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Report of the third session

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Opening of the session

1. The Twenty-seventh Standing Committee of the Regional Committee for Europe (SCRC) held its third session in Copenhagen, Denmark, on 11–12 March 2020.

2. The Chairperson, Dr Søren Brostrøm (Denmark), opened the session, welcoming all participants, and explained that, owing to the extraordinary circumstances of the global novel coronavirus disease (COVID-19) outbreak, some members of the SCRC would participate in the session through a virtual meeting platform.

Adoption of the provisional agenda and the provisional programme

3. The provisional agenda was adopted (Annex 1).

4. The Standing Committee noted that the report of its second session, which had taken place in Copenhagen, Denmark, on 26–27 November 2019, had been circulated and approved electronically.

5. In the light of the declaration by the WHO Director-General, on the afternoon of Wednesday, 11 March 2020, of a COVID-19 pandemic, the announcement of emergency measures by the Government of Denmark later the same day, and the announcement of the impending closure of the premises of UN City following the detection of a confirmed case on campus, the SCRC agreed to conduct its business on Thursday, 12 March 2020 at the Adina Hotel, Copenhagen, without simultaneous interpretation and with the rules of physical distancing to be observed.

6. Given the above, the SCRC also decided to forego consideration of the technical items and progress reports for submission to the WHO Regional Committee for Europe at its 70th session (RC70), and to provide their comments and suggestions in writing following the meeting. The SCRC also decided to discuss the COVID-19 situation further on the morning of 12 March, including the preparation and adoption of a statement on the matter (see paragraphs 28–40).

Address by the Regional Director

7. In his opening address, which was video-streamed in accordance with Annex 4 of resolution EUR/RC63/R7, the WHO Regional Director for Europe began by paying tribute to Dr Peter Salama, Executive Director, Universal Health Coverage and the Life Course, WHO headquarters, who had passed away suddenly in January 2020, and expressed the condolences of the WHO Regional Office for Europe to Dr Salama's family. Dr Salama had been a trusted and respected colleague and a good friend.

8. Addressing the Standing Committee for the first time since taking office, he thanked all those who had facilitated his transition into his new position, in particular Dr Piroška Östlin, who had served as Regional Director a.i. assisted by Dr Anne-Marie Worning, Director, Programme Management a.i., and Dr Sussan Bassiri, Director, Administration and Finance.

9. Since the SCRC's previous session, a significant number of activities and events had been organized in line with the strategic priorities of the Thirteenth General Programme of

Work, 2019–2023 (GPW 13). A number of examples were given for each of the pillars. Highlights under Pillar 1 (achieving universal health coverage) included a coordination meeting for WHO collaborating centres on tuberculosis, HIV, sexually transmitted infections and viral hepatitis. Under Pillar 2 (protection against health emergencies), one example of activities undertaken was a country mission to Uzbekistan to identify priority needs for technical support and guidance for working groups operating under the International Health Regulations (2005). Under Pillar 3 (one billion more people enjoying better health and well-being), examples included the fifth Meeting of the Parties to the Protocol on Water and Health, which had been held in November 2019. Under Pillar 4 (a more effective and efficient WHO), among other activities, a workshop had been held on transformation in the Regional Office, which had focused on culture change. Staff in country offices and geographically dispersed offices had participated through virtual meeting platforms.

10. A new European Programme of Work (EPW) was being developed to guide the work of the Regional Office, with a strong focus on country support. With that in mind, the Regional Director had begun to conduct country visits immediately after his appointment, beginning with Kazakhstan and Uzbekistan, to discuss universal health coverage, health systems strengthening and emergency preparedness. Biennial collaborative agreements had been concluded with both Member States. During his visits to North Macedonia and Serbia he had met the presidents to discuss the European Union (EU)–Western Balkans summit. While health had not initially been on the agenda of the summit, the rapid development of the global outbreak of COVID-19 had brought health into the spotlight. A "one WHO" approach was needed now more than ever to leverage that situation to raise awareness of the critical importance of health as a political issue.

11. Multi-country activities had included a brainstorming session in Brussels, Belgium, on access to affordable medicines, hosted by Mr Jo De Cock, Chief Executive of the Belgian National Institute of Health and Disability Insurance, with a view to holding a high-level WHO meeting to be hosted by the Norwegian Minister of Health and Care Services, Bent Høie, culminating in the conclusion of a social pact with industry and other stakeholders for the benefit of patients. In the spirit of the EPW on United Action for Better Health in Europe, the Regional Director had also met the new European Commissioner for Health and Food Safety and the European Commissioner for European Neighbourhood Policy and Enlargement Negotiations. Consideration was also being given to broadening cooperation with the Supreme Eurasian Economic Council and the Council of Heads of State of the Commonwealth of Independent States. In the context of the outbreak of COVID-19, there was an even greater onus on the Regional Office to act as a bridge between EU Member States and non-EU Member States in the Region.

12. With regard to making WHO fit for purpose, a partner meeting on resource mobilization for the EPW, catalysed by the ministries of health of Denmark and Germany, had been held to consider how to help Member States make a robust case for investment in the Regional Office to their ministries of health, finance and foreign affairs, and thereby ensure predictable and sustainable funding for the Regional Office. Flexible and thematic funding were needed, with increased coherence between bilateral and multilateral channels, to address the salary gap, eliminate pockets of poverty in the WHO European Region and make the investment case for the EPW.

13. Since taking office, the Regional Director had also held two town hall meetings with staff, the first setting out the vision for the future and inviting staff members to sign the WHO

Values Charter, and the second setting out how that vision would be operationalized, with the presentation of a draft high-level organigram. Divisional meetings to discuss the new structure would be held in due course, and in subsequent months the selection of new directors and in-depth functional reviews would take place. Important lessons had been learned from the transformation and restructuring process at WHO headquarters, which would be taken into account, in particular not to let the process become too protracted. A country office review and efforts to strengthen WHO's country presence would be undertaken under the guidance of the SCRC subgroup on country work.

14. Lastly, regarding the COVID-19 outbreak, the Regional Office was supporting Member States through providing guidance based on their needs, in particular with a view to protecting front line health care workers, recalling that 2020 was the International Year of the Nurse and the Midwife. In the current context, heads of State and governments were talking about health more than ever before. That momentum should be leveraged.

15. Members of the SCRC thanked the Regional Office for the support it provided to Member States. They welcomed the explanation of the transformation process and said that they were looking forward to hearing about it in more detail. Efforts to ensure continuity in the Regional Office's operations during the restructuring were particularly commendable. One member requested clarification regarding the organigram's differentiation between country programmes and country policies. Another thanked the Regional Director for the ministerial briefing on COVID-19, which had been organized the previous week; it had been useful to have an overview of the situation at the regional level and information on how governments could prepare.

16. The Regional Director was pleased that the ministerial briefings were welcome; the Regional Office was doing its utmost to strengthen its leadership capacities, and to provide specific guidance to Member States on COVID-19. With regard to transformation, the new organigram had been fully aligned with GPW 13.

Update on the coronavirus disease outbreak: situation in the WHO European Region

17. The Director, Health Emergencies and Communicable Diseases briefed the SCRC on the situation regarding the coronavirus disease outbreak, which had been declared a WHO Grade 3 emergency on 26 January and a Public Health Emergency of International Concern (PHEIC) on 30 January; WHO was mobilizing its internal resources, applying emergency standard operating procedures. The risk assessment categorization had been updated from "high" to "very high" globally. She outlined the similarities and differences between coronavirus disease and influenza with regard to symptoms and transmission. In coronavirus disease, 5% of cases were categorized as critical, 14% as severe, and 81% as mild.

18. Statistics on caseload by country showed the rapid spread of the coronavirus disease between and within countries. In China, where the outbreak had begun, transmission had been interrupted in most provinces. Caseloads elsewhere were growing, with the majority currently in western Europe. WHO had two online dashboards showing statistics by country: one for the global situation, and another for the WHO European Region. Figures were updated daily. Differences in epidemiology at the subnational level suggested that governments should consider the current disease epidemiology when planning the response, using a mix of

comprehensive strategies based on transmission trends and population profiles. Community acceptance and engagement were crucial. With the elderly particularly affected, specific measures were needed to protect those in long-term care, nursing homes and other residential institutions.

19. WHO was working with authorities in the countries most affected to support aggressive actions to flatten the epidemic curve. Since every European country could be in the early stages of an outbreak, the Regional Office wanted to ensure that every Member State was prepared. Caseload scenarios could be categorized in four ways: no cases; sporadic cases; clusters of cases; and community transmission. In all instances, containment was the key to stopping transmission and preventing spread. At the community transmission phase, mitigation measures would need to be included in the blended strategy. While statistics from Wuhan, China, showed the success of continuing containment alongside mitigation measures in the epicentre of the epidemic, there was no "one-size-fits-all" solution. Measures would need to be tailored to each country's specific situation. The highest level of political commitment, with a whole-of-government approach, would be required, with ownership and coordination of strategies and approaches by heads of State and government. The epidemic was not solely a health problem, it was also a political and social issue.

20. Early detection, isolation of patients and contact tracing were the keys to interrupting or delaying transmission and giving authorities time to prepare. The next stage would be to focus on clinical care, ensure that hospitals were properly prepared and that health care workers were protected. Measures would then be needed at the community level, through the closure of schools and public spaces. The timing of those measures would be critical; they should not be taken too early or too late. Sharing information was also particularly important.

21. She commended all staff in the health emergencies programme at the regional and country levels, who were doing exceptional work. Every effort was being made to broaden the programme's capacity. Rapid support teams had been deployed in Azerbaijan, Italy and Ukraine, and other staff and consultants were visiting high-priority countries in the central and eastern part of the Region to prepare hospitals, health centres and laboratories for surveillance, infection prevention and control, and risk communication. The United Nations was engaged at the country level under the leadership of its resident coordinators.

22. Concerns persisted with regard to the availability of medical and personal protective equipment. In the context of broad community transmission, health system capacities were being stretched. Consideration must be given to the capacity of intensive care units with regard to bed numbers, ventilators, oxygen and essential medicines. WHO had checklists in that regard and had dispatched equipment, and was conducting several dispatch waves of laboratory testing kits to ensure that all Member States in the Region had testing capacity. Availability of personal protective equipment for health care workers remained a concern. WHO therefore took a strong stand on the use of masks, which should not be used unnecessarily, and was prioritizing ensuring supplies for the countries most in need. All of WHO's work in relation to the epidemic was based on the 2019 Novel Coronavirus Strategic Preparedness and Response Plan, which also set out the roles and responsibilities of partners. A portal had been set up, which Member States could use to state their needs and for partners to see what those needs were and allocate support. A variety of other documents, guidelines and tools were available on the WHO website.

23. In the discussion that followed, members of the SCRC thanked the Regional Office for its support and guidance at a complex and difficult time, and in rapidly evolving circumstances, and described their efforts to manage and control COVID-19 at the national level, agreeing that the gravity of the situation must not be underestimated. The rapid spread of the disease was particularly concerning. One member pointed out that the epidemic profile of COVID-19 was different to influenza in that older people and those with comorbidities and underlying conditions were most severely affected. Priority actions should include specific measures to protect those populations. Efforts must be made to reduce panic, fear and stigma. Questions were raised with regard to how data collection and sharing could be optimized, how United Nations entities were cooperating and coordinating their support to countries, how underfinancing of certain areas of WHO could be addressed, whether sufficient diagnostic kits could really be supplied, whether prevention was actually possible or if delay was the only option, why the quarantine period had been set at 14 days, and why the situation had not been classified as a pandemic. Specific measures to protect the most vulnerable, in particular refugees and migrants, were essential. The situation would challenge societies and health care systems around the world. WHO Member States must stand together, share experiences and capacities, and assist each other.

24. The Director, Health Emergencies and Communicable Diseases said that in the nine weeks since the COVID-19 outbreak had begun, the virus had been isolated, and countries, such as Singapore, had successfully interrupted its transmission. The virus was new, and care should therefore be taken not to make presumptions based on the patterns of other respiratory diseases. WHO was coordinating research and development, particularly for the development of vaccines and diagnostics, treatment regimens, medicines and antivirals. The Regional Office's emergency programme staff had been working non-stop under an exceptionally heavy workload; consideration was being given to how to broaden the team's capacity at the regional and country levels. Efforts to engage Member States would continue through various platforms, to encourage the sharing of experiences. The Government of China had offered to share its expertise with Italy. Data collection was problematic because, while European governments were transparent in provision of information, a certain amount of time was needed to put in place the requisite systems to collect, analyse and share data with the global community. The move from case-by-case to aggregate reporting as caseloads increased could take time.

25. The age distribution for fatalities differed from country to country and would therefore define national priorities for protection. The elderly and people with comorbidities should be priority groups. Vulnerable populations, like migrants and refugees, and those in closed settings such as long-term care institutions and prisons, should also be paid particular attention. Consideration had been given to the mandates and strengths of all United Nations agencies in the Region, and United Nations country teams were working together at the national level, while a regional platform for collaboration with United Nations agencies had been set up. Every effort was being made to be as fair as possible in the distribution of support; a clear priority list had been drawn up at the global level for the regional distribution of kits and supplies.

26. Research had shown that the incubation period for COVID-19 ranged from four to 14 days, with a 12.5-day average. The duration of isolation had therefore been set at 14 days. Interruption had been proven to be possible; approaches must be tailored to the social, cultural and political situations in the country concerned. The term "pandemic" had a variety of

connotations for different people. WHO had an urgent demand for human resources. More experts to work with the health emergencies programme would be welcome.

27. The Regional Director said that one of the main goals of the EPW was to leave no-one behind. Particular attention would therefore need to be paid to vulnerable groups, with a specific focus on migrant populations and the elderly. The health emergencies team was at risk of burnout. While everything possible was being done to support them, the programme lacked resources. An immense scale-up was needed, and country teams must be tailored to the situation at country level. A boost in both expertise and financial resources would be critical.

28. On the morning of 12 March (see paragraphs 5 and 6), in the absence of the Chairperson and the Vice-Chairperson of the Standing Committee, Ms Nora Kronig Romero (Switzerland) was elected Chairperson of the meeting in accordance with Rule 11 of the Rules of Procedure. She invited the Standing Committee to resume its discussion of the COVID-19 situation in the WHO European Region.

29. The Director, Health Emergencies and Communicable Diseases, provided a situation update, and said that the number of cases in Denmark was growing exponentially; the Government had announced extensive and urgent public health measures in response. The WHO Director-General had declared a pandemic, based on the rapidly growing number of cases within countries, the continuing expansion to new locations, and the inadequacy of measures taken by some Member States. The change of status would not alter the response strategy recommended by WHO. Slowing down or interrupting transmission remained possible. Mitigation and health system response therefore needed to go hand-in-hand with continuous containment measures. The scope of public health measures adopted in each country should be embedded in a comprehensive strategy to ensure that the actions taken yielded the desired results. National authorities were best placed to decide which measures would be most appropriate and effective in the local context.

30. A representative of the Ministry of Health of Denmark briefed the SCRC on the measures taken by her Government in response to the recent exponential increase in the number of new COVID-19 cases. Public institutions, museums and cultural sites had been closed, and outdoor events with more than 1000 participants and indoor events with more than 100 participants would be prohibited. Emergency legislation was currently being developed to enforce those bans. From Monday, 16 March 2020, all public employees except essential medical staff, staff in care homes, law enforcement personnel and emergency response staff would be requested to stay at home. Private companies had also been encouraged to secure remote working arrangements for their staff. Modalities for distance learning were being set up for school-age children, and daycare would be provided for children whose parents were required to go to work. The use of public transport was strongly discouraged; arrangements were being made to enable those who had to use public transport to maintain a safe distance. The focus had now shifted from containment to mitigation.

31. Members of the Standing Committee were asked what types of support they would require from WHO, and were invited to share information on the measures being taken by their authorities.

32. In the ensuing exchange, the Standing Committee requested guidance on the types of containment measures considered adequate, and asked what support WHO could provide for Member States with insufficient resources to tackle the crisis. Members shared information on

the number of cases and developments in their countries, and on the measures taken at the national level to respond to the unfolding crisis. Containment measures had been taken across the Region. Many Member States had closed schools, universities, daycare facilities and cultural institutions, and had either prohibited public gatherings or set strict limits on participation. One Member State had introduced border control measures, while several others had suspended air travel with high-risk countries.

33. Concerns were raised regarding the burden of reporting to and receiving information from multiple channels within WHO. The communication channels established under the International Health Regulations (2005) were deemed the most suitable for sharing epidemiological information. Some Member States had established national focal points for the crisis, while others had tasked groups of experts to advise the government. Daily ministerial meetings were being held in several Member States to keep abreast of developments and identify evolving needs. Information hotlines for doctors and patients had also been made available. One Member State had repurposed a hospital exclusively for the treatment of infectious diseases. The importance of early detection, isolation, contact tracing and community transmission containment to ensure health system preparedness was highlighted.

34. The health workforce faced unprecedented challenges; communication and information exchanges with front-line staff were therefore essential. Members of the SCRC called for strong practical and moral support for the health workforce and for solidarity within and between countries. Particular challenges arose owing to the dearth of information available in languages other than English. Guidance was sought on the appropriate response in situations where new cases were identified in enclosed spaces, and in particular in vessels at sea. The engagement of WHO country offices should be stepped up.

35. Vulnerable groups required specific protection, if WHO was to honour its commitment to leave no one behind. Groups requiring particular support included refugees and migrants, older people and those with comorbidities and underlying medical conditions. Universal health coverage was more relevant now than ever before. While there could be no doubt about the critical role played by health authorities and health workers, the outbreak could only be controlled if the whole of society acted responsibly. One member of the SCRC expressed concern about the impact of potential border closures on cross-border health workforce mobility and the potentially catastrophic impact of export bans on medical equipment and devices. The Regional Office for Europe could consider establishing a public platform to share the measures taken by individual Member States, which could serve as useful guidance for others. Options for developing common public information campaigns could also be explored.

36. The Director, Health Emergencies and Communicable Diseases, said that the Regional Office had identified 20 priority countries for additional support on the basis of the 2019 Novel Coronavirus Strategic Preparedness and Response Plan. That support had begun with the release of direct funding and delivery of medical equipment and devices, and laboratory test kits. Emerging needs were also being monitored. WHO representatives played a key role in identifying needs at country level. The International Monetary Fund and the World Bank had pledged funding in the order of billions of dollars. As further support became available countries could build their core capacities. Sustained, long-term investment in response capacities was crucial for future preparedness.

37. It was important to note that when mitigation became necessary, containment measures should still be sustained to reduce the speed of transmission and gain time to prepare health systems and health workers. Communication with the Regional Office and between different stakeholders and national authorities was critical. Using one sole channel of communication could cause blockages that delayed the transmission of vital information. At country level, decisions taken by central governments on containment and other measures must be upheld by authorities at the subnational level. While the actual measures needed would differ according to the intensity of transmission or the setting, health system preparedness, availability of isolation facilities, institutional measures, identification of risk groups with limited access to health care systems, availability of medical equipment and personal protective equipment for health workers, were crucial throughout. Countries should explore options for allocating and repurposing human resources, including the participation of civil society volunteers.

38. In situations where infection rates were high, contact tracing and laboratory confirmation of all cases were complex tasks. To ensure effective use of health system capacities, thresholds must be decided for self-isolation at home, quarantine in special settings, and hospital referrals. Timely referrals could save lives.

39. The Regional Director thanked members for their valuable contributions and assured them of the Regional Office's unwavering support. Thus far, Member States had deemed multilateral meetings at the ministerial level to be useful; any feedback on the most effective formats for further engagement would be welcome. Expert advice was crucial in the current situation, and the Regional Office would explore options for creating virtual forums where Member States could engage with experts.

40. The Standing Committee prepared a statement on the COVID-19 pandemic, as an expression of mutual support and solidarity (see Annex 3).

Review of the outcomes of the 146th session of the Executive Board and their impact on the work of the WHO European Region

41. The Team Leader, Regional Governance, gave an overview of matters discussed at the 146th session of the Executive Board, which had been marked by two unexpected events: the sudden passing of Dr Peter Salama, the week before, and the outbreak of COVID-19, which had generated high demand from Member States for briefings and updates during the course of the session. At the start of the meeting, the Regional Director's appointment had been confirmed and a resolution had been adopted expressing appreciation to the outgoing Regional Director, Dr Zsuzsanna Jakab.

42. Technical agenda items had been presented and discussed thematically, in line with the four pillars of GPW 13. A total of 10 resolutions and 18 decisions had been adopted. The Secretariat had also presented the programme budget for the biennium 2020–2021, as well as a report on the GPW 13 results framework and output scorecard. The resource mobilization strategy had been discussed, including the proposal for the establishment of a WHO Foundation for raising supplementary resources. A transformation briefing had been requested and a white paper on accountability had been distributed, including information on the harassment policy, risk management and business integrity. Several European experts and entities had been nominated for awards to be presented at the World Health Assembly.

43. An observer, participating as the designated link between the Executive Board and the SCRC, added that the agenda had only been manageable due to the preparatory work done by the Programme, Budget and Administration Committee of the Executive Board. Concerns remained, however, that the agenda for the World Health Assembly would be too heavy. With regard to issues of political concern or requiring further negotiation, the development of an action plan to expedite implementation of the global strategy to reduce harmful use of alcohol, in particular looking at the cross-border marketing of alcohol, would be of particular interest to the European Region. Other issues that had required detailed discussion included access to and pricing of medicines, digital health, and the public health implications of the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity.

44. The resolution, Strengthening Preparedness for Health Emergencies; Implementation of the International Health Regulations (2005) (resolution EB146.R10), had required considerable negotiation but had been successfully adopted, which had been particularly timely given the current outbreak of COVID-19. Discussions regarding World Health Days had also been complex; the matter would be taken up by the World Health Assembly for further discussion. The Board had agreed that the harassment policy should be broadened to cover all forms of harassment. There were serious concerns regarding the fact that an effective accountability framework with indicators and a methodology for measuring results, had not yet been put in place. Lastly, the Board had been briefed on the establishment of the WHO foundation, but had been surprised to find that it was moving ahead at full speed without any discussion in the governing bodies.

45. The Standing Committee agreed that the Executive Board's agenda had been exceptionally heavy and that discussions had been complex, but welcomed the spirit of consensus that had prevailed. One member asked whether emergency preparedness would be discussed further at the World Health Assembly. Two issues discussed by the Executive Board would be particularly relevant to the new EPW: access to medicines and the focus on transparency in pricing and shortages; and WHO's role in the digitalization of health.

46. The observer participating as the designated link between the Executive Board and the SCRC clarified the situation with regard to the resolution on emergency preparedness. Assurances had been received from delegations which had expressed concerns that they had been satisfied with the solutions found, and that the discussions would not be reopened at the World Health Assembly. Access to medicines, prices and supply chains were increasingly acute issues, particularly in the context of COVID-19. With regard to digitalization, WHO's role needed to be clarified and broadened. The burden of work on the Executive Board had indeed been extreme, owing to a lengthy agenda and a short session. Strategic consideration must be given to how to balance the number of subjects for discussion and the constraints on time.

47. The Regional Director added that although the WHO Symposium on the Future of Digital Health Systems in the European Region had been postponed, the preparatory work was still ongoing, alongside the preparation of the global strategy. While the global document would have a normative function, the European digital health roadmap would be a practical guide to implementation.

Feedback from the subgroups of the Standing Committee of the Regional Committee for Europe

Subgroup on governance

48. The chairperson of the subgroup on governance said that the subgroup had considered the draft provisional agenda (document EUR/SC27(3)/4) for RC70, taking into account the outcome of the informal brainstorming done by the Twenty-seventh SCRC at its second session. On that occasion, the Standing Committee had discussed options for enhancing the Regional Committee for Europe's political attractiveness to transform it into the key annual health forum for high-level health policy-makers in the European Region, and had made a variety of suggestions in that regard. The subgroup had found the draft provisional agenda for RC70, as presented to the SCRC at the current session, to be a faithful reflection of that guidance. The subgroup particularly welcomed the clear division between the political, technical and governance dimensions of RC70, the inclusion of a ministerial round table on digital health, and the addition of an agenda item on lessons learned from the COVID-19 outbreak.

49. The subgroup reviewed the outcomes of the Executive Board's discussions on governance at its 146th session. It noted the Board's reservations on some aspects of the proposed draft guidelines on written statements by Member States at meetings of governing bodies and the request that the Director-General would report back after a one-year test period. Of the proposals contained in the Director-General's report on governance (document EB146/32), the Board decided to maintain the current practice to have progress reports considered by the Health Assembly rather than by the Executive Board as proposed in the report. With regard to a set of proposals on how to render engagement of the governing bodies with non-State actors more meaningful, the Board could not reach consensus and therefore requested the Director-General to present new proposals to its 148th session, while some of the proposals would be tested in the meantime.

50. Turning to governance at the regional level, the subgroup suggested that consideration of regional progress reports and of action plans with imminent expiry dates should be better streamlined on the Regional Committee agenda. The Secretariat reported that preparations had been under way for a pilot meeting with non-State actors to discuss items on the agenda of RC70: a participants' shortlist and an agenda had been prepared. However, in the light of the recent COVID-19 outbreak, the meeting originally scheduled for April would have to be postponed. Member States wishing to participate would be asked do so at their own expense. Lastly, the subgroup recommended that the briefing of Member States in connection with the forthcoming World Health Assembly should take place immediately following the fourth session of the SCRC on 16 May 2020.

Subgroup on country work

51. The chairperson of the subgroup on country work said that the subgroup had designed a survey seeking comprehensive feedback from Member States on their experiences with WHO country offices. Information was being sought on: the country office's most relevant functions for the State concerned; good and effective practices and aspects of work to be safeguarded; areas for improvement; advantages and disadvantages of a country office led by an international WHO representative; and countries' expectations regarding WHO country

presence and the work of the Regional Office at country level. Of the 30 Member States in the Region with country offices, 22 had responded to the survey. While overall feedback had been positive, some areas for improvement had been identified. Countries had drawn particular attention to the need to address the mismatch or lack of resources in country offices.

52. Efforts to improve resource matching could be combined with redefining the terms of reference of existing country offices, thereby improving distribution of staff in response to Member States' needs. An agile model of needs-matched country presence was needed and alignment with other United Nations agencies could be improved. A second survey, designed for countries without country offices, would be distributed, taking due account of the need for Member States to respond to the COVID-19 outbreak. Regarding the need for enhanced agility, a country response team could be created within the Regional Office to facilitate work with countries that do not have country offices. A more refined proposal would be presented at the SCRC's fourth session.

53. The Programme Manager, Human Resources for Health and Transition Team Member – Organization Development and Transformation, said that the Secretariat would review and analyse human resources data and priorities in order to support the subgroup's work on better resource matching. The Secretariat would also assist with the formulation of the second survey.

54. The Regional Director expressed his appreciation for the work of both subgroups; several of the recommendations made thus far by the subgroup on country work were already being implemented. The survey on WHO's work in countries had shown that while there were many common denominators, there were also country-specific differences, demonstrating that one size did not fit all.

Provisional agenda and programme of the 70th session of the WHO Regional Committee for Europe

55. The Regional Director recalled that, at its second session, the SCRC had called for a clearer definition of the political, technical and governance dimensions of the Regional Committee, and had agreed on the importance of the participation of health ministers to make the Regional Committee the principal annual forum for high-level health policy-makers. The Standing Committee had voiced broad support for shortening Regional Committee sessions. Proposed changes in format to that end would be implemented gradually, in close consultation with the SCRC subgroup on governance.

56. Several new elements had been included in the draft provisional programme for RC70. Activities involving ministerial participation would take place predominantly on the first day of the session, including a ministerial round table on the future of digital health. In the interests of attracting high-level participation, the WHO Director-General and Regional Director for Europe would deliver their presentations consecutively, followed by an interactive debate. Technical items would be discussed on the second day, while the third and fourth days would be devoted to governance issues.

57. The draft provisional agenda was structured according to the four pillars of GPW 13. The central focus of RC70 would be the EPW (2020–2025), with detailed technical briefings and side events to discuss its constituent and flagship elements. An item would be included on lessons learned from the global outbreak of COVID-19. A discussion on primary health care

and a technical briefing on patient safety would be added on the fourth day. The host agreement had been concluded with Israel, relevant financial contributions had been disbursed and a site visit had been scheduled for the end of March 2020. However, in the light of the evolving COVID-19 crisis, it was currently unclear whether the session would take place as scheduled.

58. In the ensuing discussion, the Standing Committee expressed broad support for the provisional draft agenda, which it considered to be fully in line with its recommendations. The content, clarity and balanced nature of the document, the political focus of the first day of the session, and the clear division between the different dimensions of the Regional Committee were commended. Members were pleased that the draft provisional agenda had been structured around the four pillars of GPW 13. Several members emphasized the importance of an early adoption of the EPW; discussions thereon should take place early in the session to attract high-level participation.

59. While one member questioned the wisdom of scheduling the side event on access to affordable medicines early in the morning, another drew attention to the need to adjust timelines to fit the Regional Committee's broad agenda into a shortened session. Concerns were raised that preparations for the side event might not be adequate if the high-level preparatory meeting to be held in Oslo, Norway, on 15–16 June 2020 was cancelled as a result of the COVID-19 outbreak. The Standing Committee welcomed the inclusion of digital health and the COVID-19 outbreak on the agenda. Patient safety could also be added and the scope of the item on digital health could be broadened to include risks, benefits and ethical concerns surrounding artificial intelligence in health. The still-heavy agenda combined with the shortened session would require flawless time management.

60. The Regional Director said that the draft provisional agenda had been driven by Member States and considerable effort had gone into accommodating all the recommendations made. He was thus pleased that the SCRC appreciated the outcome. The topic of the ministerial round table on digital health could indeed be broadened to include issues relating to artificial intelligence. The side event on access to affordable medicines could be rescheduled to allay SCRC members' concerns. The preparation of the background documents would go ahead as planned, regardless of any possible impact of the COVID-19 outbreak on the meeting scheduled in June 2020.

Developing the European Programme of Work (2020–2025) – "United Action for Better Health in Europe"

61. The Regional Director said that the EPW had been designed to support implementation of GPW 13. It focused on country needs and impact, providing for tailored and timely support, and built on achievements of the past to face new and complex challenges, and every effort had been made to incorporate the suggestions made by the Standing Committee at its previous session. The programme was built around three core priorities, mirroring the triple billion targets of GPW 13. To achieve universal health coverage in the European Region, efforts would focus on financial protection, people-centred services, human resources for health, and access to affordable medicines. The International Health Regulations (2005) formed the basis of all efforts to protect populations against health emergencies, ensuring health systems preparedness and emergency response, and inter-country solidarity mechanisms. Promoting health and well-being would require further work on: the commercial

determinants of health; poverty, gender and ageing; the role of climate change, urban design and digitalization; and communicable diseases.

62. Under the EPW, three core priorities would be complemented by four flagship initiatives: the Immunization Agenda 2030; leveraging behavioural and cultural insights for health; the mental health coalition; and digital health and innovation. The immunization agenda involved a pan-European pro-vaccination initiative to overcome vaccine hesitancy and address vaccine supply and delivery constraints. Efforts to overcome barriers to healthy behaviour would focus on developing a European culture of health, enabling people to take healthy decisions. On mental health, a coalition of supranational stakeholders would be convened to promote attitudinal changes, a move away from institutionalization, investment in mental health and the creation of an overarching structure to facilitate the exchange experiences and support the transformation of mental health systems. Work on digital health and innovation would concentrate on empowering people to ensure that digitalization did not increase inequity.

63. To enhance country impact, the EPW would unite the efforts of regional and global partners. Partnerships with organizations from the eastern part of the Region in particular would be strengthened. Direct support to national health leadership was also crucial. A European Academy for Transformational Leadership would be developed to support junior fellowship programmes, exchange programmes for national mid-level professionals at the Regional Office, and senior-level peer-support mechanisms. The SCRC subgroup on governance played an important role in ensuring that the Regional Office was fit for purpose. It must be both forward-looking and responsive to optimize regional impact and country support.

64. The Regional Director noted that the SCRC might wish to comment on the alignment of the EPW with the priorities identified, and indicate whether any further adjustment was needed. It would also be helpful to hear members' views on the most important operational changes needed to enable better collaboration and resource sharing. Suggestions with regard to stakeholder involvement and useful partnerships would also be appreciated. While the SCRC's guidance was also sought on the timeline for adopting the EPW, some Member States had already pointed out their limited capacities for consultation under the current circumstances and suggested preparing the draft EPW for adoption at RC70. The Secretariat could accommodate that suggestion if the SCRC so wished.

65. In the discussion that followed, the SCRC commended the clear link between the draft EPW and GPW 13, and recalled the importance of aligning the work of the Regional Office with that of other United Nations agencies. Some Members did not agree with the statement in the draft document that populations lacked trust in health authorities and health care providers as such, noting that the health authorities' responses to the COVID-19 outbreak had been well received. The problem was not a lack of public trust per se, but rather the populist spin on health issues. Further details were requested on the modalities of future partnerships, proposed action on universal health coverage, plans to address patient safety, proposed social measures for health, and issues surrounding the exchange of biological matter. Information was also sought on progress made with regard to the free circulation of health workers across the European Region, including beyond the boundaries of the EU, and on how measures taken in the EU during health emergencies might affect Member States that were not members of the EU. Members commended the selection of the four flagship initiatives. WHO's role in digitalization must be clearly defined to avoid duplication. The Regional Director was invited to share his views on the greatest challenges facing the Region. The SCRC members

unanimously supported the idea of an early adoption of the EPW, which would be crucial to facilitate the operationalization of the Regional Office's work, particularly in the light of the COVID-19 outbreak. They agreed on a simplified, rapid consultation process, followed by the adoption of the EPW at RC70.

66. The Regional Director said that the Regional Office would align its country work with broader United Nations planning. While not wishing to suggest a total absence of trust in health authorities, it could be useful to measure public confidence, particularly in the light of vaccine hesitancy and other such phenomena. The European Region was equipped with a unique methodology to measure financial protection and identify vulnerable target groups with a view to achieving universal health coverage. A whole-of-government approach was essential; using the experience of building partnerships with finance ministries, efforts would be made to strengthen cooperation with ministries of social affairs to meet the needs of an ageing population and address fragmentation in health and social care budgets in the European Region. Another focus would be price transparency and access to affordable, good quality medicines. Issues surrounding the exchange of biological matter would be discussed at WHO headquarters. Patient safety was also a key issue and the WHO European Centre for Primary Health Care could be a useful partner in that regard.

67. Reducing health inequities within and between countries remained the most significant challenge in the Region: the difference between good and poor health depended largely on factors outside the health system. Another challenge was to identify ways to strengthen health system governance, making a case for health within whole-of-government settings, as health continued to be largely absent from budgetary discussions at the national, regional and global levels. Further efforts were needed to tackle the burdens of communicable diseases, noncommunicable diseases, injuries and mental health, and to address the root causes of the determinants of health. Advancing people-centred health systems and public health was critical to leaving no one behind. Challenges also persisted in connection with digital health governance, and further discussion was needed on how the European Region could contribute to meeting the triple billion targets of GPW 13 without placing additional burden on individual Member States.

68. The Programme Manager, Human Resources for Health, Division of Health Systems and Public Health, said that the second review of the relevance and effectiveness of the WHO global code of practice on the international recruitment of health personnel, which was currently under way and due to be presented to the Seventy-third World Health Assembly, would yield important insights. Preliminary results showed that the complexity of global and regional health workforce mobility was increasing. Many countries in the Region were both source and destination countries, which presented unique challenges for the effective management of health worker mobility. The Regional Office engaged with countries bilaterally, but also supported the EU "support for the health workforce planning and forecasting expert network initiative". The initiative would come to an end in 2020 and consideration of future initiatives would create unique opportunities to take forward the issue of health worker mobility in the Region.

69. The Acting Director, Information, Evidence, Research and Innovation, said that in the course of the second consultation on the GPW 13 results framework, Montenegro, the Russian Federation and Turkey had agreed to pilot the WHO Impact Framework in the European Region. Initial results from the global pilot would be presented at the Seventy-third

World Health Assembly. Some European Member States had expressed concern regarding the modalities for measuring the impact and results of the EPW.

70. An observer said that, on matters pertaining to the economy of well-being or digitalization, among others, while it was important to engage Member States, other actors such as the Organisation for Economic Co-operation and Development and the European Observatory on Health Systems and Policies should also be consulted. The Impact Framework was an important tool for measuring elements other than those covered by the Sustainable Development Goal indicators. Digital platforms were also crucial consultation mechanisms, in particular in the light of the COVID-19 outbreak. Virtual meetings should be limited in scope and numbers of participants to guarantee their effectiveness. Contingency plans should be put in place, in the event that the Seventy-third World Health Assembly would be unable to take place as planned. There was broad support for rapid, simplified consultation procedures to expedite adoption of the EPW.

71. The Regional Director agreed that it was crucial for the Regional Office to engage actors in addition to Member States. A stakeholder analysis was currently being conducted with support from the London School of Hygiene & Tropical Medicine and others, the results of which would be presented to the SCRC for comments.

The European Programme of Work (2020–2025) – "United Action for Better Health in Europe": implications for ongoing work and regional action plans

72. The Senior Adviser, Office of the Regional Director, said that the issue of the ongoing work of the Regional Office and regional action plans would, with the Standing Committee's agreement, be subsumed into the agenda item on adoption of the EPW at RC70. It was the Regional Office's intention to review all regional action plans, and decide, in the context of the new EPW and GPW 13, whether they should be continued or sunsetted, or whether their subject matter could be more effectively and efficiently addressed in some other format. Acknowledging the burden on Member States, the review was intended to strategically prioritize and streamline the use of action plans, so they would only be used when necessary. Other tools and mechanisms, such as roadmaps, would be employed where appropriate to elicit changes in action. The review had been prompted by a similar process at the global level. Consideration would also be given to whether regional action plans were necessary where global action plans already existed. Regional action plans due to expire in 2020 or 2021 would be prolonged for one year, pending the results of the review.

73. The Standing Committee agreed that the matter could be addressed under the agenda item on the EPW at RC70. The process of streamlining policy documents was found to be necessary and useful, and would serve as an excellent example to Member States wishing to conduct a similar process at country level. The one-year extension to action plans with imminent end dates was found to be a logical and sensible suggestion.

Membership of WHO bodies and committees

74. On the morning of 12 March 2020, the SCRC held a private meeting, chaired by Ms Nora Kronig Romero (Switzerland), elected pursuant to Rule 11 of the Rules of Procedure

of the Standing Committee of the Regional Committee, to discuss vacancies for election or nomination at RC70, and elective posts at the Seventy-third World Health Assembly and the 147th session of the Executive Board.

Address by a representative of the Staff Association of the European Region of the World Health Organization

75. The President of the Staff Association of the European Region of the World Health Organization (EURSA) thanked the Standing Committee for the opportunity to engage in a dialogue, and commended the consistently active staff–management relationship that prevailed in the Regional Office. He welcomed the fact that the new Regional Director had shown that he takes the well-being of the entire workforce very seriously, acknowledging that staff delivered at their best when they had a safe and communicative environment. He valued the Regional Director's high level of engagement with staff and his open communication and approachability, and assured him of the Staff Association's support.

76. As the Regional Director's vision and plans for the reform of the Office were bold and extensive, he encouraged the Regional Director and his team to maintain close communication on the matter in the transition phase to address some of the concerns of staff. Consideration should be given to the impact of transformation on staff at all levels, and the lessons learned from the transformation at WHO headquarters showed that support services were essential to staff. EURSA looked forward to the establishment of such services, and underscored the importance of ensuring that they were available to all staff, including those in geographically dispersed offices and country offices in the Region. The relationship between staff and the new Regional Director had started positively, and his policy of taking no decisions about staff without consulting with staff was particularly welcome. Transformation would require the engagement and commitment of the whole Regional Office.

77. An effective WHO required well-equipped staff. A safe and respectful workplace was essential. The Staff Association expressed its appreciation for the Regional Director's strong commitment to not tolerating any form of harassment. Workplace harassment was indeed more common, and equally as important to address, as sexual harassment. The Staff Association therefore called on the SCRC to echo Executive Board statements on the need for a comprehensive policy on workplace harassment. Efforts to prioritize staff well-being were also welcomed, in particular the Regional Director's commitment to staff mental health, reducing stigma and fostering trust and mutual respect and support. The Staff Association particularly appreciated his commitment to ensuring that all staff signed the WHO Values Charter, and his pledge to lead by example and ensure that ethics were woven into the very fabric of the work of the Regional Office. The Staff Association was very pleased with the Regional Director's prompt decision to expedite the recruitment process for the appointment of a full-time staff Ombudsman for the Regional Office. This was seen as critical for ensuring staff well-being.

78. On geographic mobility, while staff appreciated the potential benefits and role of managed geographic mobility for broadening WHO expertise and impact, mobility should not be imposed just for mobility's sake, since a blanket approach would be costly to the Organization and could create gaps in knowledge and expertise and interruptions in support to Member States. The Staff Association therefore continued to urge any forthcoming changes to

mobility rules and regulations to take due consideration of the lives and families of the individuals involved.

79. Lastly, staff remained concerned about the inability of the International Civil Service Commission to ensure that salaries and conditions of service and employment were up to date, and the calculation method used methodologically valid and transparent, especially given the ruling of the Administrative Tribunal of the International Labour Organization, in favour of staff, on the invalid application of post adjustment methodologies in Geneva. In the European Region, several duty stations had not been subject to cost of living assessments in over a decade, or invalid assessment methodologies had been applied. In some duty stations where assessments had been conducted, staff were still awaiting adjustments to compensation. EURSA therefore called on Member States to hold the Commission accountable.

80. The Regional Director thanked the Staff Association for its support and said he considered the concerns and suggestions of staff a matter of top priority. He noted that transformation would be the result of the work of the whole Regional Office, as a team, and acknowledged concerns and questions from staff about how the transformation process would be taken forward; but he gave his assurance that all steps would be taken in close consultation with staff. A plan for the coming months would be announced and a steering committee set up, with a representative of EURSA included in its membership. He reiterated that staff well-being was a priority. As he had recently heard that the results of a United Nations survey had shown that the longer staff worked for the United Nations system, the more frustrated and depressed they became, he sincerely hoped that the opposite would be the case under his leadership. Efforts were being made to effectively address longstanding hotspots of harassment in the Regional Office, in a fair manner. His office would include new functions and arrangements relating to organization development, internal communication, and staff development and learning. Lastly, he was particularly pleased to have been able to expedite the appointment of the first full-time dedicated Ombudsman for the Regional Office, and thanked the Director, Administration and Finance, for her support in that process.

Closure of the session

81. The session was declared closed on the afternoon of Thursday, 12 March 2020.

Annex 1. Agenda

1. Opening of the session by the Chairperson and the Regional Director
2. Update on the COVID-19 outbreak: situation in the WHO European Region
3. Adoption of the provisional agenda and the provisional programme
4. Review of the outcomes of the 146th session of the Executive Board and their impact on the work of the WHO European Region
5. Feedback from the subgroups of the Standing Committee of the Regional Committee for Europe
6. Provisional agenda and programme of the 70th session of the WHO Regional Committee for Europe (RC70)
7. Developing the European Programme of Work (2020–2025) – "United Action for Better Health in Europe"
8. The European Programme of Work (2020–2025) – "United Action for Better Health in Europe": implications for ongoing work and regional action plans
9. Membership of WHO bodies and committees
    - Vacancies for election and nomination 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
10. Address by a representative of the Staff Association of the European Region of the World Health Organization
11. Review of technical and policy topics and consultation process for RC70 agenda items
12. Progress reports
13. Other matters, closure of the session

Annex 2. List of documents

Working documents

EUR/SC27(3)/1	Provisional list of documents
EUR/SC27(3)/2	Provisional agenda
EUR/SC27(3)/3	Provisional programme
EUR/SC27(3)/4	Draft provisional agenda of the 70th session of the WHO Regional Committee for Europe
EUR/SC27(3)/5	Draft provisional programme of the 70th session of the WHO Regional Committee for Europe
EUR/SC27(3)/6	Antimicrobial resistance through the One Health approach: renewed actions and partnerships
EUR/SC27(3)/7	Final report on implementation of the European Action Plan for Strengthening Public Health Capacities and Services
EUR/SC27(3)/8	Transformation in the WHO European Region
EUR/SC27(3)/9	United Action for Better Health in Europe: annotated outline of the draft European Programme of Work 2020–2025
EUR/SC27(3)/10	Final report on implementation of the European Strategic Action Plan on Antibiotic Resistance
EUR/SC27(3)/11	Engagement with non-State actors: accreditation of regional non-State actors not in official relations with WHO to attend meetings of the WHO Regional Committee for Europe
EUR/SC27(3)/12	Progress report on implementation of the framework for action towards a sustainable health workforce in the WHO European Region
EUR/SC27(3)/13	Final report on implementation of the Strategy and Action Plan for Healthy Ageing in Europe, 2012–2020
EUR/SC27(3)/14	Progress report on implementation of the Physical Activity Strategy for the WHO European Region 2016–2025
EUR/SC27(3)/15	Final report on implementation of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020
EUR/SC27(3)/16	Final report on implementation of the Tuberculosis Action Plan for the WHO European Region 2016–2020
EUR/SC27(3)/17	Progress report on implementation of the Strategy and Action Plan for Refugee and Migrant Health in the WHO European Region

EUR/SC27(3)/18	Progress report on implementation of the European Environment and Health Process
EUR/SC27(3)/19	Joint progress report on implementation of the Strategy on Women's Health and Well-being in the WHO European Region and the Strategy on the Health and Well-being of Men in the WHO European Region
EUR/SC27(3)/20	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
EUR/SC27(3)/21	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
EUR/SC27(3)/22	Review of accountability and compliance of the WHO Regional Office for Europe
EUR/SC27(3)/23	European roadmap for the digitalization of health systems
EUR/SC27(3)/24	Final progress report on implementation of the European Child and Adolescent Health Strategy 2015–2020 and the European Child Maltreatment Prevention Action Plan 2015–2020
EUR/SC27(3)/25	Progress report on implementation of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region, and outline of the planned discussion on noncommunicable diseases at the 70th session of the WHO Regional Committee for Europe

Annex 3. Statement on the COVID-19 pandemic by the SCRC, 12 March 2020

"In the light of the rapid escalation of COVID-19 in the WHO European Region, and its subsequent characterization by WHO as a pandemic, the Twenty-seventh Standing Committee of the Regional Committee for Europe, at its third session, in Copenhagen on 11–12 March, expresses:

- its serious concern in relation to increasing numbers of cases and increased impact on health, social, and economic systems in the WHO European Region;
- its appreciation for the work of the WHO Regional Office for Europe; and
- its support to the WHO Regional Director for Europe in his call to step up all efforts to develop a comprehensive package of measures – applied in combination – to contain, prevent and control COVID-19 in order to delay and suppress its spread where the disease is already taking a foothold, as well as to prepare all levels of health service delivery and their communities, in order to strengthen existing capacity, also beyond the ongoing crisis.

The Standing Committee also recalls that in this current situation, the principle of leaving no-one behind through solidarity with all our populations, including migrants and refugees, is of essence now more than ever. The Standing Committee therefore:

- empathizes with and calls for the strongest support to all those working on the front line of this public health crisis, in particular health care professionals, who are critical for the sustainability of our health systems;
- also calls for protection of the most vulnerable groups in our societies, including older people and those whose health is compromised;
- calls on all people to act responsibly and follow the guidance issued by governments; and
- also calls on authorities and stakeholders at all levels to act in a coordinated manner and in line with the International Health Regulations (2005).

The Standing Committee welcomes the efforts of WHO and its Regional Office for Europe to support countries in taking all measures required, and underlines the importance of WHO as a convener of countries across the entire European Region and beyond. In this context, the Standing Committee:

(a) advises, in the interests of clarity of communication, respect for the agreed channels under the International Health Regulations (2005);

(b) calls for WHO country offices to intensify their assistance and support to national governments in communicating international guidelines and adjusting them to the national context;

(c) requests that information and guidelines be shared in all official languages of the WHO European Region; and

(d) invites the Regional Office to:

- involve experts from Member States in all networks working on specific topics related to the ongoing crisis;

- provide a shared platform for Member States to seek and share expert advice on implementing WHO recommendations;
- scale down any other requirement on Member States, thereby allowing them to focus on the current crisis; and
- urge countries to commit to maintaining containment alongside mitigation measures, to reduce the scale of transmission and safeguard their health care systems."

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