Report of the 71st session of the WHO Regional Committee for Europe

Virtual session, 13–15 September 2021
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<tr>
<td>AMEE</td>
<td>Association for Medical Education in Europe</td>
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<td>AMR</td>
<td>antimicrobial resistance</td>
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<td>BCA</td>
<td>biennial collaborative agreement</td>
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<td>CIS</td>
<td>Commonwealth of Independent States</td>
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<td>COVID-19</td>
<td>coronavirus disease</td>
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<td>CPME</td>
<td>Standing Committee of European Doctors</td>
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<td>EFAMH</td>
<td>European Framework for Action on Mental Health 2021–2025</td>
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<td>EIA 2030</td>
<td>European Immunization Agenda 2030</td>
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<td>EMSA</td>
<td>European Medical Students’ Association</td>
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<td>EPSU</td>
<td>European Federation of Public Service Unions</td>
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<td>EUPHA</td>
<td>European Public Health Association</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>FCTC</td>
<td>WHO Framework Convention on Tobacco Control</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>ICD-11</td>
<td>International Classification of Diseases 11th Revision</td>
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<td>IFA</td>
<td>International Federation on Ageing</td>
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<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</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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<td>OIE</td>
<td>World Organisation for Animal Health</td>
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<td>PCC/HRP</td>
<td>Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction</td>
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<td>PPE</td>
<td>personal protective equipment</td>
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<td>PSI</td>
<td>Public Services International</td>
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<td>RC</td>
<td>Regional Committee</td>
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<td>SCRC</td>
<td>Standing Committee of the Regional Committee for Europe</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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UNEP  United Nations Environment Programme
UNFPA  United Nations Population Fund
UNICEF  United Nations Children’s Fund
WHO  World Health Organization
YPYP  Young People and Young Professionals Forum
Opening of the session

The 71st session of the WHO Regional Committee for Europe (RC71) was organized by the WHO Regional Office for Europe (WHO/Europe), from 13 to 15 September 2021 as a virtual session. Representatives of all 53 Member States in the WHO European Region took part, as well as those of the Faroe Islands, admitted as an Associate Member of WHO by the Seventy-fourth World Health Assembly (resolution WHA74.2). Also present were representatives of WHO partners, such as bodies of the United Nations system and other intergovernmental organizations and regional networks, as well as non-State actors (NSAs) in official relations with WHO and regional NSAs accredited by the Regional Committee (Annex 3).

Briefings and side events, scheduled in the context of RC71, were organized on the days following the closure of the plenary session, namely on 16 and 17 September 2021.

Before the opening of the session, a video recording of a dance performed by House of Swag Kids, a dance troupe from Ireland, was projected. Having struggled themselves with mental health issues in the past, the dancers through their performance sent a strong and positive message to all children, youngsters and adults around the world. Two members of the troupe spoke of how the COVID-19 pandemic had adversely affected their mental health and how dancing had helped them to cope.

The first working meeting was opened by Dr Alexey Tsoy (Kazakhstan), outgoing President of the 70th session of the Regional Committee for Europe.

The WHO Regional Director for Europe welcomed participants and expressed gratitude to the Twenty-eighth Standing Committee of the Regional Committee for Europe (SCRC) for having supported the difficult decision to hold RC71 as a fully virtual session, in order to be consistent with the principle of “leaving no country behind”, since not all delegations would have been in a position to travel to Copenhagen, Denmark, to attend the session in person.

Election of officers

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

- Ms Ogerta Manastirliu (Albania) President
- Dr Päivi Sillanaukee (Finland) Executive President
- Ms Nora Kronig Romero (Switzerland) Deputy Executive President
- Dr Marat Shoranov (Kazakhstan) Rapporteur

Adoption of special rules and procedures

(EUR/RC71/CONF./1)

The President recalled that the Twenty-eighth SCRC, at its fourth regular session on 18 May 2021, had decided that holding a virtual session of the Regional Committee would be the most appropriate option in the circumstances relating to the COVID-19 pandemic, allowing all delegations to attend the meeting under the same and safest conditions.
During its private session held on 11 June 2021, the Twenty-eighth SCRC had also reviewed and approved a proposal for special rules and procedures to ensure proper conduct of the virtual session. Member States had been consulted on that proposal; no specific comments or objections had been received by the Secretariat.

In accordance with paragraphs 12 and 13 of that proposal, credentials for attending RC71 had been submitted electronically. Those credentials had been reviewed by the Credentials Committee appointed by the Twenty-eighth SCRC at its fifth session on 8 September 2021. The Credentials Committee had met virtually on 12 September 2021 and concluded that all submitted credentials met the established requirements.

The Regional Committee adopted decision EUR/RC71(1).

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

(EUR/RC71/1, EUR/RC71/2, EUR/RC71/2 (annotated))

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

Following on from the debate at RC70 on a standing invitation for the European Union (EU), the Regional Committee agreed that the EU delegation should be invited to attend and participate without vote in meetings of committees and subcommittees related to the present session of the Regional Committee, as well as in drafting groups or other subdivisions addressing any matters that would fall within the EU’s competence.

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

(EUR/RC71/3, EUR/RC71/3 Add.1, EUR/RC71/CONF./2)

A pre-recorded video statement by the Acting Chairperson of the Twenty-eighth SCRC had been posted on the WHO/Europe website ahead of the session, in the four working languages of the WHO European Region.

The President noted that the report reflected the impressive work accomplished by the Twenty-eighth SCRC and joined the Regional Director in thanking members of the Standing Committee and the chairs of its subgroups for their dedication and commitment to the work of WHO/Europe and its governance.

The Regional Committee adopted resolution EUR/RC71/R1.

**Addresses and opening statements**

**Address by Her Royal Highness The Crown Princess of Denmark**

Her Royal Highness The Crown Princess of Denmark addressed the Regional Committee (Annex 4).
Statement by the representative of the WHO Young People and Young Professionals Forum

A representative of the WHO Young People and Young Professionals Forum (YPYP) thanked WHO/Europe for organizing the first meeting of the Forum the previous week. A focal point of discussions during the first meeting of the Forum had been the creation of a roadmap for increased engagement between WHO/Europe, Member States and young people. Participants in the Forum had also held a dialogue with the Chair of the Pan-European Commission on Health and Sustainable Development on its final report, which had just been published.

The Forum’s recommendations included investing in and implementing a youth delegates’ programme for sessions of the Regional Committee and ensuring meaningful youth participation at all other levels within WHO/Europe. The roadmap would be made available online after being submitted to the WHO Regional Director for Europe for consideration. WHO/Europe and Member States were asked to act on the roadmap in the coming year and to present the outcomes to RC72.

Pre-recorded addresses by heads of state and political leaders

The President of Kyrgyzstan said that his country, like many others, had faced major challenges during the first wave of the COVID-19 pandemic. Since improving health indicators was one of the priorities of his presidency, he was grateful to WHO/Europe for its support. Human resources were a great asset and medical workers were one of the most precious treasures of humankind. True to the commitment to invest in the health workforce, the base salaries of family doctors in Kyrgyzstan had been doubled and salaries of other health specialists would be increased by 50%. The pandemic had shown the need to care for those who cared for others; and ensuring the well-being of health workers was crucial. He commended the work of the Pan-European Commission on Health and Sustainable Development, in particular the call for a One Health concept at all levels of care and the focus on reducing inequality, investing in strong health systems, creating an environment conducive to innovation, and improving regional and global health governance. Political leaders should endorse the Commission’s recommendations and implement them as part of the European Programme of Work, 2020–2025 (EPW).

The Prime Minister of Slovenia, which was holding the presidency of the Council of the European Union, said that the fight against the COVID-19 pandemic remained a key global priority, placing health at the centre of global politics, security and economics. A transparent process was needed to determine the origin of the virus, in order to obtain the data needed to identify and prevent future pandemics. On the brink of the fourth wave of the pandemic, tackling unequal access to vaccines, misinformation and vaccine hesitancy was also crucial. Slovenia had achieved high vaccination rates at home, contributed to the COVAX Facility and donated vaccines. He welcomed WHO/Europe’s Roadmap for Health in the Western Balkans 2021–2025, which would pave the way for further investment in the subregion. During the current unprecedented times, when many of the consequences of the pandemic and future challenges to the health sector remained unknown and COVID-19 continued to affect peoples’ lives and well-being, it was important to keep faith in humanity. Science and solidarity were crucial. Pooling scientific and technological capacities had enabled a rapid response; global solidarity was needed to win the battle in the long run. The stress placed on health systems during the pandemic had underscored the need for investment and innovation, and political
leaders and finance ministers must place health even higher on their respective agendas. The report of the Pan-European Commission on Health and Sustainable Development should be presented at the G20 and other forums discussing global financing priorities.

The Captains Regent of the Republic of San Marino, recalling the challenges and the dramatic death toll of the first wave of the COVID-19 pandemic, highlighted the value of cooperation in identifying solutions that would help prevent such tragic experiences in future. Although the situation in hospitals had remained critical when vaccine roll-out had commenced in the Region, vaccination coverage in the country now stood at 75%. Still, despite signs of hope around the world, the pandemic was not over and continued to affect areas other than health, including human rights and international mobility. Political leaders had a duty to ensure the fair treatment of all citizens and work together towards the shared goals of well-being and fundamental rights. Political views must not prevail over scientific evidence and health for all must remain the highest priority, regardless of all differences. In the face of suffering, social unrest and economic recession, multilateralism and the sharing of experiences, expertise and information were critical.

The Chairperson of the Interparliamentary Assembly of Member Nations of the Commonwealth of Independent States (CIS) said that the COVID-19 pandemic had put a spotlight on the need for international cooperation. The Assembly had a tradition of cooperation with WHO/Europe and the adoption of a joint statement on the role of parliament in countering COVID-19 had taken that cooperation to a new level. It also cooperated with the Regional Office and the International Organization for Migration on the development of legislation for labour migration in times of pandemic. The Assembly and WHO/Europe would hold a joint conference in November 2021 on universal health coverage and sustainable development. The pandemic had taken a heavy toll on CIS member states and the Russian Federation had provided crucial support in the form of health experts, medical equipment and vaccines, among others. The International Health Regulations (IHR) (2005) must be used as a basis for global emergency response efforts, including epidemiological control, and WHO should play a leading role in their implementation. Efforts towards equal access to vaccines and treatment needed to be sustained.

Address by the WHO Director-General: the state of health in the world

The WHO 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

Address by the WHO Regional Director for Europe addressed the Regional Committee (Annex 6).

Discussion of the addresses by the WHO Director-General and the WHO Regional Director for Europe

In the ensuing discussion, members of the Regional Committee thanked the Director-General and the Regional Director for their continued steadfast leadership during the ongoing COVID-19 crisis, which highlighted the importance of a strong, coordinated WHO as the global
leader in health. In order to ensure that WHO was sufficiently resourced and prepared to deliver on its crucial leadership role, sustainable flexible funding was more essential than ever. The resolution in that regard currently before the Regional Committee would serve as an example at the global level. A healthy economy could not exist without a healthy population. The importance of health in all policies, through a whole-of-government and whole-of-society approach, was clearer now than ever before. Citizens must see health spending not as a loss of resources but as an essential investment for the well-being of society.

Despite the unprecedented challenge that the pandemic continued to pose, much had been achieved. WHO’s support to Member States, not only through the COVAX Facility but also through the Organization’s engagement at country level, in particular the work of its country offices, was greatly appreciated. COVID-19 knew no borders and WHO leadership was key. Cooperation across all levels of WHO as well as between different regions and countries, including with subregional organizations, was important. No one was safe until everyone was safe. Vaccine inequity and gaps in coverage were a challenge. Increased efforts to achieve global vaccine access were needed. Some Member States suggested that enabling donations and reallocations from bilateral agreements could be concrete steps towards achieving this goal. Restrictions should be imposed on booster jabs, limiting them to the most vulnerable only, until coverage of first doses was complete. The European Immunization Agenda 2030 was particularly welcome and timely. Members shared their experiences with mass vaccination coverage. Epidemiological models, however, still foresaw a forthcoming fourth wave of COVID-19 infections and mass hospitalizations. New partnerships and cooperation mechanisms were raised by several as important possible steps, in particular public–private partnerships for vaccine procurement and supply chains. Vaccine hesitancy must be addressed as a matter of urgency. Communication and awareness raising were essential in that regard. Strong community engagement was the key to health security. Politicization of vaccines, and restrictions on travel according to vaccination status or brand of vaccine used, sowed divisions and were not acceptable.

At the national level, strong health institutions were raised by many as critical. The pandemic had shone a light on weaknesses in health systems, while also giving impetus to innovation. National health systems must be strengthened through secure funding and adequate human resources. In this regard, the EPW, which sets out a vision of how WHO/Europe can support countries in meeting citizens’ expectations about health, can be important. Equitable access to medicines was raised by many. Strong primary health care, without user impoverishment, was the key to robust national health systems; it would ensure the physical and mental health of health care workers and contribute to achieving universal health coverage. Universal health care coverage was essential to attaining the sustainable development goals (SDGs). Sustainable development would also depend on future pandemic preparedness and health security. Digitalization was a crucial element for broadening the coverage of health care, streamlining workflows for health care workers, and allowing the collection and analysis of data for evidence on which to build future preparedness. Core capacities under the IHR (2005) must be strengthened and inadequacies in reporting must be addressed.

Pandemic preparedness was not possible, however, without international cooperation. Joint efforts were essential, and measures must be taken to strengthen the global health architecture. Initiatives to strengthen WHO/Europe’s emergency preparedness and response function, in line with the principle of One WHO, were especially welcome. The draft resolution on sustainable financing was particularly positive, and its adoption would send a clear message regarding the role of WHO/Europe in future pandemic preparedness. Care must be taken,
however, to avoid the creation of new structures that would fragment the international health protection system and weaken or fragment WHO. Transparency and inclusivity in cooperation were crucial. Information sharing must be strengthened; the new hub for epidemic and pandemic intelligence in Berlin would have a particularly positive role in that regard, as did WHO’s reference laboratories. Substantial support was expressed for the preparation of an international treaty on pandemic preparedness as a means of strengthening cross-sectoral approaches, tackling inequities and strengthening health systems.

COVID-19 had also shone a light on the importance of tackling noncommunicable diseases. Disruptions to routine care must be addressed, as cancers and mental health issues were having an increasing impact in the Region. Sexual and reproductive health and rights must be protected at all costs. Obesity must also be tackled; investment in that area would reap dividends in COVID-19 care. The pandemic must not overshadow other critical issues, such as environment and health; the opportunity to ensure a green recovery from the pandemic must not be missed. The rapid rise in antimicrobial resistance posed an enormous threat to public health, which could only be tackled through One Health, to ensure a coordinated approach to animal and human health.

The representative of the Russian Federation spoke in exercise of his right to reply to a statement made by the representative of Ukraine.

The Regional Director, United Nations Population Fund (UNFPA) said that UNFPA worked with WHO to address health issues to which young people were particularly vulnerable – especially mental, sexual and reproductive health – and to promote healthy ageing, engaging in partnerships to tackle ageist attitudes that led to poor physical and mental health of older and younger persons, including through the recently released global report on ageism. The first regional demographic resilience conference, in December 2021, would highlight health as a key component of strengthening human capital.

The Regional Director for Europe and Central Asia, United Nations Development Coordination Office indicated the great value in partnerships across organizations and sectors to tackle the COVID-19 pandemic and achieve the SDGs. WHO was a critical member of United Nations country teams and had been a pivotal partner in paving the way for healthier, greener economies. The pandemic had exposed long-standing gaps in health systems and social protection and structural inequalities, lending greater urgency to the quest for universal health coverage. Solidarity and collective action were essential, and the United Nations development system stood ready to support the full implementation of the EPW.

The Head, Secretariat of the WHO Framework Convention on Tobacco Control (FCTC), said that experience had shown that COVID-19 outcomes were less favourable in patients with diabetes, cancer and cardiovascular conditions, with tobacco use being a common risk factor for those diseases. Strong policy measures and gender-responsive strategies were needed to reduce tobacco use in the WHO European Region. Although many countries in the Region had ratified the FCTC, implementation was lagging behind. The tobacco industry had used the pandemic to offer assistance to governments, while continuing to interfere with the implementation of effective tobacco control measures. Strong, collective counter action was needed. She urged Member States to ratify the Protocol to Eliminate Illicit Trade in Tobacco Product and participate in the FCTC’s governing bodies.
The Director, Division of Programme of Action for Cancer Therapy, International Atomic Energy Agency (IAEA) said that the burden of diseases associated with poor nutrition, including cardiovascular disease and cancer, continued to grow in the Region. Jointly with WHO and the International Agency for Research on Cancer, IAEA supported Member States in developing comprehensive cancer control programmes, using radiation for diagnosis and treatment, and accessing quality radiotherapy and medical imaging services. IAEA was also able to respond quickly to health emergencies. The Zoonotic Disease Integrated Action initiative, launched in 2020, was intended to strengthen global preparedness for future zoonotic disease outbreaks, establishing a worldwide network of national veterinary laboratories and strengthening monitoring and early detection capacities.

The Regional Director for Europe, International Federation of Red Cross and Red Crescent Societies (IFRC) said that national societies had made an important contribution to the pandemic response through their networks of volunteers, running testing stations and engaging with communities to track and counter misinformation. During the pandemic, a rise in the number of volunteers had enabled the establishment of new volunteer communities, including by digital means. Co-creation, joint activities and partnerships were crucial to pandemic response and recovery; the WHO–United Nations–Red Cross COVID-19 Platform had been a key source of information sharing and cooperation. The recently signed memorandum of understanding between WHO/Europe and IFRC reaffirmed their joint commitments.

The Deputy Secretary-General, Cooperation Council of Turkic-Speaking States (Turkic Council), provided an overview of mechanisms established by the Turkic Council to enable the exchange of medicines and medical equipment and the sharing of information and experiences among Member States in the context of the COVID-19 pandemic. The Turkic Council and WHO/Europe had signed a memorandum of understanding in 2020, laying the legal foundation for implementation of joint programmes and projects. Solid cooperation would help overcome the challenging times of the pandemic.

In a written statement, the Regional Director for Europe and Central Asia, United Nations Children’s Fund, emphasized its close collaboration with WHO and other partners to facilitate the roll-out of COVID-19 vaccines as well as to restore disrupted routine immunization services. She underlined the critical importance of reopening schools safely to ensure a safe environment for children to learn, play and socialize, and to have access to healthy diets. The silent emergency of mental ill health required enhanced cooperation across sectors to strengthen services, with the engagement of young people.

Responding to comments made, the WHO Regional Director welcomed the appreciation expressed for the tireless work of staff in the WHO/Europe country offices, geographically dispersed offices and head office in Copenhagen. The newly established geographically dispersed office on emergency preparedness in Turkey was particularly welcome. The commitment to human rights-based, transparent, whole-of-government and One Health approaches in rapid responses to the COVID-19 pandemic was to be commended. Global solidarity was critical. International solidarity and meeting national needs were not mutually exclusive. With regard to vaccine procurement, sharing and certification, countries had the sovereign right to recognize vaccines approved by their national regulatory authorities. Vaccination should not be the key to international travel; such an approach would significantly increase inequality. While the sharing of COVID-19 vaccine doses through bilateral arrangements and the COVAX Facility was a source of great pride,
all Member States could do more. It was predicted that there would be a surplus of 1.2 billion vaccine doses by the end of 2021; greater political commitment and coordination were essential to ensure that those doses were distributed to countries that needed them, either within the European Region or globally. In many cases, donations were being made too close to expiry dates; low- and middle-income countries were not in a position to absorb those donations at short notice. Planning should therefore be optimized.

Strong health and a strong economy went hand-in-hand. Having disproportionately affected the most vulnerable, the pandemic illustrated the need to close the gap. Noncommunicable diseases still accounted for nine out of 10 deaths in the WHO European Region and must therefore be tackled. The emphasis on WHO’s leadership role was welcome, as were calls for sustainable financing. Lastly, the Regional Director thanked all of WHO/Europe’s partner organizations for their close cooperation, which had only been strengthened by the COVID-19 pandemic, the impacts of which went far beyond the health sector.

The Regional Committee adopted resolution EUR/RC71/R2.

COVID-19 lessons learned: getting ready for the next pandemic

Before focusing on the lessons learned from the COVID-19 pandemic in the European Region, the Regional Committee heard a number of insights from other regions. The Director of the National Institute of Allergy and Infectious Diseases and Chief Medical Adviser to the President of the United States of America said that the pandemic had shown the value of long-term investment in global disease surveillance and basic biomedical research. The earlier work to develop versatile vaccine platforms and adapt structural biology tools for the design of immunogens had made it possible to create multiple COVID-19 vaccines in record time. Now all countries needed to commit themselves to strengthening research capacity, sharing data and research materials, and addressing the causes of public mistrust. The United States public health authorities sought to counter vaccine hesitancy by conveying public health messages through “trusted messengers” – religious and community leaders or entertainment and sports personalities – and through scientifically accurate information posted on social media. Public–private cooperation had proved its value for the development and testing of vaccines, therapeutics and diagnostics.

The WHO Regional Director for the Eastern Mediterranean described the measures taken in his region to tackle the pandemic. The Eastern Mediterranean and European regions had set up a bilateral platform to address their common problems, including large-scale migration and cross-border transmission of COVID-19.

The WHO Regional Director for Africa emphasized the need to protect the most at-risk populations from COVID-19 through vaccination to save lives and reduce the risk of emergence of new variants of the SARS-CoV-2 coronavirus. That would require equitable access to vaccines through dose sharing, sharing of intellectual property, technology and know-how, and the decentralization of manufacturing capacity to create more resilient supply chains and enhance self-reliance. Every country needed to invest in resilient health systems and enhanced preparedness.
The European Commissioner for Neighbourhood and Enlargement described the European Commission’s support for measures to combat COVID-19 in the Western Balkans and the Eastern Partnership countries. The challenges faced by the EU included vaccine supply, the low absorption capacity of health systems in some countries, vaccine scepticism, and the need for long-term modernization of health systems. Despite the devastating impact of the pandemic, it had also created opportunities to address shortcomings in health infrastructure, staffing and access to treatment.

The Regional Emergency Director, WHO/Europe, spoke on the lessons learned by WHO/Europe through online consultations with Member States and partners, global review committees, the Regional Director’s discussions with ministries of health, countries’ intra-action reviews and the mid-term report on the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region 2018 – 2023. The countries that were most resilient to the challenge posed by COVID-19 had universal health coverage and well-prepared health systems that met the requirements of the IHR (2005). It was essential to address capacity gaps as a priority, set up response systems to prepare for future emergencies, prioritize resilience and invest in health care infrastructure and the health workforce.

The High-Level European Expert Group Proposing a Roadmap towards Stabilization of the COVID-19 Pandemic in the European Region was convened by the WHO Regional Director for Europe. The Group had issued its report in September 2021. The Expert Group had proposed 10 objectives for the European Region, including COVID-19 vaccination for all adults and adolescents over the age of 12 years, enhanced hygiene measures for younger children to avoid school closures, mask-wearing indoors, and enhancement of group research capacities and data collection.

**Ministerial panel**

In a series of video statements, ministers from across the Region shared their experiences and lessons learned from the pandemic:

- Albania had established an effective command, control and coordination platform in the light of the experience gained after the serious earthquake of 2019. The Albanian Government had invested in primary health care and hospital care, increased health workers’ salaries by 40% and effectively coordinated COVID-19 testing, isolation and contact tracing.

- Georgia had strengthened its surveillance and epidemiological monitoring systems, improved coordination between primary health care and emergency care and introduced online consultations and quarantining of suspected COVID-19 cases in hotels.

- In the Republic of Moldova, the COVID-19 infection rate was particularly high among health care workers; 134 doctors had died in the first year of the pandemic. Accordingly, health care workers were prioritized in the administration of vaccines, which were supplied by the COVAX Facility and the Government of Romania.

- Serbia had increased its laboratory and human resource capacity for polymerase chain reaction testing, built new hospitals, and procured and distributed ventilators and other medical equipment.
• Spain had recognized primary health care as the cornerstone of the health system and had succeeded in vaccinating 70% of the population in just eight months. The message was that robust global health was essential to protect the citizens of every country.

• Turkey had countered the infodemic of false information by collecting and disseminating robust scientific evidence aimed at both stakeholders and the general public. The devotion of the health workforce and the safety net of an inclusive health insurance system were further key elements in the Government’s efforts to control the pandemic.

• The European Forum of Medical Associations was working to raise awareness of the need to invest in a well-trained and well-supplied health workforce that could cope with new pandemics in the future.

In the subsequent discussion, representatives described the national lessons learned in their respective responses to the pandemic. The representative of Slovenia spoke on behalf of the EU and its Member States. The candidate countries Montenegro and Albania, as well as the Republic of Moldova, aligned themselves with the statement. She reiterated the EU’s commitment to the current global discussions on strengthening health emergency preparedness and on sustainable financing for WHO. Sufficient global manufacturing capacity for medicines, alongside mechanisms for fair pricing, transparency and accessibility, as well as increased voluntary sharing of know-how and technology, were essential to prevent or mitigate future health crises. The implementation of IHR (2005) must be improved; a new international legal instrument on pandemic preparedness and response would complement the existing health emergency preparedness architecture. The One Health approach initiated by WHO, the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE) and the United Nations Environment Programme (UNEP) had strengthened cooperation in the human-animal-environment interface, and helped to guard against new zoonotic diseases, antimicrobial resistance (AMR) and the climate crisis.

Other representatives noted that the COVID-19 response must not divert all attention from other pressing health issues – AMR, cancer, cardiovascular disease or the effects of climate change. They stressed the need to enhance primary health care, support the health care workforce and ensure improved availability of medicines. Some representatives suggested to increase the capacity for local production through bodies such as the World Local Production Forum. Many representatives referred to the advances in digital health services, data collection and artificial intelligence in health care which had been urgently introduced during the pandemic should be retained and built upon; however, it was also important to assess the benefits and risks inherent in their use. Standardized methods of data collection and sharing, such as the International Classification of Diseases 11th Revision (ICD-11), would enhance the comparability of research findings. The potential adverse effects of COVID-19 vaccination and the situation of people with disabilities and other vulnerable groups should be carefully monitored. Misinformation, disinformation and vaccine hesitancy were important social issues which must be countered by accurate scientific information and transparent communication with the public. One speaker drew attention to the work of the One Health High-Level Expert Panel and the Preventing Zoonotic Diseases Emergence initiative.

Participants commended the role played by WHO/Europe in supporting Member States throughout the pandemic and stressed the need to ensure sustainable financing for WHO.
One participant called for more technical guidance from WHO/Europe in digital health research, guidelines, investment cases and implementation of digital health solutions in countries. In that connection, another participant drew attention to the forthcoming Western Balkans Digital Summit, to be held in Podgorica, Montenegro on 11–13 October 2021.

The Vice-Chair of the WHO Executive Board for the European Region said that, to strengthen the Board’s governance functions, it was proposed to establish a new standing committee of the Board, which would be convened within 24 hours of any future declaration of a global health emergency. Support was expressed for the drafting of a new international treaty to supplement IHR (2005). Participants further highlighted the importance of regional and subregional cooperation and sharing of experiences and of cooperation with other regional organizations such as the European Centre for Disease Prevention and Control.

One participant drew attention to the need for continued research into the origins of COVID-19. The Therapeutics and Vaccines Clinical Trials Charter, adopted by the G7 group of industrialized nations in July 2021, would help to end unnecessary duplication of trials and ensure greater collaboration across borders and faster access to approved treatments and vaccines. The New Variant Assessment Platform and the Global Pathogen Analysis System established by the United Kingdom of Great Britain and Northern Ireland would contribute to the work on genomics which had proved so valuable in the development of COVID-19 vaccines.

A representative of OIE drew attention to the work on zoonoses of the Regional Tripartite established by WHO, FAO and OIE. A representative of the WHO Stop TB Partnership emphasized the common prevention measures and diagnostic technology that could be used to combat COVID-19 and tuberculosis, including simultaneous testing for both diseases.

The Regional Director, summing up the discussion, noted the parallels between the issues highlighted during the discussion, including primary health care and One Health, and the core priorities and flagship initiatives of the EPW. He further noted the call for continued attention to serious health problems in the Region, such as HIV and tuberculosis.

Written statements were submitted by:

- Alzheimer’s Disease International;
- Association for Medical Education in Europe (AMEE);
- EUROCAM, representing European organizations in the sector of Traditional, Complementary and Integrative Medicine;
- European Committee of the Regions;
- European Medical Students’ Association (EMSA);
- European Respiratory Society;
- European Society for Medical Oncology;
- EuroHealthNet (a not-for-profit partnership of organizations, institutes, and authorities working on public health, disease prevention, promoting health and well-being, and reducing inequalities), European Public Health Association (EUPHA) and 10 co-signatories (European Association for Palliative Care, European Cancer Organisation, European Federation of Allergy and Airways Diseases Patients’ Associations, European Federation of Public Service Unions
(EPSU) [a member of Public Services International (PSI)], European Forum for Primary Care, European Public Health Alliance, Humatem (a nongovernmental organization specialized in the field of biomedical cooperation), International Diabetes Federation, European Region, International Federation on Ageing (IFA), and World Obesity Federation);

• International Association for Hospice and Palliative Care (statement endorsed by European Association for Palliative Care, European Forum for Primary Care, Wonca Europe, and Worldwide Hospice Palliative Care Alliance);

• International Confederation of Midwives;

• International Council of Nurses and European Forum of National Nursing and Midwifery Associations;

• International Diabetes Federation;

• IFA;

• International Federation of Medical Students’ Associations and EMSA;

• PSI (EPSU) and Standing Committee of European Doctors (CPME), together with EUROCAM, European Federation of Allergy and Airways Diseases Patients’ Associations, European Federation of Nurses Associations, European Forum of Medical Associations, EMSA, Humatem, IFA and World Federation of Occupational Therapists;

• PSI;

• CPME;

• WaterAid;

• WEMOS, EUPHA and 10 co-signatories (AIDS Healthcare Foundation – Europe; Drugs for Neglected Diseases initiative; European Federation of Associations of Dietitians; European Forum for Primary Care; EUROCAM; Health Action International; Humanity & Inclusion; Humatem; IFA; and International Pharmaceutical Students’ Federation European Regional Office);

• World Confederation for Physical Therapy;


• World Obesity Federation.

The Regional Committee took note of the reports on lessons learned from the COVID-19 pandemic and asked the Secretariat to keep the SCRC informed of progress on drafting a successor policy to the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region, which would expire in 2023.
Report of the Pan-European Commission on Health and Sustainable Development: presentation of recommendations and conclusions
(EUR/RC71/8, EUR/RC71/BG/12, EUR/RC71/BG/13)

Professor Mario Monti, the Chair of the Pan-European Commission on Health and Sustainable Development, an independent commission established by the WHO Regional Director for Europe, presented the final report of the Commission, *Drawing light from the pandemic: A new strategy for health and sustainable development* (EUR/RC71/BG/12) and the accompanying review of the evidence (EUR/RC71/BG13), which had been published the previous week.

The world had walked into the COVID-19 crisis lacking foresight, unwilling and unable to reach consensus on current pressing challenges. Countries had been stuck looking on their doorsteps, seeking to solve transnational problems with outdated national solutions. Future generations would not thank them for their short-sightedness. The world needed a new vision. The Commission had elaborated a bold new strategy for health and sustainable development in the light of pandemics.

Within the Commission, leading experts from the fields of politics, life sciences, the economy, health and social care, business and finance had reached consensus on the need for novel approaches to move forward. The seven objectives and related recommendations set out in the report provided clarity for resetting the path to equitable sustainable development. The Commission proposed that countries should establish One Health strategies so that the linkages and risks related to the interface of human, animal and environmental health could be addressed in a coordinated way. It called on countries to tackle deep-rooted inequalities, identify people living in difficult circumstances and develop policies to give them more security. It asked for the risks and returns around innovation and development to be shared between the private and public sectors. It sought greater investment in health systems, particularly primary and mental health care, as well as in the health workforce.

The Commission underlined that health surveillance, early warning systems and crisis response must be strengthened. It suggested improving global governance for health through the creation of a global health and finance board at the G20, a pandemic treaty for joint decision-making and a global pandemic vaccine policy. It also advocated the establishment of a pan-European health threats council and a network for disease control, to maintain political commitment and take decisive action when threats arose.

The Chair of the Pan-European Commission’s Scientific Advisory Board, Professor Martin McKee, noted that the evidence review began with an attempt to ascertain what had gone wrong when the COVID-19 pandemic had arisen and to reflect on how the world might change after the pandemic. The review set out a new conceptual framework of health determinants for the 21st century. The second part of the review provided the evidence that underpinned the specific recommendations in the report.

Commission members briefly introduced the objectives in the report with which they had been closely involved. Professor Louise Fresco spoke on One Health, and Her Excellency Tarja Halonen described the measures required to heal the fractures that had divided societies during the pandemic. Professor Martin McKee considered the power of scientific innovation to promote and protect health, and the need to spend money on strong, resilient and inclusive national health
systems. Ms Sylvie Goulard referred to the need to make a clearer distinction between consumed health expenditure, on the one hand, and so-called investments in disease prevention and improvements in the efficiency of care delivery, on the other. Lord Jim O’Neill gave further details of the Commission’s recommendations to improve health governance at the global level, while Professor McKee spoke on the need to do the same at the pan-European level.

In the ensuing discussion, the representative of Slovenia spoke on behalf of the EU and its Member States. The candidate countries North Macedonia, Montenegro and Albania, as well as the Republic of Moldova, Armenia and Georgia, aligned themselves with the statement. Solutions to the current pandemic, and to prevent future ones, must be intersectoral and include a whole-of-government approach; the Commission’s recommendations met those requirements. Significant improvements needed to be made in preventing outbreaks, beginning with the One Health approach for the early detection and prevention of new pathogens. It was crucial to make health systems more inclusive, equitable and accessible. The EU took particular interest in the recommendations on including health-related considerations in economic forecasts. The Commission was thanked for its courage in proposing much-needed global and regional governance changes. The SCRC was encouraged to consider initiating a process for examination of the Commission’s recommendations by the Member States of WHO in the European Region.

Members of the Regional Committee warmly thanked the Commission for its work in identifying causes and possible solutions to the unprecedented challenges that societies had faced during the previous two years. The recommendations put forward by the Commission were very timely. The need to prevent and address existing inequalities was an urgent task: the pandemic had hit the most disadvantaged and vulnerable people hardest. A gender perspective must be integrated in efforts for pandemic preparedness, resilience and recovery. The pandemic had demonstrated how health considerations in analysis and risk management could benefit economic and other sectors. Cooperation at the human, animal and environmental interface was the guiding principle for prevention of and preparedness for all hazards. The report had the potential to be used as a blueprint to operationalize targets and break them down into concrete measures and actions.

Speakers underscored the need for investment in primary health care, and especially in the health workforce, for restructuring capacities in health security, and for adopting a One Health approach with regard to human and animal health. It was essential to digitalize the health sector and create an interoperable ecosystem with other sectors. The need to ensure equity entailed a strong network of primary care services. Key players in the community, such as schools and nongovernmental organizations, would help to better address the needs of vulnerable groups.

With regard to the development of new structures for pandemic preparedness in the pan-European region, the Commission was applauded for proposing courageous changes in global and regional health governance structures and financing mechanisms. Nonetheless, there was a need for careful analysis of required functionalities, avoidance of overlap with existing mechanisms, and strengthening of existing regional and global structures. WHO should remain the central pillar of the global health architecture, holding responsibility for the direction and coordination of responses to health emergencies while setting norms and standards. One speaker agreed with the Commission’s view that a global treaty was needed to codify and streamline the mechanisms, initiatives and principles that Member States were developing to strengthen pandemic preparedness and response.
The representative of FAO said that his organization stood at the centre of the human/animal/environment interface but would not succeed if it worked unilaterally; a One Health regional coordination mechanism for Europe and central Asia had been accordingly established in April 2021 by FAO, WHO/Europe and OIE. UNEP had joined the mechanism in June 2021. The One Health concept needed to be brought solidly to the national level, with countries encouraged to take full ownership of it.

The representative of the Organisation for Economic Co-operation and Development (OECD) drew attention to the need to urgently address health workforce shortages. OECD estimated that health system resilience required 1.5% of GDP in additional investments, and that two thirds of those needs related to workforce strengthening. Health data and information systems must be overhauled. Support for mental health was critical for a healthy economy and a resilient health system. There was a pressing need to step up investments in public health and social care and to protect health as a public good.

Written statements were submitted by EuroHealthNet, the European Respiratory Society and the International Federation of Pharmaceutical Manufacturers and Associations.

The Regional Committee endorsed the proposal, made by the Twenty-eighth SCRC, that the task of analysing the Commission’s recommendations and their possible implementation in the WHO European Region should be entrusted to the Twenty-ninth SCRC. That analysis should also involve European Member States that were not members of the SCRC.

### Realizing the potential of primary health care in the post-COVID-19 era

(AUR/RC71/9, EUR/RC71/CONF./6, EUR/RC71/CONF./6 Add.1, EUR/RC71/17(B), EUR/RC71/BG/3)

A short video was shown, which described the way in which primary health care providers continued to deliver essential services while supporting the response to the COVID-19 pandemic. The film illustrated the value of integrated primary health care services, multidisciplinary teams and expanded digital health services, and as well as the opportunities offered by the crisis COVID-19 crisis to accelerate long-outstanding reforms.

The Director, Country Health Policies and Systems, said that primary health care was the entry point to health services and the backbone of resilient health systems. Primary health care had enabled a dual-track response to the COVID-19 pandemic by supporting community surveillance, testing and contact tracing, and the delivery of COVID vaccinations while maintaining essential health services. Face-to-face health care complemented by mobile, digital and remote delivery models helped take services closer to the people, provide access to expertise and integrate physically distant services. Challenges to digital transformation included the digital literacy of providers and users and the privacy of personal data. A clear overview of population health needs and barriers to access, as well as the provision of comprehensive psychosocial support, would help ensure that no one was left behind.

A strong primary health care system required a strong health workforce. Integrated primary health care services must meet the mental health and social needs of health workers, expand roles through task shifting and sharing, and enable resources to be shared within broader networks. Investment in and protection of the primary health care workforce were crucial to attract and retain quality staff. It was encouraging to note that many countries had
channelled COVID-19 recovery resources into strengthening primary health care. Leadership was of critical importance, and the current strong political commitment should be channelled through partnerships at national, subnational and community levels. WHO/Europe had placed primary health care at the heart of the EPW and stood ready to support Member States in their endeavours.

The President-Elect, World Organization of Family Doctors, said that the pandemic had revealed and widened pre-existing gaps in health and social services. Qualified, community-based multidisciplinary teams delivering integrated primary health care services could help bridge those gaps. Primary-level providers had people’s trust and could be effective agents for the promotion and implementation of public health measures. Primary health care took a comprehensive, person-centred approach that was unlike the fragmented, disease-oriented approach of specialized care. The collateral damage of the COVID-19 pandemic had illustrated the need to address health and living conditions in parallel. Unemployed people with diabetes could not be helped with good dietary advice and monitoring of blood glucose levels if they lacked the income to support themselves. Bridging the gap between health and social care also implied providing psychosocial and other support to frontline health workers, most of whom were women. Training for and in primary care settings was the best kind of support and required long-term planning and commitment.

The ensuing panel discussion on realizing the potential of primary health care in the post-COVID-19 era was moderated by the Head of the WHO European Centre for Primary Health Care in Almaty, Kazakhstan.

The Minister of Health of Slovenia said that in order to address health inequalities, health promotion centres staffed with multidisciplinary teams that had strong links to local communities and social services had been set up across the country. Community-based health centres had enabled swift service delivery at a time of growing need and thus freed up hospital capacities for severely ill patients. In addition, in response to the growing mental health needs resulting from the pandemic, community-based mental health service centres had been introduced to deliver specialized mental health services to children and adults. The pandemic response had been two-pronged: public health services had engaged in field epidemiology, population-level health promotion and laboratory services, while primary health care providers had delivered epidemic response services such as patient management, testing and vaccination.

The Minister of Health of Kazakhstan said that mobile and digital technologies, including an internationally recognized electronic vaccination passport, had been widely used during the pandemic. The COVID-19 response had generated a number of changes to primary health care, including the establishment of multidisciplinary teams to ensure continuity of care across all stages of treatment. During the pandemic, thousands of mobile health teams had brought health services, including COVID-19 testing and free-of-charge drug delivery, closer to the people. Audio and video technology was used for remote monitoring of risk groups and mobile medical complexes delivered health services to older persons and rural populations. General practitioners were managing patients with mild COVID-19 symptoms and online booking of appointments had enabled social distancing.

The Minister of Health of Greece said that his country had undertaken far-reaching health sector reforms long before the pandemic. The use of digital health technologies was crucial to expanding services. The introduction of e-prescriptions in 2012 had been highly successful and led to a considerable reduction in cost. Efforts to advance the digital health agenda
included the sharing of electronic medical records by family doctors and other authorized health professionals and the introduction of teleconsultation services. Digital transformation of primary health care was a top government priority.

The Director-General of the Danish Health Authority said that strong primary health care systems had proved their value during the COVID-19 pandemic. In Denmark, the pandemic had required a radical reorganization of the health care system as many family doctors operated in crowded premises. Patients had to be diverted to other services, and physical access to health care facilities had been subject to strict prioritization. Digital solutions, such as video consultations with family doctors, had been of great value. People were used to electronic communication with the authorities and trust in health registries was high. Digital tools needed to be easy to use, accessible, integrated into everyday technology and, where possible, free of charge.

In the discussion that followed, members of the Regional Committee extended their gratitude to WHO/Europe for the technical and other support provided during the ongoing pandemic. Participants underlined that the pandemic had reaffirmed the urgency of investing in primary health care as a key enabler of resilient health systems. There was broad agreement that the pandemic had brought both challenges and opportunities. It had exposed and exacerbated inherent weaknesses, thus illustrating the long-term consequences of underinvestment in primary health care. At the same time, it had provided an opportunity for primary health care to demonstrate its value as a key player in pandemic response. Primary health care units had delivered community surveillance, contact tracing, and testing and management of asymptomatic, mild and moderate COVID-19 cases. Family doctors had also played a critical role in vaccination roll-out; the trust people placed in them had helped reduce vaccine hesitancy. Overall, primary health care systems had been capable of supporting pandemic response while maintaining essential service delivery. Team-based care units had proven particularly resilient.

However, the need for specialized health services to prioritize the provision of basic and intensive medical care for COVID-19 patients had increased the burden on primary health care at the country level. Sometimes this had been to the detriment of essential and preventive services, screening programmes and scheduled interventions. Longer waiting times and delays in access had also had a negative effect on health equity. Strong primary health care services would be key to addressing the treatment backlog accumulated during the pandemic and to building resilience against future adverse events. High workload and resource constraints would continue during the post-pandemic period and would have a negative long-term impact on access unless remedial measures were taken.

The need to transform national primary health care services to adapt to the pandemic context had harboured considerable opportunities. Countries had expanded the use of e-prescriptions, remote and mobile health service delivery models, online booking platforms and interview protocols for general practitioners using e-health solutions. Primary health care services in some countries had been expanded to include home care, which had freed up hospital capacities and resources.

The COVID-19 pandemic had exposed inefficiencies of fragmented systems and highlighted the need for better coordinated, team-based models of care, greater integration of services and, depending on circumstances, some degree of centralization. Close cooperation between family doctors and mental health care providers and integration with public health and social services
would help bridge the gap between health and social care. Integrated, comprehensive primary health care services could act as a gatekeeper for secondary-level care. COVID-19 had exposed a high level of vulnerability among persons with chronic diseases.

Strong health systems required sufficiently well resourced, adequately remunerated, competent and motivated health workers, ready to accept redistribution of tasks and supported by adequate technologies. Substantial investment was needed in training and building capacities in the management of chronic diseases, mental health service delivery and digital literacy, among other skills. Health professionals must be equipped with the knowledge and tools needed to meet present and future challenges.

Digitalization was seen as a key enabler of moves to strengthen primary health care. Digital solutions contributed to better availability of updated information on the capacity, performance, content and use of health services. Digital health infrastructures must be sustained in the post-pandemic era, and face-to-face, mobile and digital health services should continue to coexist. The protection of personal data should be made a priority. Additional efforts must be made to remove barriers restricting access to digital health and to improve overall health literacy in all age groups. Communication training for health workers would be crucial in that regard.

There was broad consensus that the lessons learned from the COVID-19 pandemic would enable far-reaching transformation of health systems, implementing a One Health approach and using the IHR (2005) as guidance. Political leadership, the development of strategic plans, state-of-the-art technical advice and support from WHO/Europe and the alignment of regional activities with the work of the newly established WHO Special Programme on Primary Health Care would be crucial. A request was made for the Regional Director to establish a working group to develop metrics for monitoring primary health care capacity, performance and impact, and to commission a case study to generate evidence for policy-makers and implementers.

The Head of the OECD Health Division said that the focus on supplies and hospital capacities in the COVID-19 response had led to disruptions in the delivery of essential services in many countries. Although high-performing primary health care had great potential for addressing almost all care needs, thus reducing the need for more costly interventions, it received only a small portion of countries’ health budgets. General practitioners made up less than one third of physicians, with numbers declining. More needed to be done to measure primary health care performance and the outcomes of family care, including for persons with chronic conditions. Closer integration of family care with other parts of the health system, integration of data across the system, and better information systems were also needed to ensure that patients received the right care at the right time. Each dollar invested in digital transformation of health care yielded a threefold economic benefit.

The Regional Director of the International Organization for Migration’s Regional Office for the European Economic Area, the EU and NATO, said that the COVID-19 pandemic had exacerbated the situation of people on the move and deepened existing inequalities and discrimination. Migrants had been at the front line of the pandemic response and measures must be taken to ensure that they could continue to play their important role in society. Primary health care was the first point of contact, and access for migrants, refugees and other people on the move must be made more inclusive. Decisions on vaccine distribution should be based on public health principles and be in line with international recommendations on
prioritization. Governments must include all migrants in their vaccination efforts. COVID-19 recovery efforts needed to be closely connected with the governance of migration and migrant health must be mainstreamed into primary care across the Region.

The Director, Northern Dimension Partnership in Public Health and Social Well-being, informed the Regional Committee that the Partnership’s expert group on primary health care had launched a study on barriers to remote health and social services provision. Digitalization of health and social services must be inclusive, rather than deepen inequality. Often, those who needed care the most were the least likely to seek it online. It was thus crucial to listen to users, understand and engage with them, and design digital solutions together. A person-centred approach was needed, entailing systematic and fundamental revision of modes of thinking, stepping out of silos towards inclusive co-creation across sectors and societies.

Responding to comments made, the Regional Director said that an amazing transformation in primary health care systems had taken place in the Region over the previous 18 months. Implementation gaps could be closed by tailoring good practices to national contexts, and the WHO European Centre for Primary Health Care in Almaty, Kazakhstan, was a valuable resource in that regard. WHO/Europe stood ready to support the digital transformation of health care in the Region. The Regional Office was cooperating closely with the WHO Special Programme on Primary Health Care, with a range of joint programmes.

A statement was made by a representative of the European Forum for Primary Care (speaking also on behalf of the European Association for Palliative Care, European Federation of Allergy and Airways Diseases Patients’ Associations, EUROCAM, EuroHealthNet, International Alliance of Patients’ Organizations, IFA and World Organization of Family Doctors).

Written statements were submitted by the European Medical Students’ Association; the European Society for Medical Oncology; the International Association for Hospice and Palliative Care (also on behalf of the European Association for Palliative Care, European Forum for Primary Care, IFA and World Organization of Family Doctors,); the International Council of Nurses (also on behalf of the European Forum of National Nursing and Midwifery Associations); the International Federation of Biomedical Laboratory Science; the International Federation of Medical Students’ Associations; and the International Diabetes Federation.

The Regional Committee adopted resolution EUR/RC71/R3.

**European Immunization Agenda 2030: building better health for tomorrow**


A short video was shown, outlining the background and intentions behind the European Immunization Agenda 2030 (EIA 2030) and giving examples of immunization programmes on the ground.

The Regional Director introduced the EIA 2030, a flagship initiative under the EPW, which sought to build better health through stronger immunization programmes based on three pillars: equity; immunization across the life course; and local solutions to local challenges.
The COVID-19 pandemic had been a stark reminder of the importance of immunization in protecting individuals across the life course. The EIA 2030 had been developed through a bottom-up, collaborative process, in consultation with a wide range of stakeholders. Progress in implementing the EIA 2030 must be continually monitored and results analysed. To that end, a high-level multistakeholder immunization board would be launched by the end of 2021. Commitment was the key to implementation; Member States were encouraged to build immunization into their national health plans and sign up to the WHO/Europe “I commit” online platform.

The Acting Director, Communicable Diseases, reflecting on progress made since the adoption of the European Vaccine Action Plan in 2014, said that substantial progress had been made although some goals had not been met. The COVID-19 pandemic had raised challenges and brought with it opportunities: while high-income countries had been able to keep routine vaccination schedules on track, middle-income countries had struggled and immunization gaps had widened. At the same time, Member States had demonstrated significant political commitment to disseminating COVID-19 vaccines as widely as possible. The investment in vaccine roll-out afforded an opportunity to boost the resilience of immunization systems.

EIA 2030 had been developed before the onset of the COVID-19 pandemic, based on national priorities. Member States had continued to engage in its development throughout the pandemic. Its primary vision was to contribute to the accessibility of vaccines for all, thus contributing to overall good health and well-being. The control and elimination of vaccine-preventable diseases must be monitored to ensure that no one was left behind, and the impact of immunization delivery must therefore be measured across the life course. EIA 2030’s monitoring and evaluation framework accordingly ensured the added dimension of accountability. Implementation of EIA 2030 would depend on political engagement and technical guidance to ensure evidence-informed decision-making. Practical barriers to immunization must be overcome: recipients must feel safe in taking up vaccines.

The Chair of the European Technical Advisory Group of Experts on Immunization said that the current climate was one of great risk and great opportunity for immunization in the WHO European Region. The risks were high because the impacts of COVID-19 on health systems were vast and routine immunization programmes were slowing. At the same time, awareness of the importance of vaccines was higher than ever before. Emerging from the pandemic, it would be particularly important to address resurgences in measles and rubella. Measures taken to curb the pandemic had significantly reduced the spread of other communicable diseases, such as influenza and gastrointestinal viruses, showing the immense benefits that preventive measures could have in easing the burden on health systems. Yet, vaccine programmes could only succeed with public trust, driven by independent, objective, and expert scientific advice. National technical advisory groups had a key role to play in that regard. Immunization coverage gaps persisted and must be bridged as a matter of priority.

Representatives of the three Member States who had sponsored the draft resolution underscored the vital role of vaccines in preventing communicable diseases, disability and death, and highlighted immunization as a core aspect of primary health care and thus sustainable development. Implementation of EIA 2030 would require science and innovation, strengthening public awareness and vaccine uptake, and solidarity to ensure coverage for all. The opportunities brought about by the COVID-19 pandemic must be optimized, in particular with regard to vaccination throughout the life course. They urged the Regional Committee not only to adopt the draft resolution but also to do their utmost to implement EIA 2030 effectively.
Members of the Regional Committee expressed their support for EIA 2030 and the draft resolution, and thanked WHO/Europe for its leadership on immunization, in particular in the context of the COVID-19 pandemic. The pandemic had demonstrated the significance of continued vaccination throughout the life course. Vaccines and immunization were a key aspect of primary health care, providing critical prevention of communicable diseases and thereby easing the burden on health systems and health care workers, and contributing to universal health coverage. Vaccination programmes must therefore be adequately funded and supported. EIA 2030’s threefold emphasis on equity, the life course and local solutions was particularly welcome. Every effort should be made to reduce inequities both within and between countries. Cooperation, partnerships, including public–private partnerships, and information sharing were particularly crucial in that regard, not only for vaccine development and distribution, but also for raising awareness and reducing vaccine hesitancy. Cooperation should include a One Health approach, to bridge the gaps between animal and human health.

Application of EIA 2030 must be closely monitored using clear targets and indicators. Digital technology had a significant role to play and its use should be optimized, not only for vaccine distribution and uptake, in particular to ensure coverage of at-risk, vulnerable and hard-to-reach groups, but also for gathering and analysing data to develop the evidence base for further decision- and policy-making. Vaccine production in the WHO European Region must be increased. Members expressed their commitment to COVID-19 vaccination and to cooperation through bilateral arrangements for dose sharing and through contributions to the COVAX Facility. Political will was needed, not only to maximize vaccination efforts in the context of the current pandemic, but also to strengthen routine immunization. Advocacy and communication must be tailored to local cultural specificities and sensitivities. Raising public awareness should take place not only through health care facilities, but also through education systems.

Responding to the comments made, the Regional Director praised Member States’ solidarity and coordination, as demonstrated though their contributions to the COVAX Facility and bilateral arrangements. Engagement with the private sector during the pandemic had shown the importance of forging new partnerships, which was at the core of the Oslo Medicines Initiative. Recovery from the pandemic required not only building back better but also building forward stronger, meaning that delays and setbacks in routine immunization must be mitigated. Equity was not only a tool and an objective but also a collective duty. Everyone at every age everywhere must have equal access to the COVID-19 vaccine. WHO/Europe stood firmly with Member States to overcome vaccine hesitancy.

A joint statement was made by a representative of IFA, speaking also on behalf of the European Cancer Organisation, European Federation of Allergy and Airways Diseases Patients’ Associations, European Forum for Primary Care, International Confederation of Midwives and International Diabetes Federation (European Chapter). Written statements were submitted by the European Medical Students’ Association; the European Society for Medical Oncology; the International Council of Nurses, also on behalf of the European Forum of National Nursing and Midwifery Associations; the International Federation of Medical Students’ Associations, also on behalf of the European Forum of National Nursing and Midwifery Associations and International Pharmaceutical Students’ Federation; and the Standing Committee of European Doctors.

The Regional Committee adopted resolution EUR/RC71/R4.
The Mental Health Coalition: building an economy of well-being

A short video about the provision of mental health services in Albania was shown.

Introducing the agenda item, the Regional Director said that, two years into the COVID-19 pandemic, life was unrecognizable for many. The collective psyche had been deeply wounded, and the often extreme changes to everyday life had given rise to a host of serious mental health challenges. The pandemic had revealed gaps in treatment and capacity, in evidence and knowledge, in quality and safety, as well as in upholding human rights. The European Framework for Action on Mental Health 2021-2025 (EFAMH) aimed to close those gaps. That innovative plan was to be mobilized through a pan-European Mental Health Coalition, which Member States were urged to join, promote and make their own. Mental health mattered.

The Director, Country Health Policies and Systems, expanded on the major impacts of COVID-19 on mental health in the WHO European Region. Everyone’s mental health and well-being had been affected, with some people (especially those in vulnerable groups) more affected than others, and mental health services had been disrupted. The pandemic had a cascading effect on already unprepared mental health systems. The EFAMH clearly laid out three core priorities, in line with the EPW: the transformation of mental health services (self-care, mental health in community and general health care settings, and long-term care and support); the integration of mental health and psychosocial support into emergency preparedness, response and recovery; and mental health promotion and protection throughout the life course, as well as suicide prevention and mental health in the workplace. The Mental Health Coalition consisted of focal points for mental health, a technical advisory group and a “partners for mental health” group, supported by the WHO Secretariat. It would provide an overarching structure in the WHO European Region for the exchange of knowledge and good practices. The Coalition’s goals were to transform mental health services and coverage, to transform investment and to transform attitudes about mental health and well-being, bringing mental health out of the shadows.

A short video capturing the perspectives of some of the participants in the Athens Mental Health Summit (July 2021) was shown.

The Regional Adviser for Mental Health moderated a panel discussion. Mr Neil Kelders, an advocate for mental well-being, emphasized the need to help people who were struggling to “win from within”. Ms Zoe Rapti, Deputy Minister for Mental Health of Greece, described the steps taken to improve mental health services for children and adults. Mr Frank Bellivier, Minister Delegate for Mental Health and Psychiatry of the Minister of Health of France, looked forward to the “Mind Our Rights, Now!” global mental health summit, to be held in Paris on 5-6 October 2021, while Ms Claudia Marinetti, Director of Mental Health Europe, outlined the contribution that Mental Health Europe could make to the work of the Mental Health Coalition.

In the discussion that followed, the representative of Slovenia spoke on behalf of the EU and its Member States. The candidate countries North Macedonia, Montenegro and Albania, as well as Ukraine, the Republic of Moldova, Armenia and Georgia, aligned themselves with the statement. Mental health must be the focus of all attention, especially for young people and vulnerable populations, and put at the centre of COVID-19 recovery plans. To achieve that goal, there was a need for greater investment in mental health services and well-trained
mental health staff. The EU and its Member States fully supported the EFAMH and its three core priorities, as well as the proposed mental health data laboratory. Restraint should be exercised, however, so as to limit the burden of reporting on Member States. Strong support should be given to the Mental Health Coalition, to be launched on 30 September 2021.

Representatives of other Member States recalled that the adoption of the Mental Health Action Plan (2013–2020) by the Sixty-sixth World Health Assembly had led to the establishment of modern, community-based mental health services and protection of the human rights of persons with mental health problems. However, the COVID-19 pandemic had led to a surge of mental health problems, posed challenges to mental health services, restricted access to mental health care and exacerbated existing inequalities. Population groups particularly affected included children and adolescents, elderly people, individuals with pre-existing mental health conditions and health care professionals. New approaches had therefore been implemented, including tele-counselling, upgraded information systems, early intervention services in psychosis, integrated digital outpatient clinics, mobile psychiatric teams and community units for dementia patients. Increased access to mental health care had been ensured through 24-hour hotlines and emergency assistance, notably for tackling the emotional burnout of health personnel.

Member States recognized the need to invest in mental health recovery from COVID-19, including action on the social determinants of mental health, for which cross-government support was required. A number of Member States had embarked psychiatric care reform, with the overall objectives of improving the quality of life and fostering the destigmatization of people with mental illness, issues that were closely related to human rights. Several representatives drew attention to the need for enhanced provision of mental health care during and after natural disasters and armed conflict. Mental health should be an integral part of disaster preparedness and emergency response plans. Other lessons learned from the COVID-19 pandemic included the need for a balanced approach to mental health, as advocated by WHO/Europe, with measures related to education, social and family relations, access to green spaces, physical activity or leisure, and access to preventive and social care. Many challenges in mental health required strong and interdisciplinary primary health care services, and investment in both areas was urgently needed.

Speakers welcomed the declaration adopted at the Summit on actions required to address the impact of the COVID-19 pandemic on mental health and service delivery systems in the WHO European Region, held in Athens, Greece, on 22–23 July 2021. Participants also welcomed the recommendations from the Technical Advisory Group on the Mental Health Impacts of COVID-19 in the WHO European Region. They fully supported the EFAMH, noting that it operationalized the WHO Comprehensive Mental Health Action Plan 2013–2030 at the regional level. The Mental Health Coalition was seen as a much-needed vehicle in the journey towards the improvement of mental health across Europe. It should advocate for mental health services reform and work to fight against stigma and discrimination by developing mental health literacy.

The representative of the Northern Dimension Partnership in Public Health and Social Well-being said that mental health throughout the life course was one of the horizontal themes of the Partnership’s new strategy, to be adopted later in the year. In addition to its flagship initiative on achieving better mental well-being of older people, the Partnership had established cooperation with the Baltic Sea Youth Platform, to better include the perspective of young people, and was committed to promoting the mental health of other population
groups, such as people in detention. Mental health was an area where cross-sectoral cooperation (including with communities and non-traditional partners) was particularly valuable. The Partnership supported the Mental Health Coalition.

Written statements were submitted by the European Medical Students’ Association; Mental Health Europe, Alzheimer Europe, EuroHealthNet and the World Federation of Occupational Therapists; and the World Federation of Societies of Anaesthesiologists.

The Committee adopted resolution EUR/RC71/R5.


The Regional Director introduced the EPW measurement framework, a set of 26 indicators across 16 SDGs which addressed each of the core priorities as well as the four flagship initiatives in the EPW. Timely, credible and actionable data were key for evidence-informed planning and policy decisions. Up-to-date, reliable data were needed to facilitate better monitoring of health trends and to forecast and project future health situations, so that health systems could be prepared to respond to the ever-changing needs of the Region. WHO/Europe had already started to partner with some of the small countries in the Region and looked forward to supporting all countries throughout the implementation of the measurement framework.

The Director, Country Health Policies and Systems, presented the EPW measurement framework, which had been drawn up with input and support from 82 experts in 39 Member States over a series of three virtual consultations. The building blocks used had been the targets and indicators in the Organization’s Thirteenth General Programme of Work, 2019–2023 (GPW 13) and the SDGs, rigorously selected to reflect what was really relevant to the WHO European Region. It was evident, however, that the EPW was forward looking and that the right indicators were not always available to measure a number of aspects that were important in that context, such as primary health care, mental health, digital health and the health effects of climate change. Rather than delay the adoption of the measurement framework, it had been issued together with a so-called development list of 20 indicator areas of high importance to the Region that still needed substantial work on data collection, monitoring and analysis. That work would be accomplished over the coming years through strengthening of digital health information systems, in order to anticipate and forecast future health trends.

In the subsequent discussion, representatives of Member States welcomed the fact that the measurement framework was built on the SDGs and existing international indicators, and that the aim was to work towards achieving harmonization of data requirements with other relevant international bodies. Support was expressed to use basic information about national health system development as the basis for the monitoring system, and a sample of the SDG targets and outcome indicators for a specific process tracking mechanism. Support was expressed for the need to adapt the proposed indicators to the specific conditions of the European regional context. Work on the framework’s development list needed to be embedded in the regular structures and processes of WHO/Europe, in order to ensure sustainability. Representatives emphasized the importance of good collaboration between WHO, the European Commission and OECD. It was important to focus on harmonization and consistency of actions in working
with international partners, in order to create one single integrated information system and avoid an increase in the reporting burden for Member States.

In response, the Regional Director pointed out that better measurement led to better management. Failing to strengthen data and management systems was not an option. Better data and data sharing was one of the main recommendations of the Pan-European Commission on Health and Sustainable Development. In order to heal the fractures in society, it was important to measure who was being left behind. He was fully committed to reducing the reporting burden on Member States.

A joint statement was made by the representative of the Thalassaemia International Federation, speaking also on behalf of the International Alliance of Patients’ Organizations and the World Federation of Hemophilia. Written statements were submitted by the European Stroke Organisation; the International Diabetes Federation; and the European Public Health Alliance, the European Alcohol Policy Alliance, Movendi International, EHYT Finnish Association for Substance Abuse Prevention, and the Norwegian Cancer Society.

The Committee adopted resolution EUR/RC71/R7.

WHO Programme budget and sustainable financing

The Executive Director, Office of the Regional Director, introduced the regional plan for implementation, which laid out WHO/Europe’s programme for delivering the outcomes specified in the WHO Programme budget 2022–2023 at the regional level. The budget space currently allocated to the European Region for 2022–23 amounted to US$ 320.5 million. That figure represented an increase of 15% over the 2020–2021 budget, but still accounted for just 7% of the global budget. At present, the funding available to WHO/Europe included US$ 101 million in core funding (assessed contributions from Member States) and US$ 95 million in voluntary contributions. An unfunded portion of US$ 125 million remained, representing approximately 39% of the budget allocated to the European Region. The global WHO Programme budget approved by the World Health Assembly had increased steadily over the previous 20 years, and voluntary contributions had increased in parallel; however, the level of assessed contributions had remained almost unchanged. Most voluntary contributions were earmarked for specific programmes, countries or regions, which left underfunded “pockets of poverty” in other programme areas. Another problem that particularly affected the European Region was the very narrow funding base – just five contributors provided 77% of the voluntary contributions to the base segment of the WHO Programme budget in 2020–2021. The current financing model put some of WHO/Europe’s programmatic activities at risk, potentially jeopardizing the delivery of the EPW. Over the previous 18 months, WHO/Europe had developed the WHO/Europe Resource Mobilization Strategy and Investment Case, provided additional support in resource mobilization for country offices and programmatic divisions, including the establishment of a small enabling hub in Istanbul, Turkey, and kept the issue of sustainable financing high on the agendas of the Regional Committee and SCRC.

The Chair of the Executive Board’s Working Group on Sustainable Financing described the activities of the Working Group and deliberations since its creation by decision EB148(12). He noted that voluntary contributions, most of them earmarked, currently made up 84% of the
global WHO budget, which reduced the Organization’s flexibility and ability to react quickly and effectively enabled donors, rather than Member States, to set its agenda. The Independent Panel for Pandemic Preparedness and Response had recommended that assessed contributions should be increased to a level that covered two thirds of the global base Programme budget, which would increase Member States’ current contributions by a factor of three, but would provide a substantial return on investment. A failure to finance WHO adequately would jeopardize the implementation of the health-related SDGs; there was also the risk that other mechanisms, less inclusive and transparent, might be set up to fill the gaps left by an underfunded WHO. He referred to the assessment of all the independent panels that described the financing model of WHO as fundamentally rotten and called upon Member States to “walk the talk” in terms of supporting solutions increasing the share of sustainable financing available to WHO. The Working Group had drawn up a list of five questions which it had transmitted to all the regional committees for their feedback. So far, the Member States of the African and South-East Asia regions had indicated their willingness to consider an increase in assessed contributions, on an incremental basis and employing a replenishment model.

The Acting Chair of the Twenty-eighth SCRC and chair of its subgroup on WHO/Europe’s financing presented the draft resolution that had been developed by the six subgroup members and subsequently formally endorsed by the entire Standing Committee. That was seen as a clear indication that Member States had the keys at hand to take historic decisions, and that sustainable financing played a vital role at all three levels of the Organization and hence required a coordinated approach.

In the ensuing discussion, participants supported the draft resolution. Member States were willing to consider an increase in assessed contributions, potentially capped at an appropriate level, but it was essential also to increase the effectiveness, accountability and transparency of WHO’s work and increase its impact at country level. One participant underlined the importance of considering the time frame as well as other factors for the envisaged implementation of this increase. Another concern was the creation of potential automatism, since by defining the assessed contributions as a certain percentage of the base budget, an increase in the Programme budget every two years (as has regularly been the case to date) would always lead to an increase in assessed contributions. Voluntary contributions should be flexible, predictable and provided over at least the medium term. All proposed changes in the financing model should be assessed for their potential benefits and risks.

The Director, Planning, Resource Coordination and Performance Monitoring, WHO headquarters, said that as most of the donors of flexible voluntary contributions were from the European Region, this Region was leading by example. He considered that all the prerequisites and accompanying factors for an increase in assessed contributions with increased flexibility of funding and more funding at the country level, such as better governance, more transparency and prioritization of activities, would need to be looked at by the Working Group on Sustainable Financing at its next meeting in late September 2021.

The Regional Director said that if WHO continued to operate under its current financing model, the implementation of the EPW and potentially the future of WHO itself were in danger. WHO/Europe had obtained a great deal of additional short-term funding to tackle the COVID-19 pandemic; however, most voluntary contributions were still earmarked, unpredictable and short-term, and some critical areas of work remained underfunded. He thanked the small number of major donors from the Region that paid by far the largest part of the assessed contributions and also provided non-earmarked voluntary funding, and called
upon other Member States to follow their example. He also called upon Member States from the Region to support an increase of assessed contributions in the future.

The Regional Committee adopted resolution EUR/RC71/R6.

**Private meeting: elections and nominations**  
*(EUR/RC71/13, EUR/RC71/13 Add.1, EUR/RC71/INF./8)*

The Regional Committee met in private to nominate two candidates for membership of the Executive Board, as well as to select four members of the SCRC and one member in category 2 of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction (PCC/HRP).

**Executive Board**

The Regional Committee decided that the Republic of Moldova and Slovakia would put forward their candidatures to the World Health Assembly in May 2022 for subsequent election to the Executive Board.

**Standing Committee of the Regional Committee for Europe**

The Regional Committee selected France, Montenegro, Spain and Turkmenistan for membership of the SCRC for a three-year mandate from September 2021 to September 2024.

**Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction**

The Committee selected Italy for membership in category 2 of the PCC/HRP for a three-year period from 1 January 2022.

**Delivering a fit-for-purpose WHO/Europe for country impact**  
*(EUR/RC71/14, EUR/RC71/17(I), EUR/RC71/INF./7, EUR/RC71/BG/7)*

The Regional Director said that WHO/Europe’s transformation process, initiated when he had taken office, had meanwhile been completed, aligning the Regional Office to the Organization’s GPW 13 and the EPW, and putting in place a dynamic senior management team as well as a support network for staff, including an Ombudsperson. The process of reviewing WHO/Europe’s country presence and work in countries had been initiated and its findings would be implemented in due course. Support for health leadership in countries had been bolstered through the launch of the Pan-European Leadership Academy. The report on delivering a fit-for-purpose WHO/Europe for country impact constituted an exercise in accountability; in future, it would be presented as an integrated management report. WHO/Europe would continue to contribute to the global WHO transformation and would ensure that recommendations from the global level would be incorporated into regional efforts to make WHO fit for purpose.
The Special Adviser, Transformation and Organizational Development, said that WHO/Europe had implemented an integrated change agenda, aligning structures, resource allocation and programming to deliver the EPW; enhancing country focus; supporting a values-based culture of collaboration; introducing leaner administrative procedures and processes; pursuing digital transformation; and ensuring a healthy, respectful and motivational workplace. Structures had been streamlined and senior management positions reduced in order to strengthen collaboration across the Regional Office’s technical programmes and divisions and facilitate new approaches to planning for the implementation of the next programme budget and to delivering on WHO/Europe’s enabling functions.

The Director, Country Support, Emergency Preparedness and Response, said that the Regional Director had prioritized daily interactions with health leaders in countries, as well as with health workers and patients when he conducted country visits. Cooperation with countries had become more forward looking by adding to the traditional biennial collaborative agreement (BCA) strategic outlooks for a five-year time period in line with EPW for countries where WHO/Europe had a country presence. Subregional cooperation was being fostered; the development of the roadmap for health and well-being in the Western Balkans was a welcome achievement and a designated unit had been established to foster collaborative agreements with eastern European countries and central Asia. Subregional roadmaps would be developed to mirror the EPW. Efforts would also be made to strengthen the role of WHO representatives and heads of country office.

The Executive Director, Office of the Regional Director, said that resource mobilization had been ramped up and efforts made to strengthen partnerships and alliances and to align them with the EPW. Country office capacity needed to be scaled up and further resources mobilized, and WHO/Europe’s relationship with NSAs must be strengthened. Particular attention would be paid to increasing the visibility of WHO collaborating centres. WHO/Europe’s communications capacity had been successfully reinvigorated at a difficult time to tackle mis- and disinformation. The corporate, crisis and risk communications strategies had been strengthened, which contributed significantly to the support provided to Member States. WHO/Europe’s website traffic had increased exponentially, showing the appetite for robust and reliable information; an updated, user-focused website would be launched in January 2022. Media relations had also been strengthened. United Nations volunteers had been working in seven Member States to strengthen communications. On governance, the SCRC with its subgroups continued to do excellent work, and steps were being taken to strengthen the election and nomination processes for membership of governing bodies and to increase transparency and accountability.

The Director, Business Operations, explained that workflow management was being streamlined and automated, improving speed, efficiency and transparency. Efforts were being made to ensure a safe and healthy workplace, and WHO/Europe intended to take the lead in cultivating a global WHO with zero tolerance of harassment, in particular sexual harassment. The policy on preventing and addressing abusive conduct was being incorporated into staff training and all staff would contribute collectively towards a respectful workplace environment. Work–life balance was particularly important for staff and a new flexible teleworking arrangement had been instituted to that end. Continuous learning and staff training, including leadership training for managers, were in place. With an influx in resources, the workforce and activities of WHO/Europe had grown. Thematic funding had enabled WHO/Europe to fulfil its functions. More flexible funding would be needed to implement the EPW.
Members of the Regional Committee thanked WHO/Europe for its continuous technical and strategic guidance. To make WHO fit for purpose, communication channels with WHO headquarters should be streamlined, efforts should be made to reduce the reporting burden on Member States, and a formal platform should be set up for exchanges of information. The focus on subregional cooperation was particularly important, and the establishment of the Roadmap for Health in the Western Balkans particularly welcome. By establishing priority areas and initiatives for closing the health gap between the Western Balkans and the EU, it constituted an important instrument for policy coherence and a pathway for investment in health in the Western Balkans subregion.

A representative of Belgium, speaking on behalf of the Chair of the Twenty-eighth SCRC’s Subgroup on WHO/Europe’s work at the country level, introduced the Subgroup’s work on guiding the country review process, which aimed to assess what WHO/Europe could do in, for and with countries to increase its relevance and maximize its impact. Consultations had been held with WHO staff, Member States (with or without country offices) and stakeholders. Constructive comments had been received, and all Member States were encouraged to participate in the next stage of the process. The SCRC Subgroup recommended the continuation of the country review process and encouraged WHO/Europe to test new ways of cooperating with Member States. It recommended that a strategic paper should be presented to RC72, outlining ways in which WHO/Europe could better support Member States with or without a physical WHO presence.

The Director, Country Support, Emergency Preparedness and Response, said that Member States were driving the review process, with the involvement of WHO colleagues from all three levels of the Organization; more than 20 consultations had been conducted thus far in 2021. Feedback had been clear: Member States’ expectations were changing and WHO/Europe’s roles were evolving. The COVID-19 pandemic had shown that all Member States had important lessons to share and could all learn from each other. WHO/Europe could facilitate that horizontal exchange of experience. WHO/Europe also had a key role in promoting health across all sectors; in the context of the pandemic, there had never been greater demand or opportunity for placing health high on government agendas. Leadership for health went hand-in-hand with communication, and WHO/Europe should work with ministries of health to support communication, fight misinformation and build public trust. Many new ways of working adopted during the pandemic had rendered WHO/Europe more efficient and able to reach a wider range of partners and stakeholders. Those would be leveraged, in particular to facilitate rapid exchanges of experience. Member States had welcomed efforts to reorient resources, strategy and organizational culture towards countries, and placed great importance on WHO/Europe’s agility and capacity for rapid response. The main lessons learned thus far would inform planning for the coming biennium. A review of capabilities in country offices was underway. The review process would continue to be guided by the SCRC Subgroup, and a strategic paper on country presence would be prepared for RC72.

In the discussion that followed, members of the Regional Committee agreed on the vital importance of robust, multisectoral cooperation, especially in difficult circumstances such as the migration crisis and the COVID-19 pandemic. A stronger WHO/Europe in the field would contribute to the rapid and agile provision of flexible technical support, which would result in stronger health systems in Member States. Member States’ expectations were increasing, and the commitment to strengthening country presence in line with the EPW was therefore particularly welcome. Made-to-measure support and responses based on countries’ specific needs would be most appropriate and effective, and would enhance communication, tackle
misinformation and boost public trust. Exchanges of information and experiences between Member States were crucial; the network of national focal points had an important role in that regard. The direct involvement of Member States in the review had been and would continue to be critical, and many expressed their commitment to the process. They looked forward to the presentation of the strategic document at RC72.

A joint statement was made by a representative of the International Federation of Medical Students’ Associations, speaking also on behalf of the European Forum of National Nursing and Midwifery Associations and the International Pharmaceutical Students’ Federation.

The Regional Director welcomed the reminder that, as a pan-European organization, WHO/Europe could support policy-making in all countries in the Region, not only those with a WHO country presence. All countries had relevant experience to share. Use of technology and innovation would be key to providing rapid, agile and inclusive support. The continuation of the country review process would focus on work across the three levels of the Organization. Measures to respond to the review’s findings would begin immediately. Extraordinary times called for extraordinary measures; WHO/Europe intended to be responsive, agile and innovative: a trailblazer in the United Nations system.

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

*(EUR/RC71/15, EUR/RC71/CONF./10)*

The Regional Committee approved the list of six regional NSAs which had applied for accreditation to attend its meetings, in accordance with the procedure it had agreed at its 68th session. The Regional Committee also approved the maintenance of accreditation status of the 19 NSAs subject to triennial review.

The Regional Director thanked all participating NSAs for the written and recorded statements they had submitted to the virtual session. NSAs played a vital role in advancing public health, offering community health services, generating and disseminating knowledge, giving a voice to patients and strengthening trust to heal the fractures in society. Many of them collaborated in the daily work of WHO/Europe’s technical units and country offices and were valuable partners in EPW implementation. They also played a crucial role in holding governments and institutions accountable.

A joint statement was made by a representative of the EUPHA (speaking on behalf of the six newly accredited NSAs and the 19 NSAs whose accreditation had been renewed).

The Regional Committee adopted decision EUR/RC71(2).
Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board

(EUR/RC71/16, EUR/RC71/INF./6(A), EUR/RC71/INF./6(B), EUR/RC71/INF./6(C), EUR/RC71/INF./6(D), EUR/RC71/INF./6(E), EUR/RC71/INF./6(F))

The Executive President informed the Regional Committee that a statement by the representative of Germany who had been designated as the liaison between the WHO Executive Board and the Twenty-eighth SCRC had been posted on the WHO/Europe website.

The Executive President recalled that, pursuant to paragraph 8 of the special rules and procedures for RC71, interventions on the agenda item under consideration would be limited to written statements.

Progress reports

(EUR/RC71/17(A), EUR/RC71/17(B), EUR/RC71/17(C), EUR/RC71/17(D) Rev.1, EUR/RC71/17(E), EUR/RC71/17(F), EUR/RC71/17(G), EUR/RC71/17(H), EUR/RC71/17(I))

The Executive President said that, as foreseen in the special rules and procedures for RC71, Member States, partners and NSAs had been given the opportunity to comment on the progress reports for consideration by the Regional Committee through the submission of written statements. Most of the progress reports had been thematically clustered under previous agenda items, as specifically suggested by the SCRC. All the reports fulfilled the reporting requirements on the regional strategies and action plans.

The Regional Committee took note of the progress reports that were due in accordance with adopted resolutions.

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

(EUR/RC71/CONF./11)

The Regional Committee adopted resolution EUR/RC71/R8, by which it reconfirmed that its 72nd session would be held in Tel Aviv, Israel, from 12 to 14 September 2022 and decided that its 73rd session would be held from 11 to 13 September 2023, at a location to be decided. If, based on an assessment by the SCRC, conditions did not allow the Regional Committee session to be held in person, a virtual session would be organized instead on those dates.

The representative of Israel said that his government looked forward to welcoming the Regional Committee in 2022 in Tel Aviv for what would hopefully be a physical meeting again. A link to a video showcasing the country’s attractions was shared through the chat function.
Closure of the session

The Regional Director, summing up the deliberations of the previous three days, thanked representatives for their appreciation of and support to WHO and acknowledged their expectations of a more flexible and more accountable Organization. Member States had recognized the need for sustainable core and thematic funding if WHO/Europe was to address the post-COVID-19 era and the second “pandemic” of noncommunicable diseases, mental health conditions and other health conditions that had accumulated during the crisis. Resilient health systems and robust primary health care were essential if the SDGs and the EPW were to be achieved. He thanked the Government of Israel for offering to host the session of the Regional Committee in 2022 and paid tribute to the President of the Regional Committee, the Executive President and other officers. Finally, he commended his staff who, as always, had gone above and beyond the call of duty in all their work and, in particular, in preparing another successful session of the Regional Committee.

The Executive President thanked the members of the Twenty-eighth SCRC and all representatives attending the session, and paid tribute to the sterling work of the staff, particularly the IT department, which had made it possible for all representatives to participate fully in the session. She declared the 71st session of the Regional Committee for Europe closed.
Resolutions

**EUR/RC71/R1. Report of the Twenty-eighth Standing Committee of the Regional Committee for Europe**

The Regional Committee,

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

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

2. INVITES the Twenty-ninth Standing Committee to pursue its work on the basis of the discussions held and resolutions and decisions adopted by the Regional Committee at its 71st session; and

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 71st session, as recorded in the report of the session.

¹ Documents EUR/RC71/3 and EUR/RC71/3 Add.1.


The Regional Committee,

Having reviewed the Regional Director’s report on the work of WHO/Europe in 2020–2021 ¹ and the overview of implementation of the Programme budget 2020–2021; ²

1. THANKS the Regional Director for these reports;

2. EXPRESSES its appreciation for the work done by WHO/Europe in the 2020–2021 biennium;


4. ACKNOWLEDGES the support and guidance provided by WHO/Europe to Member States in their response to the COVID-19 pandemic; and

5. REQUESTS the Regional Director to take into account and reflect the suggestions made during the discussions at the 71st session of the Regional Committee when developing the Organization’s programmes and carrying out the work of WHO/Europe.

² Document EUR/RC71/INF./1.
EUR/RC71/R3. Realizing the potential of primary health care: lessons learned from the COVID-19 pandemic and implications for future directions in the WHO European Region

The Regional Committee,

Recalling the Declaration of Alma-Ata (1978) and the Astana Declaration (2018) on primary health care (PHC), and the commitments affirmed in World Health Assembly resolution WHA72.2, and Regional Committee resolutions EUR/RC66/R5, EUR/RC67/R5, EUR/RC68/R3, EUR/RC69/R8, as well as the political declaration on universal health coverage adopted by the General Assembly of the United Nations at its 74th session;

Recognizing that PHC has major potential to enhance people’s physical and mental health, as well as social well-being, and that PHC is the cornerstone of the sustainable health and social systems needed for attaining the Sustainable Development Goals;

Recalling the Thirteenth General Programme of Work, 2019–2023 and the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW) endorsed through resolution EUR/RC70/R3, in which PHC is noted as essential for the pursuit of health and well-being;

Recognizing the need for a comprehensive and aligned health systems-based approach to strengthening PHC, as outlined in the Operational Framework for Primary Health Care endorsed by the Seventy-third World Health Assembly in November 2020;

1. RECOGNIZES the importance of comprehensive, efficient and accessible PHC in the pursuit of the three core priorities of the EPW and its four flagship initiatives;

2. EXPRESSES its commitment to applying the lessons learned from the COVID-19 pandemic to take sustained actions aimed at developing PHC services that are fit-for-purpose and leave no one behind, in the pursuit of the three core priorities of the EPW and its four flagship initiatives;

3. URGES Member States: 1

   (a) to strengthen governance mechanisms for PHC to ensure greater responsiveness to regional and local needs, including through the participation of different professionals, where appropriate connecting national and subnational levels, and to ensure that they are clearly defined with an explicit mandate to develop policy frameworks, facilitate implementation of change, and monitor progress;

   (b) to prioritize financing and resourcing for PHC, based on country-specific business cases for investing in PHC to accelerate improvement in health and well-being, in order to:

      (i) ensure the provision of essential or, where relevant, comprehensive PHC services free of charge and expand the coverage of medicines for PHC-sensitive conditions to reduce financial hardship and unmet needs, as appropriate;

1 And regional economic integration organizations as appropriate.
(ii) adopt incentives to attract, train and retain health and care workers in the various disciplines needed, including by redistributing responsibilities, to deliver quality “fit-for-purpose” PHC;

(iii) accelerate the uptake of digital solutions to support multidisciplinary teamwork and telemedicine, and to create virtual networks integrating multilevel care delivery; and

(iv) invest in the appropriate infrastructure for service delivery;

(c) to improve the quality of PHC by nesting general practice and family medicine within multiprofile PHC teams, thereby addressing wider psychosocial needs and leveraging multimodal delivery that combines face-to-face, mobile and digital platforms to take services to the people;

(d) to adopt strategies to enhance the integration of a comprehensive range of services across care levels for optimal shared care pathways aligned with people’s health needs and ensuring efficient use of resources;

(e) to build partnerships within local communities, including with civil society, as well as with patients and their carers, to support those most in need and leave no one behind;

(f) to ensure that PHC is a core component of strengthening preparedness and response mechanisms for future emergencies, including its role in dual-track service delivery that supports a potentially protracted emergency response, continues to provide essential health services, reaches and protects those most in need, and protects health workers in emergency settings;

(g) to better leverage PHC to promote health and well-being and contribute to addressing the social determinants of health by:

(i) building bridges between primary health and public health and social services;

(ii) utilizing information and digital solutions to strengthen population health management and risk stratification capabilities at the PHC level to identify and reach people with health and social vulnerabilities in real time, while protecting personal data;

(iii) incentivizing delivery of health promotion, prevention, early detection and condition management; and

(iv) investing in health literacy, including digital health literacy;

(h) to position PHC as a platform for delivering the regional EPW flagship initiatives by bringing transformed mental health services into the PHC setting; utilizing PHC to deliver effective immunization services including COVID-19 vaccination; anchoring digitalization of health services in PHC; and incorporating behavioural and cultural insights into PHC design, delivery and evaluation; and
(i) to invest in PHC performance monitoring and management, and engage in national and cross-national research and research networks to document the impact of alternative approaches to strengthening PHC during the pandemic and beyond;

4. REQUESTS the Regional Director:

(a) to continue to make the case for PHC as a core strategy for economic and social development across the WHO European Region;

(b) to support Member States by making the case for investment in PHC, providing policy options to achieve the objectives set out above, and guiding implementation of the selected strategies in a contextualized manner;

(c) to invest in international platforms of exchange to inspire change by updating international evidence on PHC through supporting relevant research and publishing policy papers and country-focused case studies to support regional and subregional networks that generate evidence, and to channel evidence to policy-makers and implementors;

(d) to establish a network of national PHC focal points and launch regional and subregional platforms to facilitate the exchange of practical country experiences, with a focus on overcoming implementation barriers;

(e) to design and launch measures to enhance the capacity of PHC policy-makers, managers and providers at national and subnational levels; and

(f) to further develop metrics for the measurement and monitoring of PHC impact, performance and capacity within and, as appropriate, across countries, signal opportunities to accelerate improvements and identify proven policy options that can be shared among countries.

**EUR/RC71/R4. European Immunization Agenda 2030**

The Regional Committee,

Having considered the European Immunization Agenda 2030 (document EUR/RC71/10);

Recognizing the importance of immunization as one of the most successful and cost-effective interventions in public health, and thus the high return on investments from immunization;

Noting the substantial contribution of successful national immunization programmes to reducing mortality and morbidity from vaccine-preventable diseases, improving the health of populations, preventing antimicrobial resistance, promoting equity in health across the life course and achieving the Sustainable Development Goals;

Recognizing the progress made in the WHO European Region through implementation of the European Vaccine Action Plan 2015–2020, while also acknowledging that
immunization gaps between and within countries in the Region can lead to outbreaks of vaccine-preventable diseases;

Recalling the Thirteenth General Programme of Work, 2019–2023, and the European Programme of Work 2020–2025, “United Action for Better Health in Europe” (EPW) adopted through resolution EUR/RC70/R3, and acknowledging the European Immunization Agenda 2030 as one of the flagship initiatives of the EPW;

Recalling its previous resolutions on Strengthening national immunization systems through measles and rubella elimination and prevention of congenital rubella infection in WHO’s European Region (resolution EUR/RC55/R7), Renewed commitment to elimination of measles and rubella and prevention of congenital rubella syndrome by 2015 and Sustained support for polio-free status in the WHO European Region (resolution EUR/RC60/R12) and Action plan for the health sector response to viral hepatitis in the WHO European Region (resolution EUR/RC66/R10);

Recognizing the health and economic consequences of the ongoing COVID 19 pandemic and of any future pandemics or emergencies, and noting the critical role that vaccination can play in mitigating the risks from such events;

Acknowledging the need for political commitment, country ownership, and collective actions of all relevant stakeholders to achieve universal immunization, which encompasses the most marginalized and underserved communities with the aim of leaving no one behind;

Understanding that the expected duration of this resolution is until 2030;

1. ADOPTS the European Immunization Agenda 2030 and its vision, goals, strategic priorities, focus areas, monitoring and evaluation and accountability framework and governance structure;

2. SUPPORTS the implementation of the European Immunization Agenda 2030 as a flagship initiative of the EPW;

3. URGES Member States:¹

   (a) to enhance commitment to immunization as a public health priority, and commit to achieving the vision and goals outlined in the European Immunization Agenda 2030;

   (b) to ensure that immunization programmes work in coordination with other health programmes to strengthen the delivery of primary health care services and contribute to universal health coverage and sustainable development through the effective delivery of immunization services to vulnerable and marginalized communities;

   (c) to develop data-driven immunization policies and strategies aligned to the country context, ensure adequate and sustained financing of immunization programmes, enhance governance and capacity of the health workforce at all levels, and explore

¹ And regional economic integration organizations, as appropriate.
and establish collaborations within and outside the health sector to strengthen the access to and delivery of immunization across the life course;

(d) to enhance efforts to achieve high and equitable immunization coverage in every subnational area and community by formulating appropriate service delivery modalities and devising local-level solutions through evidence-informed understanding of local challenges;

(e) to promote and generate high demand for immunization in all communities and across the life course by understanding the drivers of and barriers to vaccination, and working closely with local communities to develop and implement appropriately tailored interventions that counter any identified hesitancy towards vaccines and vaccination;

(f) to ensure the timely availability of vaccines of assured quality by strengthening national regulatory processes, procurement capacity and mechanisms, and vaccine supply chains to prevent any vaccine shortages;

(g) to explore subregional collaboration on appropriate vaccine procurement mechanisms, including supporting vaccine manufacturing capacity, and fostering a dialogue on voluntary licensing and technology transfer in collaboration with relevant bodies;

(h) to strengthen disease surveillance systems to allow for rapid detection of and response to vaccine-preventable disease outbreaks, to strengthen preparedness for and deployment of vaccines and effective vaccine safety surveillance, and to ensure the resilience of immunization programmes to sustain performance during emergencies;

(i) to promote operational research and explore innovative approaches to increase the reach of immunization programmes, improve efficiencies and close immunity gaps in communities; and

(j) to report on the monitoring indicators of the European Immunization Agenda 2030 in line with the reporting timelines and existing reporting requirements and systems;

4. REQUESTS the Regional Director:

(a) to support Member States by advocating for investment in immunization within the domain of primary health care;

(b) to support Member States in the implementation of COVID-19 vaccination and data-driven tailored routine immunization strategies that respond to the needs of individuals and communities and achieve the goals of the European Immunization Agenda 2030;

(c) to establish a high-level immunization board comprising independent experts from various domains to advocate for political commitment and allocation of adequate financial resources to strengthen and sustain immunization and vaccine-preventable disease surveillance programmes in Member States in order to realize the vision and goals of the European Immunization Agenda 2030;
(d) to develop a monitoring and evaluation and accountability framework to monitor progress against the monitoring and evaluation indicators of the European Immunization Agenda 2030, mostly using pre-existing data sources, and to give advice and technical support to Member States in establishing their own monitoring and accountability mechanisms at the national and subnational levels;

(e) to establish and strengthen subregional implementation mechanisms and platforms to facilitate the exchange of practical country experiences, with a focus on overcoming implementation barriers, to accomplish the vision and goals of the European Immunization Agenda 2030;

(f) to support Member States in strengthening national procurement capacity and mechanisms, and in strengthening vaccine supply chains to avoid any vaccine supply shortages;

(g) to support operational research and innovative programmatic approaches and strategies through evidence-informed decision-making, including developing a better understanding of communities’ demand and acceptance of vaccination to close subnational immunity gaps and accelerate the scale-up of successful strategies, to ensure the resilience of national immunization systems;

(h) to foster alignment between regional and national public health institutions, national and subnational stakeholders and partners, and encourage them to coordinate their efforts, and to provide strategic direction to support the implementation of the European Immunization Agenda 2030; and

(i) to report to the Regional Committee every two years on progress made in implementing the European Immunization Agenda 2030, and to submit a mid-term report to the Regional Committee at its 77th session and a final report at its 82nd session.


The Regional Committee,

Recognizing the centrality of mental health to individual well-being and to social, economic and sustainable development, as well as the immense suffering, health losses and diminished opportunities associated with mental health conditions in the WHO European Region;

Mindful of the progress achieved through both the European Mental Health Action Plan 2013–2020 and the WHO Comprehensive Mental Health Action Plan 2013–2030, but also aware of the substantial remaining gaps in service access and provision for people at risk of or with mental health conditions or psychosocial, intellectual or cognitive disabilities;

Acknowledging the substantial impact of the COVID-19 pandemic on the mental health of individuals, families and communities throughout the Region and the disproportionate impacts on different vulnerable groups;
Taking note of World Health Assembly decision WHA74(14) on Mental health preparedness for and response to the COVID-19 pandemic;

1. **ADOPTS** the WHO European Framework for Action on Mental Health 2021–2025 as the basis for intensified efforts across the Region to promote mental well-being and provide better services for the prevention, treatment and rehabilitation of mental health conditions;

2. **EXPRESSES** its support for the stated objectives and required actions of this Framework;

3. **SUPPORTS** the implementation of this Framework through a pan-European Mental Health Coalition, a flagship initiative of the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW);

4. **URGES** Member States:
   
   (a) to reiterate their political commitment to and leadership in placing mental health at the heart of efforts to achieve universal health coverage and recognize the broad contribution of mental health to the Sustainable Development Goals;

   (b) to provide adequate funding for mental health that is mobilized and allocated in a manner that promotes equity in access to high-quality care and services and minimizes financial hardship; and to make more efficient use of resources for mental health, including through integration with noncommunicable and other priority disease prevention and control programmes;

   (c) to promote governance structures, policy frameworks and regulations in support of mental health that build partnerships and shared accountability within and across sectors to promote community leadership and engage economic and social partners, as well as civil society;

   (d) to promote mental health and ensure that the social determinants of poor mental health including gender are addressed, and that local community and family support and social capital are strengthened to prevent the development and reduce the impact of poor mental health;

   (e) to prioritize the mental health of children, adolescents and young adults in view of the direct and indirect negative impacts and disruption that the COVID-19 pandemic has had on their lives (including their inability to attend school or other places of learning), and to implement policies that incentivize educational, youth, cultural and sports organizations to engage with and support vulnerable individuals;

   (f) to ensure that quality mental health services are developed and resourced by:

   (i) strengthening mental health services and associated workforces with multidisciplinary expertise for the prevention and treatment of mental health conditions, together with psychosocial rehabilitation and occupational support for people with mental health conditions, thereby moving towards universal health coverage and reducing inequalities that persist across and within the European Region;
(ii) increasing the availability, accessibility, capability and affordability of safe, effective mental health care, treatment and psychosocial support for people with discrete or comorbid mental health conditions and disabilities, including through digital platforms and remote (online) support and treatment where appropriate;

(iii) stepping up efforts to deinstitutionalize mental health care and provide services that work in and with communities and families and that collaborate closely with primary care, social services and community organizations to ensure the integrated and person-centred care and support of people with mental health conditions and their reintegration into society;

(iv) adopting appropriate policies to attract, train and retain an adequate number of qualified and competent mental health professionals who are supported through effective management, supervision and appropriate compensation;

(v) strengthening efforts to promote mental health across sectors, including through building environments that support positive mental health and resilience, and by increasing mental health literacy among professionals beyond the health sector; and

(vi) ensuring the involvement of service users, families and carers in the planning, delivery and evaluation of person-centred care;

(g) to support research and knowledge management, including by disseminating lessons learned and scaling up evidence-based strategies to enhance the quality of mental health services; and

(h) to promote the provision of information on and raising of awareness of the general public about mental health issues to counter discrimination and stigma and facilitate integration and support for people at increased risk of mental health conditions;

5. REQUESTS the Regional Director:

(a) to support Member States by making the case for investment in mental health, and providing policy options that support the achievement of the objectives set out in the Framework and that are adapted to national contexts;

(b) to continue to provide evidence on the mental health impact of COVID-19 and the required steps to counter negative impacts, including innovative approaches to the implementation of effective and equitable policies geared towards integrated, person-centred mental health services and the promotion of mental health across sectors; and

(c) to constitute a pan-European Mental Health Coalition, including working groups of Member States and other stakeholders, to advocate for mental health policies and investments, combat stigma and discrimination, promote research, facilitate mental health service development and support the development of cohesive societies that are built on the common objective of achieving an economy of well-being.
EUR/RC71/R6. WHO sustainable financing in the European Region

The Regional Committee,

Acknowledging the importance of health for ensuring global, regional and national sustainable social and economic development;

Recognizing that the WHO Regional Office for Europe (WHO/Europe) and its Member States have a vital role in dealing with health emergencies and achieving universal health coverage and health equity, which are prerequisites for future resilience;

Recognizing the need for a global, coherent and coordinated approach to health issues, including health emergencies, at all three levels of WHO;

Noting that the increase in the WHO programme budget over time without a proportionate increase in corporate flexible funding, including assessed contributions, has led to an increased share of and reliance on voluntary contributions and to the persistence of underfunded areas of work within the programme budget, including core emergencies functions;

Noting that, despite a significant number of European Member States being among the top contributors to WHO globally, many of them provide little or no voluntary contribution to the WHO/Europe;

Acknowledging that WHO/Europe has made significant efforts to garner voluntary contributions, including most recently through the development of a resource mobilization strategy and of a WHO/Europe “investment case”;

1. URGES Member States:

   (a) to continue to engage with and contribute to the work of the WHO Working Group on Sustainable Financing (EB148/PSR/13);

   (b) to ensure that the sustainable financing of WHO encompasses all three levels of the Organization, including WHO/Europe, and that discussions include the question of resource allocation across WHO major offices;

   (c) to explore options to improve the financial sustainability of WHO through various funding types, including a justified increase in assessed contributions based on countries’ capacities, and greater flexibility in the use of voluntary contributions;

   (d) to explore ways to increase support for WHO/Europe, including by increasing voluntary contributions from ministries of health and other agencies; and

   (e) to take stock after the 150th session of the WHO Executive Board (and the presentation of recommendations by the WHO Working Group on Sustainable Financing) and decide on the way forward at the 72nd session of the Regional Committee;
2. REQUESTS the Regional Director:

   (a) to continue making efforts to ensure that WHO/Europe is adequately funded to
        fulfil its mandate, with a focus on the implementation of the European Programme
        of Work, 2020–2025;

   (b) to sustain WHO/Europe’s efforts to improve financial management and
        accountability, systematically implement a value-for-money approach to the use
        of financial resources, and communicate and demonstrate outcomes transparently
        to Member States;

   (c) to ensure that the work of WHO/Europe is better communicated to, visible to and
        well understood by Member States and relevant partners, including potential
        resource partners, with clear demonstrations of impact and added value;

   (d) to ensure that the resource mobilization approaches of WHO/Europe and WHO
        headquarters are aligned and that agreed principles for distribution of resources
        remain a central objective of this approach; and

   (e) to ensure that Member States are duly provided with the necessary budgetary
        information, costing of functions, explanations of spending, and envisioned cost
        savings and efficiency gains.


The Regional Committee,

Having considered the draft measurement framework for the European Programme of
Work, 2020–2025 (EPW), produced following consultation with Member States and two
advisory bodies, the European Health Information Initiative (EHII) and the Central Asian
Republics Information Network (CARINFONET);

Recalling resolution EUR/RC70/R3, in which the Regional Committee, at its 70th
session, adopted the EPW as the strategic direction for the future activities of the WHO
Regional Office for Europe (WHO/Europe) and urged Member States, inter alia, to report, in
line with the reporting on the Thirteenth General Programme of Work, 2019–2023 (GPW 13),
on progress made and obstacles encountered in the work on the three core pillars of the EPW,
as well as requested the Regional Director to report on the implementation of the EPW,
including by using measures developed to monitor the GPW 13;

Building on the legacy and experience of the Member States in the WHO European
Region with the values, principles, targets and indicators of Health for All; HEALTH21;
Health 2020, the European policy for health and well-being; the Joint Monitoring Framework;
the GPW 13 WHO Impact Framework; and the Sustainable Development Goals;

Taking into account the findings and recommendations of the *European health report
2018*, and the impacts of the COVID-19 pandemic on the entire health system;
Mindful of the key leadership and initiation role of the health sector in the collection, analysis and interpretation of health and related information;

Acknowledging that the generation of health information goes beyond the health sector, and that the combination of disaggregated data, nonclassical datasets (demographics, genetics, social and family history, lifestyle, socioeconomics and environment), and big data solutions can reveal patterns and enable precise targeting of decisions and measures;

Acknowledging the work of WHO/Europe in ensuring coherence across WHO policy frameworks, to avoid double reporting and to prevent an increase in the reporting burden on Member States, with particular focus on not overburdening small countries;

Aware of the ongoing cooperation with international partners in order to work towards a single integrated health information system in the European Region, for the benefit of Member States and all other relevant stakeholders and without pre-empting the final outcome;

1. ADOPTS the core indicators proposed for the measurement framework as indicators to be used by WHO/Europe to monitor regional progress on the three core priorities and the four flagship initiatives of the EPW;

2. AGREES that further work is to be conducted on the development list of indicator areas for the measurement framework as outlined in document EUR/RC71/5;

3. AGREES that WHO/Europe will implement the proposed measurement framework as outlined in the accompanying information document EUR/RC71/INF./2, in order to collect, analyse and regularly include the data for the indicators in its publications, and will provide an annual update of all core indicators to take place through the annual core health indicators publication beginning in 2022 and a more extensive update in the European health report 2024;

4. URGES Member States:

   (a) while taking into account their existing monitoring capacity and obligations and avoiding any unnecessary increases in reporting burden, to report on additional indicators for the measurement framework as proposed in the accompanying information document EUR/RC71/INF./2, where possible; and

   (b) to contribute to health information systems and data-gathering activities in European countries in order to assess progress on the core indicators as outlined in the accompanying information document EUR/RC71/INF./2;

5. REQUESTS the Regional Director:

   (a) to report on progress towards meeting the EPW regional milestones, together with routine progress reports on the EPW;

   (b) to work towards achieving harmonization of data requirements with other relevant international bodies, taking into account their work in this area;

   (c) to lead further work to strengthen health information systems and to explore means of developing new indicators, and measuring and setting targets of relevance for the EPW, fully involving Member States;
(d) to communicate the EPW milestones and indicators in relevant international fora and actively disseminate the results and appropriate information materials;

(e) to continue with the work of the expert group on the measurement framework of the EPW to develop indicator areas for topics that are deemed highly important for the European Region, and report on these results to the Regional Committee, at its 72nd session;

(f) to explore the use of digital data sources and big data to complement classic data collection;

(g) to continuously update the evidence and knowledge bases on health information, using all appropriate communication tools; and

(h) to report on EPW indicators and progress in harmonizing data requirements to the Regional Committee on an ongoing basis.

**EUR/RC71/R8. Dates and places of regular sessions of the Regional Committee for Europe in 2022–2023**

The Regional Committee,

Recalling resolution EUR/RC70/R4 adopted at its 70th session;

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

2. DECIDES that the 73rd session shall be held from 11 to 13 September 2023, at a location to be decided; and

3. DECIDES that if, based on an assessment by the Standing Committee of the Regional Committee for Europe, conditions would not allow the Regional Committee session to be held in person, a virtual session shall be organized instead on those dates.

**Decisions**

**EUR/RC71(1). Special rules and procedures for a virtual 71st session of the WHO Regional Committee for Europe**

**Preamble**

At its fourth session held on 18 May 2021, the Standing Committee of the Regional Committee for Europe (SCRC) considered the report by the WHO Regional Director for Europe concerning arrangements for the 71st 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 WHO European Region, the SCRC endorsed the proposal of the Regional Director that the 71st session should be held virtually, similarly to the Seventy-fourth World Health Assembly held on 24–31 May 2021.
Special rules and procedures need to be put in place so that the Regional Committee can pursue its work during a virtual 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 session of the Regional Committee are set out in the Annex to this draft decision below.

Both the text of the draft decision and the special rules and procedures detailed in the Annex closely follow the arrangements adopted by the Regional Committee at its 70th session. These were discussed with and accepted by the Twenty-eighth SCRC at its fourth session.

Therefore, in view of the foregoing, the Regional Committee,

Agreeing with the decision of the SCRC to hold the 71st session of the Regional Committee virtually;

1. DECIDES to adopt the special rules and procedures to regulate the conduct of its virtual 71st session set out in the Annex to this decision.

Annex. Special rules and procedures to regulate the conduct of the virtual 71st 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 for Europe 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 for Europe.

Agenda and programme

2. In accordance with Rule 8 of the Rules of Procedure of the Regional Committee for Europe, the ministerial and technical briefings as well as the side events are not considered as formally part of the agenda of the Regional Committee. In addition, they will not be considered as formally part of the programme and will be organized in the days following the session.

Attendance and quorum

3. Attendance by Member States, States that are not members of the Regional Committee, Associate Members, 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 be through secured access to videoconferencing or other electronic means, allowing representatives to hear other participants and to address the meeting remotely.

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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); and
- Rule 41 and 44 (voting by show of hands or secret ballot).
4. It is understood that 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**

5. During the virtual session, Member States, States that are not members of the Regional Committee, Associate Members, 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 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. Interventions by non-State actors in official relations with WHO or accredited by the Regional Committee will be limited to only joint statements, which in turn will be limited to three minutes.

6. Any participant wishing to take the floor should signal their wish to speak.

7. Member States, States that are not members of the Regional Committee, Associate Members, 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 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. The same conditions and time limits apply as for live interventions.

8. Member States, States that are not members of the Regional Committee, Associate Members, 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 languages of the Regional Committee for posting on the WHO Regional Office for Europe (WHO/Europe) website under the related agenda item. Any such written statements are to be sent in advance of the opening of the 71st session of the Regional Committee (RC71). A written statement may be submitted in lieu of an oral intervention or to complement it, and they should make clear reference to the relevant agenda item. Interventions on the items on matters arising from the resolutions and decisions of the World Health Assembly and the Executive Board, and on progress reports, will be limited to written statements only.

9. Written statements shall remain posted on the WHO/Europe website in the language of submission until the adoption of the report of RC71. The content of the written statements will be summarized/reflected, in accordance with the usual practice, in the report of RC71.

10. 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 made at the Regional Committee should signal its intention to do so. It is understood that, in accordance with well-established practice, any right of reply to such a statement shall be exercised at the end of the meeting.

11. 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. Any Member wishing to exercise a right of
reply in relation to a written statement submitted in reply to its previous written statement should do so in writing as soon as possible and, in any case, no later than 15 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 RC71.

Registration and credentials

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

13. 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 WHO Regional Director for Europe, 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.

14. 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 RC71, 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.

Public nature of the meetings

15. The virtual session of the Regional Committee shall be broadcast on the WHO/Europe website, in line with usual practice, with the exception of proceedings related to the item on elections and nominations.

Decision-making

16. 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 session and the technical impossibility at this time to guarantee the secrecy of the vote, no decision shall be taken by a show of hands vote or by secret ballot.

17. In the event that a vote is required, voting shall take place by roll call conducted through the virtual system. During a roll-call vote, should any delegate fail to cast a vote for any reason, 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.

18. 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 RC71.

19. 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 of the closure of the virtual RC71, the Regional Director shall send to each Member State that has registered for and attended the virtual RC71 a ballot paper and a standard envelope, and shall confirm 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 must be received in the main office in Copenhagen, Denmark. Member States shall place their ballot papers in the standard envelope, seal it and return it by courier or registered letter to the main 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 main office to open the envelopes and assist in the counting of the votes. Member States that have registered for and attended the virtual RC71 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.

**Resolutions and decisions**

20. Notwithstanding Rule 22 bis of the Rules of Procedure, proposals for substantive amendments to proposed resolutions and decisions shall be introduced in writing and transmitted to the Regional Director at least 24 hours prior to the opening of the virtual session of the Regional Committee. The Regional Director shall circulate copies of such amendments to the delegations no later than the opening of the first day of the session.

21. Pursuant to Rule 22 quarter, proposed amendments shall be considered by the Officers of the Regional Committee and the Regional Director with a view to submitting a revised draft resolution or decision to the Regional Committee for adoption before the adjournment of the session. If adoption of the revised draft resolution or decision is not feasible before the end of the session, the Regional Committee may decide to establish an open-ended working group that will meet virtually after the adjournment of its session. This working group will consider the original formal proposal and related amendments and seek to reach consensus within two weeks of its first meeting. If the working group fails to reach consensus, the proposal will be considered as lapsed. If the working group achieves consensus, the Regional Director will transmit to Member States any such proposal for consideration under a written silence procedure. The communication will contain the text of the proposal to be considered and will set a date for the receipt of any objections by Member States, which will be 14 days from the date of dispatch of the communication. Only Member States that wish to formally object to the draft proposal are required to reply in writing and by the date set. If a majority of Member States formally objects in writing by the set date, the proposal will be considered as having been rejected by the Regional Committee. Otherwise, the proposal will be considered as validly adopted by the Regional Committee in accordance with Rule 39. The Regional Director will inform Member States of the outcome of the written procedure and the report of the session of the Committee will be finalized by summarizing the process undertaken and including the resolution(s) and/or decision(s) as adopted.
Use of languages

22. For the avoidance of doubt, Rule 20 of the Rules of Procedure shall continue to apply, whereby oral interventions made in a working language of the Regional Committee shall be interpreted into the other working languages.

23. Member States may provide translations of their submitted written statements into one or more of the working languages of the Regional Committee, if they so wish. Such translations should be clearly marked with the words “unofficial translation.”

EUR/RC71(2). Engagement with non-State actors: accreditation and renewal of 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,

Recognizing that non-State actors play an essential role in the advancement and promotion of public health at global, regional, country and community levels;

Acknowledging the importance of cooperating with non-State actors, as well as having non-State actors actively participate in the governance processes of WHO, in line with the rules and regulations of the Organization;

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

1. EXPRESSES gratitude for the continued efforts by non-State actors to advance the health agenda both regionally and globally;

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

   (a) European Association for Palliative Care;
   (b) European Disability Forum;
   (c) European Heart Network;
   (d) European Network for Smoking and Tobacco Prevention;
   (e) European Society of Cardiology; and
   (f) Mental Health Europe.

¹ Document EUR/RC71/15.
² As contained in the Annex to resolution WHA69.10 (2016).
3. DECIDES to renew the accreditation status of the following non-State actors for a further three years:

(a) Alzheimer Europe;
(b) Association for Medical Education in Europe;
(c) Center for Health Policies and Studies;
(d) Centre for Regional Policy Research and Cooperation (Studiorum);
(e) Eurocare (European Alcohol Policy Alliance);
(f) EuroHealthNet;
(g) European Association for the Study of the Liver;
(h) European Cancer Organisation;
(i) European Federation of Allergy and Airways Diseases Patients’ Associations;
(j) European Federation of the Associations of Dietitians;
(k) European Forum for Primary Care;
(l) European Forum of Medical Associations;
(m) European Forum of National Nursing and Midwifery Associations;
(n) European Medical Students’ Association;
(o) European Public Health Alliance;
(p) European Public Health Association;
(q) Health Care Without Harm;
(r) Standing Committee of European Doctors; and
(s) Wemos.
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-eighth Standing Committee of the Regional Committee for Europe

2. Addresses
   (a) Address by the WHO Director-General: the state of health in the world
   (b) Address by the WHO Regional Director for Europe: the state of health in the WHO European Region
   (c) Address by Her Royal Highness The Crown Princess of Denmark

3. COVID-19 lessons learned: getting ready for the next pandemic


5. Realizing the potential of primary health care in the post-COVID-19 era

6. European Immunization Agenda 2030: building better health for tomorrow

7. The Mental Health Coalition: building an economy of well-being


9. WHO programme budget and sustainable financing

10. Private meeting: elections and nominations
    (a) Nomination of two members of the Executive Board
    (b) Election of four members of the Standing Committee of the Regional Committee for Europe
    (c) Election of one member in Category 2 of the Policy and Coordination Committee of the Special Programme of Research, Development and Research Training in Human Reproduction (PCC/HRP)

11. Delivering a fit-for-purpose WHO/Europe for country impact

12. Accreditation of regional non-State actors (NSAs) to the WHO Regional Committee for Europe and review of the accreditation status of NSAs accredited in 2018
13. Matters arising from resolutions and decisions of the World Health Assembly and the Executive Board

14. Progress reports

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

16. Other matters

17. Closure of the session
Annex 2. List of documents

Working documents

EUR/RC71/1             Provisional agenda
EUR/RC71/1 (interactive) Provisional interactive agenda
EUR/RC71/2             Provisional programme
EUR/RC71/2 (annotated)  Provisional annotated programme
EUR/RC71/3             Report of the Twenty-eighth Standing Committee of
                       the Regional Committee for Europe
EUR/RC71/3 Add.1       Report of the fifth session
EUR/RC71/4             Report of the Regional Director: the work of
                       WHO/Europe in 2020–2021
EUR/RC71/5             Development of the measurement framework for the
                       European Programme of Work, 2020–2025
EUR/RC71/6 Rev.1       Response to the COVID-19 pandemic: lessons learned
t                       to date from the WHO European Region
EUR/RC71/7             Health system transformation in the digital age during
                       the COVID-19 pandemic
EUR/RC71/8             Report on the Pan-European Commission on Health
                       and Sustainable Development – rethinking policy
                       priorities in the light of pandemics
EUR/RC71/9             Realizing the potential of primary health care: lessons
                       learned from the COVID-19 pandemic and implications
                       for future directions in the WHO European Region
EUR/RC71/10            European Immunization Agenda 2030
EUR/RC71/11            The WHO European Framework for Action on Mental
                       Health 2021–2025 and the new Mental Health Coalition
EUR/RC71/12            WHO Programme budget 2022–2023 in the context of
                       the European Programme of Work: regional plan for
                       implementation
EUR/RC71/13            Membership of WHO bodies and committees
EUR/RC71/13 Add.1      Membership of WHO bodies and committees
EUR/RC71/14            Delivering a fit-for-purpose WHO/Europe for country
                       impact
EUR/RC71/15  Engagement with non-State actors: accreditation and triennial review of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe

EUR/RC71/16  Matters arising from resolutions and decisions of the World Health Assembly and the WHO Executive Board: regional implications


EUR/RC71/17(B)  Final progress report on the implementation of Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people centredness

EUR/RC71/17(C)  Progress report on the implementation of Towards a sustainable health workforce in the WHO European Region: framework for action

EUR/RC71/17(D) Rev.1  Midterm progress report on the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region, 2018–2023


EUR/RC71/17(G)  Progress report on the implementation of the European Environment and Health Process

EUR/RC71/17(H)  Progress report on the Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being

EUR/RC71/17(I)  Audit and compliance

Draft resolutions and decisions

EUR/RC71/CONF./1  Draft decision on the special rules and procedures for a virtual 71st session of the WHO Regional Committee for Europe

EUR/RC71/CONF./2  Draft resolution on the report of the Twenty-eighth Standing Committee of the Regional Committee for Europe
<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
<tr>
<td>EUR/RC71/CONF./3</td>
<td>Draft resolution on the report of the Regional Director on the work of WHO/Europe in 2020–2021</td>
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<td>EUR/RC71/CONF./4</td>
<td>Draft resolution on the measurement framework for the European Programme of Work, 2020–2025</td>
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<td>EUR/RC71/CONF./4 Add.1</td>
<td>Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Regional Committee</td>
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<td>EUR/RC71/CONF./5</td>
<td>Withdrawn</td>
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<td>EUR/RC71/CONF./6</td>
<td>Draft resolution on realizing the potential of primary health care: lessons learned from the COVID-19 pandemic and implications for future directions in the WHO European Region</td>
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<td>Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Regional Committee</td>
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<td>EUR/RC71/CONF./7</td>
<td>Draft resolution on the European Immunization Agenda 2030</td>
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<td>EUR/RC71/CONF./7 Add.1</td>
<td>Financial and administrative implications for the Secretariat of resolutions proposed for adoption by the Regional Committee</td>
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<tr>
<td>EUR/RC71/CONF./9 Rev.1</td>
<td>Draft resolution on WHO sustainable financing in the European Region</td>
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<tr>
<td>EUR/RC71/CONF./10</td>
<td>Draft decision on engagement with non-State actors: accreditation and renewal of accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe</td>
</tr>
<tr>
<td>EUR/RC71/CONF./11</td>
<td>Draft resolution on the dates and places of regular sessions of the Regional Committee for Europe in 2022–2023</td>
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**Information documents**

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<tr>
<td>EUR/RC71/INF./1</td>
<td>Overview of the implementation of Programme budget 2020–2021 in the WHO European Region</td>
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<td>EUR/RC71/INF./2</td>
<td>Measurement framework for the European Programme of Work, 2020–2025: approach, targets, indicators and milestones</td>
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<tr>
<td>EUR/RC71/INF./3</td>
<td>European Health Report 2021</td>
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<td>EUR/RC71/INF./4</td>
<td>A Timeline of WHO’s COVID-19 Response in the WHO European Region</td>
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<td>WHO sustainable financing in the European Region</td>
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<td>EUR/RC71/INF./6(A)</td>
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<td>EUR/RC71/INF./6(B)</td>
<td>Strengthening efforts on food safety</td>
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<td>EUR/RC71/INF./6(C)</td>
<td>Global actions on epilepsy and other neurological disorders</td>
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<tr>
<td>EUR/RC71/INF./6(D)</td>
<td>Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes</td>
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<td>Accelerating action to reduce the harmful use of alcohol</td>
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<td>EUR/RC71/INF./6(F)</td>
<td>Oral health</td>
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<tr>
<td>EUR/RC71/INF./7</td>
<td>WHO/Europe’s presence and work in countries</td>
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<td>EUR/RC71/INF./8</td>
<td>Membership of WHO bodies and committees: Guidance note on the assessment process and criteria for nominations and elections</td>
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<tr>
<td>EUR/RC71/INF./9</td>
<td>Summary of answers from Member States of the WHO European Region to questions received from the Working Group on Sustainable Financing</td>
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**Background documents**

<p>| EUR/RC71/BG/1 | Health and well-being in the voluntary national reviews of the 2030 Agenda for Sustainable Development in the WHO European Region 2016–2020 |
| EUR/RC71/BG/2 | Health and well-being and the 2030 Agenda for Sustainable Development in the WHO European region: an analysis of policy development and implementation |
| EUR/RC71/BG/3 | Primary Health Care Country Vignettes. Transforming primary health care during the pandemic |
| EUR/RC71/BG/4 | Action required to address the impacts of the COVID-19 pandemic on mental health and service delivery systems in the WHO European Region. Recommendations from the Technical Advisory Group on the Mental Health Impacts of COVID-19 in the WHO European Region |</p>
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<tr>
<td>EUR/RC71/BG/5</td>
<td>Athens Mental Health Summit Declaration. Actions required to address the impact of the COVID-19 pandemic on mental health and service delivery systems in the WHO European Region</td>
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<tr>
<td>EUR/RC71/BG/6</td>
<td>Digital Health Country Vignettes</td>
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<td>EUR/RC71/BG/7</td>
<td>Overview of WHO/Europe Resources (as at July 2021)</td>
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<td>EUR/RC71/BG/8</td>
<td>European Immunization Agenda 2030: draft for the Seventy-first Regional Committee for Europe</td>
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<td>EUR/RC71/BG/9</td>
<td>European Immunization Agenda 2030 (EIA 2030)</td>
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<tr>
<td>EUR/RC71/BG/10</td>
<td>WHO European Framework for Action on Mental Health 2021–2025: draft for the Seventy-first Regional Committee for Europe</td>
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<tr>
<td>EUR/RC71/BG/11</td>
<td>Results of the Member States’ web-based consultation on the draft progress report on implementation of the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region, 2018–2023</td>
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<td>EUR/RC71/BG/12</td>
<td>Drawing light from the pandemic: a new strategy for health and sustainable development</td>
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<tr>
<td>EUR/RC71/BG/14</td>
<td>High-Level European Expert Group proposing a roadmap towards stabilization of the COVID-19 pandemic in the European Region</td>
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**Diverse documents**

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<td>EUR/RC71/DIV./1</td>
<td>Provisional list of documents</td>
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<td>EUR/RC71/DIV./2</td>
<td>Guide for participants</td>
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<td>Provisional list of representatives and other participants</td>
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</table>
Annex 3. List of representatives and other participants

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World Organisation for Animal Health

Dr Budimir Plavsic
Regional Representative
VII. Representatives of non-State actors in official relations with WHO and accredited to attend meetings of the WHO Regional Committee of Europe

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Alzheimer’s Disease International
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   Mr Chris Lynch
   Mr Lewis Arthurton

Association for Medical Education in Europe
   Mr Janusz Janczkowicz
   Ms Paulina Sobieranska

Center for Health Policy and Studies (PAS Center)
   Ms Liliana Caraulan

Drugs for Neglected Diseases Initiative
   Ms Rachael Crockett

EUROCAM
   Dr Ton Nicolai
   Ms Miranda Ruchtie

EuroHealthNet
   Ms Alison Maassen
   Ms Dorota Sienkiewicz

European Alcohol Policy Alliance
   Ms Florence Bertelletti

European Association for the Study of the Liver
   Ms Morgane Guex

European Federation of Allergy and Airways Disease Patients’ Associations
   Ms Isabel Proaño
   Mr Gegerly Meszaros

European Federation of the Associations of Dietitians
   Ms Annemieke van Ginkel-Res
   Ms Wineke Remijnse

European Federation of Nurses Associations
   Mr Paul De Raeve
European Forum for Primary Care
   Professor Maria van den Muijsenbergh
   Mr Diederik Aarendonk
   Ms Anke van Dam

European Forum of Medical Associations
   Ms Leah Wapner
   Ms Michelle Glekin

European Forum of National Nursing and Midwifery Associations
   Ms Valentina Sarkisova
   Ms Mervi Jokinen
   Mr Luis Filipe Barreira

European Medical Students’ Association
   Ms Alexandra Archodoulakis
   Ms Selen Uzun
   Ms Sakshi Prasad

European Public Health Alliance
   Ms Milka Sokolovic

European Public Health Association
   Dr Iveta Nagyova
   Ms Maaike Droogers
   Ms Marie Guichardon

European Respiratory Society
   Professor Guy Joos
   Mr Brian Ward

European Society for Medical Oncology
   Dr Rosa Giuliani
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   Ms Gracemarie Bricalli

European Stroke Organization
   Ms Francesca Roman Pellezza
   Ms Michèle Schaub Jackson

Humatem
   Ms Catherine Blanc-Gonnet
   Ms Emilie Durand
International Alliance of Patients’ Organizations
   Mr Kawaldip Sehmi
   Ms Neda Milevska Kostova

International Association for Hospice & Palliative Care
   Dr Katherine Pettus
   Ms Gulnara Kunirova
   Mr Juan Pablo Leiva

International Bureau for Epilepsy
   Ms Mary Secco
   Ms Francesca Sofia

International Confederation of Midwives
   Dr Victoria Vivilaki
   Dr Franka Cadée

International Council of Nurses
   Dr Karen Bjoro

International Diabetes Federation
   Ms Elisabeth Dupont
   Ms Sabine Dupont
   Ms Alina Chebes

International Federation of Gynecology and Obstetrics
   Professor Mary Ann Lumsden
   Dr Jeannne Conry

International Federation of Medical Students’ Association
   Ms Mariona Borrel Arrasa

International Federation of Pharmaceutical Manufacturers & Associations
   Ms Bettina Butzke
   Mr Mathieu Uhart

International Federation on Ageing
   Dr Jane Barratt
   Ms Supriya Venigalla

International Federation of Biomedical Laboratory Science
   Ms Marie Culliton
International League Against Epilepsy
   Mr Matthew Walker
   Mr Eugen Trinka
   Ms Julie Hall

International Pharmaceutical Students’ Federation
   Mr Bram Wagner

Movendi International
   Mr Maik Dunnbier

Norwegian Cancer Society
   Ms Carina Alm

Public Services International
   Mr Adam Rogalewski

Standing Committee of European Doctors
   Ms Annabel Seebohm
   Ms Sarada Das

Thalassaemia International Federation
   Dr Androulla Eleftheriou
   Ms Lily Cannon
   Ms Eleni Antoniou

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   Mr John Ward
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Union for International Cancer Control
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   Mr Pablo Davó Cabra
World Federation of Chinese Medicines Societies
   Professor Jialang He

World Federation of Neurology
   Professor William Carroll
   Dr Wolfgang Grisold
   Professor Ryuji Kaji

World Federation of Nuclear Medicine and Biology
   Professor John Prior

World Federation of Occupational Therapists
   Ms Samantha Shann

World Federation of Societies of Anaesthesiologists
   Dr Daniela Filipescu
   Mr Francis Peel
   Mr Stuart Halford

World Heart Federation
   Ms Kelcey Armstrong-Walenczak
   Mr Jeremiah Mwangi

World Hepatitis Alliance
   Mr Cary James
   Mr Chris Wingrove
   Ms Rachel Halford

World Obesity Federation
   Ms Margot Neveux
   Ms Jacqueline Bowman-Busato
   Ms Cristina Ribes

World Organization of Family Doctors
   Dr Mehmet Ungan
   Ms Eva Hummers

World Stroke Organization
   Professor Michael Brainin
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*European Disability Forum*
  Ms Marion Steff

*European Heart Network*
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  Ms Marleen Kestens
  Ms Marilena Vrana

*European Network for Smoking and Tobacco Prevention*
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  Mr Francisco Rodriguez Lozano
  Ms Polina Starchenko

*European Society of Cardiology*
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*International Federation of Red Cross and Red Crescent Societies*
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*Mental Health Europe*
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  Ms Silvija Geistarte

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Dr Marc Danzon  
Ms Ekaterina Gladkikh  
Ms Anastasia Kluge  
Dr Henri Kluge  
Ms Sofia Kluge  
Professor Mario Monti  
Professor Reinhard Busse  
Mr Rafael Bengoa  
Professor Michel Kazatchkine  
Professor Martin McKee  
Dr José Martín-Moreno  
Dr Hans Troedsson  
Dr Anne Marie Worning
Annex 4. Address by Her Royal Highness The Crown Princess of Denmark

Director-General, Regional Director, President [of the RC71 session] Manastirliu, honourable ministers, distinguished guests, ladies and gentlemen,

It is a great pleasure to speak to you all once again, at the opening of this 71st session of the WHO Regional Committee for Europe. The past year has in many ways been exceptional. And even though a lot has been achieved in combatting the pandemic there is still a lot to be done. 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 inequalities and areas of weakness that exist in our Region.

Today, I would like to highlight three issues of the possible many issues that otherwise could be highlighted: First of all, children and youth and the negative consequences the pandemic has had on many of them – not least on their mental health. Secondly, the importance of immunization to set children on a healthy path in life. And thirdly, the impact on some of the most vulnerable groups in society as a result of a health sector overwhelmed in its efforts to tackle the pandemic.

Twenty months. That is the time that has passed since the pandemic first began to fill our news feeds. 20 months! Imagine that in the life of a young person who craves social interaction. A young person suddenly faced with a complete disruption of daily routines – and of all social life.

With four youngsters in our household and the work with the Mary Foundation, I have witnessed how prolonged social isolation effects the mood and behaviour of young people. Many children and young people have coped with it – although with difficulty. Many have suffered.

The beautiful, poignant and uplifting performance given this morning by the members of the “House of Swag Kids” gave us a flavour of how the pandemic has been felt by young people. Congratulations with a remarkable performance. And thank you for your energy and talent, and for sharing your mental health challenges and experiences with us in such a creative and thought-provoking way.

Artistic pursuits and performance have such a central place in our cultures, and a special ability to explain our experiences and heal our hurt. The piece we saw this morning reminds me of the words of the French literary giant, Victor Hugo: “Music expresses that which cannot be put into words and that which cannot remain silent”.

We cannot remain silent on issues such as mental health. Our instinctive tendency to avoid these sensitive and often very personal and painful issues must be overcome. With this morning’s performance in mind the early evidence emerging on the negative effects of the pandemic on the mental health of young people, is deeply concerning.

Simply being young is a risk factor for pandemic-associated mental health impacts, according to a study covering 17 of the European Region’s Member States. We are only just beginning
to recognize the impact that limited social interaction, disruptions to education and employment, and an uncertain future may have had on our younger generation.

The pandemic has only served to remind us that we cannot take mental health for granted. The restrictions and separation from friends have affected young people at a significant and vulnerable time in their lives. Many have suffered mental health consequences. The pandemic has – in this way – revealed the imbalance in our focus on mental health compared to physical illness.

Many countries and health care systems have already made efforts to counter the negative mental health effects of the pandemic. In Denmark, the Government and parliament during Covid reached a broad agreement to fund NGOs that help and support people which have developed mental health issues as a result of Covid. The Danish Government plans to increase efforts on these and other psychiatric issues in an upcoming 10-year plan for psychiatry and mental health that follows from Covid.

As you embark on extensive discussions over the next three days, it is reassuring to see that addressing mental health has a prominent place on the agenda. As one of the flagship initiatives of the European Programme of Work, the forthcoming launch of the Mental Health Coalition will give much needed impetus to increase support and investment in mental health services, now required more urgently than ever.

Another flagship initiative in focus this year, is the Immunization Agenda 2030. Immunization has long been a focus of my advocacy work with the WHO Regional Office for Europe, but COVID-19 has placed vaccines centre stage, and impacted immunization programmes in multiple ways. We all know the power of vaccines – how they offer a safe and effective means to eliminate many diseases, and thus prevent suffering that can permanently alter or take lives.

You and your ministries have already done much to ensure that routine immunization coverage continues across the European Region. It is a testament to your intense efforts to maintain or catch-up on life-saving childhood vaccine programmes, that routine coverage has only fallen by 1% between 2019 and 2020, despite COVID-19 restrictions. Yet large coverage variations between and within countries hidden by this small decrease remains a challenge, as well as missed doses.

And measles continues to be endemic in many countries around the world and will resurge wherever there are vulnerable people to infect, and where vaccine courage is too low. We cannot allow the pandemic to impact children’s health in this way.

The speed at which safe and effective COVID-19 vaccines have been developed is phenomenal, bringing us closer to putting the current pandemic behind us.

The challenges we face now shape future plans. What an opportune moment to launch the European Immunization Agenda 2030, that seeks to build vaccine solidarity among nations, and commitment among people. I look forward to playing my part in supporting this new agenda.

Immunization is one element to set children on a healthy path in life. Early childhood development, interventions through home visits, pre-school education, good feeding practices
and the removal of environmental threats strengthen that foundation. The Regional Office has tools available to guide the development and revision of policies and action plans to improve the quality and continuity of such services.

Investing in early childhood development is one of the best investments that a society can make for its future. Without it, the mental and physical consequences for children who have been left behind can extend long into adulthood or throughout a lifetime.

Finally, access to sexual and reproductive health is another area experiencing setbacks due to COVID-19. It is truly concerning that 74% of Member States surveyed reported a disruption to these services during the pandemic, which could have traumatic and far-reaching consequences for huge numbers of women and their families.

The conclusion that logically could be drawn is that a disruption to Reproductive Health care, can result in: An increase in unplanned pregnancies due to lack of access to prevention. An increase in mother mortality due to an increase in homebirths and lack of access to skilled birth attendance.

Much work and effort are still required to achieve universal SRH and well-being for all in the European Region. I remain strongly committed to advocacy efforts for sexual and reproductive health and rights, essential to accelerate progress, reduce large inequalities and achieve the Sustainable Development Goals.

Honourable ministers and distinguished guests, I hope you have productive discussions, share inspiring examples, find ground-breaking solutions, and reach visionary agreements, that will lay the foundation for achieving better health for all, at all ages.

This pandemic has been – and remains – a traumatic time for many.

Let me close with the words of Victor Hugo once again, who became a poet as a teenager, and spent a lifetime inspiring and entertaining many: “Even the darkest night will end, and the sun will rise.”

I wish you all the very best health and happiness.

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

Your Royal Highness, Crown Princess Mary, Your Excellency Ogerta Manastirliu, Minister of Health of Albania, and President of the Regional Committee, Honourable ministers and heads of delegation, Dr Hans Kluge, Regional Director for Europe, Excellencies, dear colleagues and friends,

Good morning to all of you.

I thank Your Royal Highness for your continued support for the work of WHO in Europe.

I deeply regret that for the second year, we are not able to meet in person. But I hope that we will be able to next year.

Whether we can or not is up to us. It’s in our hands – we have all the tools to stop transmission and save lives: effective public health and social measures; rapid, accurate tests; life-saving oxygen; and vaccines.

We know what works. But the pandemic is still with us because globally, we have not put that knowledge to work.

Increased mixing and mobility, premature abandonment of public health and social measures, the emergence of more transmissible variants, and the inequitable distribution of vaccines, are all driving transmission and deaths.

It seems that some countries have decided that thanks to vaccines, the pandemic is over. Nothing could be further from the truth.

Vaccines are a powerful tool that will help to bring the pandemic under control, once we have reached a sufficiently high level of coverage globally.

But we’re not there yet. And in the meantime, every country must continue with a comprehensive, risk-based approach of tailored public health and social measures, in combination with early clinical care and equitable vaccination.

It’s not vaccines only – it’s vaccines and.

One year ago, we were still waiting for, and hoping that, a safe and effective vaccine would be developed, and that if it was, it would be available equitably to all countries.

The first part of that hope was realized – the development and approval of several safe and effective vaccines in record time has given the world real hope of bringing the pandemic under control.

But the shocking inequity in the global distribution of vaccines is a stain on our collective conscience.

More than 5.5 billion doses of vaccine have been administered globally, but almost 80% of those have been in high- and upper-middle income countries.
WHO’s global targets are to support every country to vaccinate at least 10% of its population by the end of this month, at least 40% by the end of this year, and 70% of the world’s population by the middle of next year.

I’m pleased that in Europe, almost 90% of Member States have reached the 10% target, and 60% of countries have already reached the 40% target. This is the region with the highest vaccination rates in the world.

But other regions need your support. That’s why I have called for a global moratorium on booster doses until at least the end of the year, to allow us to achieve our global vaccination targets.

A small number of immunocompromised people may need third doses. But we do not want to see widespread use of boosters for healthy people when so many health workers and at-risk people around the world are still waiting for their first dose.

The fastest way out of this pandemic for all of us is to vaccinate the most at-risk people in all countries, while working to minimize the spread of the virus. The longer vaccine inequity persists, the more opportunity the virus has to circulate and change into variants that could potentially evade vaccines.

I’m also concerned by reports that some European countries are refusing entry to people who have received a vaccine that has WHO Emergency Use Listing, but which has not been approved by their own national regulator or the European Medicines Agency.

This is creating more chaos, confusion and discrimination, with some countries even refusing to use certain vaccines because of concern their citizens will be denied entry to other countries.

WHO Emergency Use Listing follows a rigorous process based on internationally recognized standards. All vaccines that have received WHO Emergency Use Listing are safe and effective in preventing severe disease and death, including against the Delta variant.

We thank those countries that recognize all vaccines with WHO Emergency Use Listing, and we call on all countries to do the same.

Excellencies,

Even as we work to end the pandemic, we must learn the lessons it is teaching us, and your agenda this week reflects many of those lessons.

The pandemic is a powerful demonstration of the importance of primary health care as the foundation of both global health security and universal health coverage.

COVID-19 has also reminded us of the power of immunization.

And it is has reminded us that there is no health without mental health.
So I welcome the agenda items on each of those topics that you will consider at this meeting.

I also welcome the report of the Pan-European Commission on Health and Sustainable Development, and especially its focus on integrating a truly One Health approach.

I thank the former Prime Minister of Italy, Professor Mario Monti, and the other members of the commission for their work, and I look forward to hearing more about the Regional Committee’s discussion and response. Grazie mille, Professor.

Their findings and recommendations of this report have much in common with those of the other reports and reviews of the global response to the pandemic.

There are hundreds of recommendations and proposals to sort through. Our collective challenge now is to come to a global consensus about the way forward.

Inaction is not an option. If we fail to prepare now for future epidemics and pandemics, we are preparing to fail.

Whatever structures and mechanisms emerge, WHO believes they must be grounded in these core principles:

They must have the engagement and ownership of all countries;

They must be multisectoral, involving partners from across the One Health spectrum;

They must be linked to, and aligned with, the constitutional mandate of WHO, rather than creating parallel structures;

They must ensure coherence with the International Health Regulations and other international instruments;

And they must be accountable and transparent.

Reflecting these principles, we see four critical areas for action.

First, we need better global governance.

The existing global health security architecture is complex and fragmented, and voluntary mechanisms have not led to the level of commitment and action required.

The vaccine crisis illustrates the fundamental weakness at the root of the pandemic: the lack of global solidarity and sharing – sharing of information and data, biological samples, resources, technology and tools.

New governance mechanisms are needed, supported by high-level political engagement and legally-binding instruments that are inclusive, coherent and accountable.
That’s why I believe a treaty or other international instrument on pandemic preparedness and response will provide a much-needed overarching framework for global cooperation, setting the rules of the game, and enhancing solidarity among nations.

An every-nation-for-itself approach did not work this time, and it won’t work next time.

We seek the support of all European Member States for this important initiative at the Special Session of the World Health Assembly in November.

Second, we need more and better financing for national and global preparedness and response.

Cycles of panic and neglect have contributed to unstable international financing for global health security, with catastrophic consequences.

The current financing ecosystem of pandemic preparedness and response is insufficient in scale, complex, fragmented and inefficient, and does not ensure equity.

We need a substantial increase in domestic investment, including for primary health care, as well as in international financing to strengthen capacities in low- and lower-middle income countries, and to finance global goods such as vaccines.

This financing must be truly additional, predictable, equitable, aligned with national, regional and global priorities and plans.

A mechanism financed solely from voluntary development assistance will only increase competition for already scarce resources.

Crucially, any financing facilities must be built using existing financial institutions, rather than creating new ones that further fragment the global health architecture.

Third, we need better systems and tools, across the One Health spectrum.

Already, WHO has taken steps to start building some of those tools.

In September, I was honoured to join Chancellor Angela Merkel to open the WHO Hub for Pandemic and Epidemic Intelligence in Berlin, a new centre designed to foster greater sharing of data and information between countries and to improve global surveillance for epidemics and pandemics by harnessing the power of artificial intelligence, quantum computing and other cutting-edge technologies.

Other initiatives are in development, including the WHO BioHub, a new facility in Switzerland for storing and sharing pathogens, and the Universal Health and Preparedness Review, a new peer-review mechanism for enhancing national preparedness modelled on the Universal Periodic Review used by the United Nations Human Rights Council.

Recently, the Secretariat also announced the establishment of a permanent International Scientific Advisory Group for Origins of Novel Pathogens, or SAGO, to establish a more systematic way of identifying the source of new outbreaks.
As you know, we have shared the draft terms of reference with Member States, and have issued an open call for experts to join SAGO. We urge experts from Europe to apply.

I wish to emphasise that SAGO is not only about the next phase of studies into the origins of SARS-CoV-2; it is a long-term initiative to support studies into the origins of all future emerging pathogens. We are institutionalizing this.

And fourth, we need a strengthened, empowered and sustainably financed WHO at the centre of the global health architecture.

With 194 Member States and 152 country offices, WHO has a unique global mandate, unique global reach and unique global legitimacy.

But over several decades, it has been progressively weakened by a debilitating imbalance between assessed and voluntary, earmarked contributions that distort our budget and constrain our ability to deliver what our Member States expect of us.

Redressing this imbalance is critical if WHO is to be the independent and authoritative institution the world needs it to be.

Currently, only 16% of our funds come through assessed contributions. Adjusted for inflation, our assessed contributions today are 340 million US dollars less than they were in the 1980s.

And of WHO's remaining funds, about 80% now are earmarked.

The situation was the exact opposite in the 1980s, with more than 80% assessed contributions and with less than 20% voluntary contributions.

This imbalance means we cannot do the long-term programming at the country level that the biggest health challenges require.

It also means we have an over-reliance on consultants and temporary contracts, which destabilizes our workforce and makes it difficult for us to train and retain the experts we need.

I thank those Member States that have engaged in the Member State Working Group on Sustainable Finance, which will make its recommendations to the Executive Board in January. I would like to thank Björn Kümmel for his leadership.

Just as we have a historic opportunity to transform global preparedness and response, so we have a historic opportunity to transform the funding model for WHO. This is something only you can do as Member States.

Of course, you are right to expect accountability for the resources you give us. We welcome that, and have already taken substantial steps to deliver it. And as your Secretariat, we are committed to further improvements to make WHO the modern, agile, impact-focused organization you want, and you need.

We started our transformation even before COVID, but we have to do more.
Sustainable and predictable funding is one of seven areas in which we have been working for more than four years as part of the WHO Transformation.

The Transformation is anchored in 40 core initiatives that are designed to enable a more agile, results-focused WHO, which you can track with our online Transformation Monitoring tool.

When the crisis hit, our reconfigured business, partnership and external relations functions were immediately tasked to operate at scale.

Our new Science Division established a fast-track review mechanism to ensure the timeliness, coherence and quality of all WHO guidance.

The new WHO Emergency Preparedness and Response divisions have supported pandemic efforts around the world, including, under this new operating model, by co-leading the Supply Chain Task Force.

And as part of our more expansive approach to partnerships, we established the ACT Accelerator, which has distributed vaccines, diagnostics, therapeutics and PPE all over the world.

In the wake of the pandemic and the external evaluation of the WHO Transformation, we plan to undertake a stocktake before the end of the year to identify next steps.

The evaluation recommended we pay particular attention to transformation at the country level. In that regard, I welcome the European Region’s country office functional review process, which will provide essential inputs for WHO’s country-level transformation efforts around the world.

Excellencies,

With the UN General Assembly in September, the G20 Summit in October and the Special Session of the World Health Assembly in November, the next three months will be a critical period for shaping the future of pandemic preparedness and response.

We must seize the moment. In the coming months and years, other crises will demand our attention, and distract us from the urgency of taking action now. If the world continues down the same path, it will continue to get the same result, which is a world that is less healthy, less safe and less fair.

WHO is committed to supporting each of your countries to respond to the pandemic, and to build forward better.

I would like to leave you with four specific requests:

First, we seek your commitment to stay the course with a comprehensive, risk-based approach to preventing transmission and saving lives.

Second, we seek your support for WHO’s vaccination targets, in Europe and around the world, by swapping near-term vaccine deliveries with COVAX; by fulfilling your
dose-sharing pledges immediately; and by facilitating the sharing of technology, know-how and intellectual property to support regional vaccine manufacturing.

Third, we seek your support for the idea of a treaty or other international instrument on pandemic preparedness and response.

And fourth, we seek your support for building a stronger WHO that is empowered and financed sustainably.

Thank you all once again for your hard work and support for WHO at this critical time.

And we look forward to your continued support as we work together to promote health, keep the world safe and serve the vulnerable.

I would like to use this opportunity to thank the President of Kyrgyzstan, the Prime Minister of Slovenia and senior officials from San Marino and Russia for joining us today.

Thank you.
Annex 6. Address by the WHO Regional Director for Europe

Her Royal Highness Crown Princess Mary of Denmark; President Manastirliu of the 71st Regional Committee; Dr Tsoy, outgoing President of the 70th Regional Committee; WHO Director-General; Professor Mario Monti, Chair of the Pan-European Commission on Health and Sustainable Development; excellencies; ladies and gentlemen,

It is my dearest wish that this Regional Committee will fill us with the energy and conviction to quickly, collectively, regain control of the pandemic, and never lose it again. And that this crisis is the last one which takes us by surprise.

We at WHO/Europe carefully listened to your very important messages at the Regional Committee last year, at the World Health Assembly, at the Executive Board and at the sessions of the Standing Committee of the Regional Committee (SCRC). Your messages were instrumental to now proposing future health and health system policies and actions beyond the pandemic, incorporating the lessons. We at WHO/Europe listened to you, we heard you and we acted.

My talk today on the state of health in Europe will have three parts. First, we will look at the present. Where are we with COVID-19? The second part is the future. How do we move towards better health and well-being? And the third part will be on the how. So, let’s start with the present.

Ladies and gentlemen, today I stand here to tell you that this pandemic, like all other pandemics, will pass too. I cannot tell you when, but I can tell you how. Collectively, today we must refocus and reassess, which means asking three questions. Number one: Where are we today? Number two: Did we learn enough to change the course of events? Number three: How do we anticipate the end?

First, the pandemic picture today is not so different than the one last year. Overall in the Region, we have a steady increase of cases. We have a succession of pandemic waves, with a set of measures taken in a reactive mode until a period of tranquillity allows for some kind of relaxation. The various indicators disaggregated by age, severity, hospitalizations and intensive care unit admissions did not change very much – until vaccination started.

With the increase in vaccination coverage, we saw that the incidence of severity and mortality drastically dropped. So did the pressure on our health-care systems, even though, as we always expected, transmission continues in unvaccinated populations.

While the vaccine has been the game changer of the year, the emergence of more transmissible, more virulent variants of concern were the evolutionary response to our great efforts. But the equilibrium is still at our advantage, because the tools to control SARS-CoV-2 or the variants remain the same, including vaccination.

Second question: lessons learned. Let me point out three lessons learned from the pandemic.

The first one is that the pandemic has been a huge stress test for multilateralism and international solidarity. Vaccines work. Vaccines save lives and many lives, and they even
have the potential to bring down transmission if everyone participates. That’s why the huge vaccine inequity is not good.

In the WHO European Region, 58% of the eligible population in high-income countries got a full dose, and only 29% in the upper middle-income countries. In the lower-middle-income countries, only 9%. If we look globally to the low-income countries, only 2%. We in our Region have always felt global solidarity. And that’s why I invited the WHO regional directors of the African and the Eastern Mediterranean regions to address you today. No one is safe until everyone is safe.

The second lesson is that every pandemic fight starts with the people and by the people. The pandemic everywhere in the world is ultimately local. That’s why we need to increase community empowerment and community engagement and take care of the mental health of the people, and first and foremost the mental health of the youth and the health-care workers.

The health-care workers, we will need them until the end of the year and beyond, and they are really the heroes of the pandemic. In fact, COVID-19 has been the cruelest reminder that no health system survives unless it has strong primary health care. And in the 21st century, a health system will not serve much unless it is fully digitalized.

The third lesson is that the pandemic has been a huge stress test for public–private partnerships. Public organizations like WHO need to work with the private sector, not only to increase technological innovations and ensure their equal distribution, but also to guarantee their affordability for every individual in the world.

Learning lessons is one thing, but in order to implement those lessons WHO itself as an organization needs to look at its own institutional fitness. The worst thing WHO can do today is to be self-defensive. For me as Regional Director, the diagnosis is crystal clear. We need to do three things.

First, we need to focus more on regionalism; second, we need more political participation by Member States under the International Health Regulations (IHR); and third, we need more flexible financing.

The first one. Every region is a pillar of global influence. The reason, and let me insist, please, is that WHO has the unique constitutional advantage of being federated in 6 interlinked regions. Politically, we are a proxy to the Member States.

Second, there is a need for urgent revision of the IHR – or, to be more ambitious, for a new treaty incorporating additional provisions on consequences for non-observance by its signatories. If Member States themselves will not address this elephant in the room, no IHR, no new treaty, will make the world a safer place.

Third, for WHO we need more flexible financing. This does not necessarily mean more Member State contributions. It could be, for example, a 20–30% benchmark for flexibility on all earmarked voluntary contributions, and, for our Region, definitely more regional autonomy in fundraising and financing.
This brings us to the third question: how do we anticipate the end? We cannot stay out of the pandemic, but we can move towards sustainable control of transmission. What does that mean? It means no more major disruptions of health systems due to COVID-19 cases and hospitalizations. And it means the waves of the pandemic moving into seasonality or predictability with low-level endemic transmission, and all of this without the cost of societal lockdowns.

In response to your repetitive requests, we strengthened the normative technical function of the Office, and I asked Professor Antoine Flahault, Director of the Global Health Centre at the University of Geneva in Switzerland, a couple of months ago to lead a top-notch technical group to come up with a two-page document, which is on our website, with guidance on how to get out of the acute phase.

And there are three strategic directions to get out of the mayhem. First, to equitably roll out the vaccines. Second, we need a holistic approach to increase the uptake, the production, including more diversity in geographic production. Third, more sharing. And we should leave no opportunity untouched. And it does not matter whether it is multilateral or bilateral. And we have to do it with the private sector.

And yes, decreasing vaccine scepticism is a top priority, by engaging and empowering communities based on solid data, which our teams, including the behavioural science team, are working on.

If ministers decide to go for mandatory vaccination, we will stand with them to express appreciation and also to point out some caveats like, for example, they must anticipate that already overstretched health systems may be even more burdened. This is the first strategic direction.

The second strategic direction is to implement nuanced approaches in the European Region, including expanding vaccination programmes for children and for additional doses. We can no longer see that additional doses are so-called luxury boosters. It is an essential way to protect the most vulnerable in our society. If we consider that SARS-CoV-2 will continue to mutate, and that it will stay with us forever, like influenza, we had better adapt our vaccination programmes to endemic transmission.

We desperately need information on the impact of additional doses to vulnerable people. I discussed this with Dr Anthony Fauci in August during my mission to the United States of America, and also recently with the Minister of Health of Israel and the Ambassador of Israel in Geneva. And I would like to really thank them. Because we need those pioneers to give us this very important information.

Finally, under the second approach, we need much more development of therapeutics. If tomorrow there is a mutant which escapes immunity, our hope to change the prognosis is a good therapeutic and also second-line vaccines.

The third strategic direction is to maintain proportionate pressure on the virus, even during periods of tranquillity: not surrendering on masks, ventilation, cross-border mobility control, and intensified testing policies, including genomic sequencing. And let’s remember, the first step is to transparently share data from countries and between countries.
Ladies and gentlemen, we know more, and we can do more if we implement those 3 strategic directions. We will anticipate the end, but only if, once and for all, the politicians, the scientists and the people pull in the same direction. All crises will end. This one, too.

Now, let’s move to the second part: the future. How do we leapfrog towards better health and well-being collectively in our Region, and towards a culture of health where every individual is empowered to take healthy lifestyle decisions – decisions independent of age, gender, sexual orientation or socioeconomic capabilities? Again, I’m very optimistic, because we have 3 very important levers: we have a compass, we have a toolkit and we have innovation.

First, the compass. The compass to leapfrog towards health and well-being is the Sustainable Development Goals (SDGs). The 17 Goals are the blueprint to a better and more sustainable future. Six years after their adoption, it is time to take stock.

In November, this Office will publish the next European Health Report. We know already that some SDG indicators are not on track. We are not on track to finish off AIDS by 2030. For tuberculosis (TB) in countries: a 20–30% drop in case detection. We have to finish the unfinished business. That’s why I appointed a special envoy to the Regional Director on TB, AIDS and hepatitis: Professor Michel Kazatchkine.

On environment and climate change: We know that every year in our Region, 480 000 people die due to ambient air pollution linked with chronic diseases. I am very proud that the WHO European Centre for Environment and Health in Bonn next week will launch the new WHO global guidelines on air quality. And thank you, Germany, for the fantastic support to the Office. We are going to strengthen the data monitoring and analysis unit in the Office, which is a direct response to your call for WHO to be more normative and scientific so that you can use solid data to feed policies and actions.

Second, the toolkit – the European Programme of Work (EPW), which all of you approved last year and which has proven its suitability to the challenges of the pandemic, particularly its 4 flagships: mental health, immunization, behavioural insights, and empowerment through digital health.

Time and time again, ladies and gentlemen, you have insisted that we revisit primary health care as the cornerstone of better health and well-being – taking care of both the clinical needs of the people and their social determinants of health by building bridges between primary health care, essential public health functions and social services, particularly for the elderly and the most vulnerable.

Primary health care deserves to be the flagship of the flagships to realize the principles of the Alma-Ata and Astana declarations, reaffirmed in the operational framework in 2020. And thank you so much, Dr Alexey Tsoy and the Government of Kazakhstan, for the strong support to the WHO European Centre for Primary Health Care in Almaty, which gives us the resources to assist the countries.

The key lesson we learned from primary health care in the last 43 years is to recognize that one size does not fit all. The art of closing the implementation gap between our huge ambitions and concrete results on the ground lies in tailoring good practices to national and
local contexts. We need to increase the prestige of the primary health-care workers, and the trust of the people in the system. How do we increase trust? We enhance trust by enhancing the quality of care and patient safety.

And thank you so much to the Government of Greece, particularly Minister of Health Dr Vasileios Kikilias, and my new friend Minister of Health of Greece Dr Thanos Plevris, for giving us the resources to finally put quality of care on the European agenda through the WHO Athens Sub-Office on Quality of Care and Patient Safety. The good news, ladies and gentlemen, is that modern, quality primary health care is happening already.

I had the great privilege of participating in a fantastic high-level conference on innovative health systems in mid-July, organized by the Slovenian Presidency of the Council of the European Union. And as I always do when I go to a country, I went to the Community Health Centre Ljubljana, a great simulation centre and primary health care centre, and I spoke to the patients.

The patients wanted to go to primary health care first. I asked them: why? Because the centre was managed by friendly, skilled, motivated health-care workers offering the whole range of services, including prevention, promotion, curative care, rehabilitation and social services. And all the necessary equipment, including digital equipment, was in place.

Congratulations, Minister Janez Poklukar, for putting primary health care at the heart of the European agenda. And also, congratulations for being a health champion yourself by regularly showing your physical exercise.

If, as a Region, we want to reach the health-related SDGs, there are two technical areas in particular that we have to link with primary health care. The first is financial protection in line with the Tallinn Charter and the WHO Barcelona Office for Health Systems Financing – and thank you Spain for the great support to the Office. They now have data from 33 countries answering the question: can people still afford to pay for health care?

We know that in our Region, the percentage of households being pushed into poverty because they can no longer pay for innovative medicines for chronic diseases goes from 0.2% up to 10.8%, with a mean of 2.7%. The good news? It is possible to go towards 0% with sound policies. And that’s exactly why we established, with Norway, the Oslo Medicines Initiative – to work together towards a new social pact between public and private sectors that we hope to sign off on at a political conference in June next year in Oslo.

I extend particular appreciation to Norwegian Minister of Health Mr Bent Høie and Dr Bjorn-Inge Larsen, with whom I carried out consultations with Member States, civil society and the private sector. On 22 June, I was invited to the Biopharmaceutical CEOs Roundtable, which was followed by a visit last week of the Director General of the International Federation of Pharmaceutical Manufacturers & Associations, and we got a commitment to work towards a new, value-based social statement.

The second technical area to link with primary health care is that of healthy lifestyles and noncommunicable diseases (NCDs). Exactly 10 years ago, ministers of health and leaders of 167 countries came together in Moscow to sign off on the Moscow Declaration on Healthy Lifestyles and NCD Control. Today, ladies and gentlemen, it is the time to renew this commitment.
That’s why in December 2020, I established the NCD Advisory Council on Innovation for NCDs to quickly come up with a number of signature initiatives, which would have quick, visible impact at the country level. Some of those are childhood obesity, digital marketing, hypertension and salt. This is a quick win. We can save tens of thousands of lives with greener cities and a health tax on alcohol, among others.

Forty percent of cancer in our Region is preventable through vaccines and healthy lifestyles, and the other 60% we can start to manage much better. That’s why I launched on World Cancer Day the pan-European movement United Action Against Cancer, and I appointed Cancer Ambassador Mr Aron Anderson, Swedish cancer survivor and inspirational speaker.

With political support from many countries, I would like to express here my most sincere appreciation to Minister of Health Dr Mikhail Albertovich Murashko of the Russian Federation, and to the Russian Government, for their very strong support through the WHO European Office for the Prevention and Control of NCDs, which benefits the Region and the world. Thank you, Albertovich!

So we have the compass, we have the toolkit and we have the innovation. I would say the innovation of the year is the Pan-European Commission on Health and Sustainable Development, created to rethink policy priorities in the light of pandemics. What was the idea? The whole idea was for WHO to go beyond the traditional remit of speaking to the converted public health community and to target heads of state and ministries of finance to convince them of upfront investment in health and One Health as a global public good.

We could only do this with a Chair of a real, robust calibre. I am very indebted. I would like to salute the Chair of the Pan-European Commission, Professor Mario Monti, former Prime Minister of Italy, Minister of Finance and European Commissioner, Italian Senator for Life and President of Bocconi University, for his outstanding political, academic and diplomatic skills, which, combined with his individual impressive investment, led to the successful outcome of a unique commission. Grazie mille, dear Mario.

With the help of Professor Monti, the preliminary recommendations were already presented to 20 heads of state, to the President of the European Commission, to the President of the European Union, and to the G20 Presidency. Thank you so much for inviting me into discussion with Italian Prime Minister Mario Draghi at one of those very inspiring meetings.

The recommendations were presented at the St Petersburg International Economic Forum. We also had the opportunity during my most recent mission, my first mission to the United States, to present it to the National Security Council at the White House in Washington, D.C.

Here I would also like to thank Professor Martin McKee of the London School of Hygiene and Tropical Medicine, Chair of the Commission’s Scientific Advisory Board. This report is underpinned by very solid evidence that Professor McKee took the lead on with the Scientific Advisory Board. Thank you to Professor Elias Mossialos, Scientific Coordinator, and to Professor Aleksandra Torbica from Serbia for being Special Adviser to Professor Monti.

Ladies and gentlemen, now I come to the third part. We spoke about the present COVID-19, how to get out of it, about the future, about our health and well-being. The third part is about
WHO being fit for purpose – the how. How are we going to assist you? Because I promised that during the pandemic we would also learn the lessons to sharpen our intervention methods.

The pandemic has led to a deepening of the three dimensions of our work that will be amplified in the future. The first one is direct country contact. Every single day during the pandemic, we kept direct country contact with you. A prime example, I would say, is what I call COVAX+. COVAX has delivered 13 million doses out of 26 million, and was very important and remains very important, but particularly at the start. As of today, we have 20 million doses through bilateral donations. So I appointed a special envoy on the COVID-19 vaccination roll out, Dr Clemens Auer, so that this Office can be a match-making forum. We have a detailed list of the countries with surplus, the vaccines and the expiry dates, matched with the need in the other countries.

I would really like to thank the main countries and bodies supporting those bilateral donations – the European Union, the Russian Federation, the United States, the People’s Republic of China, Romania, Germany and many more. Particularly thanks to Commissioner Oliver Varhelyi from the Directorate-General for Neighbourhood and Enlargement Negotiations, with whom we are in constant contact; to Ms Sandra Gallina from the Directorate-General for Health and Food Safety; and to Minister of Foreign Affairs of Austria Mr Alexander Schallenberg, for his coordinating role.

This is a prime example of “United Action for Better Health”. Every single day during the summer, I knocked on one of the doors of your presidents, of your prime ministers. I am so proud as Regional Director. Whenever I knocked on your door, and that of your presidents, not one time did the door remain closed.

This direct contact with countries was facilitated by our country offices and the many field visits. I feel very proud. I have the best staff in the world. I really want to pay tribute to the staff in the country offices, in the geographically dispersed offices (GDOs), in the Regional Office in Copenhagen, and to their families, including mine, who were very worried because not one day did we stop going to the countries during the pandemic, to red zones, when you requested us. Even when we were, for months, not vaccinated ourselves. We could have been, but we decided for the principle of equity not to jump the queue and favour ourselves.

Thank you very much to all the colleagues of WHO. This direct country contact we supplemented with what I call a new brand of WHO/Europe: a subregional approach. A good example is the development of the Roadmap for Health in the Western Balkan 2021–2025, which will be the political, financial and technical instrument to close the health gaps between the Western Balkans and the surrounding countries. And thank you so much to Prime Minister of Slovenia Dr Janez Jansa, who immediately supported its launch.

The other subregional initiative, which we’re very committed to, is the Small Countries Initiative, and thank you so much for addressing our Regional Committee. And thank you, Minister of Health of San Marino Mr Roberto Ciavatta, for recommitting to be Dean, and congratulations also on your fantastic leadership as Vice President of the World Health Assembly this year – we are very proud.

In order to increase the mutual understanding and knowledge between our Member States and WHO/Europe, I am so proud that despite the pandemic, I can announce the first pilot project
this month of the WHO Pan-European Leadership Academy. This was one of my campaign commitments. Remember, I still look to my small booklet to tick off all my commitments.

We received 117 applications in the first pilot project from the Western Balkans, central Asia and the Russian Federation through an independent process. We came up with 11 young prospective professionals, because the idea is to build a cadre of young public health professionals, particularly from those countries which are under-represented in the United Nations. They will come for one year to WHO, get formal and informal training, be seconded to country offices and GDOs, and then go back to their countries.

I had a great discussion about this with the new Director of the global WHO Academy in Lyon, whom I invited before the end of the year, and we agreed that the WHO Pan-European Leadership Academy will be the pioneer of the global WHO Academy for direct country contact with a subregional approach.

Second, the modus operandi that will amplify this work is partnership. I believe in the power of positive partnership. The problem is too huge, the resources are too limited – partnership is an ethical duty. The Independent Panel for Pandemic Preparedness and Response (IPPR), the IHR Review Committee, the IEOC, all the reports of the World Health Assembly went in that direction, encouraging collectively the development of global governance around a strong WHO through partnerships.

Let me point out some of those. First, the Central European Initiative (CEI). I am very obliged to Prime Minister of Montenegro His Excellency Mr Zdravko Krivokapić, and to CEI Secretary General Mr Roberto Antonione. Thank you so much, Excellency, for always giving this Office a prime spot at the meetings of the heads of government, ministries of foreign affairs and ministries of health to unify actions and solidarity across 17 European Union and non-European Union countries in central and eastern Europe.

Thank you so much to Minister of Health of Turkey Dr Fahrettin Koca, and to Secretary General of the Turkic Council Mr Baghdad Amreyev, for close collaboration not least through our GDO, our WHO European Centre for Preparedness for Humanitarian and Health Emergencies in Istanbul, an incredibly important centre. We worked with the centre and the Turkic Council, and also all countries, on advanced trauma-care simulations, including mass casualty management. Thank you, Minister of Health Dr Fahrettin Koca.

I want to thank Ms Valentina Ivanovna Matviyenko, whom we saw speaking this morning as Chairwoman of the Inter-Parliamentary Assembly of the Member States of the Commonwealth of Independent States (CIS). It is so important to work with the speakers of parliament if we want sound policies to combat NCDs, and I’m very much looking forward to interacting with all the speakers of parliament of the CIS countries in St Petersburg at the end of November. Thank you very much.

I would like to thank Minister Viktor Vladimirovich Nazarenko, in charge of technical regulation of the Eurasian Economic Commission. Together with WHO Representative to the Russian Federation Dr Melita Vujnovic, we celebrated at the St Petersburg International Economic Forum the first-ever subregional pharmacopoeia in the Russian language. Thank you, Viktor.
And finally, thank you to Dr Dmitri Pinevich, with whom we will sign a new memorandum of understanding between the CIS Council for Cooperation in Health Care and WHO/Europe in mid-October in Minsk. And I hope to see all the ministers of health of the CIS countries there.

And of course, we continue to strengthen the traditional partnerships with the United Nations Children’s Fund (UNICEF). Recently, with my wonderful colleague Ms Afshan Khan, we had a press conference on safe schooling and COVID-19 with the United Nations Development Coordination Office (UNDCO), whose Director will speak later today.

Thank you so much, Ms Gwi-Yeop Son, because the collaboration with the 17 United Nations Resident Coordinators within the United Nations reform is so important, and we’re very close now. The same goes for the International Federation of Red Cross and Red Crescent Societies. Ms Birgitte Bischoff Ebbesen was here last week and we signed the memorandum of understanding. Without civil society, we will leave people behind.

Thank you also to other agencies, like the United Nations Population Fund (UNFPA), with which the Office and I became much closer through the work of Regional Director for Eastern Europe and Central Asia Ms Alanna Armitage on the prevention of violence against women, the United Nations Decade of Healthy Ageing, and sexual reproductive health and rights.

Finally, let me point out one WHO internal partnership which I think will be crucial for the global reform of WHO – it is the partnership between regions. We have a great group of six regional directors. Every region is a pole of global influence and global multilateralism, because the regional offices are politically, culturally and linguistically close to the countries.

If there is an alert to send out, including for a pandemic, we are on top of it. Every regional director is practising multilateralism on a daily basis. That’s why the strengthening of the WHO regional offices was put forward by IPPR Co-Chair Right Honourable Helen Clark when she spoke to Professor Monti, and many ministers told me personally that the one thing they learned from the pandemic is the importance of the role of WHO/Europe. Not to negate the role of headquarters – on the contrary, to complement it, to strengthen it.

If temporarily needed, of course, we will take the lead. For example, for the last year and a half of leadership for universal health coverage, I would like to thank Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, with whom I am in almost daily contact to anticipate together the health needs of the people of Afghanistan. We are working with Dr Matshidiso Moeti, who will also address you. I invited them and Dr Ahmed on a new narrative of the health of refugees and migrants that we will put forward at the first half of next year in Istanbul at a high-level 3-region political conference.

Looking cross-regionally to the big challenges like climate change, I want to thank Dr Poonam Singh. Poonam was my Regional Director when I was working in Myanmar, and together we organized a fantastic policy dialogue on a sustainable health workforce.

Thank you so much to Dr Carissa Étienne, who was Assistant Director-General for Health Systems and Services, and I continue to learn from her. She was a wonderful host together with HHS during my high-level mission to the United States, and we agreed on the tripartite of the Pan American Health Organization (PAHO), WHO/Europe, and the United States
Department of Health and Human Services on the very crucial issue of vaccine disinformation, which most likely Dr Fauci will also speak about today.

And finally, thank you so much to Dr Takeshi Kasai for immediately supporting the invitation I got from the Minister of Health of the People’s Republic of China, Minister Ma, to go to Beijing to start up a tripartite collaboration with the People’s Republic of China, the WHO Regional Office for the Western Pacific and WHO/Europe on the digital health flagship.

Finally, the third modus operandi: WHO/Europe being fit for purpose. I would like to pay tribute to my SCRC. This has been a very uncertain time for WHO and for myself as the new Regional Director. Whenever I called, 24/7, to Ambassador Nora Kronig Romero or to the SCRC members, they were there to guide me. They always gave me trust and the initiative, but it was very important for me to always get the backing that we were going in the right direction in this unchartered territory.

The transformation within WHO/Europe is now finished. We finished this last year when we aligned the organizational structure, resource allocation and programming with the EPW and the WHO Thirteenth General Programme of Work (GPW 13).

I had promised you, no endless transformations. The transformation at WHO/Europe is now transforming itself into what the Japanese industry calls kaizen. Kaizen means continuous improvement involving all employees. Our kaizen will centre around a country focus to deliver on your needs and expectations; around a culture of innovation and collaboration based on values; around digitalization and a leaner administration; and around a healthy and respectful workplace with zero tolerance for harassment, including sexual harassment.

In the 21st century, there is no place for any organization with a culture of fear where people are afraid to speak up. Franklin D. Roosevelt said, “The only thing we have to fear is fear itself.” We have the Ombudsperson, the Committee on Health and Well-being, and the Executive Council, and we’re now putting in place a programme of psychological safety in the workplace throughout the Region so that every staff member, every consultant, every intern, every volunteer will be able to thrive, to learn and to innovate, to serve you better.

Ladies and gentlemen, let me conclude with the three overarching directions that the Office will take in the next biennium. First, together we need political leadership and coordination to finish off this crisis. Second, we need to strengthen primary health care for resilient health systems. And third, we need more inter-regional collaboration to make WHO globally stronger.

The deaths and the suffering from the pandemic will be imprinted in universal memory for a long time to come. But the pandemic has also enabled society to see the paramount importance of health and its interlinkages with other sectors, particularly with the economy and education. And let’s not forget, it created a bond between all inhabitants in the world.

Whether solidarity will come from the heart or from the brain, it is an essential dimension of future societies. Leaving no country behind, leaving no individual behind, is not a slogan. It is our collective duty.

Thank you.
Annex 7. Invited speakers

Her Royal Highness Crown Princess Mary of Denmark
H.E. Mr Sadyr Japarov, President of Kyrgyzstan
H.E. Mr Janez Janša, Prime Minister of Slovenia
Mr Giancarlo Venturini, Captain Regent, San Marino
Mr Marco Nicolin, Captain Regent, San Marino
Ms Valentina Matviyenko, Chairperson of the Interparliamentary Assembly of the Member Nations of the Commonwealth of Independent States (IPA CIS)
Dr Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases, United States of America
Mr Olivér Várhelyi, EU Commissioner for Neighbourhood and Enlargement

Pan-European Commission on Health and Sustainable Development
Professor Mario Monti, Chairperson
Professor Louise Fresco, President of the Executive Board of Wageningen University and Research
H.E. Ms Tarja Halonen, former President of Finland
H.E. Ms Sylvie Goulard, Deputy Governor of the Banque de France
Lord Jim O’Neill, Chair of Chatham House

Panellists
Dr Anna Stavdal, President Elect, WONCA WORLD
Professor Adam Finn, Chairperson of European Technical Advisory Group of Experts (ETAGE) and Head Academic Unit of Child Health, University of Bristol
Ms Zoe Rapti, Deputy Minister for Mental Health of the Hellenic Republic
Mr Neil Kelders, Coach and advocate for mental well-being
Mr Frank Bellivier, Minister Delegate for Mental Health of the Minister of Health of France

World Health Organization
Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization
Dr Matshidiso Moeti, Regional Director, World Health Organization Regional Office for Africa
Dr Ahmed Al Mandhari, Regional Director, World Health Organization Regional Office for the Eastern Mediterranean
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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