



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

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

Special session

27 April 2020, Virtual meeting

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Report of the special session

Introduction

1. In accordance with Rule 5.3 of the Rules of Procedure of the Standing Committee of the Regional Committee for Europe (SCRC), on Monday 27 April 2020 the Twenty-seventh SCRC held a special session by means of a virtual meeting to discuss the coronavirus disease (COVID-19) pandemic. Owing to the extraordinary circumstances and logistics of a virtual session, the meeting was conducted in English only.

Opening of the session

2. Opening the meeting, the Chairperson of the SCRC, Dr Søren Brostrøm (Denmark), welcomed participants to the special session, which had been convened to take stock of the support that the WHO Regional Office for Europe had provided thus far to Member States, and to discuss what further measures would be needed. The meeting would also afford an opportunity to answer questions regarding the financial situation of WHO following the announcement of the withdrawal of funding by the Government of the United States of America. Documentation on the funding situation had been circulated to members of the SCRC.

Adoption of the agenda

3. The agenda was adopted.

Statement by the WHO Regional Director for Europe

4. In addressing the SCRC, Dr Hans Kluge, WHO Regional Director for Europe, underscored the gravity of the COVID-19 situation, which had reached almost 3 million cases worldwide. The WHO European Region remained one of the worst-affected regions, currently accounting for 64% of the global death toll from the disease. While caseloads were stabilizing in the western part of the Region, the curve was steepening in the east. Diversity in the situation across the Region was testing the agility of the Regional Office, which was doing its utmost to support all 53 Member States in meeting a challenge of unprecedented intensity. Every effort was being made to meet the core goals of the new European Programme of Work, 2020–2025 (EPW): leaving no-one behind and strengthening the leadership capabilities of health authorities.

5. WHO was providing support to Member States in a variety of forms, and was reviewing the situation and the support provided through daily health security council meetings between the Director-General and the six regional directors. Eight high-level missions had been conducted around the European Region to assess outbreak response and issue recommendations on further action. WHO had been able to respond very swiftly to the situation in Italy, thanks in great part to the WHO European Office for Investment for Health and Development, Venice, Italy. Over the previous 10 weeks, 51 in-country technical support missions had been conducted in 18 countries in the Region, providing a range of support including laboratory support, hospital preparedness, operational planning and readiness-testing.

6. In view of lockdown measures in place, the Regional Office was also providing remote, virtual support to countries. WHO was coordinating the procurement and distribution of

essential supplies, including laboratory testing kits and personal protective equipment to Member States through the United Nations COVID-19 Supply Chain Task Force. The focus on country delivery was possible largely thanks to WHO country offices and the health emergencies programme. The Regional Office had been repurposed to meet the needs of countries, with “all hands on deck” to tackle the COVID-19 crisis, while also ensuring the continuity of other ongoing activities. This had meant realigning key staff and functions to strengthen the incident management support team; providing support to country offices to help with duties such as reporting requirements; reorienting funding from the GAVI Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria; and reorienting activities of technical programmes to meet the needs of and support Member States in the context of COVID-19. At the same time, the Regional Office was ensuring support for WHO staff through the staff counsellors and staff physicians who were taking measures to protect mental and physical health and well-being in the workplace.

7. In fulfilling its normative role, the Regional Office was working with WHO headquarters to provide tools for decision-makers, including guidance on COVID-19 and prisons,¹ which had been prepared with invaluable support from the Government of Finland. The COVID-19 health systems response monitor was documenting measures put in place by Member States, which had been set up jointly with the European Commission and the European Observatory on Health Systems and Policies. All activities were being overseen by the COVID-19 Strategic Advisory Group, which had been established in March 2020 to look into improving the Regional Office’s support to Member States.

8. With regard to managing the transition away from COVID-19 restrictive measures, a transition framework was developed that set out the key considerations for Member States in deciding when and under what conditions, based on the best available evidence, they could consider lifting such measures. It was likely that a gradual transition period would last several months, while effective therapeutics and a safe and effective vaccine were being developed. When the Regional Office had obtained significant news and developed guidance, it would convene all 53 Member States to share the information and answer any queries. Information and knowledge were also regularly shared at the subregional level, taking account of the diversity in the European Region.

9. Efforts were being made to set a new standard of media engagement, using high-level advocates. WHO was in the media spotlight; the Regional Office was pleased with the large-scale media coverage it was receiving, and was optimizing its use of social media and weekly press briefings. National media outlets had a role in supporting the work of health ministries at such a challenging time.

10. The Regional Office had welcomed taking the role as lead coordinator of support for Member States. Partnership and collaboration were significant aspects of the implementation policies of the EPW. With that in mind, partnerships were being strengthened, particularly at the subregional level. External collaborators had been engaged to explore ways of ensuring adequate funding for the ambitious goals of the EPW. While the COVID-19 response had required a reprioritization of work, it had presented opportunities for the Regional Office to show its value. Cooperation was being strengthened with the European Commission’s Directorate for European Neighbourhood Policy and Enlargement Negotiations, through

¹ See: <http://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/focus-areas/prevention-and-control-of-covid-19-in-prisons-and-other-places-of-detention>.

which a grant of €30.5 million had been allocated to support the six countries of the Eastern Partnership in two phases: COVID-19 response and mitigation; and health systems strengthening and preparedness for future emergencies. The contributions and pledges made by Member States in the European Region towards global COVID-19 appeals had been particularly generous: 42% of global preparedness and response had been funded by the European Region. Specific contributions to the Regional Office had also been received from several Member States.

11. With regard to the freezing of United States funding to WHO, it was currently unclear whether only voluntary contributions would be affected by the change in policy or whether assessed contributions would also be affected. It was also unclear which areas of the Organization's work would be impacted, since funding was received from various United States sources. The European Region generally relied on the United States for 20% of its voluntary contributions, just over half of which were directed to acute emergencies the Region, in particular the Syrian refugee situation in Turkey. The remaining contributions were critical to various programme areas, including communicable diseases, immunization, HIV, tuberculosis, influenza, emergency preparedness, noncommunicable diseases and food safety. A global taskforce and a European task force were looking into the consequences of the freeze in funding and working to forecast a variety of scenarios. Even in the best scenario under consideration, there would be a delay in global funding of US\$ 100 million, which would begin to be felt in October 2020.

12. Lastly, the Regional Director assured the Standing Committee that even in the midst of the COVID-19 crisis, every effort was being made to ensure recruitment of the new management team at the Regional Office, with full transparency and accountability. Opportunities would be taken to work with WHO headquarters to ensure financial balance. All actions taken by the Regional Office were being documented, to ensure full preparedness for a potential external evaluation, should Member States call for one.

Update on matters relating to governance

13. The Chairperson added an update on governance, in light of the effects of the COVID-19 situation: the Executive Board had been called on to amend previous decisions on the date and place of global governing body meetings, through a written silence procedure. If agreed, the Seventy-third World Health Assembly would take place virtually with an abridged agenda, opening on 18 May 2020. The 147th session of the Executive Board would also take place virtually on 22 May, with an abridged agenda. The 32nd session of the Programme, Budget and Administration Committee of the Executive Board would be postponed.

14. With regard to planning for the 70th session of the WHO Regional Committee for Europe (RC70), given the continued uncertainty regarding the ongoing pandemic, consultations had been held to explore the feasibility of holding RC70 in Copenhagen, Denmark, and RC71 in Tel Aviv, Israel. This would facilitate the holding of a virtual meeting in September 2020 if a physical meeting were to be deemed impossible, and would minimize the costs in respect of travel, meeting facilities and logistics. That proposal had been deemed acceptable by the Government of Israel and the plan could be further discussed by the SCRC at its fourth session in May 2020. The Chairperson suggested that the subgroup on governance meet to discuss this issue beforehand.

Discussion

15. In the discussion that followed, members of the SCRC thanked the Regional Office for having organized the special session, and welcomed the clear and detailed presentation given by the Regional Director. The Regional Office's support to Member States during the COVID-19 pandemic was commended; the recently launched knowledge-sharing platform and WHO's normative guidance were particularly valuable. Questions were raised with regard to progress towards developing and disseminating rapid testing for COVID-19 and the effectiveness of antibody testing.

16. A gradual approach to easing restrictions related to COVID-19 would be crucial; sharing information and experiences would enable Member States to do so as efficiently and effectively as possible. While a structured exit strategy would be essential, care must be taken to ensure that each Member State took the measures appropriate to its own national context; comparisons between the rate at which restrictions were eased in different countries could cause confusion, particularly among the public who could become frustrated that restrictions were being lifted sooner by some governments than by others. Evidence-informed guidance was therefore required on easing restrictions and transitioning out of the pandemic without risking further waves of infection.

17. It would be particularly important to draw lessons from the COVID-19 crisis and ensure that a robust health security architecture was in place, with a strong WHO supporting Member States. Evaluation of national strategies in that regard would be useful, and consideration should be given to how to optimize the support provided by the Regional Office; long-term preparedness must be a priority. The reporting of surveillance information should be reviewed and simplified. An assessment should be made of the extent to which the International Health Regulations (2005) had been applied during the pandemic, and, if necessary, of how to enhance their application. While in the past health ministries had struggled to obtain multisectoral support on many matters, health had come rapidly to the fore as a result of the pandemic, affording an opportunity to be seized. The pandemic would change the world irreversibly; every effort should therefore be made to move forward in as constructive a manner as possible. In that regard, WHO could play an important role in promoting the economy of well-being.

18. Members of the Standing Committee encouraged the Regional Office to provide an overview of the COVID-19 situation in Europe with evidence-informed forecasting of how the situation could develop further over the coming weeks. An analysis of the lessons learned thus far, several months into the crisis, would be particularly useful for tackling any potential second waves in countries where the epidemic had already peaked, or forthcoming peaks in others. The repurposing of WHO staff to focus on the COVID-19 situation should also take place at the country level. It would be useful to hear more about the criteria for sending WHO missions to countries during the current crisis. Further information would also be welcome on how WHO coordinated its activities with those of other United Nations entities, particularly with regard to providing support at the country level.

19. With regard to the WHO funding situation, the withdrawal of funds by the United States showed how easily and quickly Member States could renege on important arrangements. Member States in the European Region were committed to improving the sustainability of the Organization's financing to ensure that situations of financial hardship did not occur suddenly and further exacerbate the challenges of responding to emergency situations. An assessment

of the Regional Office's infrastructure for providing support to countries during the COVID-19 pandemic would be useful for its investment case. Further information on the impact on the Regional Office of the withdrawal of funding by the United States would be welcome, once the situation had been assessed in detail. Would a comprehensive financing plan be required to bridge funding gaps, or was it still too early to tell?

20. The impacts of the COVID-19 situation on the functioning of the WHO governing bodies needed consideration; consensus should be sought on how to draft the proposed resolution on COVID-19 for adoption by the Seventy-third World Health Assembly. An abridged agenda would mean that the only items addressed during that Health Assembly would be COVID-19 and the election of members of the Executive Board. The Executive Board, at its 147th session, would deal exclusively with the election of the officers of its Programme Budget and Administration Committee. All other matters would remain pending until 2021. With that in mind, the Regional Committee's agenda should also be greatly reduced. What arrangements would be put in place for consultation with Member States on the EPW and for its prospective adoption? The EPW was an important document, not only for the transition to the Regional Office's new management structure, but also for orienting its work over the coming years, and its swift adoption should be a matter of priority. Any decision on changing the location of RC70 should also include an option for holding a virtual meeting or postponing the session, should the need arise. How would an amendment to the date and place of RC70 be approved?

21. The Regional Director said that guidance from WHO on the transition away from COVID-19 restrictive measures had been published on 24 April 2020.² The Regional Office would continue to serve as a convener, sharing knowledge and evidence as they became available. It was clear that core capacities under the International Health Regulations (2005) needed to be strengthened. Regarding testing, there had been no confirmation yet of the effectiveness of serological testing.

22. Regarding the coordination of country work between United Nations entities, various platforms were in place. WHO was taking the lead and working closely with other agencies and partners on strategic preparedness and response plans for implementation at the global, regional and national levels. WHO was also working closely with other agencies through the United Nations COVID-19 Supply Chain Task Force. At the regional level, regular video conferences were held between the regional directors of all United Nations entities and United Nations resident coordinators in the European Region. WHO country offices were being repurposed to tackle the crisis. While 18 priority countries had been identified for support in the Region, the Regional Office would respond to assistance requests from any Member State. He commended the staff of the Regional Office, who were all working hard in difficult circumstances.

23. Turning to the question of the future after the pandemic and the gathering of evidence, the WHO health systems response monitor was fully functioning and would be used to document activities undertaken and lessons learned. WHO was committed to strengthening future preparedness and to the economy of well-being; while the current focus was on transition out of the pandemic and the lifting of COVID-19 measures, consideration was

² See: <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/coronavirus-disease-covid-19-outbreak-technical-guidance-europe/strengthening-and-adjusting-public-health-measures-throughout-the-covid-19-transition-phases.-policy-considerations-for-the-who-european-region,-24-april-2020>.

being given to setting up a pan-European COVID-19 commission, to take stock of new realities and the impact of the pandemic, for example with regard to matters such as digitalization and the economy of well-being.

24. The official procedure for changing the date and place of RC70 would be to agree on amending resolution EUR/RC69/10 on the dates and places of future sessions of the Regional Committee in 2020–2022. A proposed amendment would be drafted, which would include the option to hold a virtual meeting and to shorten the session if necessary, and would be submitted to the SCRC’s working group on governance for its consideration.

25. With regard to the freezing of funds from the United States, the worst-case scenario would be if the situation went beyond a freezing of those funds and had an effect on assessed contributions. A task force had been established to look into the situation in detail, and would report to the World Health Assembly in May.

Closure of the session

26. The Chairperson recalled that the fourth session of the Twenty-seventh SCRC would take place by means of a virtual meeting, to be held on Friday, 15 May 2020. Given the circumstances, the agenda would be abridged and the programme adapted to a duration of three hours, with a focus on the COVID-19 pandemic situation, the EPW, and elections and nominations. A written procedure would be set up for comments and consultations on technical documents and progress reports for submission to RC70. He thanked the Regional Director and the staff of the Regional Office for their hard work in difficult circumstances and declared the session closed.

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