, Kazakhstan, Kyrgyzstan, Turkey and Uzbekistan, as well as observer state Hungary, informed the Regional Committee that an extraordinary video summit and a meeting of ministers of health had been held to discuss the opportunities for cooperation in the fight against the COVID-19 pandemic. The WHO Director-General had participated in the video summit and the Regional Director for Europe had attended the meeting of ministers. A health coordination committee had subsequently been established, headed by deputy ministers, and a supply chain group and a health scientific group had been set up. Within the framework of the Health Scientific Group, the first face-to-face vaccine workshop, organized by the Ministry of Health of Turkey, had been held in İzmir, Turkey on 24–27 August 2020. The Turkic Council strongly supported the EPW and had recently signed a memorandum of understanding with WHO.

The representative of the Northern Dimension Partnership in Public Health and Social Well-being said that the partnership’s priorities were very much aligned with those of the EPW. Its expert groups were already addressing issues such as antimicrobial resistance, the harmful use of alcohol, tobacco, HIV, tuberculosis and associated infections, noncommunicable diseases and occupational health. In the years ahead, the partnership would work on healthy and active ageing, integrated care, mental well-being and digitalization – all areas that were central to the comprehensive EPW, and which had become increasingly important owing to the COVID-19 pandemic.

The Regional Director, responding to the comments made and referring in particular to an intervention concerning monitoring and evaluation, noted that streamlining the collection, analysis and reporting of disaggregated data had already been identified in the EPW as an area of particular focus. Once the EPW had been adopted, work would begin on developing a set of key performance indicators.

With regard to the first core priority in the EPW, universal health coverage, 27 countries in the Region were already implementing the behavioural science tool that the Regional Office had developed, and practical policy recommendations were being worked out. Investment in noncommunicable disease prevention and treatment was a foundation of health security and preparedness for future pandemics. The Regional Office would scale up its work on dual-track health system responses. He had taken note of the concern raised by a number of Member States’ representatives with regard to the language related to sexual and reproductive health and rights in the EPW. Promoting health and well-being, the third core priority, was first and foremost a matter of listening to people and responding through public health and primary health care. He acknowledged the need for a clear legal framework or steering mechanism for a health-in-all-policies approach; the newly established Pan-European Commission on Health and Sustainable Development, chaired by Professor Mario Monti, could be of assistance in that regard. He was pleased that participants had expressed appreciation for the four flagship initiatives in the EPW, and in particular for the Mental Health Coalition. The initiative on the European Immunization Agenda 2030 would be instrumental in countering vaccine hesitancy and ensuring that vaccines were regarded as global public goods. The subregional approach had been singled out by speakers, and the Regional Director in turn paid tribute to the Regional Office’s network of small countries and groups in central and south-eastern Europe.

Written statements were submitted by the Association for Medical Education in Europe, the European Federation of the Associations of Dietitians, the European Cancer Organisation, the
European Forum of National Nursing and Midwifery Associations, the European Public Health Association, the European Respiratory Society, EuroHealthNet, the European Society for Medical Oncology, the International Agency for the Prevention of Blindness, the International Association for Hospice and Palliative Care Inc., the International Diabetes Federation (European Region), the International Federation of Medical Students’ Associations, the International Pharmaceutical Students’ Federation, the International Union for Health Promotion and Education, Movendi International, the World Federation of Occupational Therapists, the Worldwide Hospice Palliative Care Alliance, and the International Hospital Federation and the International Society for Quality in Health Care (joint statement).

The Regional Committee adopted resolution EUR/RC70/R3.

**Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board**

*(EUR/RC70/6, EUR/RC70/Inf.Doc./4)*

The European member of the Executive Board designated to attend sessions of the SCRC as an observer reported that the Seventy-third World Health Assembly had taken place virtually, with an abridged agenda. The Health Assembly had adopted an important resolution (WHA73.1) on the COVID-19 response. Five further resolutions and four decisions had been adopted using a written silence procedure.

On resolution WHA73.2, Global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030, more than 70% of Member States in the European Region had introduced human papillomavirus vaccines, with immediate positive effects on infection prevalence and incidence of precancerous diseases. To reach the 2030 elimination goals, sufficient funding must be ensured, especially in low- and middle-income countries.

Regarding resolution WHA73.3, Global strategy for tuberculosis research and innovation, the European Tuberculosis Research Initiative had been established to boost progress towards ending tuberculosis in the Region, including through the introduction of new treatment regimens and the application of digital health solutions for data collection and patient management.

Resolution WHA73.4 on Integrated, people-centred eye care, including preventable vision impairment and blindness, served as a reminder that eye care required greater attention in the European Region, with persistent inequities in low- and middle-income countries, and 2.7 million people affected by preventable blindness.

Lastly, in resolution WHA73.5 on Strengthening efforts on food safety, the Health Assembly had called for an update to the global strategy for food safety, which would provide strategic direction to strengthen food safety in the European Region where, each year, an estimated 23 million people still fell ill and approximately 4700 died from consuming unsafe food.

Resolution EB146.R10 on Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) had not been adopted through the written silence procedure. It would be considered at the resumed session of the Health Assembly, scheduled for November 2020, under the agenda item on WHO’s work in health emergencies.
Four decisions had been adopted through the written silence procedure: decision WHA73(9) on the Immunization Agenda 2030; decision WHA73(11) on the Global strategy and plan of action on public health, innovation and intellectual property; decision WHA73(12) on the Decade of healthy ageing 2020–2030; and decision WHA73(14) on Influenza preparedness. Every effort must be made to ensure effective implementation of those resolutions and decisions in the European Region; the COVID-19 pandemic had demonstrated the need for cooperation across the Region.

Written statements were submitted by Stichting Health Action International and the World Heart Federation.

The Regional Director recalled that through resolution WHA72.6, the World Health Assembly had called for the elaboration of a global patient safety action plan and announced that 17 September would be marked as annual World Patient Safety Day, with the aim of building partnerships and promoting all aspects of patient safety. World Patient Safety Day 2020 would focus on health worker safety, with emphasis on the interdependence between the safety of health workers and that of patients, particularly in light of the COVID-19 pandemic, and a call to action to prioritize the physical and psychological well-being of health workers.

Progress reports

**Strategic Priority/Pillar 1. One billion more people benefitting from universal health coverage**

(EUR/RC70/8(B), EUR/RC70/8(C), EUR/RC70/8(E), EUR/RC70/8(G), EUR/RC70/8(J), EUR/RC70/8(K), EUR/RC70/8(L), EUR/RC70/8(N))

**Strategic Priority/Pillar 3. One billion more people enjoying better health and well-being**

(EUR/RC70/8(A), EUR/RC70/8(D), EUR/RC70/8(H), EUR/RC70/8(M))

**Strategic Priority/Pillar 4. More effective and efficient WHO providing better support to countries**

(EUR/RC70/8(F), EUR/RC70/8(I))

As foreseen in the special rules and procedures for RC70, Member States, partners and non-State actors had been given the opportunity to comment on the progress reports for consideration by the Regional Committee through the submission of written statements. Written statements were accordingly submitted by Austria and the Republic of Moldova, as well as by the European Society for Medical Oncology, the International Council of Nurses, the International Diabetes Federation (European Region), Thalassaemia International Federation and the World Federation of Occupational Therapists.

The Regional Director informed the Regional Committee that to compensate for the postponement of discussions on technical agenda items, the Secretariat would schedule technical briefings and consultations with Member States after RC70. A special briefing session would also be held to address any questions or comments raised in the aforementioned written submissions. The Regional Office intended to review, in close consultation with the SCRC, all regional strategies and action plans in the light of the new EPW. The review was
intended to streamline the use of action plans and relieve the burden on Member States by exploring other tools and mechanisms for providing support.

**Elections and nominations**

(*EUR/RC70/7 Rev.1*)

The Regional Committee met in private to nominate four candidates for membership of the Executive Board, to select four members of the SCRC and to decide on the European Region’s category 2 membership of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction.

**Executive Board**

The European Region had eight seats on the Executive Board, four of which would become vacant in May 2021, when the terms of office of Finland, Germany, Israel and Romania would expire.

In its private meeting, the Regional Committee, in accordance with the Rules of Procedure of the Regional Committee for Europe, confirmed the nomination of Belarus and France to put forward their candidatures to the World Health Assembly in May 2021 for subsequent election to the Executive Board. No consensus could be reached with regard to filling the two remaining vacant seats, one each in subregional groups A and B (in accordance with decision EUR/RC69(1), Annex 2). Candidatures for those seats had been received from Denmark and Slovakia (group A) and from Bulgaria and Slovenia (group B); in the latter group, Switzerland had presented and subsequently withdrawn its candidature.

Given the virtual nature of RC70, it was not possible to proceed to a vote by secret ballot. The Regional Committee therefore decided, in accordance with the special rules and procedures that it had adopted at the opening of the session (decision EUR/RC70(1)) and in consultation with the Legal Counsel, that the Secretariat would initiate a secret postal ballot for the one vacant seat in group A and the one vacant seat in group B after the closure of the session.

In accordance with Rule 43 of the Rules of Procedure of the Regional Committee for Europe, the President had appointed the ambassadors of Portugal and Serbia based in Copenhagen, Denmark, Ms Rita Maria Figueiras Henriques Laranjinha and Dr Jasmina Mitrović Marić respectively, to act as tellers.

The votes cast in the secret postal ballot were counted at a virtual special meeting held on 28 October 2020, to which Members of the Regional Committee were connected through a webcast. The Deputy Executive President of RC70 (who chaired the special meeting) announced the results of the secret postal ballot:

**For the remaining vacant seat in group A:**

- Number of Members with the right to vote: 53
- Number of delegations absent: 0
- Number of abstentions, including invalid votes: 5 (1 abstention, 4 invalid votes)
- Number of Members present and voting: 48
• Votes in favour of Denmark: 29
• Votes in favour of Slovakia: 19
Thus, Denmark was nominated for the remaining seat in group A.

For the remaining vacant seat in group B:
• Number of Members with the right to vote: 53
• Number of delegations absent: 0
• Number of abstentions, including invalid votes: 4 (no abstentions, 4 invalid votes)
• Number of Members present and voting: 49
• Votes in favour of Bulgaria: 7
• Votes in favour of Slovenia: 42
Thus, Slovenia was nominated for the remaining seat in group B.

In explanation of its position on the nomination of the new members of the Executive Board, the representative of Germany made the following statement on behalf of the EU and its Member States. Ukraine aligned itself with the statement.

“The European Union and its Member States take note of the consensus reached in the Standing Committee last May on Belarus’ candidature for the Executive Board, especially with a view to the fact that there is no competing candidature. We would nonetheless like to remind Member States of the WHO European Region that the European Union and its Member States are deeply worried about the deterioration of the human rights situation in Belarus following the presidential election on 9 August 2020. As the President of the European Council concluded on 19 August 2020, those elections were neither free nor fair, therefore we do not recognise the results. In this context, we have also called for an urgent debate at the Human Rights Council in Geneva, which will take place at the end of this week.

We therefore underline that our acceptance of Belarus’ nomination as a member of the Executive Board from 2021 to 2024 shall by no means be interpreted as an approval of the actions of the current Belarusian authorities in recent days and weeks.”

In reply, the representative of Belarus thanked the countries of the Region for supporting his country’s nomination as a European member of the Executive Board. Belarus’s membership would make it possible to implement global initiatives and policy decisions taken by the World Health Assembly, in an effort to improve the health and well-being of all people in the European Region. With regard to the statement made on behalf of the EU and Ukraine, he recalled that the common goal was to tackle health problems at the international level, especially in the conditions of the COVID-19 pandemic that was posing a challenge to all countries in the world. For that reason, he did not regard it as consistent with WHO’s mandate to use its arena for making such statements. There were other international structures where Belarus was ready to respond and was responding, in a spirit of constructive dialogue, to all the questions raised concerning the events mentioned in the statement.
Standing Committee of the Regional Committee

Following the withdrawal of Belarus’s candidature for membership of the SCRC, the Regional Committee selected Czechia, Kazakhstan, Norway and the United Kingdom of Great Britain and Northern Ireland for membership of the SCRC for a three-year term of office from September 2020 to September 2023. The Regional Committee hereby followed the proposal made by the Twenty-seventh SCRC to allow one of the excess nominations in Group A to fill the vacant seat in Group B, for which no nominations had been received despite the extension of the deadline; and to restore the geographical balance as ensured through the agreed subregional country groupings (resolution EUR/RC60/R3) in the following year, by adjusting the long-term schedule in Annex 2. B of decision EUR/RC69(1). Therefore, in 2021 one additional seat would become vacant in Group B, whereas in return one less seat would become vacant in Group A.

Category 2 membership of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction

The Regional Committee was informed that the request for nominations for membership of the Policy and Coordination Committee (PCC) of the Special Programme of Research, Development and Research Training in Human Reproduction (HRP) had reached the Regional Office after the procedure for nominations and elections had already been launched. In view of that fact, and in order not to overburden countries in the midst of the COVID-19 pandemic, it was proposed, in consultation with the Legal Counsel and the President of RC69, that the mandate of the current member from the European Region, Czechia, should be extended by one year.

The Regional Committee decided to extend the mandate of Czechia on the PCC/HRP by one year and to elect a new member at its 71st session for a term beginning on 1 January 2022.

Confirmation of dates and places of regular sessions of the Regional Committee


The Regional Director recalled that the dates and places of regular sessions in 2020–2021 had already been changed by means of an intersessional decision (EUR/RC70/Inf.Doc./1). Further changes were proposed, by which, owing to the dates of the High Holy Days of the Jewish religious calendar in 2021, RC71 would be held at the Regional Office in Copenhagen, Denmark, while RC72 would be held in Tel Aviv, Israel, in 2022. In line with the wishes of the SCRC, the duration of Regional Committee sessions would be shortened to three days.

Taking account of the foregoing, the Regional Committee adopted resolution EUR/RC70/R4, by which it decided that its 71st session would be held in Copenhagen, Denmark, on 13–15 September 2021, its 72nd session would be held in Tel Aviv, Israel, on 12–14 September 2022 and its 73rd session would be held on 11–13 September 2023, at a location to be decided.
Other matters

One representative, speaking on matters of procedure with regard to elections and nominations, claimed that despite having requested the floor multiple times, her delegation had not been granted an opportunity to express its concern regarding the politicized statement made by the representative of Germany on behalf of the EU on the nomination of Belarus to the Executive Board. She expressed disappointment about the misuse of the present forum for political purposes; the Regional Committee should remain focused on its common goal of promoting cooperation for improving health and well-being for all.

Closure of the session

In closing, the Regional Director thanked all participants for their contributions to the virtual session and for their support during trying times. On taking office as Regional Director, he had pledged to empower Member States to develop inclusive health policies, systems and actions. To that end, he was making every effort to forge close relationships with all Member States in the Region. That collaboration would be further cemented by the implementation of the EPW. Solidarity was crucial, particularly in finding a way through the COVID-19 pandemic; no one was safe until everyone was safe. RC70 had afforded a vital opportunity to advance mutual knowledge and talk openly. While the virtual session had been a great success, in large part owing to the efforts and forbearance of the Secretariat and the officers of the meeting, nothing could replace direct interaction. He hoped that RC71 would offer an opportunity to meet in person once more. In the meantime, the Regional Director remained committed to continuing the work of the Regional Office, with full transparency and accountability.

The President thanked all the delegates and partners for their cooperation and active participation, as well as his fellow Regional Committee officers and the Regional Director and WHO staff for the solid support and preparation, after which he declared RC70 closed.
Resolutions

EUR/RC70/R1. Report of the Twenty-seventh Standing Committee of the Regional Committee for Europe

The Regional Committee,

Having reviewed the report of the Twenty-seventh Standing Committee of the Regional Committee for Europe;¹

1. THANKS the Chairperson, the Vice-Chairperson and the members of the Standing Committee for their work on behalf of the Regional Committee;

2. INVITES the Standing Committee to pursue its work on the basis of the discussions held and resolutions and decisions adopted by the Regional Committee at its 70th session;

3. REQUESTS the Regional Director to take action, as appropriate, on the conclusions and proposals contained in the report of the Standing Committee, taking fully into account the proposals and suggestions made by the Regional Committee at its 70th session, as recorded in the report of the session.

¹ Documents EUR/RC70/4 and EUR/RC70/4 Add.1.


The Regional Committee,

Having reviewed the Regional Director’s report on the work of WHO/Europe in 2019–2020² and the overview of implementation of the Programme budget 2018–2019;

1. THANKS the Regional Director for these reports;

2. EXPRESSES its appreciation for the work done by the Regional Office in the 2018–2019 biennium;

3. ACKNOWLEDGES the support and guidance provided by the Regional Office to Member States in their response to the COVID-19 pandemic;

4. REQUESTS the Regional Director to take into account and reflect the suggestions made during the discussions at the 70th session of the Regional Committee when developing the Organization’s programmes and carrying out the work of the Regional Office.


The Regional Committee,

Having considered documents EUR/RC70/11 Rev.4 and EUR/RC70/11 Rev.4 Add.1 concerning the new European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW);

Recalling WHO’s Thirteenth General Programme of Work, 2019–2023 (GPW 13), approved by the Seventy-first World Health Assembly in resolution WHA71.1 on 25 May 2018, and its core mission of promoting health, keeping the world safe and serving the vulnerable;

Recalling the 2030 Agenda for Sustainable Development, and in particular the health-related Sustainable Development Goal (SDG) targets set out in SDG 3, “Ensure healthy lives and promote well-being for all at all ages”;

Building on the legacy of Health 2020, the European policy framework for health and well-being that was adopted in resolution EUR/RC62/R4, and on the lessons learned from its implementation as contained in resolution EUR/RC69/R6;

Mindful of the independent Pan-European Commission on Health and Sustainable Development that was recently set up with the mission to elevate the political priority on health and formulate recommendations on necessary investments and reforms for increasing the resilience of health systems as part of the societal recovery and renewal process following the coronavirus disease (COVID-19) pandemic;

Acknowledging that the COVID-19 pandemic has increased the urgency and need for stepping up efforts to reach the above-mentioned objectives and targets and recalling resolution WHA73.1 entitled “COVID-19 response”;

1. ADOPTS the EPW as the strategic direction for the future activities of the WHO Regional Office for Europe;

2. EXPRESSES its support for the underlying principles of leaving no one behind and strengthened health leadership as a basis for ensuring the trust of citizens and generating any necessary change in health policy, and any reform of health systems, including in the provision of health and social services, in order to make them more responsive, robust and resilient;

3. WELCOMES the objective of improved alignment of the work of the WHO European Region with global action and strategic priorities as set out in GPW 13;

4. EXPRESSES its commitment to the core priorities of achieving universal health coverage, better protecting people against health emergencies and ensuring healthy lives and well-being for all at all ages;
5. WELCOMES the four flagship initiatives as areas of strategic importance that have the potential to help transform our health systems;

6. URGES Member States:
   (a) to update their country cooperation strategies, where those exist, in line with the EPW;
   (b) to report, in line with the reporting on the GPW 13, on progress made and obstacles encountered in the work on the three core pillars of the EPW; and
   (c) to support the Regional Office in its efforts to mobilize the necessary human, institutional and financial resources to implement the EPW within the existing programme budget.

7. REQUESTS the WHO Regional Director for Europe:
   (a) to implement the EPW, enhancing country focus and assisting Member States in their pursuit of its core priorities, subject to the availability of the required human, institutional and financial resources;
   (b) to present a midterm review of the implementation of the EPW at the 73rd session of the Regional Committee for Europe and a final report on its implementation at the 75th session of the Regional Committee for Europe, and in particular to report on:
      – the implementation of the EPW, including by using measures developed to monitor the GPW 13; and
      – the progress made in uniting the efforts of regional, subregional and national entities in support of regional convergence and collaboration; supporting health authorities to strengthen their leadership of the health sector; and aligning the structures and work of the Regional Office with the EPW.

EUR/RC70/R4. Dates and places of regular sessions of the Regional Committee for Europe in 2021–2023

The Regional Committee,

Recalling Resolution EUR/RC68/R8 adopted at its 68th session, resolution EUR/RC69/R10 adopted at its 69th session and decision EUR/Inter-session(1) adopted inter-sessionally under a written silence procedure due to the exceptional circumstances of the COVID-19 pandemic;

1. DECIDES that the 71st session shall be held in Copenhagen, Denmark, from 13 to 15 September 2021;

2. DECIDES that the 72nd session shall be held in Tel Aviv, Israel, from 12 to 14 September 2022; and

3. FURTHER DECIDES that the 73rd session shall be held from 11 to 13 September 2023, at a location to be decided.
Decisions

EUR/RC70(1). Special rules and procedures for a virtual 70th session of the WHO Regional Committee for Europe

Preamble:

1. At its meeting on 15 May 2020, the Standing Committee of the Regional Committee for Europe (SCRC) considered the report by the WHO Regional Director for Europe concerning arrangements for the 70th session of the WHO Regional Committee for Europe in the context of the COVID-19 pandemic. In light of the uncertain development of the epidemiological situation in the region, it was agreed to postpone the hosting of the Regional Committee in Tel Aviv, Israel, to a later date. The SCRC endorsed the proposal of the Regional Director that the 70th session should either be held at the seat of the WHO Regional Office for Europe in Copenhagen, Denmark, or, if conditions would not allow for an in-person meeting as assessed by the SCRC, should be held virtually, similarly to the Seventy-third World Health Assembly held on 18–19 May 2020. It was agreed that, in the latter case, the agenda would only contain items essential for governance continuity and the strategic orientation of the work of the Regional Office.

2. The SCRC requested the Regional Director to seek the agreement of the Member States by written silence procedure on a draft decision to supersede the resolutions adopted at the 68th and 69th sessions on the date and venue of the 70th and 71st sessions. The procedure was launched on 29 May and lasted until 12 June 2020. No objections were received, and the Decision was considered adopted by the Regional Committee.

3. Having followed the development of the COVID-19 pandemic in the WHO European Region and in light of the continued uncertainties on whether it would be possible to effectively hold an in-person session, the SCRC decided at a special meeting organized on 29 June 2020 that the most prudent way forward was to convene a virtual de minimis session via videoconference. Member States were informed accordingly on 29 June 2020.

4. Special rules and procedures need to be put in place so that the Regional Committee can pursue its work during a virtual de minimis session. This draft decision is intended to enable the Regional Committee to take a decision in that regard at the start of its session. The special rules and procedures to regulate the conduct of the virtual de minimis session of the Regional Committee are set out in the Annex to the draft decision below.

5. Both the text of the draft decision and the special rules and procedures detailed in the Annex closely follow the arrangements adopted by the Seventy-third World Health Assembly. These were discussed with and accepted by the SCRC on 29 June 2020.

Therefore, in view of the foregoing, the WHO Regional Committee for Europe,

Recalling its decision to hold its 70th session either at the seat of the Regional Office or virtually if the COVID-19 pandemic did not allow for an effective in-person meeting;
Taking note of the assessment reached by the SCRC that the conditions for an effective in-person meeting could not be ensured and that the Regional Committee should therefore meet in a virtual *de minimis* session;

DECIDES to adopt the special rules and procedures to regulate the conduct of its virtual *de minimis* session set out in the **Annex** to this Decision.

**ANNEX: Special rules and procedures to regulate the conduct of the virtual *de minimis* 70th session of the WHO Regional Committee for Europe**

**RULES OF PROCEDURE OF THE REGIONAL COMMITTEE FOR EUROPE**

1. The Rules of Procedure of the Regional Committee shall continue to apply in full, except to the extent that they are inconsistent with these special rules and procedures, in which case the Regional Committee’s decision to adopt these special rules and procedures shall operate as a decision to suspend the relevant Rules of Procedure to the extent necessary in accordance with Rule 48 of the Rules of Procedure of the Regional Committee.

**AGENDA**

2. Notwithstanding Rule 8 of the Rules of Procedure, the agenda of the Regional Committee will only include agenda items that are essential for governance continuity and the strategic orientation of the work of the WHO Regional Office for Europe, as proposed by the WHO Regional Director for Europe in consultation with the Standing Committee of the Regional Committee for Europe (SCRC). Remaining items will be postponed to the 71st session of the Regional Committee (RC71).

**ATTENDANCE AND QUORUM**

3. Attendance by Member States, States not members of the Regional Committee, invited representatives of the United Nations, specialized agencies and other regional international organizations shall be through secured access to videoconferencing or other electronic means, allowing representatives to hear other participants and to address the meeting remotely.

4. Attendance by non-State actors in official relations with WHO or accredited by the Regional Committee shall be through electronic means allowing representatives to hear other participants.

5. For the avoidance of doubt, virtual attendance of Members shall be taken into account when calculating the presence of a quorum in accordance with Rule 22 of the Rules of Procedure.

**ADDRESSING THE REGIONAL COMMITTEE**

6. Member States, States not members of the Regional Committee, invited representatives of the United Nations, specialized agencies and other regional international organizations, and non-State actors in official relations with WHO or accredited by the Regional Committee are invited to submit written statements of no more than 600 words in one of the working

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1 This will affect notably the relevant provisions of the following Rules of Procedure of the Regional Committee:
   - Rules 8 and 9 (agenda)
   - Rule 41 and 44 (voting by show of hands or secret ballot)
languages of the Regional Committee for posting on the WHO Regional Office for Europe website under the related agenda item. These are sent in advance of the opening of the 70th session of the Regional Committee (RC70). Written statements may be submitted in lieu of a live intervention or to complement a live intervention. Interventions on the items of Accreditation of regional non-State actors to the WHO Regional Committee for Europe, Matters arising from the resolutions and decisions of the World Health Assembly and the Executive Board, and Progress reports will be limited to written statements only.

7. Member States, States not members of the Regional Committee, invited representatives of the United Nations, specialized agencies and other regional international organizations, and non-State actors in official relations with WHO or accredited by the Regional Committee shall also have the opportunity, if they so wish, to submit prerecorded video statements of no more than two minutes in duration in advance of the opening of the session, with an indication of the agenda item to which they refer. These video statements will be broadcast at the virtual meeting in lieu of a live intervention under the relevant item, except for those from non-State actors in official relations with WHO or accredited by the Regional Committee.

8. Written and video statements shall remain posted on the WHO Regional Office for Europe website in the language of submission until the adoption of the report of the 70th session of the WHO Regional Committee for Europe. The content of the written and video statements will be summarized/reflected, in accordance with the usual practice, in the report of RC70.

9. During the virtual session, only Member States, States not members of the Regional Committee, invited representatives of the United Nations, specialized agencies and other regional international organizations shall be provided with the opportunity to take the floor. Individual statements will be limited to three minutes. Group statements will be limited to five minutes.

10. Any Member wishing to take the floor should signal their wish to speak. Notwithstanding Rule 25 and Rule 26 bis, any Member wishing to raise a point of order or exercise a right of reply in relation to an oral statement should signal its intention to do so. It is understood that, in accordance with well-established practice, any right of reply to an oral statement shall be exercised at the end of the meeting. Any Member wishing to exercise a right of reply in relation to a written statement should do so in writing as soon as possible and, in any case, no later than 10 working days after the closure of the relevant virtual session. The content of statements so submitted will be summarized/reflected, in accordance with the usual practice, in the report of RC70.

REGISTRATION AND CREDENTIALS

11. Online registration will follow normal practice. Additional information is provided in the related Circular Letter.

12. In accordance with Rule 3 of the Rules of Procedure, the names of representatives, which in the case of Members shall take the form of credentials, shall be communicated electronically to the Regional Director, if possible 15 days before the opening date of the Regional Committee. Given the need to facilitate virtual access to the meeting, all credentials and lists of representatives should be submitted electronically.
13. In accordance with Rule 14.2.10 (h) of the Rules of Procedure, a subdivision of three members of the SCRC shall assess, before the opening of RC70, whether the credentials of Members are in conformity with the requirements of the Rules of Procedure, and shall report to the Regional Committee accordingly during the opening meeting with a view to the Regional Committee making a decision thereon. The subdivision will assess whether credentials received after the opening meeting are in conformity with the requirements of the Rules of Procedure and will report immediately to the Regional Committee.

MEETINGS

14. The virtual session of the Regional Committee shall be broadcast on the WHO Regional Office for Europe website, in line with usual practice, with the exception of proceedings related to the item “Elections and nominations”.

DECISION-MAKING

15. All decisions of the Regional Committee taken during its virtual session should, as far as possible, be taken by consensus. In any event, given the virtual nature of the meeting and the technical impossibility at this time to guarantee the secrecy of the vote, no decision shall be taken by show of hands vote or by secret ballot. In the event of a roll-call vote, and in line with normal practice, should any delegate fail to cast a vote for any reason during the roll-call, that delegate shall be called upon a second time after the conclusion of the initial roll-call. Should the delegate fail to cast a vote on the second roll-call, the delegation shall be recorded as absent.

16. Brief statements consisting of explanation of votes may, if not made orally, be submitted in writing no later than three working days following the closure of the relevant virtual session. The content of the statements consisting of the explanation of votes will be summarized/reflected, in accordance with the usual practice, in the report of RC70.

17. The Regional Committee shall make every effort to conduct elections and nominations by consensus, in accordance with Rule 14.2.2 (b) of the Rules of Procedure. If it proves impossible to reach consensus on the seats vacant within a given subgroup for a specific governing body, elections and nominations shall be conducted by secret postal ballot in accordance with the present procedures. Within 10 days from the closure of the virtual RC70, the Regional Director shall send to each Member State that has registered for and attended the virtual RC70 a ballot paper and a standard envelope, and shall recall the modalities of the vote in accordance with Rule 46 of the Rules of Procedure. The Regional Director shall also indicate the deadline by which ballot papers have to be received in the Regional Office. Member States shall place their ballot papers in the standard envelope, seal it and return it by courier or registered letter to the Regional Office in a further sealed confidential envelope. Two tellers appointed by the presiding officer in accordance with Rule 43 of the Rules of Procedure shall be invited to the Regional Office to open the envelopes and assist in the counting of the votes. Member States that have registered for and attended the virtual RC70 will be informed in advance of the date for this operation and may observe the proceedings remotely. If the number of candidates obtaining the required majority is less than the number of places to be filled, there shall be an additional ballot in accordance with Rule 46 of the Rules of Procedure under the same conditions.
LANGUAGES

18. For the avoidance of doubt, Rule 20 of the Rules of Procedure shall continue to apply, whereby speeches made in a working language shall be interpreted into the other working languages.

EUR/RC70(2). Engagement with non-State actors: accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe

The Regional Committee,

Having examined the report on accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe;¹

DECIDES, in line with the Framework of Engagement with Non-State Actors,² to grant accreditation status to the following non-State actors:

- EUROCAM
- European Hospital and Healthcare Federation
- European Stroke Organisation
- Finnish Association for Substance Abuse Prevention.

² As contained in the Annex to resolution WHA69.10 (2016).
Annex 1. Agenda

1. **Opening of the session**
   (a) Election of the President, the Executive President, the Deputy Executive President and the Rapporteur
   (b) Adoption of special rules and procedures
   (c) Adoption of the provisional agenda, provisional programme and provisional annotated programme
   (d) Report of the Twenty-seventh Standing Committee of the Regional Committee for Europe

2. **Addresses**
   (a) Address by the WHO Director-General: the state of health in the world, including lessons learned from the COVID-19 pandemic
   (b) Address by the WHO Regional Director for Europe: the state of health in the WHO European Region, including lessons learned from the COVID-19 pandemic
   (c) Keynote speech by Her Royal Highness The Crown Princess of Denmark

3. **Governance topics**
   (a) Transformation in the WHO European Region
   (b) Proposed high-level programme budget 2022–2023: for Regional Committee consultations
   (c) Accreditation of regional non-State actors to the WHO Regional Committee for Europe

   – Introduction by the Regional Director
   – Video keynote speech by the European Commissioner for Health and Food Safety

5. **Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board**

6. **Progress reports**

   **Strategic Priority/Pillar 1. One billion more people benefitting from universal health coverage:**
   - Summary of the final report on implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020 (resolution EUR/RC65/R6)
   - Final report on implementation of the European Strategic Action Plan on Antibiotic Resistance (resolution EUR/RC61/R6)

Joint progress report on implementation of Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery (resolution EUR/RC66/R5) and Accelerating primary health care strengthening (resolution EUR/RC69/R8)

Progress report on implementation of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region (resolution EUR/RC66/R6)


Joint progress report on implementation of the Strategy on Women’s Health and Well-being in the WHO European Region (resolution EUR/RC66/R8) and the Strategy on the Health and Well-being of Men in the WHO European Region (resolution EUR/RC68/R4)

Strategic Priority/Pillar 3. One billion more people enjoying better health and well-being:

Final report on implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 (resolution EUR/RC61/R4)

Progress report on implementation of the Physical Activity Strategy for the WHO European Region 2016–2025 (resolution EUR/RC65/R3)

Progress report on implementation of the European Environment and Health Process (resolution EUR/RC67/R4)


Strategic Priority/Pillar 4. More effective and efficient WHO providing better support to countries:

Progress report on the implementation of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region (resolution EUR/RC66/R12)

Review of accountability and compliance of the WHO Regional Office for Europe

7. Private meeting: elections and nominations
   (a) Nomination of four members of the Executive Board
   (b) Election of four members of the Standing Committee of the Regional Committee for Europe
   (c) Membership Category 2 of the Policy and Coordination Committee (PCC), Special Programme of Research, Development and Research Training in Human Reproduction (HRP)
8. Confirmation of dates and places of regular sessions of the Regional Committee

9. Other matters

10. Closure of the session
## Annex 2. List of documents

**Working documents**

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>EUR/RC70/1</td>
<td>Provisional list of documents</td>
</tr>
<tr>
<td>EUR/RC70/2</td>
<td>Provisional agenda</td>
</tr>
<tr>
<td>EUR/RC70/3</td>
<td>Provisional programme</td>
</tr>
<tr>
<td>EUR/RC70/3 Add.1</td>
<td>Provisional annotated programme</td>
</tr>
<tr>
<td>EUR/RC70/4</td>
<td>Report of the Twenty-seventh Standing Committee of the Regional Committee for Europe</td>
</tr>
<tr>
<td>EUR/RC70/4 Add.1</td>
<td>Report of the Twenty-seventh Standing Committee of the Regional Committee for Europe: report of the fifth session</td>
</tr>
<tr>
<td>EUR/RC70/6</td>
<td>Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board</td>
</tr>
<tr>
<td>EUR/RC70/7 Rev.1</td>
<td>Membership of WHO bodies and committees</td>
</tr>
<tr>
<td>EUR/RC70/8(A)</td>
<td>Final report on implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020</td>
</tr>
<tr>
<td>EUR/RC70/8(B)</td>
<td>Final report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services</td>
</tr>
<tr>
<td>EUR/RC70/8(C)</td>
<td>Joint progress report on implementation of Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery and Accelerating primary health care strengthening</td>
</tr>
<tr>
<td>EUR/RC70/8(D)</td>
<td>Progress report on implementation of the Physical Activity Strategy for the WHO European Region 2016–2025</td>
</tr>
<tr>
<td>EUR/RC70/8(E)</td>
<td>Final report on implementation of the European Strategic Action Plan on Antibiotic Resistance</td>
</tr>
<tr>
<td>EUR/RC70/8(F)</td>
<td>Progress report on the implementation of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region</td>
</tr>
</tbody>
</table>
EUR/RC70/8(G)  Mid-term evaluation of implementation of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025

EUR/RC70/8(H)  Progress report on implementation of the European Environment and Health Process

EUR/RC70/8(I)  Review of accountability and compliance of the WHO Regional Office for Europe

EUR/RC70/8(J)  Joint progress report on implementation of the Strategy on Women’s Health and Well-being in the WHO European Region and the Strategy on the Health and Well-being of Men in the WHO European Region

EUR/RC70/8(K)  Progress report on implementation of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region


EUR/RC70/8(N)  Summary of the final report on implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020

EUR/RC70/9  Engagement with non-State actors: accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe

EUR/RC70/10  Transformation in the WHO European Region


Draft resolutions and decisions

EUR/RC70/Conf.Doc./1 Rev.1 Draft resolution on the report of the Regional Director on the work of WHO/Europe in 2019–2020

EUR/RC70/Conf.Doc./2 Draft resolution on the report of the Twenty-seventh Standing Committee of the Regional Committee for Europe

EUR/RC70/Conf.Doc./3 Draft resolution on dates and places of regular sessions of the Regional Committee for Europe in 2021–2023

EUR/RC70/Conf.Doc./4 Draft decision on special rules and procedures for a virtual 70th session of the WHO Regional Committee for Europe


EUR/RC70/Conf.Doc./6 Draft decision on engagement with non-State actors: accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe

Information documents

EUR/RC70/Inf.Doc./1 Inter-session decision EUR/Inter-session(1) “Dates and places of regular sessions of the WHO Regional Committee for Europe in 2020–2021”

EUR/RC70/Inf.Doc./2 Overview of implementation of the Programme budget 2018–2019 in the WHO European Region

EUR/RC70/Inf.Doc./3 Transforming for enhanced country impact

EUR/RC70/Inf.Doc./4 Development of a draft global patient safety action plan

EUR/RC70/Inf.Doc./5 Establishing a Pan-European Transformational Leadership Academy

EUR/RC70/Inf.Doc./6 Better access to effective, novel and affordable medicines: a new vision for collaboration between the public and private sector

EUR/RC70/Inf.Doc./7 A timeline of WHO’s response to COVID-19 in the WHO European Region

EUR/RC70/Inf.Doc./8 Development of the Programme budget 2022–2023: approach and progress
Annex 3. List of representatives and other participants

I. Member States

Albania

Representatives

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Alternate

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Head, Cabinet of the Minister of Health and Social Protection, Ministry of Health and Social Protection

Adviser

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Director, Directorate of Integration, Coordination, Agreement and Assistance, Ministry of Health and Social Protection

Andorra

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Minister of Health, Ministry of Health

Ms Helena Mass Santure
Secretary of State of Health, Ministry of Health

Adviser

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Health Information System Technician, WHO National Counterpart, Ministry of Health

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Dr Lena Nanushyan
Deputy Minister of Health, Ministry of Health

Alternates

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Mr Arsen Kotanjyan
Second Secretary, Permanent Mission of the Republic of Armenia to the United Nations Office and other international organizations in Geneva

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Austria

Representatives

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Alternate

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Azerbaijan

Representative

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Alternates

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Representatives

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Mr Anatoli Hrushkousky
Head, Foreign Relations Department, Ministry of Health

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Alternates

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Strategic Advisor, International Relations, Federal Public Service Health, Food Chain Safety and Environment

Mr Joachim Lommelen
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Mr Nicolas Majewski  
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**Bulgaria**

*Representatives*

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Chief State Health Inspector, Ministry of Health

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Ms Olga Sotirova  
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*Adviser*

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*Representatives*

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Deputy Director for International, Department of Health and Social Care  
Ms Natalie Smith  
Head of Multilateral, EU & International Health, Department of Health and Social Care  
Ms Nicky Shipton-Yates  
WHO Policy Manager, EU & Multilateral Team, International Branch, Department of Health and Social Care

Uzbekistan

Representatives

Dr Alisher Shadmanov  
Minister of Health, Ministry of Health  
H.E. Mr Ulugbek Lapasov  
Ambassador Extraordinary and Plenipotentiary, Permanent Mission of the Republic of Uzbekistan to the United Nations Office and other international organizations in Geneva

Alternate

Mr Abdukhakim Khadjibaev  
First Deputy Minister, Ministry of Health

Adviser

Mr Ayubkhon Kayumov  
Head of International Department, Ministry of Health
II. Observers from non-Member States

Holy See

Representative

Mr Charles Namugera
Official Dicastery for Promoting Integral Human Development
III.  Representatives of the United Nations and related organizations

*Food and Agriculture Organization of the United Nations*

- Mr Vladimir Rakhmanin
  Assistant Director-General, Regional Representative, Regional Office for Europe
- Ms Mary Kenny
  Food Safety and Quality Officer

*International Atomic Energy Agency*

- Ms Lisa Stevens
  Director, Division of Programmes of Action for Cancer Therapy, Department of Technical Cooperation
- Ms Anja Nitzsche
  Section Head, Resource Mobilization Section, Division of Programmes of Action for Cancer Therapy
- Ms Mayumi Yamamoto
  Programme Manager Officer, Division for Europe, Department of Technical Cooperation
- Mr Kamal Akbarov
  Radiation Oncologist, Department of Nuclear Sciences and Applications
- Mr Olivier Pellet
  Radiologist, Department of Nuclear Sciences and Applications
- Mr Enrique Estrada Lobato
  Nuclear Medicine Physician, Department of Nuclear Sciences and Applications

*International Organization for Migration*

- Dr Jaime Calderon
  Regional Technical Specialist for Migration
- Ms Elena Val
  National Migration Health Project Officer

*Office of the United Nations High Commissioner for Human Rights*

- Ms Marie-Dominique Parent
  Deputy Regional Representative

*UN Women*

- Ms Ela Ionescu
  Partnership and Resource Mobilization Specialist, Europe and Central Asia Regional Office

*United Nations Children's Fund*

- Ms Afshan Khan
  Regional Director, Central and Eastern Europe
- Mr Basil Rodriques
  Regional Adviser, Health Systems and Policy
United Nations Development Coordination Office
   Ms Gwi Yeop Son
   Regional Director for Europe and Central Asia
   Ms Mona Folkesson
   Cooperation Framework Officer
   Ms Valentine Hoschet-Verdier
   Regional Liaison Officer for Europe and Central Asia

United Nations Development Programme
   Dr Rosemary Kumwenda
   Regional Team Leader, HIV, Health and Development, Istanbul Regional Hub
   Mr Gerd Trogemann
   Manager, Istanbul Regional Hub

United Nations Economic Commission for Europe
   Ms Olga Algayerova
   Executive Secretary

United Nations High Commissioner for Refugees
   Ms Angela Li Rosi
   Deputy Regional Director
   Mr Nicolas Brass
   Senior External Engagement Coordinator
   Mr Florent Marty
   Senior Partnerships Officer
   Ms Morgane Ecollan
   Partnerships Associate

United Nations Office for Project Services
   Mr Mikkel Broholt
   Senior Portfolio Manager

United Nations Population Fund
   Mr Ian McFarlane
   Deputy Regional Director, Eastern Europe and Central Asia Regional Office
   Ms Tamar Khomasuridze
   SRH Advisor, Eastern Europe and Central Asia Regional Office
World Food Programme

Ms Annalisa Conte
Director, Geneva Office

Mr Benjamin Syme
Partnerships Officer

Ms Aishwarya Rashuraman
Consultant, Inter-Agency Affairs
IV. Representatives of other intergovernmental organizations

Central European Initiative
- Mr Roberto Antonione
  Secretary General
- Mr Gian Matteo Apuzzo
  Senior Project Manager

Committee of the Regions
- Ms Birgitta Sacredeus
  Member
- Ms Heli Niemala-Farrer
  Policy Officer, Health and Tourism

Council of Europe
- Ms Silvia Ravera
  Scientific Programme Manager

European Union
- Ms Ines Prainsack
  Cabinet of Commissioner Kyriakides, Commissioner for Food and Health Safety
- Dr Canice Nolan
  Minister Counsellor, Permanent Delegation of the European Union to the United Nations in Geneva
- Dr Isabel De la Mata
  Principal Adviser, Health and Crisis Management, DG SANTE, European Commission
- Ms Herta Adam
  Deputy Head of Unit, Health Determinants and International Relations, DG SANTE, European Commission
- Mr Juergen Scheftlein
  Policy Officer, Health Determinants and Inequality, DG SANTE, European Commission
- Ms Corinna Hulnhagen
  First Secretary, Permanent Delegation of the European Union to the United Nations in Geneva
- Dr Andrea Ammon
  Director, European Centre for Disease Prevention and Control
- Mr Antonis Lanaras
  Head, European and International Cooperation Section
- Ms Viktoria Chernetska
  Intern, Permanent Delegation of the European Union to the United Nations in Geneva
Organisation for Economic Co-operation and Development

Ms Francesca Colombo
Head, Health Division

Turkic Council

Mr Baghdad Amreyev
Secretary General

Mr Ömer Kocaman
Deputy Secretary General

Mr Jeyhun Shahverdiyev
Project Director

Mr Ersin Aydoğan
Project Director
V. Observers

*International Federation of Red Cross and Red Crescent Societies*

  Mr Elkhan Rahimov  
  Mr Davron Mukhamadiev

*Northern Dimension Partnership in Public Health and Social Well-being*

  Dr Ülla-Karin Nurm  
  Ms Silvija Geistarte

*Stop TB Partnership*

  Dr Lucica Ditiu

*World Health Summit*

  Professor Detlev Ganten  
  Mr Julian Kickbusch
VI.  Guests and temporary advisers

Professor Vytenis Povilas Andriukaitis  
Mr Werner Bauwens  
Professor Rafael Bengoa  
Professor Gian Luca Burci  
Dr Marc Danzon  
Dr Jo De Cock  
Ms Christy Feig  
Ms Ekaterina Gladkikh  
Professor David Hunter  
Mrs Lina De Keukelaere  
Professor Ilona Kickbusch  
Dr Henri Kluge  
Professor Jose Martin-Moreno  
Professor Martin McKee  
Professor Mario Monti  
Professor Elias Mossialos  
Mr Geert Muylle  
Professor David Nabarro  
Mr Leo Peeters  
Dr Hans Troedsson  
Professor Willem Van Vanlerberghe  
Dr Anne Marie Worning
Annex 4. Keynote speech by Her Royal Highness
The Crown Princess of Denmark

Director-General, Regional Director, Chair Dr Alexey Tsoy, honourable ministers, distinguished guests, ladies and gentlemen,

When I stood before you at last year’s session of the WHO Regional Committee for Europe, I never imagined that one year later we would find ourselves in these extraordinary circumstances. It would have seemed incomprehensible had you told me then that the next Regional Committee meeting would be delivered remotely, months into a pandemic that has held the Region and much of the world in its grip since early spring.

Now, as we face the worst global health crisis in 100 years, I am reminded of the words of Winston Churchill, who once said, “I am always ready to learn, although I do not always like being taught”.

The pandemic has proven to be a tough teacher, testing us when we didn’t expect it and making us pay for our missteps. I am sure that you, as I, have experienced uncertainty, worry and sadness in recent months, as we try to find meaning in rapidly changing events, as we are unable to follow the familiar patterns of daily life, and as we are prevented from spending time with friends and loved ones.

For many, the psychological, emotional, social and economic costs of the pandemic will be felt for years to come. The pandemic has made even more clear the health inequities and areas of weakness that exist in our Region. But while we have certainly been tested and taught these past months, we have also had the opportunity to learn a great deal collectively.

To begin with, we have, as a society, learned – though for many of us this was never in doubt – that there can be no health care without the health workforce. Health workers are the backbone of our health services. These brave individuals have put themselves in danger to serve their fellow citizens. They have worked around the clock to respond to the pandemic and to keep other essential health and care services operating. They have, and have earned, even more so our deepest gratitude and respect, and they deserve our unwavering support.

Indeed, how we succeed in combatting COVID-19 depends on how we support our health workers. This includes training and preparing them, so they have the tools they need to provide safe and appropriate information and care to their communities. We must protect their physical health, prioritize their mental health, and ensure they have the necessary support to ease their burden of worrying about their own home life, in addition to their life-saving work.

I have been pleased to learn that, as part of World Patient Safety Day, taking place this week, WHO plans to launch a draft Health Worker Safety Charter, dedicated to supporting our health care workforce and building a sustainable workforce for the future. There has never been a more important moment to prioritize health worker safety in our Region, as it is directly linked to patient safety.

Half of the health workforce in the European Region is made up of nurses and midwives. This year designated the International Year of the Nurse and the Midwife, we celebrate the pivotal contribution they make providing care throughout people’s lives. As health systems change, nurses and midwives are taking on increasingly advanced and specialized roles, leading
teams, conducting research, influencing and implementing policy, and educating the next generation. Through the COVID-19 emergency and beyond, we must invest in them, and support them to reach their full potential. To all the nurses, midwives, health and care workers across the European Region, you have my deepest respect and admiration, and I thank you.

In my 15 years as Patron of the WHO Regional Office for Europe, I have had the chance to focus on several specific health issues. Now, COVID-19 has added a new sense of urgency to these areas.

Maternal and child health in the Region has always been a priority, and for many of you participating today, but the pandemic has put children and mothers at risk in alarming new ways. While most cases of COVID-19 in those aged 0 to 19 are mild, the consequences of the pandemic have been serious for this group. And we have reports from countries, civil society and academia confirming that violence against women and children has increased during the pandemic.

We have learned the tremendous value of our education system in recent months, and we can see more clearly how closely linked it is with our health system and how vital it is in protecting children’s health and well-being. As we move forward, public health approaches to the pandemic must take account of how they affect everyone, particularly children.

Failure to prioritize maternal and child health during the recovery phase of the pandemic will reverse many of the encouraging gains made in the European Region over the past decades.

Perhaps no area is more vital to the health of newborns, children and all of society than immunization. I am a firm believer in the life-saving power of vaccines, and I have worked in partnership with the Regional Office to share the message that vaccination is a right and a responsibility for all. Prior to the pandemic, we had many reasons to feel proud and encouraged by the results of our collective efforts to protect people from vaccine-preventable diseases.

In 2019, 96% of children in the Region received their first dose of measles and rubella containing vaccine – the highest coverage ever reported. But the 100 000 measles cases reported across 45 countries in 2019, and now the rapid spread of COVID-19, clearly underline that infectious diseases know no borders.

We all look forward to the day when a vaccine can protect us from COVID-19. It is my hope that when that day arrives, we will see a greater support of vaccines and respect for their power to protect and save lives. But our focus on this future milestone should not distract us from our work today to close the immunization gap in the Region with existing vaccines, particularly among the most vulnerable populations.

While we sometimes struggle to convince people of the power and safety of vaccines, we also face challenges in ensuring the safe and appropriate use of antibiotics. Fear of COVID-19 during this pandemic has given rise to more people attempting to prevent infection or self-medicate by using antibiotics incorrectly. We must remember that antibiotics only work against bacterial infections and that inappropriate antibiotic use raises the risk of antibiotic resistance and this puts everyone at risk, even from mild infections.

We should make every effort to ensure that the crisis of antimicrobial resistance does not worsen as we work to fight the COVID-19 pandemic. As the first WHO European strategic action plan to fight antibiotic resistances comes to a close, the Region will take up a new
action plan to guide and support countries in the coming years. This will be vital to meeting the challenge of AMR head on.

Before the pandemic made its mark on the European Region, we already recognized that many great health challenges lay ahead. We knew it would take dedicated, tireless, collaborative action to reach our health goals, including SDG 3.

This is the first Regional Committee session for our new Regional Director. I would like to commend you, Dr Kluge, for your leadership, determination and the collaborative spirit with which you have driven the Region’s response to COVID-19. Such qualities are evident in your vision of “United Action for Better Health”, the European Programme of Work to be discussed at this meeting. Facing a health emergency of unprecedented scope, we have learned that we must, indeed, stand united or we cannot hope to achieve better health for all.

As this group gathers virtually to map the way forward, I hope that we all have the humility to be taught and the openness to learn – from what we have experienced individually and collectively during this pandemic, and from each other. The path ahead may seem daunting. The challenges we face are, indeed, great. But I have faith in the dedication and bravery of our health workers, and in the commitment and creativity of our health leaders and decision-makers – in all of you. I look forward with great anticipation to coming together at the next Regional Committee – hopefully in person – and to listening, learning and finding inspiration from each other.

Working together to make the world a safer and healthier place for everyone is the most fitting of legacies to honour those we have lost as a result of this virus, and an invaluable gift to the children of the future.

Thank you.
Annex 5. Address by the WHO Director-General

Your Royal Highness, Crown Princess Mary, thank you for your statement.

Your Excellency Mr Magnus Heunicke, President of the 69th Regional Committee; Your Excellency Dr Alexey Tsoy, President of the 70th Regional Committee, congratulations on your appointment; Honourable Ministers and Heads of Delegation; Regional Director, Dr Hans Kluge; Dear colleagues and friends,

It’s a great honour to be with you again, albeit virtually. Virtual meetings have been a vital tool for many organizations during the pandemic, including WHO. They have enabled us to coordinate the global response, and with a much lower carbon footprint than flying.

But I must admit that I miss the in-person interaction with all of you. I look forward to being able to see you again.

Holding our meeting virtually is a small price to pay compared with the suffering of so many people around the world and in your region. I want to start by offering my deep condolences to each Member State for the loss of life you have suffered. I offer my deep thanks and admiration to your health workers, who have served with distinction. And I offer my commitment that WHO will continue to work with you and support you to end the pandemic and build back better.

I would like to take this opportunity to thank so many Member States in the region for your support and solidarity during this crisis. And thank you, my brother Hans, for your leadership during this important period. Your first year as Regional Director has been very different to what you expected, but you have hit the ground running and already achieved so much.

Lives and livelihoods have been lost, the global economy is in recession and social and political fault lines have been exposed. The European Region is no exception. Many of your countries have been among the hardest hit.

We are by no means out of the woods. The average daily number of cases in the region is now higher than it was during the first peak in March. Fortunately, the number of deaths appears to be remaining at a relatively low level – for now. But every death is a tragedy, and there can be no room for complacency. If we do not keep transmission in check, more people will lose their lives, and there is the real risk of re-introducing so-called lockdown measures that have been so costly.

Since the beginning of the pandemic, WHO has been working to support countries in many ways, at all three levels of the Organization. We’ve sent missions to several countries in the European region. We’ve shipped more than US$ 330 million-worth of personal protective equipment and diagnostics to 165 countries, including many European Member States. The OpenWHO.org learning platform has provided online, multilingual training in 11 different courses, with almost 200,000 enrolments from the European Region. And through the Access to COVID-19 Tools Accelerator and the COVAX Global Vaccines Facility, we’re working to ensure that if and when a vaccine is proven to be safe and effective, it will be accessible equitably for all countries in your Region.

The COVAX Facility guarantees countries access to the world’s largest portfolio of vaccines. When we have a vaccine, supply will be limited initially, and priority must be given to
vaccinating essential workers and those most at-risk, including older people and those with underlying conditions. In our interconnected world, if people in low- and middle-income countries miss out on vaccines, the virus will continue to kill and the economic recovery globally will be delayed. I thank the many Member States who have expressed interest in joining the COVAX Facility, and I urge those of you have not yet joined to do so by this Friday.

But we do not have to wait for a vaccine. We must work with the tools we have.

WHO is urging countries to focus on four essential priorities:

- first, prevent amplifying events. All around the world, explosive outbreaks have been linked to gatherings at stadiums, nightclubs, places of worship and other crowds;
- second, protect the vulnerable, to save lives and reduce the burden on the health system of severely- and critically-ill patients;
- third, educate and empower communities to protect themselves and others. Physical distancing, hand hygiene, respiratory etiquette and masks can all help to curb transmission and save lives – not in isolation, but together; and
- fourth, persist with the public health basics: find, isolate, test and care for cases, and trace and quarantine their contacts.

Countries that do these four things, and do them well, can reopen their societies, economies and borders safely.

Excellencies, dear colleagues and friends,

There is no doubt that the pandemic is a setback to our efforts to achieve the Sustainable Development Goals and the “triple billion” targets of the General Programme of Work. But that doesn’t mean we should give up. Quite the opposite; we must use this moment to renew our focus and our commitment to achieving them. The pandemic has demonstrated the intimate links between each of the “triple billion” targets. Health and well-being, universal health coverage and health security are the legs of a three-legged stool that provide social, economic and political stability.

I welcome the European Programme of Work, which you will consider at this meeting, and its close alignment with the General Programme of Work. This agenda is even more important in the light of COVID-19. The focus on healthy populations is essential for keeping people healthy and out of hospitals, by addressing the root causes of disease in the air people breathe, the food they eat, the water they drink and the environment in which they live.

The pandemic has shone a bright light on the delicate relationship between people and planet, a relationship that must be nurtured through a “One Health” approach. When people do need health services, countries have a duty to ensure those services are accessible, affordable and high-quality.

Universal health coverage is the goal to which all countries committed at the United Nations General Assembly last year, based on strong primary health care. And just as many countries invest in their military capacity in case of conflict, so they must invest in robust public health capacities to prepare for, prevent, detect and respond rapidly to outbreaks when they occur.

The pandemic is teaching all of us some painful lessons.
I welcome the establishment of the Pan-European Commission on Health and Sustainable Development, which will draw lessons from the ways different countries’ health systems have responded to the COVID-19 pandemic, and make recommendations on investments and reforms to improve the resilience of health and social care systems.

I congratulate you, Hans, for this initiative, and I would like to thank Professor Mario Monti and the other distinguished members of the Commission. I encourage the Commission to communicate with the other mechanisms that have been established to evaluate the international response to the pandemic, including the Independent Panel for Pandemic Preparedness and Response and the Review Committee of the International Health Regulations.

In the months to come, there will be many reviews, reports and recommendations about the pandemic, as there have been of previous health emergencies. The world is good at writing reviews, reports and recommendations. We have not been so good at following through. Whatever lessons there are to learn this time, we must learn them. Whatever changes there are to make, we must make them. Whatever mistakes have been made, we must all have the humility to own them. Pointing fingers will not make the world safer. Apportioning blame will not save a single life. But by working together in humility and solidarity, we can ensure that a pandemic of this magnitude and severity never happens again.

Excellencies, colleagues and friends,

Even as we respond to the pandemic, we are continuing to transform WHO to serve you better. Through our special programme on primary health care, we will work with you to strengthen the foundations of health systems. Through our new division of emergency preparedness, we will support you to prevent and mitigate the impact of emergencies, as well as responding to them. Through the Office of the Chief Scientist and our division for Data, Analytics and Delivery for Impact, we will provide the evidence and tools you need to strengthen your information systems to make the best decisions for the biggest impact. And through the new WHO Academy, we will provide in-person and online training, to empower health workers to accelerate advancements in medical care and practices to patients and communities.

My brothers and sisters,

This pandemic will end. But it will not be last one. We have a shared responsibility to our children and our children’s children to leave the world better prepared for the next pandemic. The stakes have never been higher. But nor has the prize: a healthier, safer, fairer and more sustainable world.

Annex 6. Address by the WHO Regional Director for Europe

Your Royal Highness Crown Princess Mary of Denmark, Patron of our Office, thank you so much for being with us here.

Minister of Health of Kazakhstan Dr Alexey Tsoy, President of the 70th session of the Regional Committee for Europe; Minister of Health and Senior Citizens of Denmark Mr Magnus Heunicke, outgoing President of the 69th session of the Regional Committee; Dr Søren Brostrøm, Executive President of the Regional Committee; My big brother, Dr Tedros; Excellencies, ladies and gentlemen,

Today is one year to the day that you placed your trust in me as the new Regional Director. I committed to honour your political vote by quickly implementing my campaign commitments through reorganizing the WHO Regional Office for Europe to better respond to the needs of each of the 53 Member States in the European Region.

Upon the confirmation of the Executive Board, I was ready to implement my plans with almost military precision. But then something huge happened – the outbreak of COVID-19. Europe was at the epicentre of a pandemic with planetary repercussions.

I immediately decided to take personal leadership of the WHO European response to COVID-19, but at the same time I could not allow myself to postpone my commitments to you. And the only way I could pull this off was thanks to the unwavering commitment of all my staff, especially the heads of country offices and their fantastic teams, and through a transparent, fast-track recruitment of a completely new executive team. And I am so proud of them.

In this context, my opening speech will have two parts. The first part is about laying the foundations for the future beyond COVID-19, and the second part is the COVID-19 response by the Regional Office.

I will not give you a long list of challenges that we are facing in health and well-being in the Region. There is a great publication on the core health indicators which shows the state of health as of today. I ask for your kind understanding that this year is a kind of transition year, and I promise that next year we will have a dashboard in line with the monitoring and evaluation framework of the triple-billion goals of the WHO General Programme of Work (GPW) and adapted to the European Programme of Work (EPW), once it is approved.

So how did we lay the foundations for the future beyond COVID-19? Through three main axes:

- keep direct contact with every single country for a more targeted response
- strengthen partnerships with other organizations working in the Region
- restructure the Regional Office to be fit for purpose.

On the first axis, I maintained the direct contact with each country that I established during my campaign marathon, thanks to the generous support of the Belgian Government. Through country field missions and digital technology, we strengthened our relations with ministries of health, ministries of foreign affairs, health leaders and health professionals at all levels. Beyond statistics and quantitative data, this direct contact gave us a very good understanding of the social, economic, cultural and political characteristics which are so important for health policy.
Straight upon confirmation of my appointment in Geneva in February, before coming back to the Regional Office, I went on my first country missions. I would like to thank Dr Alisher Shadmanov, Minister of Health of Uzbekistan, and Dr Eljan Birtanov, former Minister of Health of Kazakhstan, for receiving me so warmly.

After that, I immediately continued to the western Balkans, another very important subregion, and thank you so much to Dr Zlatibor Lončar from Serbia and Dr Venko Filipce from North Macedonia for receiving me at presidential level. With your support, we immediately discussed with Heads of State in a free, frank and friendly way the most important issues, such as tobacco control and environmental pollution.

More and more, we worked on a subregional approach to maximize country impact, for example, with our two-weekly video conferences with the Baltic States. Thank you so much to the Ministers of Health for always being there for our very fruitful video conferences, which you asked me to continue. The same goes for the Balkan and the Visegrad countries, the central Asian republics and the Russian Federation, and of course the small countries – the small countries which are very close to my heart. At the same time, the full pan-European dimension remains critical for our Region, because its diversity is an asset for building solidarity and for knowledge exchange.

On the second axis of laying the foundations for the future beyond COVID-19 – strengthening partnerships with other organizations working in the Region – it is crucial to fight all of the other ongoing epidemics: of noncommunicable diseases (NCDs), of multidrug-resistant tuberculosis and HIV, and of environmental pollution and climate change, where the work of the WHO European Centre for Environment and Health is so important. For the big epidemic of out-of-pocket payments, the work of the WHO Barcelona Office for Health Systems Strengthening is so crucial. Always, we see through the lens of inequalities and gender where, in particular, the WHO European Office for Investment for Health and Development has a very important role.

I would like to thank colleagues from the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance, for increasing our collaboration. This collaboration has also transpired more and more through subregional partnerships.

And I would like to thank Dr Ogtay Shiraliyev, Minister of Health of Azerbaijan, my good friend, the longest serving Health Minister in the Region, for having invited me to the meetings of the health leadership of the Turkic Council, with whom we signed a memorandum of understanding last week, and also the meetings of the Non-Aligned Movement.

Thank you so much to Dr Shadmanov, again, for inviting me to the meetings of the Council for Health Cooperation of the Commonwealth of Independent States.

Thank you to the Prime Minister of Montenegro, who on my request immediately convened a meeting of the heads of governments of the Central European Initiative – 18 European Union (EU) and non-EU countries – on the COVID-19 response.

Last week, we decided with Dr Mira Dasic to strengthen our collaboration with the South-eastern Europe Health Network. And spasibo bolshoe to Dr Mikhail Murashko, Minister of Health of the Russian Federation, for giving me the keynote at a very impressive meeting of the health leaders of the Shanghai Cooperation Organisation. Partnerships in the east are very important.
I am humbled that we are entering a completely new phase of cooperation with the European Union and the European Commission. Even before the COVID-19 pandemic, this process of rapprochement between the Regional Office and the European Commission was ongoing in the field of health, but also in the fields of digital technology and neighbourhood and developmental cooperation.

My warm thanks go to European Union Commissioner for Health and Food Safety Dr Stella Kyriakides. From the first day we met in your office, we decided to go for a very pragmatic, actionable collaboration beyond the traditional signing of theoretical papers. And thank you to your team for being ready today with a joint statement and always discussing issues from a pan-European perspective, including access to a COVID-19 vaccine in non-EU countries.

With Dr Andrea Ammon, Director of the European Centre for Disease Prevention and Control, we are working on an innovative agreement, with the ultimate goal of pan-European health security for the benefit of the Member States that both of our organizations serve. Ultimately, this will strengthen both of our organizations as well.

Recently, I had the opportunity to express my determination to undertake an historical collaboration with the European Union and the European Commission at the European Union informal health ministerial meeting, chaired by German Minister of Health Dr Jens Spahn. And danke schön, Dr Spahn, for your leadership, together with French Minister of Health Dr Olivier Véran, to strengthen the role of Europe in global health and WHO global governance.

First axis: keeping direct contact with each of the 53 Member States to tailor our response. Second axis: strengthening partnerships with other organizations. Third axis: restructuring the Regional Office.

The single most frequent piece of advice I got from colleagues at WHO headquarters was: if you start a transformation, you have to finish the transformation in a limited time in order to safeguard productivity and decrease anxiety and disruption. The two criteria guiding the restructuring were transparency and consultation.

We had three objectives: to restructure the Regional Office’s work towards alignment with the GPW and the draft EPW, to have country impact and to have fiscal balance. This was a strong commitment to tackle head-on the chronic deficit as I came into the Office. Obviously, it’s a huge challenge, also with COVID-19. But I have a very good guideline, almost a cookbook, on how to do it, and it is the report of February’s meeting of the Programme, Budget and Administration Committee of the Executive Board, which was guided by Chairman Mr Björn Kümmel.

I immediately cut the number of technical divisions from five to three to decrease working in silos. The number of technical directors I cut from nine to six, the number of deputy regional directors I cut from one to zero. In fact, this was the advice of a good friend and secretary-general in one of the Scandinavian countries, who told me: “Hans, no need to work with a deputy in the first years”. I asked him why. “Two reasons”, he said. “First: you will know the nitty-gritty of the Organization yourself: nobody will be able to fool you. And second: if you have a deputy, after six months this person is going to ask why he or she isn’t sitting in the post of Regional Director.”
So, I took the advice. And I asked him: “How do you pull it off?” He said: “It’s very simple: during the first two years, the only thing you have to do is work a little harder”. And thanks to my fantastic family, I decided for the first years to work a little harder.

To fulfil my commitment to the staff, we finished the recruitment of a 100% ombudsperson. Unique.

The three technical divisions are the Division of Country Health Policies and Systems with Director Natasha Azzopardi-Muscat; the Division of Country Support, Emergency Preparedness and Responses, at the core of the GPW and draft EPW, with Director Dr Gundo Weiler; and the Division of Country Health Programmes with Director Dr Nino Berdzuli.

With Dr Mike Ryan, we decided to push back COVID-19 by appointing Dr Dorit Nitzan as Regional Emergency Director with all her experience.

There is the enabling Division of Business Operations, which is called BOS – but I always say “boss” with one, not two, S’s, as its Director is Mr David Allen. There is the Executive Director of the Regional Director’s Office, Mr Robb Butler. We have Ms Oxana Domenti now heading the very important WHO office in Brussels towards the European Union, which is blossoming. My commitment to the staff was to appoint a Special Adviser on Transformation and Organizational Development to eradicate all forms of harassment; I kept my word, and this is Ms Gabrielle Jacob.

And maybe the most important decision was to have a WHO Representative on the Executive Council. By having a WHO Representative on the Executive Council, the failure rate of implementing policies from this Office decreased drastically. And it’s the WHO Representative of the biggest country in the Region – the Russian Federation – Dr Melita Vujnovic.

Every two weeks, I have a video conference with the 31 heads of the country offices to keep a finger on the pulse. We have an email inbox called “Ask Hans” where people can anonymously, safely send in their grievances but also innovations. Remember, innovations come from the bottom and that’s why I am advocating for a flat organigram.

None of this could I have pulled off, nor could I have come so far, without the great relationship I have with the European Staff Association. I want to pay tribute to President Shahin Huseynov and Deputy President Kitty Rasmussen for being the interface between the management and the staff in times I acknowledge are uncertain.

So this is the first part of the speech: laying the foundations for the future, keeping direct contact with countries, strengthening partnerships with organizations, reorganizing the Regional Office.

The second part of the speech: the COVID-19 response.

As in every catastrophe, we have victims and we have heroes. I would like to pay my condolences to the victims, their families and their communities who have been hit hard – too hard – by COVID-19. As of yesterday, we have had 225 665 laboratory-confirmed COVID-19 deaths, and 4 816 000 laboratory-confirmed COVID-19 cases.

This is 25% of the global burden of mortality and 17% of the global burden of morbidity, but many more people who survived have had to learn to live with what we call “long COVID”.
For months, you can be thrown out of physical balance. People who never had anxiety or depression before have it now. We are now studying this phenomenon in order to serve you, the Member States, better. Thank you, Professor Martin McKee from the London School of Hygiene and Tropical Medicine for supporting us in this work.

The heroes, no doubt, are the health and social workers who sacrificed their own lives to protect society, but also all other frontline workers, such as the teachers, who have my great respect and have kept society running. The whole world has recognized their merit and bravery.

Here in the COVID-19 response, three main axes guided our work:

- providing each country with the specific support they requested from the Regional Office
- bringing together the energies
- learning the lessons – not for the future but for the present.

First axis: providing each of the 53 Member States with the targeted support they requested. Our assistance consisted of disseminating, in real time, knowledge of every single aspect of the pandemic. With the support of the European Commission and the European Observatory on Health Systems and Policies, with its Director Dr Josep Figueras, we quickly established the online Health System Response Monitor, which documents the measures implemented by all countries, with an analytical component.

Whenever there was a gap in normative guidance, we stepped forward and we filled it – for example, the policy options we provided to you, the Member States, on how a country gradually and safely transitions from a lockdown, or the conference we had on 31 August with my good friend Minister of Health of Italy Dr Roberto Speranza on safe schools in COVID-19 times, the framework of which we published today. This week, we have the draft policy options for when COVID-19 meets influenza, and thank you to Dr Clemens Auer, Special Envoy for Health from Austria, for having initiated this together with us.

These are the normative supports, but the core of what we are doing has always been and will always be country support. Despite tremendous challenges in transport and customs and lockdowns, we pulled off 120 country missions to assist countries doing risk assessments and adapting policies to the local context.

I myself went to Turkey. I went to Gaziantep when we sent in the medical convoys to refugees in northwest Syria to leave no one behind. I went to primary health care clinics where I was astonished. I spoke with nurses, doctors, social workers, refugees from Syria who were trained, certified and salaried by the Turkish Government to provide people-centred services – gender sensitive, linguistically sensitive services – like I have never seen in my life before.

The Eastern Partnership project, generously funded by the European Commission, allowed this Office to procure, for 13 million euros, personal protective equipment (PPE) in five months, which we have never done before. The project is now expanding to the western Balkans and to the central Asian countries, with a health system and essential public health functions component. I would like to thank all of the EU ambassadors in those countries for a fantastic collaboration.

As you can see from my social media posts, I make it a point of honour every single day to talk to ministers of health, ministers of foreign affairs, ambassadors, health professionals,
patients. Together with my brother Dr Tedros, we also spoke to the President of Belarus and the President of Turkmenistan to exchange international evidence.

Every two weeks we have press briefings, and for the first time in history we have had press briefings completely in the Russian language. As many of you know, neither my staff nor myself ever refuse when you ask us to support your health leadership by participating in national media or television interviews.

Here it is appropriate for me to salute the Standing Committee of the Regional Committee (SCRC), its Chair Dr Søren Brostrøm and its Vice-Chair Dr Iva Pejnovic Franelic. You were always there for me and our Office. Remember my commitment one year ago, that I would do the work with transparency and accountability.

This has been the largest reprofiling of the Regional Office in its history, and your guidance and reassurance that we are going in the right direction was most critical for me. We convened with the Chair and Vice-Chair two ad hoc meetings of the SCRC.

The first axis of the COVID-19 response: providing each country with the specific support you requested of us.

The second axis is based on my experience as a marathon runner. This is not a sprint, it’s a marathon: we have to gather energies. And we know that in times of crisis, when united action for better health is needed so much, a natural reflex is to look only inside. That’s why we strengthened our relations within the Organization, with headquarters and the five regional offices. And I thank so much the other regional directors – we have a great group of continuous exchange. And thank you for your support to me as incoming Regional Director.

And, of course, thank you to Dr Tedros for always – especially on Sundays – being there for me. And also for appreciating that from time to time I have my own opinion, because my interest is to advocate for the 53 European Member States, of course, in the spirit of global solidarity.

Thank you to the Secretary-General of the Organisation for Economic Co-operation and Development, the President of the World Bank and Regional Director of the World Bank, who immediately responded very positively to the draft EPW and our collaboration.

Every two weeks, we have a meeting with the 24 United Nations agencies, the regional directors active in the Region, particularly eastern Europe and central Asia, which is so important for implementing health in all policies. Thank you to all of them. Straight in the beginning we developed a joint letter with the Regional Director for Europe and Central Asia of the United Nations Children’s Fund (UNICEF) Ms Afshan Khan. Thank you so much for the very good collaboration looking at comparative advantage – WHO with its normative work, and UNICEF with its procurement experience.

We established very close collaboration with the 17 United Nations Resident Coordinators at the country level who are helping to position health very high in the United Nations Sustainable Development Common Framework within the context of the global plan to ensure healthy lives and well-being for everyone through the Issue-based Coalition on Health.

And finally, we strengthened relations with patients and patient organizations, including for rare diseases, with civil society and public health associations, with the World Organization of
Family Doctors, and with doctors, nurses and midwives, who are very close to my heart. Without you, without civil society, it is not possible to leave no one behind.

The first axis of the COVID-19 response: direct, tailored support to countries. The second axis: gather the energies. And the third: learn the lessons.

This pandemic has brought to light the strengths and weaknesses of European society. It has revealed the reality of our European health systems. We cannot wait for an after-action review. We have the flu coming up, we have the reopening of the schools and the academic year. We have excess mortality among senior citizens in the winter. We need to learn the lessons for the present, and that’s why as an Office we conducted an intra-action review with three main lessons that are documented in the Regional Director’s report.

The first main lesson: strong national health systems mean strong national health security. The pandemic painfully reminded us of the urgency to implement the Astana Declaration on Primary Health Care. No pandemic has been won in the hospitals alone, and we need to urgently take pressure away from our treasured doctors and nurses in our hospitals to protect them from burnout ahead of the winter.

People-centred primary health care with essential public health functions across the continuum of care is the best approach to protect us from emergencies, decrease inequalities and protect the poor and vulnerable. Here, I would like to salute Kazakhstan and Dr Alexey Tsoy for already having brainstormed with us on how we could kickstart a five-year process to plan the new way forward on primary health care, for and with our Member States, through the geographically dispersed office (GDO) for primary health care in Almaty.

There is no health without the health workforce. Their merits have been recognized globally, and this should lead to a new moral and material future for them in line with their responsibilities. And I salute here the nurses and the midwives. It is your year. But you have been so busy that in the WHO European Region I decided to extend the year into 2021. We will push back COVID-19 and I promise: we will celebrate you.

We have seen the almost infinite potential of digital innovations both in health care and public health. But we have also seen their challenges, including in health data governance and digital poverty. WHO will always stand strong for human rights, gender equality and fairness by leaving no one at the side.

Ladies and gentlemen, the unexpected delay in care for patients with chronic diseases is the black chapter in the intra-action review.

Sixty-eight percent of you, Member States, reported disruptions in services for NCDs, including monitoring of hypertension and diabetes and cancer screening. Some countries are projecting an increase of 10% in breast cancer mortality, which could have been avoided, or of 15% in colon cancer mortality, which could have been avoided.

But here we also gave great news. I would like to thank Dr Mikhail Murashko, Minister of Health of the Russian Federation, for inviting me on my first official visit to Moscow next week, straight after the Regional Committee, to sit together and further strengthen the activities and profile of the very important GDO on NCDs in Moscow – to launch five years of fresh thinking on how we can catch up with the NCD-related targets in line with the Sustainable Development Goals (SDGs).
For immunization, it is the same. Six countries in the Region, accounting for 22% of the total infant population, reported a disruption in routine immunizations.

As for tuberculosis, in May 2020, 28 countries reported a 50% decrease in case notification. It means the dual-track health system response is so important.

And again, we have good news. Four days ago, I signed and opened the new GDO on preparedness for humanitarian and health emergencies in Istanbul, virtually, from four locations, with Dr Fahrettin Koca, Minister of Health of Turkey. And I know, Dr Koca, you are watching. To you and your wonderful team: teşekkür ederim!

The first axis of the COVID-19 response: country support. The second axis: gathering the energies. The third axis: learning the lessons.

The first lesson: stronger health systems, stronger health security. The second lesson: solidarity is key to success. No one is safe until everyone is safe. I always say: if solidarity doesn’t come from the heart, at least let it come from the brain. The strongest examples of solidarity I have seen have been in the local communities – neighbours reaching out to elderly neighbours and to people with mental challenges.

I am so grateful to Her Majesty Queen Mathilde of the Belgians, who will address you, the Regional Committee, as an SDG Advocate, and who will champion the flagship Mental Health Coalition.

In the beginning of the pandemic, we remember the huge issues in access to PPE, which taught us the need for structures of international cooperation to be in place in peacetime so they can be automatically triggered in wartime. And it also taught us the essence of a pandemic stock reserve, not least for the small countries.

The International Health Regulations (2005) allowed WHO to act fast globally. There is no doubt about it. But they remain subject to national core competencies for implementing its obligations. And this instrument deserves a critical review. As I explain almost every day to my two teenage daughters, WHO is only as strong as the teeth it is given by its Member States. And rest assured, ladies and gentlemen, excellencies, of the full support of this Office to contribute in the most positive way to the WHO Independent Panel for Pandemic Preparedness and Response. I already had a great talk with Dr Anders Nordström, Chair of the Secretariat.

The third lesson, and maybe the biggest one, is the general awareness of the reciprocal relationship between health and the economy, which is essential if we want to move to an economy of well-being. This is no surprise for you and for me, but I saw it was a big surprise for many non-health policy- and decision-makers. And that’s why, after informing the SCRC, I established the Pan-European Commission on Health and Sustainable Development to rethink policy priorities in light of pandemics.

I am humbled that Professor Mario Monti, President of Bocconi University in Milan, former Prime Minister of Italy, former European Union Commissioner, agreed to chair this very high-level commission. And thank you, Professor Monti, for addressing the Regional Committee later today, and special appreciation also to Professor Elias Mossialos, Special Envoy of the Greek Prime Minister on COVID-19 from the London School of Economics and
Political Science, for being the scientific coordinator, linking the scientific advisory committee which supports the Commission.

Dear colleagues, rest assured that all of those lessons are incorporated in the draft EPW.

Let me conclude, please, on a slightly personal note. This pandemic has made me aware of the fundamental importance of confidence in managing a crisis. The crisis gave me the opportunity to deepen my relationship with so many people in your countries, within WHO, within other organizations – to get to know each other better but especially to work more effectively for better country impact.

WHO as an organization is going through tough times, and I appeal to you for this mutual trust to overcome and help us overcome these difficult times. I sincerely hope that the evaluation of WHO and its activities will be conducted in the spirit of mutual understanding of each other’s mandates so that you, Member States, feel safe with us, and in return, we at WHO feel your support to implement our noble mission of improving health and well-being for all at all ages and leave no one behind.

The WHO European Region, at critical times in its history, has undergone large-scale transformations of society to build back better as an example for the rest of the world. And those successful transformations were based on four ingredients. Two we have already: necessity and innovation. What we need together now is courage and collaboration.

Thank you.
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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