



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

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

Fourth session

15 May 2020, Virtual meeting

EUR/SC27(4)/REP

1 July 2020

200390

ORIGINAL: ENGLISH

Report of the fourth session

Contents

Opening of the session	3
Adoption of the provisional agenda and the provisional programme.....	3
Report on the work of the WHO Regional Office for Europe by the Regional Director.....	3
Update on the COVID-19 pandemic: situation in the WHO European Region.....	5
Discussion.....	6
Draft provisional agenda and programme of the 70th session of the WHO Regional Committee for Europe (RC70).....	6
Revising arrangements in the light of the COVID-19 pandemic.....	6
Review of items for future Regional Committee sessions (rolling agenda).....	7
United action for better health in Europe. Draft European Programme of Work, 2020– 2025	8
Review of technical and policy topics and consultation process for RC70 agenda items, including progress reports, and review of RC70 resolutions	10
Briefing on the Seventy-third World Health Assembly	10
Membership of WHO bodies and committees (private meeting)	11
Vacancies for nomination for membership of the Executive Board and election to membership of the SCRC at RC70 in September 2020.....	11
Elective posts at the Seventy-third World Health Assembly and the 147th session of the Executive Board in May 2020	11
Closure of the session.....	11
Annex 1. Agenda.....	12
Annex 2. List of documents	13

Opening of the session

1. In accordance with Rule 3 of the Rules of Procedure of the Standing Committee of the Regional Committee for Europe (SCRC), the Twenty-seventh SCRC held its fourth session on Friday, 15 May 2020 by means of a virtual meeting, in which all Member States from the WHO European Region were invited to participate.
2. The report of the Twenty-seventh SCRC's third session, held in Copenhagen, Denmark, on 11 and 12 March 2020, had been approved electronically. The draft report of the special ad hoc session of the Twenty-seventh SCRC to discuss the coronavirus disease (COVID-19) pandemic, held virtually on Monday 27 April 2020, would be distributed for comments in the following weeks.

Adoption of the provisional agenda and the provisional programme

3. The provisional agenda (document EUR/SC27(4)/2 – see Annex 1) and the provisional programme (document EUR/SC27(4)/3) were adopted. See Annex 2 for the list of documents for the meeting.

Report on the work of the WHO Regional Office for Europe by the Regional Director

4. The WHO Regional Director for Europe observed that, for a large part of the previous two months, Europe had been at the epicentre of the COVID-19 pandemic. To meet that unprecedented public health challenge, the WHO Regional Office for Europe had rapidly repurposed itself, tapping into all available expertise and human resources to support Member States in their response to the pandemic, working in agile teams across divisions and keeping countries at the centre of its efforts. He commended the staff who, in the face of the crisis and under difficult working conditions, had shown resilience, determination and flexibility.
5. The goal of the Regional Office was to support Member States in containing the outbreak through testing, isolation and tracing; mitigating the impact of the pandemic on health systems; and preparing for a safe transition (39 Member States in the Region were currently easing restrictive public health measures). In the spirit of maintaining essential health services, the Regional Office had also reinforced its public health messages in other domains such as immunization, antimicrobial resistance, and the increased incidence of the abuse of alcohol and illicit drugs and of domestic violence. As examples of mobilization across the Office, he mentioned the fortnightly WHO European Healthy Cities Network COVID-19 webinars that had been launched, including a webinar on Cities and COVID-19: mental health and well-being, held in partnership with the United Nations Educational, Scientific and Cultural Organization; and a series of thematic webinars addressing different dimensions of environment and health in relation to COVID-19 that had been initiated by the WHO European Centre for Environment and Health, Bonn, Germany.
6. In order to strengthen trust and leadership capacity and to foster evidence-informed responses to COVID-19, the Regional Office had held regular briefings for ministers and senior health officials from all 53 European Member States, as well as for ambassadors and members of diplomatic missions in Copenhagen, Denmark, and videoconferences with

individual political leaders. Considerable media activity had been undertaken, engaging the public and communities of health workers.

7. Assistance was being delivered to Member States through WHO's 31 country offices in the European Region. A range of measures had been taken to protect, inform and support staff: a UN City Security Management Team and an Incident Management Security Team had been established in Copenhagen; fortnightly virtual townhall meetings were held to update staff on business continuity activities; and special attention was being paid to their mental health and well-being as well as to supporting WHO representatives and country office staff.

8. The Regional Office was also continuing to move forward with applying a two-pronged approach to implementing the European Programme of Work, 2020–2025 (EPW), striking a better balance between activities carried out at regional and subregional levels, on the one hand, and direct country support, on the other. The Regional Office had been restructured, with a new Executive Council, consisting of the directors of three technical divisions (Country Health Programmes; Country Support and Emergencies; and Country Health Policies and Systems), the directors of the enabling and support functions (Division of Business Operations and the Office of the Regional Director), and the WHO representative to the European Union in Brussels, the acting Regional Emergency Director and the special adviser on organizational development who would take forward the transformation agenda. Ensuring a Regional Office that was fit for purpose entailed changing not only its structure but also its culture and processes. In consultation with the staff, six business processes would be identified for redesign, in order to support the technical work of the Office. Those changes would constitute a key element of the overall transformation of the Organization. The Regional Director noted the gender balance that had been ensured in the Executive Council, and thanked and sent his best wishes to the former Executive Management Committee members who had recently moved to positions in WHO headquarters.

9. With regard to the financial situation, the Regional Office had received funding for about 50% of the biennial base programme. However, much of the funds received were earmarked voluntary contributions, which did not give the flexibility to move them to underfunded segments of the programme budget. Critical programmes, such as those on immunization, tuberculosis and HIV/AIDS, were at high risk in the light of recent announcements from the United States of America. In a best-case scenario, the European Region could face a six-month gap in funding. Owing to the imbalance of funding across programmes, the Regional Office was facing a shortfall of US\$ 6.4 million to pay salaries in the period to September 2020, rising to US\$ 10 million by the end of 2021. Should the United States decide to not fund WHO in 2020–2021, an additional US\$ 7 million would be added to that conservative estimate. Member States could help by directing unearmarked funding towards the Regional Office, so that it could achieve the transition to the country focus intended in the EPW. Funding for tackling the COVID-19 pandemic would not address that systemic issue.

10. International solidarity and partnerships were one of the cornerstones of the EPW. In the period under review, the Regional Director had engaged with various international forums in the Region in order to leverage high-level political support for a more prominent place for health in future cooperation. Notable partners included the Cooperation Council of Turkic-Speaking States (Turkic Council), the Central European Initiative, the European Commission, the World Bank, the United States Agency for International Development, and the cooperation and development agencies of individual European Member States. WHO and its

Regional Office for Europe were engaged in a global collaboration to accelerate the development, production and equitable access to new COVID-19 diagnostics, therapeutics and vaccines (the COVID-19 Tools (ACT) Accelerator).

11. The World Health Assembly had designated 2020 as the International Year of the Nurse and the Midwife. The Regional Director paid tribute to all health and social care workers working day and night to care for people with COVID-19 and to keep other essential health care services operating.

Update on the COVID-19 pandemic: situation in the WHO European Region

12. The Acting Regional Emergency Director noted that an updated version of the presentation that the Regional Director had made at the special ad hoc session of the Twenty-seventh SCRC had been distributed to all participants a few days earlier. She recalled that, in line with WHO's risk assessment and emergency grading, the Health Emergencies Programme at the Regional Office had on 23 January 2020 activated its incident management team to handle the novel coronavirus that had been identified. The first European cases of COVID-19 had been detected in France on 24 January, and the Director-General of WHO had declared a Public Health Emergency of International Concern on 30 January. During the month of January alone, the Regional Office had distributed laboratory testing kits to 21 countries throughout the Region, sent emergency stocks of personal protective equipment to countries and frontline health workers and deployed 21 missions on operational planning, hospital preparedness, laboratory readiness and more.

13. On 24 February, when Europe still had only 169 confirmed COVID-19 cases (three quarters of which were in Italy), Regional Office staff were deployed to Rome to help the Ministry of Health; later, the services of the WHO European Office for Investment for Health and Development, Venice, Italy, were engaged and an Assistant Director-General was assigned to Rome. Nine high-level missions had since been carried out, as well as 52 in-country technical support missions to 18 countries.

14. The actions taken had given countries the space to prepare for and respond to the pandemic in the right way; as a result, they were ready to move on to the next steps. To that end, the Regional Director had established a team to ensure that the transition in the European Region was done step by step, with countries keeping public health and primary health care, as well as community engagement, at the centre of their efforts.

15. Some lessons could already be learned. Investment in preparedness, by complying with the provisions of the International Health Regulations (2005), had paid off: countries with stronger core capacities were better able to cope with the pandemic. It was essential to have public health information and data available in a timely manner so that they could be used for policy-making purposes. Whole-of-government and whole-of-society responses were important aspects of a decentralized "command and control" system. The work that had been done on influenza preparedness and response, such as the establishment of reference laboratories and the development of surveillance tools, could be used as a skeleton and adapted for COVID-19. A new social contract was being developed in many countries, involving self-response and community engagement, including self-identification, isolation, testing and treatment, and emphasizing that contact tracing and quarantine were key.

“Solidarity tools” were needed to overcome global shortages of supplies and manage travel restrictions and border closures. The measures that had been taken were being documented in real time and would be analysed as part of the after-action review that WHO would carry out.

Discussion

16. Members of the Standing Committee were grateful to the Secretariat of the Regional Office for continuously organizing briefings focused on the European Region and for giving Member States the opportunity to share experiences and learn from each other. They also expressed appreciation for the coordinating role played by WHO in the response to the COVID-19 outbreak, as well as for its operational work and the regular dispatch of documents and guidelines. The policy paper “Strengthening and adjusting public health measures throughout the COVID-19 transition phases. Policy considerations for the WHO European Region”, that had been distributed, was a highly useful tool, and its concise and actionable recommendations were commendable. The paper formed a valuable basis for collaboration at all levels within the Region.

17. Responding to a question raised online, the Director, Division of Business Operations, said that the work on transition was split up between different working groups. One group was selecting six business processes at the Regional Office that would be prioritized for streamlining following consultation with staff, and this would be done in the next two months. In parallel, further work would be done on digitalizing certain processes and automating a number of administrative forms.

Draft provisional agenda and programme of the 70th session of the WHO Regional Committee for Europe (RC70)

Revising arrangements in the light of the COVID-19 pandemic

18. The Regional Director explained that, following consultations with the Chairperson and Vice-Chairperson of the Twenty-seventh SCRC and the Ministry of Health of Israel, it had been agreed that, in view of the current COVID-19 situation, conditions for hosting RC70 in Tel Aviv were not optimal and that preparations should be made for alternative arrangements. Holding RC70 in Copenhagen would minimize risks and costs and would make it easier to revert to a virtual meeting if the situation precluded a physical meeting.

19. It was therefore proposed to:

- postpone the hosting of the Regional Committee in Tel Aviv to RC71 (2021);
- host RC70 at UN City in Copenhagen, with a slightly reduced agenda of 2.5 days (since Member States had indicated that it might be difficult to engage in the Regional Committee for four days in September);
- anticipate the possibility of a virtual de minimis RC70 session, in case a face-to-face meeting was not feasible.

20. The Team Leader, Regional Governance, further noted that switching the locations of RC70 and RC71, as well as shortening the duration of RC70, required a decision by all Member States to revise the earlier decisions of the Regional Committee in resolutions

EUR/RC68/R8 and EUR/RC69/R10. It was accordingly proposed that a decision to that effect be adopted through a “written silence” procedure. The draft decision would also provide for the option of a virtual *de minimis* session in September 2020. It was proposed to defer that decision (on the question of holding a physical or virtual meeting) to the SCRC, based on an assessment of the situation closer to the date of RC70.

21. Under the written silence procedure, the Regional Director would send a circular letter to all Member States with the draft decision and an explanation of the procedure. Member States would then have 14 days to object in writing to the Secretariat. Member States that did not react would be considered to be in agreement. The decision would be adopted if less than 50% of Member States objected. The decision would be presented to RC70 in September 2020 for information only. The date of the decision would be the date of the circular letter sent by the Regional Director.

22. At RC70, Member States would be invited to adopt a new resolution on dates and places of sessions of the Regional Committee for the period 2021–2023, in order to: reconfirm Tel Aviv as the location of RC71; plan ahead for future sessions of the Regional Committee until 2023; and agree on the principle of shorter sessions (three days instead of four), which was one of the recommendations arising from a discussion held by the Twenty-seventh SCRC at its second session in November 2019.

23. The chairperson of the SCRC subgroup on governance confirmed that, at its virtual meeting the previous week, the subgroup had unanimously agreed with the proposed change of arrangements for RC70 and the use of the written silence procedure.

24. The Standing Committee agreed that the venue of RC70 should be switched to Copenhagen and that the session could be a virtual one if conditions for a physical meeting were not met. Several members supported the holding of a *de minimis* session, but one member suggested that a virtual session could well be extended to three days, to enable Member States to report on implementation of their strategies for “exiting” the COVID-19 pandemic.

25. The Standing Committee would, by 22 May 2020, submit comments on the draft decision, and notably on whether a virtual session of RC70 could be organized on another day, instead of 14 September 2020, and on whether uncontroversial items, such as progress reports, that could not be addressed under the abridged agenda should be systematically postponed to RC71 or could be approved through a written silence procedure. The Regional Director would then send out the circular letter to Member States by 29 May 2020, at the latest, with a deadline to object of 14 days (until 12 June 2020).

Review of items for future Regional Committee sessions (rolling agenda)

26. The Standing Committee agreed that discussion of the rolling agenda for future Regional Committee sessions should be postponed. Its subgroup on governance would first discuss the issue, also taking into account the feedback on the EPW, and develop a proposal for the consideration of the SCRC at its next session.

United action for better health in Europe. Draft European Programme of Work, 2020–2025

27. The Regional Director recalled that a concept note on the EPW had been presented to the Twenty-seventh SCRC at its second session in November 2019 and an annotated outline at its third session in March 2020. Since then, the COVID-19 pandemic had hit the European Region, exacting a heavy toll on populations, health workers, and health and social care systems. The COVID-19 crisis called for even greater ambition to bring about profound changes in health and public health. There would be a need to invest massively in recovery and reform, in order to build systems that were far more robust and resilient, and which bridged health and social care.

28. The three core priorities in the EPW were based on people's legitimate expectations of health authorities. Citizens expected to have access to care, to be protected against health emergencies and to live in healthy communities. It was proposed to incorporate the four flagship initiatives (the mental health coalition; digital health and innovation; the Immunization Agenda 2030; and leveraging behavioural and cultural insights for health) within those three priorities, to make the EPW even more coherent. The EPW did not aim to describe each of the technical programmes carried out by the Regional Office; indeed, individual programmes would deliver on more than one strategic priority, and a two-pronged approach would be adopted, with a continuum of action ranging from regional and subregional action to direct country support.

29. Under the first priority (moving towards universal health coverage), action would be focused on financial protection, people-centred health and social services, human resources for health, medicines and supplies, and governance. In view of the fact that mental health conditions were a leading cause of disability and suffering in the European Region, and that they presented worrying emerging trends, a coalition would be brought together in a flagship initiative to mobilize opinion-makers and "champions", review successes, failures and perspectives, and support national policy dialogues. A second flagship initiative on digital health and innovation would aim to draw up a charter of European values and principles for health data access, management, governance and use; to develop a European roadmap for the digitalization of health systems; and to improve the interface between citizens and services.

30. The Regional Office had already started to document the experience of the European Region in responding to the COVID-19 pandemic, without waiting for the standard after-action review that was called for under the International Health Regulations (2005). Other actions under the second priority (protecting against health emergencies) would be aimed at ensuring that countries' health systems were prepared for and responded promptly to health emergencies, mobilization of resources and solidarity organized at regional and subregional levels.

31. The third priority (promoting health and well-being), which corresponded to the third pillar of WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13), would be implemented against a background of the economy of well-being and would comprise action on the living environment, safer and healthier lifestyles, safer health care, improved disease control programmes and better information on equity. Under that priority, the flagship initiative on the Immunization Agenda 2030 would include work on equitable access to a COVID-19 vaccine and advocacy for routine immunization, as well as the mobilization of political will to counter vaccine hesitancy. The fourth and final flagship initiative was aimed

at fostering healthy actions for life by leveraging behavioural and cultural insights. That was particularly important at the current stage of the COVID-19 pandemic, when authorities were beginning to lift restrictions and much would depend on people's behaviour.

32. The impact of WHO's work at country level would be maximized in three ways. First, the efforts of regional and global partners would be united by including Member States in regional conversations and building synergies with partners around core health priorities. Secondly, direct support would be provided to health leadership in relation to negotiations on recovery, as well as through the establishment of a Pan-European Transformational Leadership Academy. The activities of the Academy would include twinning and peer support for high-level decision-makers, a mid-level exchange programme and a junior fellowship programme. Thirdly, steps would be taken to ensure that the Regional Office was fit for purpose, by updating all country cooperation strategies, adopting an agile approach, respecting diversity and drawing on expertise gained through tackling the COVID-19 pandemic.

33. The process of engagement, consultation and decision-making in relation to the EPW was to be tailored to the different stakeholder groups. Political endorsement by Member States was required, and they would therefore be consulted on all aspects of the EPW through virtual consultations to be held in June 2020, followed by endorsement of the EPW at RC70. Non-State actors would be engaged after RC70 through dissemination of the EPW at international meetings and conferences and stakeholder analysis to explore future partnerships. In-house virtual consultations with staff on organizational development and redesign had already been held, and functional reviews would be initiated in the coming weeks. Contact had also been made with the regional directors of the United Nations Development Programme and the United Nations Economic Commission for Europe to secure United Nations-wide support for the EPW.

34. Members of the SCRC expressed support for the draft EPW, noting that it was closely linked with GPW 13, and emphasized the need for cooperation at the regional and subregional levels. They appreciated the references made to resolution WHA72.8 on improving the transparency of markets for medicines, vaccines, and other health products, and to the fair pricing policy, especially for a COVID-19 vaccine. They were pleased that the lessons learned from the Regional Office's response to the COVID-19 pandemic were set out in the EPW; they would enhance preparedness for future emergencies at all levels of the Organization, as well as at country level. One member, while appreciating the emphasis placed on the economy of well-being, expressed concern about the reduction of people utilizing health services during the COVID-19 pandemic.

35. In reply, the Regional Director noted that the Steering Committee on the Access to Affordable Medicines initiative had met the previous week, to prepare for a major meeting that had been postponed from June 2020 to the first quarter of 2021, hosted by the Ministry of Health and Care Services of Norway and supported by the National Institute for Health and Disability Insurance (INAMI), Belgium. Discussions were under way on how to incorporate aspects of the economy of well-being in the monitoring and evaluation framework of GPW 13. Patient safety would be crucial while promoting resumed uptake of health care.

36. The Standing Committee agreed to submit comments and suggestions on the draft EPW to the Secretariat within one week, under the written procedure for the review of Regional Committee documents.

Review of technical and policy topics and consultation process for RC70 agenda items, including progress reports, and review of RC70 resolutions

37. Owing to a shortage of time during the virtual session, the Standing Committee agreed to organize the review of RC70 documents through a written procedure. The members would accordingly provide feedback in written form on the documents related to technical and policy topics for RC70 agenda items, including progress reports and draft resolutions, by the following deadlines:

- 22 May 2020 for all documents currently available on the intranet;
- 29 May 2020 for any documents for which not all language versions were yet available.

Briefing on the Seventy-third World Health Assembly

38. The Team Leader, Regional Governance, said that the Executive Board had approved the arrangements for a virtual de minimis World Health Assembly to be held using videoconferencing technology. The Seventy-third World Health Assembly would therefore take place in three 3-hour meetings from 12:00 to 24:00 on Monday 18 May 2020, with the possibility of a further 3-hour meeting on Tuesday 19 May 2020. The session would then be suspended, to be resumed later in the year. Similarly, the 147th session of the Executive Board would be a virtual de minimis session, to be held on 22 May 2020. The thirty-second meeting of the Programme, Budget and Administration Committee of the Executive Board (PBAC) had been postponed. The date, venue and modalities of the PBAC meeting, as well as of the resumed Seventy-third World Health Assembly and the 147th session of the Executive Board, would be decided upon by the Executive Board in due course.

39. The abridged agenda of the Seventy-third World Health Assembly would consist of opening and closing interventions by invited high-level speakers, the address by the Director-General, focused on WHO's response to the COVID-19 pandemic as well as on the WHO transformation process and on some key achievements by technical programmes; followed by statements by Member States, which could also be submitted in writing or in the form of video recordings. Statements from the WHO regional directors were also scheduled. Non-State actors would not be given the floor, owing to time restrictions, but associate members and representatives of United Nations bodies and other intergovernmental organizations would be permitted to speak. Finally, the election of Executive Board members would take place. Decision-making would take place either by consensus or by roll-call.

40. An observer, participating as the designated link between the Executive Board and the SCRC, added that the supplementary agenda item, "Inviting Taiwan to participate in the World Health Assembly as an observer",¹ would be taken up at the resumed session. The draft resolution on the WHO response to the COVID-19 pandemic proposed by the European

¹ The title of the proposal has been reproduced as received. The designations employed do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory or area, or of its authorities. The terminology used is at variance with that used by the World Health Organization.

Union had not given rise to any objections under the silence procedure and would therefore be considered by the Seventy-third World Health Assembly during its virtual de minimis session.

Membership of WHO bodies and committees (private meeting)

Vacancies for nomination for membership of the Executive Board and election to membership of the SCRC at RC70 in September 2020

41. The Standing Committee met in private to review the candidatures received for nomination for membership of the Executive Board (four seats) and election to membership of the SCRC (four seats).

Elective posts at the Seventy-third World Health Assembly and the 147th session of the Executive Board in May 2020

42. At its private meeting, the SCRC was informed of the nominations that would be put forward for the posts of Vice-President of the Seventy-third World Health Assembly and Chairperson of its Committee A, and for membership of the General Committee (four seats) and the Credentials Committee (three seats), as well as for the post of Vice-Chairperson of the 147th session of the Executive Board and membership of its Programme, Budget and Administration Committee (one seat). It was noted that only the Vice-President of the Seventy-third World Health Assembly would be elected at the virtual de minimis session.

Closure of the session

43. The session was declared closed on the afternoon of Friday, 15 May 2020.

Annex 1. Agenda

1. Opening of the session by the Chairperson
 - Adoption of the provisional agenda and the provisional programme
2. Report on the work of the WHO Regional Office for Europe by the Regional Director
Update on the COVID-19 pandemic: situation in the WHO European Region
 - Followed by discussion
3. Draft provisional agenda and programme of the 70th session of the WHO Regional Committee for Europe (RC70)
 - Revising arrangements in the light of the COVID-19 pandemic
 - Review of items for future Regional Committee meetings (rolling agenda)
4. United action for better health in Europe. Draft European Programme of Work, 2020–2025
5. Review of technical and policy topics and consultation process for RC70 agenda items, including progress reports, and review of RC70 resolutions
 - Proposal to organize the reviews through a written procedure
6. Briefing on the Seventy-third World Health Assembly
7. Private session – members of the Standing Committee of the Regional Committee for Europe only

Membership of WHO bodies and committees
 - Vacancies for election and nomination for the Executive Board and the SCRC, at RC70 in September 2020
 - Elective posts at the Seventy-third World Health Assembly and the 147th session of the Executive Board in May 2020
8. Other matters, closure of the session

Annex 2. List of documents

Working documents

EUR/SC27(4)/1	Provisional list of documents
EUR/SC27(4)/2	Provisional agenda
EUR/SC27(4)/3	Provisional programme
EUR/SC27(4)/4	Revising the arrangements for the 70th session of the WHO Regional Committee for Europe in the context of the COVID-19 pandemic
EUR/SC27(4)/5	Draft provisional programme of the 70th session of the WHO Regional Committee for Europe (full version)
EUR/SC27(4)/5(A)	Draft provisional programme of the 70th session of the WHO Regional Committee for Europe (reduced version)
EUR/SC27(4)/5(B)	Draft provisional programme of the 70th session of the WHO Regional Committee for Europe – Virtual de minimis session
EUR/SC27(4)/6	Membership of WHO bodies and committees
EUR/SC27(4)/7	Antimicrobial resistance through the One Health approach: renewed actions and partnerships ¹
EUR/SC27(4)/8	Progress report on the implementation of the Action Plan to Strengthen the Use of Evidence, Information and Research for Policy-making in the WHO European Region ²
EUR/SC27(4)/9	Final report on implementation of the Strategy and Action Plan for Healthy Ageing in Europe, 2012–2020 ²
EUR/SC27(4)/10	Final report on implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 ²
EUR/SC27(4)/11	Review of accountability and compliance of the WHO Regional Office for Europe ²
EUR/SC27(4)/12	Final report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services ²
EUR/SC27(4)/13	Progress report on implementation of the European Environment and Health Process ²
EUR/SC27(4)/14	Progress report on implementation of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region ²

¹ Subject to consultation under written procedure until 22 May 2020.

² Subject to consultation under written procedure for seven days following dispatch.

EUR/SC27(4)/15	Joint progress report on implementation of Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery and Accelerating primary health care strengthening ¹
EUR/SC27(4)/16	Progress report on implementation of the Physical Activity Strategy for the WHO European Region 2016–2025 ⁴
EUR/SC27(4)/17	Joint progress report on implementation of the Strategy on Women’s Health and Well-being in the WHO European Region and the Strategy on the Health and Well-being of Men in the WHO European Region ⁴
EUR/SC27(4)/18	Implementing the draft operational framework on strengthening primary health care towards “United Action for Better Health in Europe” ⁴
EUR/SC27(4)/19	Final report on implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020 ⁴
EUR/SC27(4)/20	Transformation in the WHO European Region ⁴
EUR/SC27(4)/21	Final report on implementation of the European Strategic Action Plan on Antibiotic Resistance ⁴
EUR/SC27(4)/22	Mid-term evaluation of implementation of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025 ²
EUR/SC27(4)/23	Draft European roadmap for the digitalization of health systems ⁴
EUR/SC27(4)/24	Final reports on Investing in Children: the European Child and Adolescent Health Strategy 2015–2020 and the European Child Maltreatment Prevention Action Plan 2015–2020 ³
EUR/SC27(4)/25	United action for better health in Europe. Draft European Programme of Work, 2020–2025 ⁴
EUR/SC27(4)/26	Engagement with non-State actors: accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe ⁴

= = =

¹ Subject to consultation under written procedure until 22 May 2020.

² Subject to consultation under written procedure for seven days following dispatch.