Delivering United Action for Better Health – a strategy for collaboration between the WHO Regional Office for Europe and Member States in the WHO European Region

The purpose of this strategy is to strengthen collaboration between the WHO Regional Office for Europe (WHO/Europe) and the 53 Member States of the WHO European Region to ensure WHO’s offer is tailored appropriately to the context and needs of each country and to support all countries in realizing their health ambitions in line with the Sustainable Development Goals and the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”.

It has been prepared in line with the recommendation made by the Standing Committee of the Regional Committee for Europe (SCRC) Subgroup on WHO/Europe’s work at the country level for a strategic document to be developed for consideration by the WHO Regional Committee for Europe at its 72nd session. This recommendation was welcomed by Member States at the 71st session of the WHO Regional Committee for Europe in September 2021.

The strategy describes WHO/Europe’s offer across its six core capabilities: three technical capabilities in the areas of moving towards universal health coverage, protecting against emergencies and promoting population health and well-being, and three enabling capabilities in the areas of leadership, communications and operations for health.

It frames the architecture of WHO/Europe in four building blocks, which together bring this offer to countries for country-level impact. Through implementation of the strategy, WHO/Europe will ensure its support will become more accessible, flexible and responsive to the needs of countries and the changing global health landscape.

The strategy has been developed under the guidance of the SCRC Subgroup on WHO/Europe’s work at the country level and through engagement and consultation with all three levels of WHO, the Member States of the WHO European Region and other key stakeholders.
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INTRODUCTION

Background

1. As a Member State-driven organization, WHO is committed to serving all countries, territories and areas, and its impact hinges on its ability to respond to their specific needs. In the WHO European Region, the Organization’s commitment to increasing country focus and population health impact stands at the core of the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW).

2. The EPW is structured around the three interconnected strategic priorities of the Thirteenth General Programme of Work, 2019–2025 (GPW 13) – moving towards universal health coverage; protecting against health emergencies; and promoting population health and well-being – to ensure healthy lives and well-being for all and ensure that no one is left behind.

3. These strategic priorities align across all levels of WHO and with the Sustainable Development Goals (SDGs). Supporting sectoral and intersectoral health leadership, fostering partnership and shaping a fit-for-purpose WHO Regional Office for Europe (WHO/Europe) are critical to achieving them.

4. The socioeconomic impact of COVID-19, along with wider changes in the global health landscape, have altered citizens’ and governments’ recognition and expectations of health authorities and WHO. This is compounded further by the uncertainties presented by the climate emergency, the humanitarian crisis in Ukraine and neighbouring countries, and other population displacements, including the ongoing Syrian refugee crisis.

5. While there remains a huge variation in health and development contexts across the Region, the pandemic and wider challenges have in many ways put countries on an equal footing – all have to learn and all have lessons to share. This reinforces the need for and potential value of closer working between countries and with WHO/Europe, to share learning and good practice across the Region.

6. This is a unique moment, one that presents a key opportunity to review and enhance how WHO/Europe works with, in and for all countries in the Region, ensuring that the value of the Organization benefits every citizen and all 53 Member States of the WHO European Region.

Building on existing strengths

7. Close working relationships already exist between WHO/Europe and Member States. Through the COVID-19 response, WHO/Europe has demonstrated its capacity to support Member States and foster a pan-European approach to strategic, technical and operational public health issues.

8. In consultations undertaken during 2021 on how to strengthen WHO/Europe’s collaboration,1 Member States in the Region said that they particularly value WHO/Europe’s leadership in translating global norms and standards to the regional context, informing national policy and public health measures, providing operational support to health ministries, supporting health leadership to reach across sectors and supporting national communications on health.

9. Member States also expressed their desire for WHO/Europe to enhance its collaboration by generating more active dialogue and shared learning between and with countries; increasing participation through hybrid engagements and digital platforms; aligning resource allocation with country-level impact; ensuring support is responsive and tailored to their specific needs; and aligning across all levels of WHO.

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1 See EUR/RC71/INF./7.
THE AMBITION OF THIS STRATEGY

A renewed vision for collaboration

10. The vision of this strategy is strengthened collaboration between WHO/Europe and the 53 Member States of the WHO European Region, so that WHO/Europe’s offer is tailored to the country context and supports all Member States to realize their health ambitions in line with the SDGs and the EPW.

11. Strengthened collaboration will be based on dialogue and agreement with each country individually, guided by considerations set out in this strategy and building on existing collaboration and country offices. It will be underpinned by good governance, accountability, transparency and inclusivity.

12. This focus on country impact will meet WHO/Europe’s value-for-money commitment in the Region. The Organization will use its resources economically and efficiently to ensure each Member State has access to effective and timely support, while ensuring resources are used ethically and equitably and are targeted to the countries, areas and people with the greatest need.²

Objectives for collaboration

13. The strategy has four overarching objectives to ensure WHO/Europe remains fit for purpose (Box 1).

Box 1. Overarching objectives of the strategy

<table>
<thead>
<tr>
<th>WHO/Europe will leverage resources from all levels of WHO and its partners to mobilize skills, knowledge and expertise to improve public health in all countries in the Region.</th>
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</thead>
<tbody>
<tr>
<td>WHO/Europe will ensure that collaboration is agreed individually with each Member State, is tailored to the country’s needs, and balances responsive support with a longer-term strategic outlook.</td>
</tr>
<tr>
<td>WHO/Europe will ensure that every Member State in the Region has an appropriate and sustainable point of access to WHO/Europe’s offer across WHO’s six core technical and enabling capabilities.</td>
</tr>
<tr>
<td>WHO/Europe will enhance its tools and approaches to ensure that country-focused, multicountry and Region-wide support is more accessible and flexible, builds capacity and strengthens shared learning.</td>
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STRENGTHENING COLLABORATION

WHO’s capabilities

14. WHO is committed – across all three levels – to bringing its unique offer of collaboration to Member States in a way that responds to their specific needs and requirements while delivering value for money.

15. In line with GPW 13, the EPW and regional context, and reaffirmed through consultations with Member States, WHO/Europe’s offer focuses on six core capabilities. These are the areas and ways in which WHO/Europe has the capacity and expertise to help improve public health; they comprise technical support across the three core priorities of the EPW – universal health coverage, health emergencies, and health and well-being – and the three core enablers of leadership, communications and operations for health.

² The strategy is aligned with the Director-General’s report on WHO reform, Better value, better health: Strategy and implementation plan for value for money in WHO, submitted to the Executive Board at its 142nd session in 2018 (EB142/7 Rev.1).
16. This focus on capabilities supports WHO’s three strategic shifts to deliver the GPW 13: stepping up leadership; driving public health impact with countries at the centre, through evidence-based policy and technical support; and a focus on impact through normative work, data and research.

17. The four building blocks for collaboration that will bring these capabilities to the Member States of the WHO European Region according to their requirements, are set out in Fig. 1.

Fig. 1. The building blocks for collaboration between WHO/Europe and Member States

**Dialogue, mechanisms of agreement and governance.** The mechanisms by which WHO/Europe and Member States reach a joint understanding of the context for and approach to collaboration to help achieve national, regional and global health ambitions.

**Models of country collaboration.** The structures in which WHO/Europe can establish in and with countries to provide access to WHO’s offer and support for country-level impact.

**Ways of working for country-level impact.** WHO/Europe’s tools and approaches to engage and support Member States in order to deliver its capabilities and improve health outcomes.

**Foundations for support.** WHO’s core structures and resources, which provide technical and enabling support structured around its six core capabilities and translate global norms and standards to the regional and country context.

18. WHO/Europe will maintain existing approaches to collaboration that have been deemed effective, enhance these approaches or introduce new ones where there is a need, and maintain a space for future innovation and development.

**Foundations for support**

19. WHO’s operating model comprises three levels – country offices, regional offices and headquarters – operating together as “one WHO” to improve health for all.

20. At the global level, WHO headquarters is responsible for producing global public health norms, standards, policies and initiatives.

21. WHO/Europe’s regional and country-level resources (Box 2) interpret and apply these norms, standards, policies and initiatives to the respective level and context.

22. WHO’s support to countries is integrated across all three levels of the Organization, with country-level work supported by WHO/Europe and further backstopping provided by headquarters.

23. Through the delivery of this strategy, WHO/Europe will leverage resources from all three levels and partners, mobilizing skills and knowledge to address public health priorities. This will include, where there is need and funding, enhancements of the regional, subregional and country-level resources that bring WHO’s capabilities to countries.

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3 These building blocks form an innovative framework of WHO’s structures and processes for collaboration from the perspective of Member States. They were developed under phase two of strategy development and have been used in consultations on the strategy.
Box 2. WHO/Europe’s regional and country-level resources and enhancements for the future

**REGIONAL RESOURCES**

The WHO/Europe main office in Copenhagen, Denmark, and its three technical and three enabling divisions, aligned in 2021 with the EPW and GPW 13, provide Region-wide support to Member States across WHO’s six capabilities.

Geographically Dispersed Offices are a fully integrated part of WHO/Europe’s technical divisions but are located outside Copenhagen; they contribute to implementation of the EPW in key technical areas.

Technical networks bring together institutions at global, regional and subregional levels in technical areas, such as the Global Outbreak Alert and Response Network.

The European Observatory on Health Systems and Policies is a WHO-hosted partnership providing expertise on health systems.

**SUBREGIONAL AND COUNTRY-LEVEL RESOURCES**

Subregional hubs currently exist for health emergencies (based in Georgia, Kyrgyzstan and Serbia).

Project offices typically provide time-limited support for specific projects and generally focus on single countries or groups of countries (such as the WHO Project Office, Gaziantep, Türkiye).

Country offices, depending on their size and function, assist a Member State across the six capabilities, with backstopping support from the WHO/Europe main office and headquarters as required.

WHO collaborating centres provide specific support for WHO activities including at the country level.

**FOR THE FUTURE**

WHO/Europe will seek to further strengthen its offer to countries, bringing regional capacity in technical and enabling capabilities closer to countries. This will include, where appropriate:

- expanding subregional hubs and creating technical positions in country offices to provide additional resources and expertise on priorities to groups of countries;
- expanding project offices in a single country or for groups of countries with similar priorities (such as the WHO European Centre of Excellence for Quality in Care and Patient Safety, Athens, Greece);
- strengthening country offices to ensure a basic threshold of capabilities; and
- leveraging the network of more than 280 WHO collaborating centres in the Region and other partners to broaden the assistance they provide for country-level activities.

**Dialogue, mechanisms of agreement and governance**

24. One size does not fit all. WHO/Europe and an individual Member State will work together to generate a shared understanding of the country’s health situation and decide on the priorities, scope and depth of the collaboration (Fig. 2).

25. This understanding will inform the desired outcomes and strategic objectives of collaboration and the most suitable model and ways of working to achieve them – planned and recorded through WHO/Europe’s mechanism of agreement with that Member State (Box 3).

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4 See information document EUR/RC72/INF./3 for further detail.
Box 3. Country-level agreements, subregional strategies and enhancements for the future

**TYPES OF COUNTRY-LEVEL AGREEMENT FOR COLLABORATION**

**Biennial collaborative agreements** (BCAs) are outcomes based, capture strategic and operational priorities and resource requirements for collaboration during a biennium, and are signed by the country’s health ministry and WHO/Europe. BCAs tend to be used in countries with a country office.

**Country cooperation strategies** (CCSs) provide a medium-term vision for WHO’s work with a Member State, are signed by WHO/Europe and the Member State, and have less operational and budgetary focus than a BCA. CCSs may be used to complement or replace the BCA in countries with a country office or independently in countries without. CCSs are well suited to capturing multisectoral cooperation on health and may be signed by the country’s health ministry or another branch of government.

**United Nations Sustainable Development Cooperation Frameworks** articulate medium-term collaboration between the United Nations system and a Member State, outlining priorities to realize the SDGs. These frameworks can complement BCAs and CCSs in countries receiving support from other United Nations agencies.

**SUBREGIONAL STRATEGIES**

Subregional collaboration strategies, roadmaps and memorandums of understanding can facilitate valuable collaboration among groups of countries with shared agendas.

**FOR THE FUTURE**

- A more strategic, medium-term perspective will be incorporated into BCAs and CCSs in a flexible way that recognizes the varying scope and depth of collaboration with a Member State.

- Country-level agreements will be informed by a more standard use of the three-step approach outlined in Fig. 2.

- Country-level agreements will have a stronger multisectoral perspective and be more closely aligned to WHO’s value-for-money framework, the EPW and new approaches in this strategy.

- If deemed beneficial, the use of subregional strategies and memorandums of understanding will be broadened to other subregions or groups of countries.

* There are subregional agreements or memorandums of understanding in place for the Western Balkans, the Organization of Turkic States, the Commonwealth of Independent States, the South-eastern Europe Health Network, the Regional Cooperation Council and the Eurasian Economic Commission.

**Fig. 2. Three-step approach to agreement on collaboration with an individual Member State**

<table>
<thead>
<tr>
<th>1. Shared understanding of the health situation</th>
<th>2. Dialogue regarding priorities, scope and depth</th>
<th>3. Agreement and documentation of approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health outcomes</td>
<td>Scope: priorities for collaboration (across national and EPW priorities)</td>
<td>Strategic objectives for collaboration</td>
</tr>
<tr>
<td>Existing collaboration</td>
<td>Depth: frequency and extent of required collaboration</td>
<td>Model of collaboration</td>
</tr>
<tr>
<td>Country context</td>
<td>Documented through CCS/BCA/MOU</td>
<td>Ways of working</td>
</tr>
</tbody>
</table>

Periodic stocktakes of collaboration and national health reviews

BCA: biennial collaborative agreement; CCS: country cooperation strategy; MOU: memorandum of understanding.
26. By periodically reviewing the health situation and impact of collaboration, WHO/Europe and a Member State can ensure that collaboration is up to date, and any necessary changes are made.

27. A shared understanding of the country’s health situation will be informed by a more standardized set of considerations. These will include:

- Health outcomes: The state of the population’s health, and areas in which achievement of national health goals, EPW priorities and the SDGs are at risk.
- Country context: The health system and wider socioeconomic resources and development; pandemic recovery and resilience; and key national health policies.
- Existing collaboration: The capacity, engagement and impact of partners active in health and relevant sectors in the country, including but not limited to WHO and other United Nations agencies.

28. WHO/Europe will enhance the use of country-level agreements for collaboration to ensure they are informed by and capture the country’s health situation and can provide, as appropriate, a strategic medium-term outlook and shorter-term operational plan (Box 3). These agreements will also be used to improve how WHO/Europe supports a country’s multisectoral approach to health.

29. Where appropriate, these agreements can be complemented by subregional strategies and roadmaps covering groups of countries with similar goals.

30. WHO/Europe will seek to strengthen its approach to more active dialogue with all Member States to ensure collaboration with an individual country remains responsive and enhance the sharing of learning and good practice between countries (Box 4). This will build on the innovative approaches used through the pandemic, fostering agile and responsive relationships with countries, so that Member States will have open, flexible access to WHO/Europe.

**Box 4. Dialogue with countries, national reviews and enhancements for the future**

**DIALOGUE WITH MEMBER STATES AND NATIONAL REVIEWS**

The Network of National Counterparts is a source of strategic and institutional exchange and learning between Member States and with WHO/Europe.

**Periodic stocktakes and national health reviews** assess progress towards health and development goals and readjust collaborative priorities in line with the national situation, WHO’s capabilities and the regional and global health agendas.

**High-level missions** and dialogue between the WHO Regional Director for Europe and/or the WHO Director-General and Member States support health leadership and agreement of collaborative priorities.

**FOR THE FUTURE**

- Support to the Network of National Counterparts will be enhanced to enable it to become more active and integrated with WHO/Europe’s support to countries.
- The use of periodic stocktakes and national health reviews will be strengthened and more routinely offered to Member States, focusing on progressing collaboration and avoiding adding burden.

* See information document EUR/RC72/INF./3 for further detail.

31. WHO’s governance structures and processes continue to be developed and enhanced so they can best guide and support collaboration between WHO/Europe and Member States (Box 5). It is through these structures and processes that the normative and programmatic direction can be set and policy agendas can be shaped to maintain relevance to countries, subregions and regions.
Box 5. WHO’s global and regional governance and how it will be enhanced in the WHO European Region

GLOBAL AND REGIONAL GOVERNANCE

Through WHO’s **global governance mechanisms**, Member States establish the policies, budget, programme, resources, administration and leadership of the Organization.

Through **regional governance mechanisms**, including the WHO Regional Committee for Europe and the Standing Committee of the Regional Committee for Europe and its subgroups, WHO/Europe and Member States set the regional agenda for health and contextualize global norms and standards.

FOR THE FUTURE

- These governing bodies will be further supported to strengthen their role in ensuring WHO’s country-level relevance and the appropriate application and alignment of global and regional priorities and policies.

Models of country collaboration\(^5\)

32. A model of collaboration is a Member State’s established point of access to WHO/Europe’s capabilities. Depending on the country’s requirements and the agreement with WHO/Europe, this may range from a large country office providing support across all capabilities, to liaison with the WHO/Europe main office in Copenhagen for support on a specific priority.

33. Currently, for 30 Member States in the Region, the point of access to WHO/Europe is a country office. These offices provide highly valued support to countries, with close working relationships and a rich understanding of the country’s context. Most have a representative as well as programmatic function.

34. The representative function is part of WHO’s offer to support leadership for health and refers to the authority to provide international opinion on behalf of WHO on policies, guidelines and recommendations for the national context.

35. Programmatic functions include support across the three strategic technical priorities of GPW 13 and the EPW. These functions can include collaboration on the development of policies, strategic support, technical assistance and – in specific circumstances – service delivery.

36. There remains a great deal of variation in the provision and quality of access to WHO/Europe’s capabilities across the Region. Country offices themselves vary in resources, structure and function; while 23 Member States are without a physical WHO presence and currently have less standardized and direct access to support and collaboration.

37. Through this strategy, WHO/Europe will seek to ensure that all 53 Member States in the Region have an appropriately and sustainably resourced point of access to WHO/Europe’s offer. This will be achieved by establishing, with every Member State in the Region, one of three models (Box 6).

\(^5\) See information document EUR/RC72/INF./3 for further detail.
Box 6. Models for collaboration between WHO/Europe and Member States and enhancements for the future

**MODELS FOR COLLABORATION**

Every Member State in the Region will have a point of access to WHO/Europe through one of three models, within the available resources.

**FOR THE FUTURE**

- The existing international WHO Representative (WR)-led country office model will continue and, where needed, be strengthened with further country office capacity to ensure an appropriate threshold of capabilities.

- International support to the existing liaison country office model will be strengthened through linkage with a multicity WR appointed by the Director General, over time and in agreement with the Member State and the Director General.

- A new role of WHO country counterpart, for countries without a physical presence, will support one or a small group of Member States, depending on the countries’ requirements and agreed depth of collaboration. The role will be based in the WHO/Europe main office in Copenhagen and matched in assignment to a national counterpart in one or more countries.

38. In case of emergency, all models will allow for the necessary repurposing of WHO’s presence in and work with countries and the deployment of additional staff in line with WHO’s Emergency Response Framework.  

**Ways of working for country-level impact**

39. WHO/Europe’s ways of working are the tools it employs to support Member States with strategy, policy, technical assistance and service delivery. These include work with health ministries, other ministries and sectors, health professionals, civil society, academic institutions and other stakeholders.

40. Depending on the circumstances, this work might be delivered through and coordinated by the WHO country office or WHO country counterpart, or directly through subregional, regional or global structures.

41. Through the delivery of this strategy, WHO/Europe will enhance its country-focused approaches to ensure that support is accessible and responsive. The existing approaches will be complemented by more agile support from time-limited, programme-focused teams that can be rapidly deployed in countries and by remote engagement (Box 7).

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6 See https://www.who.int/publications/i/item/9789241512299.
7 See information document EUR/RC72/INF./3 for further detail.
### Box 7. WHO/Europe’s country-focused support and enhancements for the future

**COUNTRY-FOCUSED APPROACHES**

- **Continuous programmatic collaboration** and specific project support is coordinated through a country’s model of collaboration with WHO/Europe or directly through the main office in Copenhagen.

- **Focused, time-limited programmatic support** from WHO and its partners is provided through short-term response teams and programmatic or inter-programmatic missions.

- **Institutional development and twinning** includes partnerships with institutions in different countries, such as public health institutes.

**FOR THE FUTURE**

- Across all ways of working, WHO/Europe will build on the virtual and hybrid approaches used during the COVID-19 pandemic.

- Country support teams will be introduced for short- to medium-term support for specific issues and outputs. They will offer in-depth support to countries without a physical WHO presence or “booster” support to the work of a country office.

- Institutional development and twinning within the Region will be strengthened and used more to strengthen capacity and learning between countries.

### Box 8. WHO/Europe’s regional and multicountry support and enhancements for the future

**REGIONAL AND MULTICOUNTRY APPROACHES**

- **Technical and programmatic networks** are valued by Member States to facilitate sharing of learning across the Region, including through topic-specific networks (such as the WHO European Healthy Cities Network) and subregional networks (such as the Small Countries Initiative, the South-eastern Europe Health Network and the Regions for Health Network) and by linking health professional associations.

- **Communities of practice** and **technical advisory groups** facilitate the generation and dissemination of good practice.

- **The networks of national technical focal points** enable dialogue between technical specialists who are nominated by each country for a range of issues.

- **Training and capacity-building** activities and facilities for Member States ensure access to WHO/Europe’s skills and knowledge across the six capabilities.

**FOR THE FUTURE**

We will enhance these approaches by:

- revising the networks of national technical focal points in light of the EPW and GPW 13 and emerging agendas and to better facilitate dialogue with WHO and peer exchange;

- convening further topic-specific, short-term subregional networks, where there is need and resources, to enhance learning between countries with similar interests and requirements. This could be done rapidly in the case of emergent issues; and

- further developing health leadership in Member States through the Pan-European Leadership Academy and the WHO European Centre for Preparedness for Humanitarian and Health Emergencies and by collaborating with the WHO Academy.
IMPLEMENTING THE STRATEGY

Aligning implementation

43. Implementation of the strategy is taking place in alignment with the EPW and the global WHO Transformation and is approached in three broad ways:

- continuing to implement the approaches and components of the strategy that are already under way as part of the wider EPW implementation towards a fit-for-purpose WHO/Europe;\(^8\)
- through the strategy, helping to enable broader organizational change that is happening through the WHO Transformation\(^9\) and in response to the changes in global health and needs of countries; and
- implementing the components and innovations specific to this strategy through the remainder of the EPW period (to 2025).

44. In the first 18 months of the EPW, a number of important steps were taken to enhance the foundations for support and capacity in countries while optimizing existing financial and human resources: restructuring the WHO/Europe main office in Copenhagen to align with the EPW; expanding WHO staff in countries; reviewing WHO’s capabilities to identify priorities for capacity-building; and strengthening staff development and learning.

45. Building on the capabilities review, WHO/Europe has a new learning plan 2022–2023 that will help ensure workforce adaptability and performance, as well as responsiveness to country needs.

46. Through the remaining term of the EPW, strategy implementation will focus on and monitor specific components and innovations set out in this strategy, including:

- enhancing support to the regional Network of National Counterparts;
- implementing the “three-step approach” with each country, where there is a need;
- establishing a sustainable model of collaboration with each Member State that desires it;
- undertaking stocktakes and national reviews to fill gaps in understanding; and
- ensuring all these components and innovations are established jointly with Member States and for countries.

47. As a continuation of the collaborative and participatory approach taken in the strategy’s development, WHO/Europe will approach implementation jointly and in agreement with Member States and by building on the existing valued approaches.

48. Strategy implementation will align with and be part of delivering WHO’s Transformation agenda – encompassing its value-for-money framework and its equity, diversity and inclusion agenda – and the United Nations reform process.

49. WHO/Europe will continue to be active in regional and country-level United Nations coordination efforts, as well as in the implementation of the Global Action Plan for Healthy Lives and Well-being for All. Implementation will also take account of global discussions regarding WHO’s evolving global health role and the findings of the Independent Panel for Pandemic Preparedness and Response.

50. A guiding principle of this strategy is being tailored and responsive to the context in countries. WHO/Europe will remain open to new and emerging approaches to strengthen collaboration, and maintain and act according to any essential guidance.

\(^8\) See EUR/RC71/14: Delivering a fit-for-purpose WHO/Europe for country impact.
\(^9\) See information document EUR/RC72/INF./3 for further details.
Resourcing implementation\textsuperscript{10}

51. Following the adoption of the EPW in 2020, the programme budget for the Region was increased and strategic budgetary shifts have been implemented. At the global level, a further increase in the Programme budget 2022–2023 was adopted at the Seventy-fifth World Health Assembly.

52. It is expected that the principles and approaches outlined in this strategy can be implemented through active resource management and reallocation within the existing budget and through any additional allocation of budget space that may become available in future bienniums.

53. This applies, in particular, to the enhancement of existing mechanisms, such as WHO/Europe’s country offices. For example, an increase in country office capacity has been factored into the Programme budget 2022–2023, and any future enhancement through the multicountry WR recommendation is expected to be cost-neutral.

54. Provision of support and approaches beyond the current level of collaboration, such as the deployment of time-limited country support teams, might be financed on a cost-recovery basis through voluntary contributions. This approach is already in practice, such as for some technical support to high-income countries.

55. Some additional funding is likely to be required for initial implementation of some other components in the development of new approaches to WHO/Europe’s support to countries. Where this is the case, a demonstration project approach will be used to ensure constant focus on value for money, as well as being based on voluntary contributions in so far as possible. This might include support from a Member State or group of Member States if, in agreement with WHO/Europe, the need for a new resource is identified beyond the existing funding or scope of engagement.

56. While programme budgets for future bienniums remain to be determined, in light of the resolution of the Seventy-fifth World Health Assembly on sustainable financing, it is reasonable to assume that an increase in assessed contributions and the proposed replenishment mechanism will lead to overall increases in available funding for WHO over time.

57. In the allocation of this future funding, the European Region should be appropriately reflected, considering the need for country cooperation across its 53 Member States.

Monitoring implementation\textsuperscript{11}

58. WHO reports biennially on its country presence.\textsuperscript{12} While this report has traditionally focused on countries in which there is a country office, going forward WHO/Europe will strive to include its collaboration with all countries – with or without a physical WHO presence.

59. The EPW measurement framework, endorsed by the 71st session of the Regional Committee, identifies approaches, targets, indicators and milestones for EPW implementation, predominantly capturing country-level outcomes. The principles and approaches outlined in this strategy will contribute to these outcomes.

60. Strategy-specific monitoring and evaluation will also be undertaken, without additional reporting burden for Member States. This will include quantitative measurement of the enhancements set out across the building blocks and could be usefully complemented by more qualitative feedback from Member States through an appropriate mechanism.

\textsuperscript{10} See information document EUR/RC72/INF./3 for further detail.

\textsuperscript{11} See information document EUR/RC72/INF./3 for further detail.

\textsuperscript{12} See https://apps.who.int/iris/handle/10665/341308.
61. Implementation will be monitored using the findings and country-level experiences, captured in WHO/Europe’s enhanced dialogue with Member States across the three-step approach to agreement on collaboration (Fig. 2), to ensure that the approaches set out in this strategy are effective and sustainable.