Report of the special session of the Regional Committee for Europe

Virtual session, 10–11 May 2022
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OPENING OF THE SESSION

1. In a letter dated 28 April 2022, signed by representatives of 43 Member States of the WHO European Region, the WHO Regional Director for Europe was requested to convene a special session of the WHO Regional Committee for Europe, pursuant to Rule 5 of the Rules of Procedure of the Regional Committee for Europe and in furtherance of Article 50(e) of the WHO Constitution, to consider “the impact of the Russian Federation’s aggression against Ukraine on the health conditions in Ukraine, as well as its consequences on health matters within the European Region as a whole, and on international health matters which have wider than regional significance”.

2. In consultation with the President of the 71st session of the Regional Committee (RC71) and the Twenty-Ninth Standing Committee of the Regional Committee for Europe (SCRC), the Regional Director called this special session of the Regional Committee, to be held in a virtual format on Tuesday, 10 May 2022, with the possibility to extend to 11 May. In accordance with Rule 10 of the Rules of Procedure of the Regional Committee for Europe, the special session was conducted by the officers of RC71:
   - President: Ms Ogerta Manastirliu (Albania)
   - Executive President: Dr Päivi Sillanaukee (Finland)
   - Deputy Executive President: Ms Nora Kronig Romero (Switzerland)
   - Rapporteur: Dr Marat Shoranov (Kazakhstan)

3. The special session was attended by representatives of 48 European Member States (Annex 2). The session was opened by the President of RC71 who, in conformity with Rule 11.2 of the Rules of Procedure, then handed over her function as presiding officer to the Executive President.

4. In his opening remarks, the WHO Director-General reflected on the severe damage to the health infrastructure that he had seen during his recent visit to Ukraine and on the accounts of physical and mental harm to health workers that he had heard of. WHO had verified 200 attacks on health care facilities in the country since the start of the war.

5. In response, WHO had delivered trauma and emergency supplies for use in over 15 000 surgeries and enough medicines and health care equipment to serve 650 000 people, as well as diesel generators and ambulances. It had supported more than 50 emergency medical teams in Ukraine and neighbouring countries and had trained thousands of Ukrainian health care providers in how to handle mass casualties. Three health hubs had been established in western Ukraine to support medical evacuation of patients, including those suffering from cancer, for treatment outside Ukraine. He also paid tribute to the WHO staff, who had kept working to ensure a very effective response aligned across the three levels in order to support the health needs of the people of Ukraine. But the one medicine that Ukraine would need the most was peace.

6. The Regional Director said that the direct impact of the conflict after two months was appalling, with almost 3400 civilian deaths and many more civilians injured, 13 million people displaced and 16 million people in need of assistance. The unfolding long-term health impact of the war would cascade down through generations to come, through missed vaccinations for children, treatment gaps for cancer and chronic conditions, shortages of essential medicines, food insecurity, economic uncertainty, psychological trauma, increased sexual and gender-based violence, and health workforce burnout. He firmly condemned the assault on the Ukrainian health care system, which was a clear breach of international humanitarian law, and joined the United Nations Secretary-General in urging all parties to enact an urgent and immediate humanitarian ceasefire to enable safe and secure functioning of humanitarian corridors, help evacuate civilian residents and deliver life-saving humanitarian and medical assistance. As on World Health Day in April, he commended the health care workers in Ukraine and admired their dedication and professionalism as they continued to deliver care in the face of human suffering and in scenes of total devastation. He confirmed that WHO was committed to working with national authorities and local, national, regional and global partners in responding to the immediate health needs of all people affected by this humanitarian
emergency – in Ukraine and in countries welcoming those fleeing the fighting – and supporting the future reconstruction of the health system. He believed that health and humanitarian principles remained the key drivers of peace and that WHO held a unique position as a peaceful arbitrator for health, representing the interests of all people in all Member States.

Adoption of special rules and procedures
(EUR/RCSS/CONF./1)

7. The WHO Legal Counsel noted that the special rules and procedures under consideration were based on the ones that had been adopted at RC71 (decision EUR/RC71(1)). They did not replace the normal Rules of Procedure but rather supplemented, clarified or amended them, where needed, to accommodate the virtual format of the session. The main important elements related to addressing the Regional Committee, exercising the right of reply, decision-making and voting.

8. Credentials for attending the special session had been submitted electronically. Those credentials had been reviewed by the Credentials Committee appointed by the Twenty-ninth SCRC. The Credentials Committee had met virtually on 9 May 2022 and had concluded that all credentials submitted by 50 members of the Regional Committee met the established requirements. The Chairperson informed the Regional Committee about the outcomes of the Credentials Committee during the opening of its special session.

9. The Regional Committee adopted decision EUR/RCSS(1).

Adoption of the provisional agenda
(EUR/RCSS/1)

10. The Regional Committee adopted the agenda (Annex 1).

11. The Regional Committee agreed that the delegation of the European Union (EU) should be granted observer status in the special session of the Regional Committee and be invited to attend and participate, without the right to vote, in meetings of committees and subcommittees related to the session, as well as in any drafting groups and other subdivisions addressing matters falling within EU competence.

CONSIDERATION OF THE SUBJECT MATTER CONTAINED IN THE LETTER TO THE WHO REGIONAL DIRECTOR FOR EUROPE OF 28 APRIL 2022
(EUR/RCSS/INF./1, EUR/RCSS/INF./2, EUR/RCSS/CONF./2 Rev.1)

General discussion

12. The consideration of this agenda item started with a report by the Regional Emergency Director, who noted that scenario planning and pre-positioning of supplies had enabled the rapid provision of life-saving medical supplies, trauma supplies and medicines to Ukraine: 398 metric tonnes had been mobilized to date, of which 167 tonnes had been distributed at oblast (province) level. WHO efforts were currently focused on leading the humanitarian health response under the United Nations Office for the Coordination of Humanitarian Affairs, mobilizing more than 50 emergency medical teams, supporting staff from the Global Outbreak Alert and Response Network in fieldwork, and cooperating with more than 97 health partners on the ground. At the same time, WHO staff were working closely with the Ministry of Health of Ukraine on health system recovery and reconstruction, including putting in place early warning and response systems to tackle the substantially increasing risk of communicable diseases, notably cholera and poliomyelitis. In addition to ensuring and sharing adequate information on the public health situation in Ukraine as well as in the neighbouring countries receiving refugees, a very robust system was being built up to prevent sexual
exploitation and abuse. Links had been forged with the medical referral system built up by EU countries to provide access to appropriate and sustainable treatment for cancer patients and persons requiring dialysis and other highly sophisticated interventions. The substantial resources given to date by donors and partners were well invested and were being used to help the most vulnerable people on the ground.

13. The representative of Ukraine introduced a draft resolution entitled “WHA75: Health emergency in Ukraine and neighbouring countries, stemming from the Russian Federation’s aggression”, proposed by Ukraine, Albania, Andorra, Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Romania, San Marino, Slovakia, Slovenia, Spain, Sweden, Türkiye and the United Kingdom of Great Britain and Northern Ireland.

14. He expressed thanks to those who were supporting Ukraine by providing humanitarian aid, taking in seriously ill Ukrainians, caring for refugees and visiting the country. Ukraine had been successful in ensuring universal health coverage and healthy lives and promoting well-being at all ages for its population, until the full-scale offensive against the country launched by the Russian Federation with the support of Belarus on 24 February 2022. For 76 days in a row, Russian troops had been shelling residential neighbourhoods, had damaged to date 600 medical facilities and more than 450 pharmacies, and had destroyed more than 100 hospitals and 200 ambulances. He was grateful to WHO for speaking up more and more strongly against a war that contradicted all humanitarian principles and that exposed one fifth of the inhabitants of the planet to the danger of hunger.

15. He considered the participation of the Russian Federation and its medical staff, who had never voiced any opposition to the war, in health decision-making under the auspices of WHO to be a stain on the reputation of the Organization and an insult to the work of Ukrainian doctors and nurses. The activities of the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow in the area of food and nutrition policy, for instance, were negated by the theft of Ukrainian grain from the occupied south of the country; its recommendations on healthy lifestyles for children stood in stark contrast to the fact that more than 200 Ukrainian children had been killed in the war; and its promotion of mental health was contradicted by crimes and horrors perpetrated under occupation and the fact that 7 million people had had to flee their country.

16. Giving the Russian Federation a place in decision-making on behalf of WHO, whether through its regional structures or as member of the Executive Board, would be another proxy way of appeasing the aggressor. He called on all Members of the Regional Committee to adopt the draft resolution.

17. The representative of the Russian Federation riposted that his country had always sought to resolve acute problems by consensus, including those related to health care in conflict conditions, and excluded the politicization of any issues. The current meeting had been initiated by Ukraine and 42 other countries, essentially in order to halt cooperation with the Russian Federation and to continue to foment confrontation in Ukraine. The health emergency in Ukraine as a whole and in neighbouring countries was incorrectly linked with the actions of the Russian Federation; it had arisen since the beginning of 2014, when the Government in Kyiv had shown military aggression against its own people, against the population of Donbas.

18. The regime change in Ukraine had divided the population on grounds of language, nationality and political views and had endangered access to health care. That had created the conditions for the spread of infectious diseases and the exacerbation of chronic diseases. For eight years, Ukrainian armed groups had been seizing and destroying medical facilities. In addition, shelling and bombing of civilians and the medical infrastructure by the armed forces of Ukraine was taking place on a regular basis. Since 2014, 80 health care facilities, including 15 facilities for children, had been damaged or destroyed in the Luhanske People’s Republic, for instance.

19. The Russian Federation had always advocated the creation of a system of equal and indivisible security, a system that was vitally important for the entire global community. European countries, including
the guarantors of the Minsk agreements, had ignored those calls in silence. In accordance with Article 51 of the Charter of the United Nations, the Russian Federation had therefore launched a special military operation to protect itself and the population of the Donetsk and Luhansk People’s Republics. That decision had allowed many lives to be saved and had restored citizens’ right to the provision of health care.

20. The Russian Federation was actively involved in the restoration of social infrastructure in the Donetsk and Luhansk People’s Republics. Health care was also being provided on the territory of the Russian Federation. More than 1 million refugees from the eastern territories had arrived in the Russian Federation; they were all provided with appropriate medical and psychological care, medicines and social services, and measures (including testing and voluntary immunization) were being taken to counter the spread of coronavirus and other infections.

21. He affirmed that the draft resolution submitted for consideration had been drawn up to satisfy the political ambitions of a number of countries in the Region. It was aimed at undermining the work of WHO in the European space. Its adoption would inevitably lead to the curtailment of programmes for providing health care to the countries concerned and ensuring the health of the population of the Region and the whole world, which was completely inconsistent with the WHO Constitution. He strongly opposed the adoption of the draft resolution.

22. The representative of France, speaking on behalf of the EU and its Member States, expressed full solidarity with Ukraine and the people of Ukraine and condemned, in the strongest possible terms, the Russian Federation’s unprovoked and unjustified military aggression against Ukraine, which violated international humanitarian and human rights’ law as well as the principles of the Charter of the United Nations and the WHO Constitution. The aggression had already had a devastating impact on the Ukrainian health system, leading to restricted or impossible access to health services for millions of people. The aggression also heightened the risk of the emergence and spread of infectious diseases, as well as the risks of human trafficking and gender-based violence, food insecurity and potential nuclear and chemical hazards. He called on the Russian Federation to stop its attacks on health care facilities immediately and to allow the safe evacuation of civilians and free and safe access for those delivering medical and humanitarian assistance.

23. The EU and its Member States were doing their best to mitigate the negative impact of the war on the people of Ukraine. Over 25 000 tonnes of humanitarian assistance had been channelled to Ukraine via the EU Civil Protection Mechanism. The EU was providing medical evacuation for patients requiring treatment outside Ukraine and ensuring access to medical care for refugees fleeing Ukraine and arriving in EU Member States. The work done by WHO – delivering specialized medical supplies, coordinating the deployment of medical teams, and working with health authorities to minimize disruptions to the delivery of critical health care services – was considered crucial. In that connection, he wished to know if the updated emergency flash appeal and humanitarian refugee response plan launched on 25 April 2022 included the needs of WHO for the coming months. The EU and its 27 Member States fully supported the draft resolution.

24. The representative of Norway, speaking also on behalf of Iceland, said that the Russian Federation’s aggression was a clear violation of Ukraine’s sovereignty and territorial integrity and a flagrant breach of the Charter of the United Nations. She also condemned Belarus for enabling and assisting the Russian aggression. The attacks on civilians and civilian infrastructure, and especially on health care facilities, were of particular concern. WHO’s important work in documenting these attacks to hold those responsible to account, was commended. The disruption of the Ukrainian health system was putting mothers and newborns and people with chronic diseases at risk, was exposing refugees to the risk of human trafficking and gender-based violence, and was traumatizing millions of children.

25. The aggression was also having a serious impact on the world food situation; the World Food Programme had estimated that an additional US$ 29 million per month was required to provide food assistance to the most vulnerable groups. The Russian Federation must respect the infrastructure needed for food production and distribution.
26. The consequences of the Russian aggression needed to be discussed by all Member States of WHO, as these consequences also affect populations outside the European Region. As one of the cosponsors of the draft resolution, she called on the Regional Director to transmit the resolution to the World Health Assembly. The current world order, where relations between States are based on international law rather than power, must be defended. The Russian Federation must immediately, completely and unconditionally cease its use of force and withdraw all its military forces from the territory of Ukraine within its internationally recognized borders, as well as stop its false narrative.

27. Similarly, representatives of Albania, Bosnia and Herzegovina, Israel, Monaco, Montenegro, Serbia, Switzerland, Türkiye, and the United Kingdom condemned the attacks on health care facilities and health workers and paid tribute to the work of Ukrainian health workers and WHO staff on the ground. They expressed their general solidarity with Ukraine and the victims of the unjustifiable invasion by the Russian Federation and listed concrete actions undertaken to provide humanitarian support. Speakers endorsed the draft resolution, demanded respect for international humanitarian law, including the Geneva Conventions, and human rights, and demanded protection of all medical and humanitarian personnel engaged in medical duties in the conflict zone and their means of transport and equipment, as well as hospitals and other medical facilities. They were deeply concerned by the disruption of essential health services in Ukraine and the collateral effects this crisis may have on the overall health status in the European Region. They also emphasized the importance of WHO making a full assessment of the health situation in Ukraine, including the impacts on mental and psychosocial health, and of consequential international health risks. They asked for a report on the matter to be discussed at the Seventy-fifth World Health Assembly.

28. Written statements were also received from Czechia, Estonia, Hungary, Latvia and Lithuania, as well as from Canada and the United States of America, the European Public Health Alliance, the European Public Health Association, the Association of Schools of Public Health in the European Region, the World Federation of Public Health Associations, Alzheimer’s Disease International, the European Respiratory Society, and the European Cancer Organisation, in support of the proposed draft resolution.

29. The representative of Belarus spoke against the misuse of health facilities that housed military units and affirmed that his country was not a belligerent in the conflict in Ukraine. The representative of Tajikistan, calling for careful analysis of the situation, believed that the resources and experience of the Russian Federation should be relied on. The representative of Armenia acknowledged the technical assistance to all countries that was provided by the WHO European Office for the Prevention and Control of Noncommunicable Diseases in Moscow and was not in favour of its relocation.

30. In answer to the question raised by the representative of France, the Regional Director noted that the recent flash appeal for funding of operations in Ukraine was designed to bridge a 53% funding gap, amounting to US$ 100 million. Most acute needs were situated in priority areas such as trauma and life-saving medicines and medical supplies, noncommunicable diseases (NCDs), mental health services, and maternal and child health. Next to humanitarian assistance in the context of the war in Ukraine and the continuing response to the COVID-19 pandemic, scaling up of the broader public health agenda was desperately needed, as was agreed in the regional plan to implement the European Programme of Work, 2020–2025. The WHO European Office for the Prevention and Control of Noncommunicable Diseases played a strategic role in tackling the largest cause of premature mortality in the Region, with work related to NCD-related risk factors, such as tobacco, alcohol, nutrition, obesity and physical activity as well as NCD data surveillance. Returns on investment had been seen before the pandemic had started, and the gap on NCD data in the Commonwealth of Independent States had been closed. The funding responsibility currently borne by the Russian Federation amounted to US$ 26.5 million. If the draft resolution under consideration was adopted, he would consult with the Chairperson of the Twenty-ninth SCRC and the Legal Counsel concerning the location of the WHO European Office for the Prevention and Control of Noncommunicable Diseases.
Consideration of the proposed draft resolution

31. The representative of France, speaking on behalf of the EU and its Member States, summarized the contents of the draft resolution under consideration. In particular, the Regional Committee was demanding that the Russian Federation respect international humanitarian law; it was supporting WHO’s action to respond to the direct and indirect health impacts of the Russian Federation’s aggression against Ukraine; and it was asking for a report on the assessment of the health emergency in Ukraine and neighbouring countries and the responses of WHO and its partners to be submitted to and discussed at the 75th World Health Assembly.

32. The representative of Ukraine reiterated that the actions of the Russian Federation constituted a violation of international norms. The statements made by the representative of the Russian Federation were untrue: hospitals in Ukraine delivered care to all without exception. The Russian Federation was not providing humanitarian assistance.

33. The representative of the Russian Federation said that the draft resolution was a gross violation of the WHO Constitution. Suspending all WHO regional meetings in his country would affect the performance of health systems and prevent countries from obtaining consultative assistance. The WHO European Office for the Prevention and Control of Noncommunicable Diseases was working well, in accordance with an agreement signed in 2014.

34. The representative of France, speaking on behalf of the EU and its Member States and exercising his right of reply, said that the EU resolutely supported Ukraine’s inherent right of self-defence and the Ukrainian armed forces’ efforts to defend Ukraine’s territorial integrity and population in accordance with Article 51 of the Charter of the United Nations. Deliberate attacks by the Russian army on health care facilities and personnel were well documented. Humanitarian corridors had to be created and respected, with the necessary ceasefire assurances. Free and safe access for those delivering medical and humanitarian assistance must be ensured, in line with basic human rights principles. The Russian Federation must at all times respect its responsibilities under international humanitarian law. The direct and indirect health impacts of the crisis on the health of the Ukrainian population were of the utmost concern to the Member States of the WHO European Region. It was only natural that a health emergency of the scale of the one triggered by the unprovoked and unjustified military aggression of the Russian Federation against Ukraine should be addressed by the Regional Committee. The Russian Federation should stop its disinformation campaign on the war. Nonetheless, the EU expressed its willingness to move forward with multilateral cooperation on humanitarian and health issues.

35. Exercising his right of reply, the representative of the Russian Federation again emphasized that his country’s actions were due to the need to protect the population of the Donetsk and Luhansk People’s Republics, with which agreements on friendship, cooperation and mutual assistance had been signed in February 2022. In the previous eight years, millions of residents of eastern Ukraine had experienced unprecedented psychological tension and a huge number of people, including women and children, had been killed. Armed formations of Ukraine had systematically destroyed not only people’s homes and the social infrastructure but also hospitals, yet they had not interrupted the humanitarian mission of the Russian Federation and international organizations. Nonetheless, the result had been an unprecedented increase in chronic diseases and mental disorders. The Russian Federation had seen an influx of hundreds of thousands of refugees with infectious diseases, including hepatitis and HIV infection, as well as NCDs. The health care system had been experiencing an unprecedented burden. The country had mobilized resources and was providing the necessary diagnostic and emergency care to those who had had to leave the Donetsk and Luhansk People’s Republics.

36. With regard to the statements made by a number of countries that the special military operation being conducted by the Russian Federation was leading to a global food shortage, he noted that that topic was not covered by WHO’s mandate.
37. He questioned the legality of the draft resolution: it was aimed at destroying international health relations in the European Region and would compromise the assistance provided by the Russian Federation. He was opposed to its adoption and to its being forwarded to the Director-General. He asked for the draft resolution to be submitted to a vote.

38. In accordance with paragraph 13 of the special rules and procedures adopted by the Regional Committee (decision EUR/RCSS(1)), a roll-call vote was held. The results of the vote were:
   - Number of Members with the right to vote: 50
   - Number of delegations absent: 2
   - Number of abstentions: 2
   - Number of Members present and voting: 46
   - Votes in favour: 43
   - Votes not in favour: 3

39. The Regional Committee accordingly adopted resolution EUR/RCSS/R1.

40. Speaking in explanation of his vote, the representative of the Russian Federation noted that the Secretariat had not commented on his question concerning the legality of the resolution. It was deeply disappointing that no consensus could be reached on the humanitarian situation in Ukraine. The resolution itself was contrary to the WHO Constitution and the tasks facing the Organization, and its adoption caused serious damage to the global health system. The health care system and the medical community should work towards serving people and saving people’s lives and should never be guided by political issues. He hoped that further decisions would be taken in a spirit of justice, openness and honesty.

**CLOSURE OF THE SESSION**

41. The Regional Director said that the Region was indeed experiencing tough times but that WHO’s resolve to put health at the centre of recovery – rising above politics – was stronger than ever. During the discussions it should not be forgotten that the lives of real people – millions of children, women and men – were on the line and that every action had an impact, which required careful thinking through all the consequences. Pan-European unity was more than a slogan – it was the best way to move forward to ensure health for all in all 53 Member States, leaving no one behind.

42. The President concluded that there was a lot of work ahead to restore trust and hope and to come back together to jointly work for the improvement of health of all citizens in the Region but that it was not an option to let go of the achievements of the past decades or renounce the strong commitments that were made in the face of the pandemic. She then declared the session closed.
RESOLUTION AND DECISION

Resolution

EUR/RCSS/R1 WHA75: Health emergency in Ukraine and neighbouring countries, stemming from the Russian Federation’s aggression

The Regional Committee,


Reiterating the call of the United Nations Secretary-General to the Russian Federation to stop its military offensive, as well as his call to establish a ceasefire and to return to the path of dialogue and negotiations;

Recalling the principles set forth in the Constitution of the World Health Organization, which are accepted by all Member States, including that:

(a) Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;
(b) The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition; and
(c) The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest cooperation of individuals and States;

Highly concerned over the ongoing health emergency in Ukraine and neighbouring countries triggered by the unprovoked and unjustified military aggression by the Russian Federation against Ukraine, resulting in mass casualties, conflict-related trauma and injuries, disruption of essential health services and medical supply chains, as well as in increased risks of excess illness and death from noncommunicable diseases (NCDs), of the emergence and spread of infectious diseases, of mental health and psychosocial health deterioration, of human trafficking, of gender-based violence, of radiological and chemical events, and of maternal health deterioration;

Concerned about the direct and indirect health impacts of this aggression within and beyond the WHO European Region;

Recalling Article 50 of the WHO Constitution, on the basis of which Regional Committees can tender advice, through the WHO Director-General, to the Organization on international health matters that have wider than regional significance;

1. CONDEMNS in the strongest terms Russia’s military aggression against Ukraine, including attacks on health care facilities in Ukraine;
2. DEMANDS that the Russian Federation ensure respect for international humanitarian law, including protection of all medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities;

3. INVITES Member States of the WHO European Region and of other regions of WHO to do whatever is possible to support the Government of Ukraine in protecting and promoting the health rights of the population of Ukraine and, further, to consider all appropriate actions, in consultation with the Government of Ukraine, to address and mitigate the above-referenced risks, as well as others that may be identified;

4. REQUESTS the WHO Regional Director for Europe to explore options, in consultation with Member States of the WHO Regional Committee for Europe, to safeguard the technical cooperation and assistance provided by the WHO European Office for the Prevention and Control of Noncommunicable Diseases, including the possible relocation of the aforementioned office to an area outside of the Russian Federation;

5. CALLS UPON the Regional Director to consider temporarily suspending all regional meetings in the Russian Federation, including technical meetings and meetings of experts, as well as conferences and seminars whose composition is set by the WHO Regional Office for Europe, until peaceful resolution of the conflict between the Russian Federation and Ukraine is implemented and the Russian Federation withdraws its military forces from the territory of Ukraine within its internationally recognized borders;

6. INVITES the Regional Director to transmit this resolution to the Director-General with the request that:
   (a) it be brought to the attention of the World Health Assembly;
   (b) an assessment of the health emergency situation in Ukraine and of consequential international health risks, including those referenced above, as well as proposed responses thereto is provided to the Seventy-fifth World Health Assembly, in a dedicated report during its consideration of WHO’s work in health emergencies; and
   (c) the Director-General coordinates with relevant partners, including the International Atomic Energy Agency (IAEA), the Food and Agriculture Organization of the United Nations (FAO) and the United Nations High Commissioner for Refugees (UNHCR), as well as others, as appropriate.

Decision

EUR/RCSS(1) Special rules and procedures

1. Following the formal request made through a joint letter of 28 April 2022, signed by 43 Member States of the WHO European Region, the WHO Regional Director for Europe, in consultation with the President of the 71st session of the WHO Regional Committee for Europe, convened a special session of the Regional Committee for Europe pursuant to Rule 5 of the Rules of Procedure of the Regional Committee for Europe.

2. The Twenty-ninth Standing Committee of the Regional Committee for Europe (SCRC) decided through a written silent procedure that this special session would be held under a fully virtual format and start on Tuesday, 10 May 2022 to end no later than Wednesday, 11 May 2022.

3. 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 special session. The special rules and procedures to regulate the
The conduct of the virtual special session of the Regional Committee are set out in the Annex to this draft decision below.

4. 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 71st session. These special rules and procedures will supplement or clarify the Rules of Procedure of the Regional Committee for Europe, where needed.

**Action by the Regional Committee**

5. In view of the foregoing, the Regional Committee may wish to consider the following draft decision:

The special session of the Regional Committee for Europe, agreeing with the recommendation of the Twenty-ninth Standing Committee of the Regional Committee for Europe to hold the special session of the Regional Committee virtually, and having considered the report on special rules and procedures, decides to adopt the special rules and procedures set out in the Annex to this decision in order to regulate the conduct of virtual meeting of the special session of the Regional Committee pursuant to Rule 5 of its Rules of Procedure, opening on 10 May 2022 and closing no later than 11 May 2022.

**Annex. Special rules and procedures to regulate the conduct of the virtual special session of the WHO Regional Committee**

**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.  

**Officers of the Regional Committee**

2. In accordance with Rule 10 of the Rules of Procedure of the Regional Committee for Europe, the officers and rapporteur elected by the Regional Committee for Europe at its 71st session will hold office for this special session of the Regional Committee for Europe.

**Attendance**

3. Attendance by Members, States that are not members of the Regional Committee, invited representatives of the United Nations, specialized agencies and other regional international organizations, and non-State actors in official relations with WHO or accredited by the Regional Committee shall be through secured access to videoconferencing or other electronic means, allowing representatives to hear other participants and to address the meeting remotely.

**Quorum**

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.

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2 This will affect notably the relevant provisions of the following Rules of Procedure of the Regional Committee: Rules 41 and 44 (voting by show of hands or secret ballot).
3 As per Rule 1 of the Rules of Procedure of the Regional Committee for Europe the term “Members” include Member States and Associate Members of the European Region of the World Health Organization.
Addressing the Regional Committee

5. During the virtual special session, Members 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. Any delegate wishing to take the floor should signal their wish to speak.

6. Members, States that are not members of the Regional Committee, invited representatives of the United Nations, specialized agencies and other regional international organizations, and non-State actors in official relations with WHO or accredited by the Regional Committee shall have the opportunity 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 may be submitted until the closure of the special session of the Regional Committee. A written statement may be submitted in lieu of an oral intervention or to complement it.

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

8. 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.

9. 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 five 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 five working days after the posting of the statement in reply. Any Member wishing to exercise a further 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 five working days after the posting of the statement in reply. The content of statements thus submitted will be summarized/reflected, in accordance with the usual practice, in the report of the special session.

Credentials

10. In accordance with Rule 3 of the Rules of Procedure, the names of Members’ representatives, in the form of credentials, shall be communicated electronically to the WHO Regional Director for Europe, before the opening date of the Regional Committee.

11. In accordance with Rule 14.2.10 (h) of the Rules of Procedure, a subdivision of three members of the Standing Committee of the Regional Committee for Europe shall assess, before the opening of the special session, 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

12. The virtual session of the Regional Committee shall be broadcast on the WHO/Europe website, in line with usual practice.
**Decision-making**

13. All decisions of the Regional Committee taken during its virtual special session should, as far as possible, be taken by consensus. 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.

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

**Use of languages**

15. Rule 20 of the Rules of Procedure shall continue to apply. In so far as practical arrangements made at short notice might not allow for securing interpretation in all four working languages, the meeting could be conducted in less than four working languages, provided the relevant delegations agree.

16. 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.”
ANNEX 1. AGENDA

1. Opening of the special session
   
   (a) Adoption of special rules and procedures

   (b) Adoption of the provisional agenda

2. Consideration of the subject matter contained in the letter to the WHO Regional Director for Europe of 28 April 2022, signed by Ukraine, Albania, Andorra, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, North Macedonia, Norway, Poland, Portugal, Republic of Moldova, Romania, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, Türkiye, and the United Kingdom of Great Britain and Northern Ireland.

3. Closure of the session
ANNEX 2. LIST OF REPRESENTATIVES AND OTHER PARTICIPANTS

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