Report of the Regional Director

THE WORK OF THE WHO REGIONAL OFFICE FOR EUROPE IN 2021–2022
Abstract
The present report provides a snapshot of key activities undertaken by the WHO Regional Office for Europe (WHO/Europe) since September 2021. The work of WHO/Europe over the past year has been guided by: the European Programme of Work, 2020–2025 – “United Action for Better Health” and its two main goals – to leave no one behind and to strengthen the leadership of health authorities in the WHO European Region – three core priorities and four flagship initiatives; the targets of the Thirteenth General Programme of Work, 2019–2025; and the Sustainable Development Goals.

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REPORT OF THE REGIONAL DIRECTOR

The work of the WHO Regional Office for Europe in 2020–2021
Contents

Foreword by the Regional Director ........................................................................................................... 5

Introduction .................................................................................................................................................. 9

The work of WHO/Europe ........................................................................................................................... 11
   Core priority 1: moving towards UHC ..................................................................................................... 13
   Core priority 2: protecting against health emergencies ........................................................................... 29
   Core priority 3: promoting health and well-being ................................................................................ 40

Maintaining a fit-for-purpose WHO/Europe in a rapidly changing environment ...................................... 53
   Supporting health leadership at country level ........................................................................................ 55
   Strengthening international and subregional partnerships ................................................................. 58
   Transforming for country impact .......................................................................................................... 64
   Ensuring accountability to Member States and external engagement ............................................... 68
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMR</td>
<td>antimicrobial resistance</td>
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<td>BCI</td>
<td>behavioural and cultural insights</td>
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<td>CEI</td>
<td>Central European Initiative</td>
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<td>CIS</td>
<td>Commonwealth of Independent States</td>
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<td>COVID-19</td>
<td>coronavirus disease 2019</td>
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<td>cVDPV2</td>
<td>vaccine-derived polio virus type 2</td>
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<td>DG NEAR</td>
<td>Directorate-General for Neighbourhood and Enlargement Negotiations</td>
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<td>DG SANTE</td>
<td>Directorate-General for Health and Food Safety</td>
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<td>DR-TB</td>
<td>drug-resistant tuberculosis</td>
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<td>EC</td>
<td>European Commission</td>
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<td>ECDC</td>
<td>European Centre for Disease Prevention and Control</td>
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<td>ECEH</td>
<td>European Centre for Environment and Health, Bonn, Germany</td>
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<td>EIA2030</td>
<td>European Immunization Agenda 2030</td>
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<td>ELA</td>
<td>Pan-European Leadership Academy</td>
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<td>EMT</td>
<td>Emergency Medical Team</td>
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<td>EU</td>
<td>European Union</td>
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<td>EVIPNet</td>
<td>Evidence-informed Policy Network</td>
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<td>GAP</td>
<td>Global Action Plan for Healthy Lives and Well-being for All</td>
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<td>GDO</td>
<td>geographically dispersed office</td>
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<td>GPW 13</td>
<td>Thirteenth General Programme of Work, 2019–2025</td>
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<td>HSiA</td>
<td>Health System in Action</td>
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<td>IBC</td>
<td>issue-based coalition</td>
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<td>IFRC</td>
<td>International Federation of the Red Cross and Red Crescent Societies</td>
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<td>IMS</td>
<td>Incident Management System</td>
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<td>IPA</td>
<td>Interparliamentary Assembly</td>
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<td>MHPSS</td>
<td>mental health and psychosocial support</td>
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<td>Memorandum of Understanding</td>
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<td>NCDs</td>
<td>noncommunicable diseases</td>
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<td>NGO</td>
<td>nongovernmental organization</td>
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<td>NIC</td>
<td>National Influenza Centre</td>
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<td>NSA</td>
<td>non-State actors</td>
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<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>OMI</td>
<td>Oslo Medicines Initiative</td>
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<td>PB</td>
<td>Programme Budget</td>
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<td>PGH</td>
<td>Policy and Governance for Health</td>
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<td>PHC</td>
<td>primary health care</td>
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<td>PHEIC</td>
<td>public health emergency of international concern</td>
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<td>PRSEAH</td>
<td>prevention and response to sexual exploitation abuse and harassment</td>
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<td>RC71</td>
<td>the 71st session of the WHO Regional Committee for Europe</td>
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<td>RC72</td>
<td>the 72nd session of the WHO Regional Committee for Europe</td>
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<td>RHN</td>
<td>Regions for Health Network</td>
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<td>SARS-CoV-2</td>
<td>severe acute respiratory syndrome coronavirus 2</td>
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<td>SCI</td>
<td>Small Countries Initiative</td>
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<td>SCRC</td>
<td>Standing Committee of the Regional Committee for Europe</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>SEEHN</td>
<td>South-eastern Europe Health Network</td>
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<td>SSB taxes</td>
<td>sugar-sweetened beverages taxes</td>
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<td>TB</td>
<td>tuberculosis</td>
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<td>UHC</td>
<td>universal health coverage</td>
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<td>UN</td>
<td>United Nations</td>
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<td>WASH</td>
<td>water, sanitation and hygiene</td>
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<td>WHA75</td>
<td>75th World Health Assembly</td>
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<td>WHE</td>
<td>WHO Health Emergencies programme</td>
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<td>WHO/Europe</td>
<td>WHO Regional Office for Europe</td>
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Foreword by the Regional Director
Two years have passed since we adopted the European Programme of Work 2020–2025 – “United Action for Better Health in Europe” (EPW). It is time to take stock and recalibrate. Now more than ever, the fast-changing context of public health requires solidarity, stamina, agility and ingenuity.

Today, we face no fewer than three different public health emergencies of international concern; or PHEIC, as they are referred to. July 2022 saw a monkeypox outbreak declared as a PHEIC, with its epicentre in Europe.

In January 2020, it was coronavirus 2019 (COVID-19) that triggered a PHEIC declaration. The pandemic is still claiming lives, not to mention the countless excess deaths, which far exceed deaths caused directly by the severe acute respiratory syndrome coronavirus 2 virus. By now, it is undeniable that the virus is here to stay, and we must find a way to live with it.

A rise in wild polio cases and circulating vaccine-derived poliovirus constitutes the third PHEIC. Polio remains a threat eight years on since WHO in 2014 declared the spread of poliovirus to be a PHEIC under the International Health Regulations (2005).

What is worse, a serious humanitarian crisis is unfolding in our Region: the war in Ukraine, which is sending economic and geopolitical ripple effects across the globe, straining health systems of neighbouring countries, destroying lives and livelihoods.

On all these issues, WHO/Europe¹ and health authorities across the Region have vital duties. Global health benefits from the European experience – of health as a vehicle for development – and it requires and relies on European leadership on the international stage.

Certain topics that have been de-prioritized primarily as a result of the COVID-19 pandemic urgently need to be addressed: retention of the health workforce; refugee and migrant health, reproductive health, mental health and the obesity epidemic; in addition to the biggest issue of our time, the impact of which we see and live with every single day: climate change.

There have also been many positive developments. WHO’s decade-long challenge on flexible and sustainable funds was addressed by the 75th World Health Assembly, which agreed that Member State dues are to represent 50% of WHO’s core budget by 2030 at the latest, compared to the 16% they made up in the 2020–2021 budget biennium. Subregional cooperation is going from strong to stronger, with two roadmaps under the EPW – in central Asia and the Western Balkans². The Oslo Medicines Initiative (OMI) started building trust between

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¹ The WHO Regional Office for Europe (WHO/Europe) consists of the head office in Copenhagen, Denmark; 30 country offices; field, liaison, representation and sub-offices including subregional WHO Health Emergencies Programme (WHE) hubs; five geographically dispersed offices (GDOs); one WHO-hosted Partnership; and one office for Health Systems Financing. It is through these offices that Programme budget (PB) 2022–2023 will be delivered, with the support of a broad partnership community, including over 270 WHO collaborating centres.

² The Western Balkans: Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia, and Kosovo [All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)].
the Member States and the pharmaceutical companies through WHO/Europe’s role as a neutral broker: the OMI aims to improve sustainable equitable access to effective novel high-cost medicines. Big leaps in digital health are being taken and a number of Member States are revamping primary health care (PHC).

This year as before, our Patron, Her Royal Highness, the Crown Princess of Denmark has stood alongside us, and we owe her thanks for her staunch support. Immunization was one of the key issues she threw her weight behind. We now know that the COVID-19 pandemic fueled the largest continued, global backslide in routine immunization in decades; 5% globally between 2019 and 2021. As a Region we managed to limit the backsliding to 1%; a percentage that, nevertheless, means lives lost to vaccine-preventable diseases. The importance of winning back that lost ground should not be downplayed.

When issuing the European Health Report 2021 in March this year, we stated that, due to COVID-19, Member States
faced stark choices that shaped their future. That holds true. We face daunting challenges in tackling inequity and achieving the Sustainable Development Goals – and will do so for months and years to come.

These are turbulent times.

Governments that responded to COVID-19 with increased health and social spending to minimize the impact felt by the general public will be increasingly challenged to sustain that level of public spending. At the same time, doing so has never been more important, as laid out in the final report of the Pan-European Commission on Health and Sustainable Development, led by Professor Monti. Placing health at the centre of an economic recovery can no longer be argued against.

Remember that it is action and inaction, alike, that reverberate and directly impact our individual health, the health of the Region’s ageing population, as well as the health of future generations. That responsibility rests on the shoulders of those of us tasked with shaping and implementing health policy.

It is an honour to present this overview of our joint work over the past 12 months. And as we embark on yet another year, it is my conviction that our solutions lie within emboldened PHC, an empowered health workforce, decisions rooted in an ever-stronger science and evidence base, and a growing and better-protected fiscal space for health. Our solutions encompass a razor-sharp focus on climate change in everything we do, ensure well-being and satisfaction of staff, and finally, maintain a non-flinching adherence to accountability in driving equity.
Introduction
The following report provides an overview of the main activities of the Regional Office for Europe (WHO/Europe) since September 2021. It positions WHO/Europe within the context of the global United Nations (UN) family and gives a sense of how WHO/Europe works – on a global, regional, subregional, national and subnational level.

The report is not intended to give a comprehensive account of WHO/Europe’s activities. It should be read in conjunction with the verbal presentation of the Regional Director at the 72nd session of the WHO Regional Committee for Europe (RC72), as well as the accompanying RC72 documents, such as progress reports, where detailed information can be found on the programmatic activities of the last 12 months. The examples of work at country level within these pages offer only a snapshot of the countless actions undertaken by WHO/Europe to support Member States.

One of the key documents, guiding the work of WHO/Europe over the past year, is the final report of the Pan-European Commission on Health and Sustainable Development, entitled Drawing light from the pandemic. Since its launch in September 2021, the 25 actionable recommendations to improve health resilience, have been presented at various high-level forums such as the meeting of G20 health ministers, and have consequently shaped policy and influenced decision-making across the WHO European Region and beyond.

Multiple, simultaneous and complex emergencies – and consequent responses – characterize the past 12 months. This report describes how lessons learned from coronavirus 2019 (COVID-19) have benefited the Regional response in the past year. It also describes a strong country, organizational and subregional response to the Russian Federation’s invasion into Ukraine, as well as to the refugee and internally displaced person crisis that followed. Furthermore, new threats from well-known diseases such as polio, as well as the threat of emerging diseases in the Region, like monkeypox are also covered in the Report. It also presents up to date information on the long-term health and societal implications of protracted conflicts, such as that in Syria, and its impact on Türkiye. WHO/Europe mobilized and sought to respond to each emergency, while maintaining a focus on the flagship initiatives and other priorities laid out in the European Programme of Work 2020–2025 – “United Action for Better Health in Europe” (EPW).

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3 The WHO Regional Office for Europe (WHO/Europe) consists of the head office in Copenhagen, Denmark; 30 country offices; field, liaison, representation and sub-offices including subregional WHO Health Emergencies Programme (WHE) hubs; five geographically dispersed offices (GDOs); one WHO-hosted Partnership; and one office for Health Systems Financing. It is through these offices that Programme budget (PB) 2022–2023 will be delivered, with the support of a broad partnership community, including over 270 WHO collaborating centres.
The work of WHO/Europe
WHO/Europe’s work is driven by three core priorities, which align with the global triple billion targets laid out in the Thirteenth General Programme of Work, 2019–2025 (GPW 13) and echoed in the EPW. These include: 1) moving towards universal health coverage (UHC); 2) protecting against health emergencies; and 3) promoting health and well-being. This vital framework guides the way WHO/Europe prioritizes work and ensures that all activities drive the Organization towards its overarching Regional and global goals.

Within each core priority, WHO/Europe has made important advancements over the past year and has provided specific and tailored technical support to Member States in a range of health areas. This has included delivering country-level workshops and trainings, setting up important new initiatives, providing invaluable data and evidence to inform policy and decision-making, stepping up to lead the health response amid major overlapping emergencies, and much more. As WHO/Europe has worked alongside Member States to make strides towards better, more equitable health, a Regionwide team of dedicated staff has also focused on making substantive internal improvements to ensure that WHO/Europe can work as effectively as possible.

The combination of an unwavering focus on country-level support and a willingness to make needed changes to become more fit-for-purpose has led to a year of impactful work that has laid a strong foundation for continued action and achievement in the year ahead.
Core priority 1: moving towards UHC

UHC provides the crucial foundation for achieving better health for all. It is a lofty ambition that requires methodical improvements to the building blocks of any health system, and time has shown that it necessitates strong coordination, collaboration and sharing of best practices. Over the past year, WHO/Europe has continued to work closely with Member States to build capacity in numerous areas, most notably primary health care (PHC), and financial protection.

Access to quality health services

Strengthening PHC

The opening lessons of the pandemic and its aftermath prompted Member States to reaffirm their commitments to strengthening PHC during the 71st session of the WHO Regional Committee for Europe (RC71) by adopting resolution EUR/RC71/R3 on realizing the potential of PHC. The resolution gave an inspiring mandate and WHO/Europe immediately began to take it forward to translate its commitments into action with much of the work spearheaded by the WHO European Centre for Primary Health Care (Almaty, Kazakhstan).

Tailored country engagement has been at the heart of the work of the Centre in the past year, which engaged with about half of the Member States at various intensity through both face-to-face and remote approaches to best leverage the expertise of the Organization and cross-country experiences. Multiple large-scale multi-disciplinary country missions were carried out, including to Georgia, Kyrgyzstan, Kazakhstan, Lithuania, Moldova, Slovenia, Sweden, Tajikistan and Uzbekistan. The Centre organized 14 online workshops and a consultation series bringing international expertise on key policy issues.
in an agile manner. The topics for country-specific support ranged from creating multi-disciplinary teams, strengthening family medicine practice and nursing in PHC, mechanisms to address war-related and refugee needs, development of digital solutions, governance strengthening, and formation of PHC networks, to collaborative topics with other work areas, such as health financing and human resources for PHC. To illustrate: the multi-disciplinary mission in Slovenia to engage with the Ministry of Health and stakeholders on their new PHC strategy, was followed by a study tour of the Slovenian delegation to Spain to see well-functioning PHC in action, and then, by three online workshops going into depth in selected areas of interest.

WHO/Europe has started to champion subregional approaches in the Western Balkans⁴ and central Asia to provide timely technical support for PHC policy in an efficient and agile manner. The approach combines multi-country/area⁵ events and tailored country/area

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⁴ The Western Balkans: Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia, and Kosovo [All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244(1999)].

⁵ All references to “area” in the context of the Western Balkans should be understood as Kosovo [All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999)].
support. The first inter-country/area PHC workshop for the Western Balkans was organized in Trieste, Italy, in partnership with the Central European Initiative (CEI), to identify topics for technical support that can deliver on a multi-country/area basis in the subregion. Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia as well as Kosovo⁶ all participated actively with PHC teams. Key areas included expanding the scope of PHC regarding noncommunicable diseases (NCDs), mental health and the use of digital solutions to leapfrog development. The workshop also included a practical experience exchange with Italy, comprised an effective combination of multi-country/area and country/area-tailored activities, and set the tone for future collaboration. The workshop was followed by country/area-specific engagement and technical assistance in the summer of 2022 in the form of on demand online workshops organized with the CEI focusing on topics including:

- social determinants of health, impact on disease prevention and health promotion in PHC in North Macedonia;
- development of PHC networks in rural and marginal areas in Albania;
- criteria and coordination for palliative care service delivery in PHC in Serbia.

WHO/Europe also launched its first PHC Demonstration Platform to showcase well-performing PHC in action. The motivation for the Platform was to support Member States in closing the PHC implementation gap in the Region and to demonstrate not only the content of successful policies but also the process of how they were implemented and how key change agents addressed implementation barriers. This first Platform was launched by the Regional Director in Issyk, Kazakhstan – the host country – through a high-level event of the Minister of Health of Kazakhstan. Uzbekistan, with a high political commitment and a PHC system currently under reform, was the first visiting country. The Platform in Kazakhstan focuses on multi-disciplinary PHC in rural settings and highlights the importance of population orientation, expanded nurse and family doctor roles, addition of psychologists and social workers to PHC teams, systematization of multi-disciplinary teamwork, use of digital solutions, health management and the critical role of change agents. Study visits to the Demonstration Platform consist of 4–5-day tailored programmes, with facility visits, workshops, roundtables and policy dialogues that connect policy-makers and practitioners from visiting countries with those from host countries. Further PHC Demonstration Platforms are planned for the coming year and will provide an important element of WHO/Europe’s technical assistance for successful transformation, change management and implementation.

The second season of the pan-European dialogue platform’s Let’s Talk Primary Health Care talk show, was hosted by WHO/Europe with four new episodes in 2022 bringing the total number of episodes to 10 on key PHC policy issues. Each talk show episode averaged about 200 viewers in real time. All episodes of the series were

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⁶ All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).
posted on the WHO/Europe’s YouTube channel where they garnered a total of 2344 views (1521 in English, and 823 in Russian), with viewers from 42 countries. The topics in the second season covered: mental health services in PHC; leadership for PHC transformation with the WHO/Europe Regional Director answering questions from young PHC professionals; and PHC networks. Exit polls of the episodes show consistent high satisfaction ratings with over 90% of respondents rating the quality of the webinars at 4 or 5 on a five-point scale.

The investment in PHC capacity-building has continued and the second cohort of countries were welcomed at the annual PHC performance monitoring and management training programme. This year’s cohort included attendees from countries/area of the Western Balkans. The course consisted of two workshops and tailored coaching sessions to support participants in completing implementable performance monitoring projects.

The programme is offered as a joint initiative with the Collaborating Centre at Amsterdam Medical University.

WHO/Europe has additionally continued to invest in political advocacy for PHC development. This has included, for example: holding discussions with the health committee at parliamentary level in Slovenia; developing strategies, policies and legislative frameworks for comprehensive PHC policy in Georgia, Tajikistan and Uzbekistan; and addressing parliamentarians of the Commonwealth of Independent States (CIS) and advocating for promoting and strengthening PHC at the Interparliamentary Assembly of Member Nations of the CIS in November 2021.

Health workforce and service delivery

For the first time, WHO/Europe produced a Regional report describing the situation of the health and care workforce in the WHO European Region. The report, *Health and care workforce in Europe: time to act*, provides health workforce country profiles and focuses on identifying effective policy and planning responses to Regional challenges in this regard.

Over the past year, WHO/Europe has provided support regarding health workforce and service delivery in 23 countries, including all central Asian and Caucasus countries. Several country missions were conducted jointly between the Health Workforce and Service Delivery unit at the head office in Copenhagen, Denmark, and the WHO European Centre for Primary Health Care (Almaty, Kazakhstan), illustrating a coordinated approach across the three levels of the Organization. As an example,
the joint mission to Tajikistan yielded an agreement to conduct a health labour market assessment to better understand health workforce supply and demand and to inform policy recommendations.

Tailored support for other countries in the Region on health workforce and service delivery included: conducting a national assessment of the health and care workforce in Georgia and identifying ways to strengthen the country’s health workforce unit; supporting the development of the National health workforce Strategic Plan in Malta; strengthening health workforce planning and the human resources for health unit in Kyrgyzstan; supporting the health workforce and health service management reform in Romania; supporting assessments of rehabilitation services in Azerbaijan and Ukraine, and supporting the development of the National Rehabilitation Action Plan and assessing the human resources for health information system in Ukraine; assisting North Macedonia with strengthening its nursing education system, geriatric education and long-term care services; helping define job descriptions for newly graduated nurses in the Republic of Moldova and assessing long-term care services; and supporting the Small Countries on health workforce through the organization of a physical meeting on 28–29 April 2022 in Venice, Italy on improving health workforce data, planning and governance.
BOX 1.

MOBILIZING NURSING, MIDWIFERY AND CARER NETWORKS

In September 2021, WHO/Europe has set up a Government Chief Nursing and Midwifery Officers Hub to serve as a platform for knowledge exchange, to maximize learning from the COVID-19 pandemic, and to monitor and identify areas of WHO nursing and midwifery support to countries.

At a time when evidence suggests that more nurses are leaving the profession than joining it, Kazakhstan’s investments in nursing offer an important model for other Member States to replicate. Kazakhstan has prioritized efforts to strengthen the nursing and midwifery professions through investments in education, jobs, leadership and service delivery. This has included developing and expanding curricula to create new degrees and educational opportunities for nurses. Such opportunities, in turn, foster future health leadership, lead to improved quality of care and service delivery, while also making the profession more appealing.

Over the past year, the Long-term care Forum, created in May 2021 in collaboration with experts from a range of organizations and academic institutions, continued to meet on a monthly basis bringing together participants from WHO European Region to discuss a broad range of personal, social, and medical services and support that ensure people, with or at risk of a significant loss of intrinsic capacity (due to mental or physical illness and disability), can maintain a level of functional ability consistent with their basic rights and human dignity. This includes the spectrum of services ranging from home and community-based through to facility-based care that are available to people of all ages.
Moreover, WHO/Europe has developed the WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities, 2022–2030 that will be discussed during RC72. The Framework was pre-selected at the G7 countries’ meeting on disability as the country implementation framework.

WHO/Europe organized an expert meeting on rethinking the future of hospitals, in Brussels in April 2022. The expert group reflected on lessons learned during the COVID-19 pandemic and discussed areas for improvement, including the role of hospitals in wider health systems, their link to PHC, the adoption of digital health, financing and hospital design. The group provided a new vision for hospitals and made key recommendations about the role of WHO across three broad areas: 1) policy development; 2) the development and spreading of good practice; and 3) country-specific support.

Launch of WHO European Centre of Excellence for Quality in Care and Patient Safety (Athens, Greece)\(^7\)

The new WHO European Centre of Excellence for Quality in Care and Patient Safety in Athens, Greece was launched in March 2022 and has since been focusing its work on country support and quality of care related innovations. To date, the Centre has provided support to Albania, Armenia, Greece, Kyrgyzstan, Malta, Montenegro, Moldova, North Macedonia, Portugal and Tajikistan and collaboration is being established with several additional Member States. Innovative tools to assist quality improvement are being developed in the areas of patient experience, digital technology, and value/rights-based care in collaboration with relevant partners, notably Harvard University, the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies. An innovative approach was also applied to the high-level First Meeting of the Minds on Quality of Care in Athens, Greece, jointly hosted by the Centre and the Greek government. For the first time, the meeting gathered a number of significant experts, researchers, policy-makers, health professionals and civil society organizations, giving each the opportunity to bring their expertise to the table and together determine the future of quality of care. The meeting initiated the development of a new set of innovative tools that countries in the Region will use as they build high-quality health services, and emphasized that quality of care and patient safety must be at the heart of UHC.

7 This office has been legally established as a sub-office of the WHO Country Office in Greece.
WHO Pocket Book of PHC for Children and Adolescents in the WHO European Region

WHO/Europe launched its first-ever *Pocket book of primary health care for children and adolescents* in March 2022, a comprehensive manual for doctors, nurses and other health workers responsible for caring for children and adolescents in PHC settings, based on evidence-based guidelines for health promotion, and disease prevention and management. Its focus on evidence-based practices and prevention helps to ensure that this group receives the care they need while avoiding unnecessary treatment and hospitalization. Since the launch, WHO/Europe has been working with ministries of health and partners across the Region to adapt and translate the book into multiple languages including Armenian, Italian, Portuguese, Romanian, Russian, Tajik, Ukrainian and others. WHO/Europe is working towards ensuring that the standards put forward in the *Pocket Book* are implemented across the Region with adequate funding contributed to the required health system changes to deliver quality health services to all children and adolescents leaving no one behind.

**High-Level Meeting on Health and Migration in Istanbul, Türkiye**

Refugees and migrant populations are most vulnerable in situations of crisis and in emergencies, and WHO/Europe actively supported Member States in addressing their health needs relating to population movements during the Belarus migrant crisis at the end of 2021 and those linked to the war in Ukraine. But migration is increasingly also recognized as a lasting phenomenon going well beyond crisis situations,
representing an integral part of our societies. It is also recognized that UHC is unachievable without fully addressing the health of migrants which make up more than 13% of the population in the WHO European Region.

In March 2022, acknowledging the interregional dimensions of migration and displacement, WHO/Europe, together with the Regional Office for Africa and the Regional Office for the Eastern Mediterranean, convened a High-Level Meeting on Health and Migration in Istanbul, Türkiye, to address current realities and craft a new vision for future work as well as updated narrative reframing health and migration from burden to opportunity. Refugees and migrants were vital co-creators of this new vision, shoulder to shoulder with more than 50 ministers, representatives of other UN agencies, the European Union (EU), African Union and nongovernmental organizations (NGOs). The meeting resulted in the signing of an outcome statement, paving the way for a new action plan on migration and health for the years to come.

Within the same area of work, WHO/Europe launched in May 2022 the first toolkit on the severe health impacts of immigration detention and, together with the Collaborating Centre on Migration and Health Data and Evidence at Uppsala University, ran a training course for Member States and partners on how to address health challenges in immigration detention and the use of alternatives to detention.

**European Health Report 2021**

*The European Health Report 2021* is a flagship publication by the WHO/Europe that aims to provide insight into Regional progress towards the health-related Sustainable Development Goals (SDGs) and the effects of the COVID-19 pandemic on population health. The report emphasized how health systems have struggled to cope with increasing demands during an economic crisis, which has impacted all three pillars of UHC: access to healthcare services, quality of care and financial protection.

Only slight progress has been made in moving towards UHC: the UHC Service Coverage Index increased from 75 to just 77 between 2015 and 2017. The proportion of the population with large household expenditures on health varies widely across the Region and over time the Regional average has continued to increase. While the density of health-care workers in the Region is quite high (130 medical doctors, nurses, midwives, dentist and pharmacists per 10 000 population), there are gaps in more specialized service areas and an imbalance in urban versus rural areas. Further efforts with regards to financial protection are also needed: the incidence of catastrophic health spending ranges from 1% to 19% across Member States, which is most likely to affect the poorest quintile of the population and is largely driven by out-of-pocket payments for outpatient medicines. The report provides a further detailed analysis of these impacts, which have been considerable and will necessitate additional effort, particularly in tackling the barriers to achieving UHC.

Beyond UHC, other determinants of health were also addressed. While immunization coverage is generally high across the Region for diphtheria–tetanus–pertussis combined vaccine and measles vaccine, coverage remains below the 95% WHO targets for the Region.
The national uptake of the human papillomavirus vaccination is significantly uneven. In 2019, people across the European Region had a 16.4% chance of dying prematurely (between the ages of 30 and 70) from one of the four major NCDs: cardiovascular diseases, cancers, chronic respiratory disease and diabetes. Most of the NCD burden is caused by preventable and amenable risk factors. Also, the Region performs worst among the six regions for two risk factors, alcohol and tobacco use. Adults drank, on average, 7.8 litres of alcohol in 2019 and 26.8% of adults were smokers. The fact that nearly one in three school-aged children and nearly 6 in 10 adults are living with overweight or obesity is an additional source of concern. Suicide is another important contributor to premature mortality, and the WHO European Region displays one of the highest standardized suicide mortality rates.

**Evidence-Informed Policy Network (EVIPNet)**

The Policy and Governance for Health (PGH) team in WHO/Europe continued capacity-building activities in Member States to improve the use of evidence in policy and practice. Virtual trainings, coaching and support to country teams in Albania, Bulgaria, Estonia, Greece, Moldova, Serbia and Türkiye were provided, building on the EVIPNet to support translating the best available global and local evidence to each country context. This support resulted in country teams from Estonia and Greece providing contextualized evidence-informed policy options related to priority issues around antimicrobial resistance (AMR), in collaboration with the AMR team. For Estonia, the focus was antibiotic prescribing in primary care, while for Greece it was on the use of antibiotics in hospitals. In both cases, the evidence was packaged in the form of an evidence brief for policy and deliberated at a dialogue involving a broad range of stakeholders.

Furthermore, in November 2021, together with WHO headquarters, other regions and partners, the PGH team organized a virtual Global WHO Evidence-to-Policy Summit entitled Evidence as a catalyst for policy and societal change towards more equitable, resilient and sustainable global health. The aim was to reiterate the importance of evidence-informed actions, particularly in the context of a global health emergency, and to take stock of the lessons learned.

The PGH team also explored the opportunities and challenges involved in strengthening evidence-informed policy-making and the establishment of a knowledge translation platform in Kazakhstan, and supported Hungary in its efforts to establish a rapid response service.
FLAGSHIP INITIATIVE: EMPOWERMENT THROUGH DIGITAL HEALTH

The initiative was established with its vision and strategic objectives fully aligned with the EPW, along with a clear outline of key products for delivery. Since its launch, the initiative has successfully contributed to the development of Regional and global guidance on digital contact tracing, to a policy paper on a dual track health system response to COVID-19, to the development of a Memorandum of Understanding (MoU) with Estonia, and to a Regional consultation on smart vaccination certificates.

A new subregional network for digital health in the Western Balkans was launched in October 2021, which will align its work with the Roadmap for Health in the Western Balkans (2021–2025). WHO/Europe published a policy brief on digital solutions to health risks raised by the COVID-19 infodemic, while work on policy briefs on digital competencies of the health workforce and the potential role of artificial intelligence in filling gaps in the health workforce is ongoing.

In December 2021, WHO/Europe convened the WHO European conference on tackling noncommunicable diseases through digital solutions hosted by the Ministry of Health of the Russian Federation in Moscow. The conference provided an opportunity to present innovative digital health solutions for surveillance, prevention and control of NCDs and resulted in a conference statement. An implementation guide highlighting practical steps to increase the uptake of digital solutions for NCD surveillance, prevention and control is under development and will complete the commitments made at the conference.
Financial hardship caused by out-of-pocket payments

WHO Barcelona Office for Health Systems Financing (Spain) is monitoring financial protection – a core dimension of UHC and an SDG indicator – in all countries of the WHO European Region. High levels of out-of-pocket spending on health are more prevalent in the eastern part of the Region and many Member States lack the institutional and human capacity to produce indicators and to monitor progress towards UHC. Realizing this capacity gap in eastern Europe and central Asia, WHO/Europe intensified work with countries within these subregions and provided direct, hands-on technical support to national statistical offices and relevant ministerial health departments to produce indicators and use relevant analytical tools developed by WHO/Europe. The Office responds to requests from national statistical offices for transfer of the know-how to monitor financial protection. A first meeting took place in February 2022, with the statistical offices, health ministries, independent national experts and participants from WHO country offices from the 12 target countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. Individual country consultations were delivered online and a face-to-face capacity-building event will follow in November 2022 in Georgia. Without this intensive, capacity-building support to these countries, WHO/Europe would not be able to monitor progress towards UHC across the whole Region and the dual gap in evidence on financial protection and in capacity to produce indicators would continue to exist.

Moreover, work continued on a three-year EU-funded project to strengthen health financing for UHC in the Western Balkans (the Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR), 2021–2023). WHO/Europe is collaborating with experts in Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Serbia and Kosovo to produce new or updated analyses of financial protection, which are to be used to monitor progress towards UHC through the Roadmap for Health in the Western Balkans (2021–2025) and to foster policy dialogue events in the Region.

WHO/Europe also began work on a new EU-funded project (Directorate-General for Health and Food Safety (DG SANTE), 2022–2024) to support EU Member States to improve affordable access to health care, with a focus on strengthening medicines policy and access to mental health services. WHO/Europe has continued to carry out analysis of affordable access to health care, and this remains a meaningful resource for leading health policy publications regionally and globally, including the OECD’s Health at a Glance 2021, the State of Health in the EU country profiles, two WHO/World Bank global UHC monitoring reports, WHO/Europe’s European Health Report 2021 and Health Systems in Transition reviews published by the European Observatory on Health Systems and Policies.

8 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).
Also, WHO Barcelona Office for Health Systems Financing continued to publish its series of country-level analyses of financial protection, with the addition of reports for Bulgaria, North Macedonia, Romania and Spain.

**Access to medicines, vaccines and diagnostics**

The two-year Oslo Medicines Initiative (OMI) has provided a neutral platform for the public and private sectors to reshape political discourse, create partnerships, build momentum for change, and identify potential, pragmatic solutions to improve access to effective novel high-cost medicines in the Region.

Through the themes of solidarity, sustainability and transparency, OMI has sought to identify policy proposals that balance the goals of the pharmaceutical industry, public needs and expectations, and the capacity of governments to sustain health systems – while encouraging and rewarding pharmaceutical innovation. The OMI engaged these stakeholders through formal consultations, supplemented with interviews, and hosted discussions on the findings of a series of commissioned papers reviewing the evidence and mapping policy solutions in this regard. The OECD and the European Commission (EC), along with the French EU Presidency, serve as partners to the OMI. The conclusion of the initiative will be marked during RC72 and the event will offer a chance to discuss a future direction in the area.
FLAGSHIP INITIATIVE: MENTAL HEALTH AND THE PAN-EUROPEAN MENTAL HEALTH COALITION

Though a vital element of individual and collective well-being, mental health has long been underrecognized and underfunded. WHO/Europe's mental health flagship initiative has made great strides in motivating action on mental health following the adoption of the European Framework for Action on Mental Health, 2021–2025 by RC71:

• The Pan-European Mental Health Coalition, a network of institutions and individuals focused on coordinating actions to implement the Framework was launched. The launch took place in Brussels, Belgium on 30 September 2021, with Her Majesty Queen Mathilde of the Belgians and the EU Commissioner for Health and Food Safety, Stella Kyriakides, attending. This was followed by a process of developing terms of reference in line with requirements of the WHO Framework of engagement with non-State actors and a call for applications.

• A Regional technical consultation on the implementation of the Framework took place in February 2022 to capture, tune and match the Region's mental health priorities and expectations with available tools and good practices.

• The first meeting of the Coalition, in May 2022, consisted of five parallel working groups tasked with developing concrete work packages: leadership; mental health of children, adolescents and young people; mental health of older adults; mental health in workplaces; and service transformation.

• At the opening of the WHO Office on Quality of Care and Patient Safety (Athens, Greece) a Programme for Quality of Mental Health Care for Children and Adolescents was launched on 21 March 2022, supported by the Government of Greece. The Programme forms a major component of the Coalition's working package on the mental health of children, adolescents and young people. A small expert working group was formed to drive deliverables over the next 12 months, with in-person and hybrid meetings held in March and April and one more meeting planned for September 2022.

• WHO/Europe launched a rapid, decisive and well-resourced mental health and psychosocial support (MHPSS) response in the first weeks of the war in Ukraine, deploying experts to neighbouring countries, setting up technical working groups and addressing growing needs. WHO/Europe supports the expanding MHPSS group in Ukraine in all major actions, including technical support, capacity-building, promoting best practices and needs assessments.
• As a part of the flagship initiative WHO/Europe continues to support countries engaging in dialogues on mental health frameworks and scaling up activities such as WHO QualityRights in Armenia, Bosnia and Herzegovina, Croatia, Czechia, Estonia, Poland and Türkiye; Mental Health Gap Action Programme (mhGAP) in Armenia, Türkiye and Ukraine; and suicide prevention in Kazakhstan and the Russian Federation. Subregional discussions have taken place to define the work on transforming mental health systems including better integration into PHC, tackling stigma, increasing suicide prevention and implementing digital tools.

• In Latvia, WHO/Europe conducted the mental health investment case Prevention and management of mental health and behavioural conditions in Latvia in close collaboration with the Ministry of Health and leading specialists, which contributed to the development of Latvia’s mental health care organization improvement plan 2023–2025.

• WHO/Europe has also become better at being able to address the huge demand for the work of the flagship initiative by doubling human resources to five technical staff, two administrrational staff and one full-time communications consultant.
WHO European Office for Investment for Health and Development (Venice, Italy)

The last 2 years have seen the deepening of existing health inequities and the emergence of new health and socioeconomic vulnerabilities. WHO/Europe is taking a strong stance on health equity through the work of the WHO European Office for Investment for Health and Development (Venice, Italy). The Office supported Italy, North Macedonia, Slovenia and the United Kingdom in the development of equity-proof recovery and resilience plans, established new alliances and launched new tools to enable health authorities to improve their reach and service responses to vulnerable groups in society. Furthermore, in November 2021 the Office launched the New Economics Expert Group, comprised of representatives and research specialists from 14 institutions. The group will work to facilitate the implementation of the WHO resolution on accelerating progress towards healthy, prosperous lives for all in the WHO European Region through the Economy of Well-Being Initiative. The initiative is supporting health authorities to leverage public investment, spending and resources for health and well-being for all.
Core priority 2: protecting against health emergencies

In addition to the ongoing COVID-19 pandemic, the WHO European Region has been affected over the past year by multiple new emergencies with health consequences. These include well-known diseases such as polio; new disease threats such as acute severe hepatitis among children and monkeypox; man-made crises such as the war in Ukraine; and natural hazards such as summer heatwaves, wildfires and floods, amplified by climate change.

At the same time, the total number of COVID-19 cases have more than tripled in the period since September 2021, with continued impacts on health and waves of disruption.

A key lesson, hard-earned through experience, is that all countries are vulnerable to health emergencies, regardless of their size, income level or geographical location, and all must prepare to face the next health emergency. WHO/Europe, working through the WHO Health Emergencies programme (WHE), plays an important role in supporting the countries of the European Region across the four stages of the emergency management cycle: prevent, prepare, respond and recover.

Emergency prevention

WHO/Europe works with partners to prevent events such as disease outbreaks through work to improve or create infection prevention and control programmes.

Based on the recent upsurge in COVID-19 cases during the summer; the likelihood of another COVID-19 surge in the autumn and winter; and increased risk of other respiratory virus infections coming into the
The work of the WHO Regional Office for Europe in 2021–2022

In response to the COVID-19 pandemic, WHO/Europe continues to lead the implementation of the COVID-19 surveillance strategy through activities at country level and with the COVID-19 surveillance and laboratory network – the results of which are reported in the weekly COVID-19 bulletin covering all WHO/Europe Member States. WHO/Europe is also continuing to support countries to conduct modelling to inform optimal national COVID-19 vaccine strategies and to utilize two COVID-19 vaccine effectiveness protocols to evaluate the performance of COVID-19 vaccination programmes to support policy decisions.

Amid the COVID-19 pandemic, WHO/Europe has continued Regional seasonal influenza surveillance including weekly and end-of-season reports and updates for the WHO Technical Advisory Group on COVID-19 Vaccine Composition. Extensive work was undertaken with countries to strengthen national integrated respiratory surveillance activities, in particular sentinel surveillance in primary and secondary care. Excess mortality monitoring was also established in Germany, Israel and Ukraine.

The 7th joint WHO/Europe- and the European Centre for Disease Prevention and Control (ECDC) meeting on influenza and COVID-19 surveillance was held virtually in October 2021 for 50 countries in the Region. WHO/Europe has also provided ongoing support in this area through WHO-recognized National Influenza Centres (NICs), which has resulted in an increase in the number of Member States hosting a NIC to 47 out of 53.

Modelling and economic evaluation of influenza vaccination was undertaken in North Macedonia and Ukraine to inform the strengthening of immunization programmes. Influenza vaccine uptake data for key risk groups was also collected and published. Uptake has been steadily declining in a number of countries, and access to influenza vaccines still remains low in many lower-resourced countries. This is a particular concern ahead of the forthcoming autumn, as the risks of seasonal influenza for these vulnerable groups are similar to those for COVID-19 infection.

Emergency preparedness

Emergency preparedness starts with the collection of evidence-based data, using the International Health
Regulations (2005) (IHR (2005)) Monitoring and Evaluation toolbox and other assessments to identify Member States’ strengths and challenges. In 2021, 51 States Parties submitted the annual self-assessment report under the IHR (2005). The Regional average assessment score was 74% across all technical areas and States Parties, 11% shy of the EPW’s 85% goal.

Two, out of a total of three globally, Joint External Evaluations⁹ were carried out in the past year, in Ukraine (2021) and Uzbekistan (2022).

WHE has conducted a number of strategic risk assessments within Member States to identify priority risks and vulnerabilities. Activities to strengthen the national IHR (2005) focal point capacity have been undertaken, which is critical to WHO’s role as IHR (2005) Secretariat, and innovative data science for surveillance and response is in use through the newly established hub in Berlin.

WHE has conducted emergency preparedness capacity-building activities in: risk communication, community engagement and infodemic management; infection prevention and control; emergency preparedness and contingency planning; laboratory strengthening (Better Labs for Better Health); epidemiological surveillance; clinical management and medical countermeasures; monitoring of public health and social measures during epidemics and pandemics; points of entry; and more.

In addition, the WHO European Centre for Preparedness for Humanitarian and Health Emergencies (İstanbul, Türkiye), has led or collaborated on 18 preparedness capability development trainings/events, benefiting more than 500 health and emergency professionals from over 20 countries. These activities covered areas of leadership development, simulation exercises, radiological and nuclear threats, trauma care, mass casualty incident management, refugee and migrant health, as well as applied and implementation research.

**Emergency response**

In accordance with the Emergency Response Framework, WHO’s operational response to emergencies throughout 2021–2022 was coordinated through the application of the Incident Management System (IMS), based on recognized best practices of

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emergency management. The IMS is increasingly used by emergency management systems globally, including within and beyond the health sector through the global humanitarian cluster system.

The COVID-19 response continued to dominate activities and resources in 2021–2022, with interoperable Incident Management Support Teams established in WHO headquarters and all Regional and country offices.

**COVID-19 response**

The roll-out of highly effective COVID-19 vaccines has protected vulnerable groups from severe outcomes of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in Europe. Indeed, early analysis by WHO/Europe has shown that the rapid introduction of COVID-19 vaccination of the elderly averted 469,186 deaths in 33 countries through November 2021 (preventing 51% of 911,302 expected deaths). Impact by

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country ranged hugely, however, from 6–93%, depending upon how early vaccination was initiated and the level of uptake achieved.

Over the past 12 months, the response to COVID-19 has changed, with the increased population immunity offset by the emergence of variants of concern that can more effectively circumvent this immunity. As health systems became overwhelmed and health services constrained due to the large number of COVID-19 cases and hospitalizations, the focus of health service delivery changed, requiring rapid shifts in priorities and allocation of resources while maintaining a baseline functionality.

WHO/Europe works to support countries throughout the four stages of health emergencies. Over the past year, the focus has been largely on the respond and recover stages of the COVID-19 pandemic, although work has also been undertaken to prevent and prepare for future pandemics. In response to the ongoing COVID-19 health emergency, WHO/Europe conducted 419 support missions and deployments to 27 countries and areas, including in the EU, Western Balkans, south Caucasus and central Asia. WHO/Europe mobilized 40 partners under the Global Outbreak Alert and Response Network and facilitated the deployment of eight Emergency Medical Teams (EMTs). Supplies worth US$ 96 million were procured for 31 countries and areas in the Region, including vaccines.

WHO/Europe’s efforts to build country-level capacity resulted in hundreds of webinars, trainings and workshops related to the COVID-19 response, which engaged more than 55 500 participants. Notably, in Azerbaijan, the number of enrollments in the OpenWHO training platform increased tenfold to 18 000, prompting WHO and the EU to launch an Azerbaijan page within OpenWHO. This offers courses, including those specific to COVID-19, in Azerbaijani, Turkish and Russian.

Recovery work and prevention/preparation efforts for future pandemics has included reviews and data analysis to identify strengths, challenges and action to improve COVID-19 vaccination in 11 countries, as well as supporting 16 Member States and areas to conduct UNITY studies. WHO/Europe also supported countries in conducting 45 public health and social measure calibration exercises, 14 intra-action reviews and seven after action reviews.

Whole-of-Syria response and Türkiye refugee response

WHE provides assistance on a massive scale to meet the extraordinary health needs of Türkiye, which continues to host more than 3.6 million refugees. Under the whole-
of-Syria approach, WHO and its health partners provide cross-border health services to populations in northern Syria from Gaziantep, Türkiye, on the basis of the UN Security Council resolution 2393. WHO/Europe also works closely with the Ministry of Health of the Republic of Türkiye to provide culturally and linguistically sensitive health services to Syrian refugees. This effort is aided by training Arabic-Turkish language interpreters to serve as patient guides at various levels of care.

Together with the WHO Country Office in Türkiye, WHO/Europe has continued to support seven refugee health training centres where Syrian doctors and nurses receive on-the-job training, including training on mental health conditions, while providing health services for Syrian patients. It has also continued to train and employ Syrian community health support staff to provide home care to older and disabled Syrian people.

As the third year of the refugee health programme in Türkiye draws to a close, the accumulated knowledge and lessons learned are considerable: 2705 Syrian health professionals were enrolled in the continuous training programme – 703 doctors, 1142 paramedical staff and 860 auxiliary staff; 76 non-Syrian health professionals – 61 doctors, one paramedical staff and 14 auxiliary staff; and 918 Turkish health workers – 188 doctors, 381 paramedical staff and 349 auxiliary staff.

**Belarus migrant crisis**

Following the arrival of thousands of undocumented migrants from the Middle East and Africa to Latvia, Lithuania and Poland via Belarus, care has been urgently needed. In increasingly difficult winter conditions, and with a surge in COVID-19 transmission reported across Belarus throughout October 2021, the dire situation drew international concern. Following talks between the Regional Director and the country’s leadership, WHO/Europe conducted an urgent assessment of the health situation to determine areas of critical need, working with the Ministry of Health to expand the provision of health-care
and sanitary services for migrants in temporary shelters beyond acute emergency care by: providing PHC services; ensuring continuity of care for pre-existing conditions; and addressing increasing MHPSS needs. In addition, WHO/Europe has provided support to neighbouring countries, including in Lithuania to support migrants in accessing health care, and particularly mental health care.

Poliovirus outbreak in Tajikistan and Ukraine

In January 2021, Tajikistan experienced an outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2). Following three rounds of supplemental immunization campaigns using the novel oral polio vaccine type 2, with a reported coverage of >97% in each of the rounds, independent experts of the Global Polio Eradication initiative conducted an assessment and declared the Tajikistan outbreak over in April 2022 – the first cVDPV2 outbreak in the world to be declared officially closed.

Another cVDPV2 outbreak however, was confirmed on 6 October 2021 in Ukraine after being first detected in two young children. The isolated strain of the virus found in both of these paralytic cases and their contacts was linked to a poliovirus in Pakistan, which was also the cause of several of the cases in Tajikistan. WHO/Europe has provided technical and operational support to the Ministry of Health and the Public Health Centre in Ukraine to mitigate the outbreak and a poliomyelitis vaccination campaign for children aged 6 months to 6 years who missed routine polio doses in the past began in Ukraine on 1 February 2022. This catch-up campaign is part of a comprehensive response to stop the outbreak. Due to the war, the campaign was significantly disrupted and its implementation is ongoing.

The war in Ukraine

WHO/Europe is playing an essential coordination role in the response to the war as the lead agency of Health Cluster Ukraine. The Health Cluster has 144 international and local partners, with planned, ongoing or completed
health-related activities in 24 oblasts. Health Cluster Partners have reached over 2.9 million people with medical supplies and services.

Through engagement with the Ministry of Health of Ukraine, national health authorities, partners and donors, WHO/Europe has been able to provide the population in Ukraine with life-saving supplies, equipment and medicines. As of 18 July 2022, WHO has delivered 861 tonnes of medical supplies, comprising trauma and emergency surgery kits, interagency emergency medical supplies, essential medicines and other critical supplies. An estimated 3.3 million patients can be treated with the interagency emergency health kits and 4.5 million with NCD kits over the period of 3 months.

WHO/Europe has established three health hubs in western Ukraine to support and ensure the safe medical evacuation of patients requiring treatment outside Ukraine. As of 18 July 2022, at least 849 medevac operations have been completed from Poland, the Republic of Moldova, Slovakia and Ukraine via the EU Civil Protection Mechanism to 17 European countries (Austria, Belgium, Czechia, Denmark, Finland, France, Germany, Ireland, Italy, Lithuania, Luxembourg, the Netherlands, Norway, Portugal, Romania, Spain and Sweden). Moreover, WHO/Europe has supported or coordinated more than 80 EMTs in Ukraine and neighbouring countries.
Additionally, WHO/Europe has provided Ukraine with guidance regarding cholera, which continues to present a risk within the country. This includes prepositioning medical supplies such as cholera kits with rapid diagnostic tests, helping health authorities prepare to use cholera vaccines and working with the Ministry of Health of Ukraine to provide risk communication materials. WHO/Europe repetitively drew attention to the need to access the population and patients in Mariupol and the nongovernment-controlled areas as a top priority to ensure health for all.

WHO/Europe’s immunization response and support have been multi-pronged – working to provide vaccines both in Ukraine and in the neighbouring countries receiving refugees. Specific programmatic guidance has also been provided to the countries receiving refugees to strengthen vaccine-preventable disease surveillance and intensify vaccination of both host and refugee populations to address any coverage gaps.

Furthermore, the Ministry of Health in Ukraine, UN agencies and partners have worked alongside WHO/Europe to ensure that emergency supplies of antiretrovirals continue to be made available within the country. Outside of Ukraine, WHO/Europe supported neighbouring countries receiving refugees in ensuring access to quality care for both HIV and tuberculosis (TB) patients – including drug-resistant TB (DR-TB) patients – and to the same treatment regimens received in Ukraine. Strategic support included tools to estimate the number of people living with HIV and TB among refugees, in order to plan for antiretroviral therapy and TB and DR-

TB treatment needs, and expanding an information repository together with the WHO Collaborating Centre on HIV and viral hepatitis.

The crisis in Ukraine has further amplified existing inequities in premature mortality from NCDs in the WHO European Region. In response, WHO/Europe convened a three-level coordination mechanism with a key focus on gathering intelligence and data to support the inclusion of critical and life-saving medication in the NCD emergency priority list. WHO/Europe coordinated a survey on cancer needs, not only in Ukraine but in neighbouring countries, allowing the identification of gaps related to medicine stockouts and equipment maintenance. The survey results were then considered when creating the list of priority conditions for evacuation.
The WHO Country Office in Poland has played an important role in the response to the war in Ukraine, as out of the 10.6 million people who crossed the border between 24 February and 10 August 2022, just under half (49%) entered Poland, according to the UN High Commissioner for Refugees. Since the early weeks of the war, the Country Office has activated the Ukrainian refugee emergency response to ensure rapidly scaled-up operations to support the immediate health needs of refugees. With the support of partners, WHO has deployed 18 additional surge staff to Poland, including technical experts on coordination, health operations, HIV/TB, mental and psychological support, EMTs, risk communication, community engagement, prevention of sexual exploitation and abuse, among others. Additionally, the WHO Country Office in Poland helped to shape the model of technical cooperation for the WHO Regional extension hub in Krakow to support all countries receiving refugees.

Acknowledging the heightened risk of sexual exploitation and abuse due to the conflict in Ukraine, WHO/Europe has taken specific steps in strengthening the prevention and response to sexual exploitation, abuse, and harassment (PRSEAH). WHO/Europe enhanced its recruitment vetting measures and deployed several dedicated PRSEAH staff to support the Ukraine humanitarian response in both refugee-receiving countries and Ukraine.

Monkeypox

The global outbreak of monkeypox in non-endemic countries has led to more than 18,081 cases worldwide (as of 26 July 2022), with 10,604 cases identified through IHR (2005) mechanisms and official public resources from 36 countries and areas of the WHO European Region (as of 19 July 2022). Cases have primarily, but not exclusively, presented among men who have sex with men. WHO/Europe has led a rapid public health response and recognizing the seriousness of the situation, the Regional Director issued a statement on 15 June to encourage all 53 Member States to take urgent action and to target high risk groups, while avoiding stigmatization and discrimination. On 23 July 2022 the WHO Director-General determined that this multi-country outbreak constitutes a public health emergency of international concern. Immediately thereafter, the Regional Director sent a circular to all 53 ministries of health with concrete guidance.
WHO/Europe has supported Member States affected by monkeypox to initiate public health investigations, including launching studies into disease epidemiology and virus characteristics. Countries are also implementing control measures, such as case finding and contact tracing, as well as providing supportive care for patients. Importantly, they are communicating risks about monkeypox and advice on how to avoid infection, engaging with community actors to ensure that those most likely to be affected take informed decisions to protect their health.

WHO/Europe has supported information and awareness-raising campaigns about monkeypox, such as in Czechia, where a campaign was launched in June 2022. It included posters, information leaflets and content for social media, designed in cooperation between the WHO Country Office in Czechia and its main partners – the Ministry of Health, the National Institute of Public Health and the NGOs Amiga and Czech AIDS Help Society. All campaign materials were made available in four languages including Czech, English, Russian and Ukrainian. Thus far, thousands of leaflets and posters have been printed and are being distributed to reach the most vulnerable groups.

In view of the limited availability of the monkeypox vaccine and to ensure a demonstrable impact of vaccination as an intervention tool, WHO/Europe is supporting the ministries of health and the National Immunization Technical Advisory Group of experts on immunization with their decision-making on prioritization of the population groups for vaccination based on local disease epidemiology. WHO/Europe is developing an operational considerations report on use of the monkeypox vaccines based on the knowledge of disease epidemiology and vaccine characteristics, including outlining vaccination service delivery modalities based on lessons learned from early implementers in the Region. Ensuring equitable access of the monkeypox vaccine, as a public good, is of utmost priority of WHO/Europe. Aligned with global efforts, WHO/Europe is actively working with interested Member States and the European Health Emergency Preparedness and Response Authority to allow equitable provision of the benefits of vaccines in the Region.
Core priority 3: promoting health and well-being

The heart of WHO’s work is encapsulated in SDG 3: to ensure healthy lives and promote well-being for all at all ages. This simple phrase covers an incredible variety of both diseases and determinants that factor into societal and individual health. Through its numerous programmes and initiatives focused on this core priority area, WHO/Europe aims to tackle each of these individually, yet also as part of a collective and wide-ranging effort to improve health and well-being in the Region. From responding to disease outbreaks to providing evidence and policy guidance on social determinants of health to encouraging behaviour change for improved health, WHO/Europe strives to create a healthier, more sustainable future for the Region through the EPW.

Communicable diseases

Hepatitis C, TB and coinfections

Growing evidence indicates a high prevalence of hepatitis C infection in patients with DR-TB, which, when left untreated, negatively impacts treatment outcomes. Thus WHO/Europe launched a new Regional initiative on the concomitant treatment of hepatitis C and DR-TB targeting 18 high-priority countries in eastern Europe and central Asia. The initiative aims to improve collaboration between health services involved in TB and hepatitis C responses at the national level, strengthen good clinical care of TB patients, and contribute to global knowledge in management of hepatitis C and DR-TB.
coinfection. WHO/Europe also developed an operational research package of standard materials and tools, which can be adapted to national conditions in TB high-priority countries.

In partnership with non-State actors (NSAs) (notably, the Center for Health Policies and Studies, TB Europe Coalition, TB People and the Global TB Caucus) and with financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, WHO/Europe has completed the Tuberculosis Regional eastern European and central Asian Project (TB-REP) 2.0 to improve TB and DR-TB prevention and quality of care in 11 high-priority countries in the Region. All 11 TB-REP 2.0 countries achieved improved service delivery and engagement of communities and civil society through novel technological solutions comprising video supported treatment, community-led monitoring, and a Standardized Package of Community based Supportive Services, increasing the share of patients on ambulatory care. The tools developed in this project will benefit other countries in the Region and beyond and the strengthened relationship between WHO/Europe and the participating civil society partners stands a long-lasting benefit of this Regional investment.

**HIV/AIDS**

In December 2021, WHO/Europe and the ECDC released the *HIV/AIDS surveillance in Europe 2021* report, which showed that the rate of newly diagnosed HIV infections in the WHO European Region increased by 5% between 2011 and 2019, mainly driven by an upward trend in many countries of the east. In 2020, the vast majority of people newly diagnosed with HIV (81%) were in the eastern part of the Region, with 15% in the west and 4% in the centre. Late HIV diagnosis remains a challenge for most countries in the Region, highlighting the urgency to improve early diagnosis and raise awareness in this regard by expanding diversified and user-friendly approaches towards easy access to HIV testing.

**COVID-19 vaccination**

With more than 1.6 billion doses of COVID-19 vaccines administered in the WHO European Region, 64% of the Region’s population have completed a full series of COVID-19 vaccination with 29% having received an additional dose. However, the inequity in COVID-19 vaccine uptake in the Region is glaring; while 73% of the population in high-income countries in the Region have completed their dose series, only 39% in lower middle-income countries and 54% in the upper middle-income countries have received their completed dose series. As of 26 July 2022, 20 Member States have achieved more than 70% coverage, 26 exceed 40% coverage (a target set by WHO) while seven Member States are still below 40% coverage. Based on robust modelling on the effectiveness of available COVID-19 vaccines and evolving evidence on new variants of concern to protect vulnerable populations, especially elderly and immunocompromised people, WHO/Europe provided specific guidance on the use of a second booster dose and operational pathways for prioritization of population groups in preparation for the forthcoming autumn and winter seasons. This allowed countries to make suitable adjustments to their vaccine deployment plans and to maximize the benefits from the available vaccines to help
contain the pandemic and prevent further overburdening of the health-care system.

Ensuring access to COVID-19 vaccine, a global public good, to every country in the Region, irrespective of their income level and purchasing capability, has been the priority of WHO/Europe. More than 42 million doses of COVID-19 vaccines have been made available since March 2021 to six Advance Marketing Commitment eligible economies (Kyrgyzstan, Republic of Moldova, Tajikistan, Uzbekistan, Ukraine and Kosovo) in the Region from COVAX (the Vaccine pillar of the Access to COVID-19 tools Accelerator) and 10 self-financing middle-income countries in the Region have received more than 6 million doses from COVAX over the past 16 months. In addition, high-income countries in the WHO European Region have demonstrated both Regional and global solidarity by sharing more than 335 million doses of COVID-19 vaccines with countries in the Region and beyond.

NCDs and health determinants throughout the life-course

Environment and Health

Working through its European Centre for Environment and Health (ECEH) (Bonn, Germany), WHO/Europe advanced the political commitment and the engagement of the health constituency in the climate and health agenda at the 26th UN Climate Conference (COP26) and launched the paper *Zero regrets: scaling up action on climate change mitigation and adaptation for health in the WHO European Region*. In May 2022, the ECEH convened a strategic consultation to support the establishment of a community of practice among signatory countries to facilitate networking and collaboration, share experiences and identify opportunities to further accelerate policy and action under the COP26 Health Programme.

The second online edition of the Bonn Environment and Health School took place in November 2021 and allowed 100 participants from 40 countries to build technical and leadership capacities in areas such as air quality, climate change, green recovery and defining the environment and health research agenda, through a problem-based learning process.

The launch of Bonn Dialogues on Environment and Health in October 2021, intended to explore with scientists and policy-makers the status of knowledge and policy practice on persisting and emerging environment and health themes, will advance the

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11 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).
identification of policy priorities on the European environment and health political agenda.

The ECEH also led the capacity-building activities in chemical risk assessment and the development of tools and educational materials, including on mercury and health, contributing to the implementation of the WHO Chemicals Road Map and of international environmental agreements, like the Minamata Convention on Mercury.

A series of publications summarizing lessons learned in the Region on supporting urban resilience to disasters, building “forward” better and enabling healthier urban life for all have also been launched by the ECEH over the last year. Notably, since the launch of the WHO Global Air Quality Guidelines in September 2021, the EC have taken up the guidelines in the revision of EU legislation. The ECEH presented the guidelines to the Commission at the Parliamentary committees and other forums, and organized science-policy dialogues in Bulgaria and Poland, together with WHO Country Offices. The Guidelines have been downloaded more than 100,000 times from the WHO website.

Furthermore, the ECEH supported Georgia, Hungary, Montenegro and Tajikistan in undertaking systematic, nationwide situation assessments on water, sanitation and hygiene (WASH) conditions in health-care facilities – all of which constitute basic foundations for ensuring quality of care and patient safety. The outcomes of the assessments provide the basis for the health sector to identify evidence-informed priority interventions to close gaps in WASH infrastructures and improve hospital hygiene practices.

Vienna Declaration

As a follow-up to the adoption by Member States of the Vienna Declaration on Building forward better by transforming to new, clean, safe, healthy and inclusive mobility and transport, the French Government, within the context of the French Presidency of the EU, hosted an event to mark the 20th anniversary of the Transport, Health and Environment Pan-European Programme. Member States also initiated the development of a new Master Plan on Walking.

To support policy-makers in the shift towards more active mobility, ECEH launched the publication Walking and cycling: latest evidence to support policy-making and practice, which makes a comprehensive case for why and how to promote walking and cycling, and presents the societal benefits from active mobility in terms of transport, health and environment.

Additionally, ECEH supported countries in applying the health economic assessment tool for walking and cycling, which aims to estimate the economic value of reduced mortality that results from specified amounts of walking or cycling.

Advisory Council on Innovation for Noncommunicable Diseases

The Regional Director initiated the Advisory Council on Innovation for Noncommunicable Diseases in 2020 to dramatically accelerate the response to NCDs and their risk factors across the WHO European Region. The Council has formed six working groups,
one for each of six signature initiatives – alcohol, cardiovascular disease, childhood obesity, data and digital health, digital marketing and greener cities – to design innovative approaches to the topic in hand.

Selected examples of these signature initiatives and their aims include: the initiative to tackle childhood obesity, which aims to advocate for high-level political leadership through a network of First Ladies and Gentlemen in the Region; the initiative on health taxes, which brings different stakeholders together to build their capacity and to improve trust to develop and implement effective taxation policies for sugary drinks, alcohol and tobacco; and the initiative to reduce inequalities in cardiovascular disease burden and high blood pressure prevalence through improving hypertension control in PHC and implementing salt-reduction strategies, the latter of which will be launched in late September 2022 to demonstrate integrated strategies in 10 countries.

**Diabetes care**

Improving the lives of people with diabetes through better access to patient-centred care, which can improve quality of life and help avoid complications, is a priority for WHO/Europe. A new initiative co-funded by the World Diabetes Foundation was launched in Kyrgyzstan and Uzbekistan to control and prevent complications of NCDs in primary care and enhance the quality of integrated care. Activities already underway include capacity-building of health professionals to improve the quality of care, the establishment of individual integrated pathways, and the creation of diabetic retinopathy screening programmes and diabetes registers. The impact of this will be felt across the Region as its progress is charted, disseminated and hopefully replicated.

**Cancer**

New cancer workstreams were initiated, including data collection and awareness-raising on inequalities within and across countries in the Region, and on the influence of commercial determinants in cancer control policy-making – bringing together multiple NSAs including Childhood Cancer International, the European Society for Paediatric Oncology, the European Cancer Organisation, and the European Cancer Leagues, and childhood cancer donor St Jude’s Children Research Hospital. In February 2022, WHO/Europe published the *Childhood Cancer Inequality Report*, the first of its kind globally, using data to document inequalities within and between countries. It revealed that mortality from childhood cancer in the Region ranges from 9% to 57% between countries. A key take-away message from the report is the importance...
of quality data: the lack of paediatric cancer registries in some countries contributes to unclear and inaccurate survival data and suggests that the burden of childhood cancer is underestimated.

Leveraging each other’s strengths, WHO/Europe and the International Agency for Research on Cancer support Member States in data-driven and smart cancer control decisions. An ongoing example is the joint project on determinants in delayed diagnosis of cancer, which investigates the barriers to the early diagnosis of breast, cervical and childhood cancers in several countries to inform policy on improving pathways of cancer care.

Furthermore, to inspire action and change behaviours related to cancer risk factors and to raise awareness of the important role of prevention and early diagnoses, WHO/Europe initiated series of roundtable candid conversations hosted by WHO/Europe Cancer Ambassador Aaron Anderson, which were widely promoted on social media.

One Health

WHO/Europe has continued to engage with key partners from within and beyond the health sector in efforts to operationalize One Health and has taken steps to implement the recommendations from the Pan-European Commission on Health and Sustainable Development. Notably, WHO/Europe conducted extensive consultations with key stakeholders within and beyond the health sector to develop a Regional Roadmap of Action on One Health which will be submitted to the Regional Committee meeting for consideration in 2024. An integral part of the Regional Roadmap will be to identify and engage ‘champion countries’ as well as building the
science and knowledge on One Health, including by deepening the understanding of the health perspective and the role of the environment in One Health.

A One Health Coordination Mechanism for the WHO European Region was established in April 2021, setting the path for coordination and collaboration between the Food and Agriculture Organization of the UN, the World Organisation for Animal Health, and the UN Environment Programme. The mechanism, which has a rotating Secretariat currently hosted by WHO/Europe, serves as a mechanism for identifying common priorities, coordinating efforts, planning joint activities and monitoring progress to address health threats. In November 2021 the first dialogue of the Partner Platform was hosted with the purpose of: convening partners; identifying common priorities; and supporting joint engagements for coordinated country support and impact. During this first dialogue a Joint Statement of intent to coordinate One Health priorities in Europe and central Asia was signed, further strengthening the shared commitment to tackling threats to health and ecosystems with actions and policies at the human-animal-environment health interface.

As part of the collaboration of WHO/Europe and the World Bank on health and the environment in One Health, the World Bank organized a subregional consultation in Tashkent, Uzbekistan, in July 2022, where the Regional Director met with World Bank high-level officials to explore future collaboration on pandemic prevention and agree on a joint interregional approach convening different sectors in addressing One Health.

In July 2022, Turkmenistan hosted a subregional conference of central Asian Republic Member States and partners where the commitment to address One Health was reaffirmed and common priorities for the innovative operationalization of One Health were defined. The conference resulted in commitment from the highest level of government to tackle public health threats by further strengthening a comprehensive One Health approach through multisectoral coordination.

**AMR**

In 2022, the central Asian and European Surveillance of AMR network marked its 10-year anniversary. Through the capacity-building efforts of the network during this period, 13 additional countries are now generating and sharing AMR surveillance data which inform policy-making and contribute to the Regional AMR overview and response. This was illustrated in the first
joint WHO/Europe and ECDC report on Antimicrobial resistance surveillance in Europe 2022 published in February 2022, with data from 43 out of 53 Member States. Furthermore, activities to build AMR surveillance have accelerated in the remaining 10 countries to close the technical gap and complete the Regional picture.

Efforts of WHO/Europe and partners to strengthen antimicrobial stewardship programmes have intensified with the further development of tools and training materials for health-care professionals and managers. Among these is the highly accessed open online course on OpenWHO.org, entitled Antimicrobial Stewardship: a competency-based approach, which has more than 12 000 enrolled health professionals from 51 of the 53 Member States of the WHO European Region and 70 000 enrolled participants overall – illustrating the global appeal of the course. Functional antimicrobial stewardship programmes have been utilized in new ways as part of COVID-19 pandemic response efforts to ensure proper treatment, avoid shortages and control AMR. An antimicrobial stewardship leadership course is being developed to equip managers and decision-makers with the skills and insight to support antimicrobial stewardship programmes in their facilities.

Additionally, a new vision for AMR is currently being developed to ensure high-level leadership and commitment, adopt a people-centred approach, generate better data, and evidence and implement high-impact measures and policies, to support the implementation of the new AMR Roadmap for the WHO European Region, which will be presented to the Regional Committee in 2023.

### Healthy Cities

The first Healthy Cities political committee meeting was convened in December 2021 to advise on emerging issues of political significance related to strengthening political engagement, capacity and knowledge of Healthy Cities at all levels. The committee promotes systematic political influence and takes action to address health inequalities through whole-of-governance approaches and building capacity for change.

Furthermore, in 2022, WHO/Europe took concrete steps towards operationalizing well-being in various initiatives, including Healthy Cities. Close collaboration with the Advisory Committee of the Healthy Cities movement brought together experts, city representatives and other stakeholders to put in practice the Geneva Charter for Well-being at the local level. A cloud-based platform was established to foster communication and real-time collaboration to promote and increase peer-to-peer knowledge sharing between member cities and the entire Healthy Cities Network. In February 2022, WHO/Europe launched the pilot project with five designated cities:
Geroskipou (Greece), Jurmala (Latvia), Nilüfer (Türkiye), Reykjavik (Iceland) and Udine (Italy).

Physical activity

WHO/Europe developed country factsheets with a comprehensive overview of the physical activity epidemiological and policy situation in each of the countries in the Region to strengthen surveillance of physical activity levels and support implementation of physical activity policy. Based on the lessons learned from the implementation of policy in this area, WHO/Europe is working with Member States to address gaps and barriers to policy implementation, and an innovative method of planning and facilitating national policy dialogues has been developed through collaboration with Bulgaria, Estonia, the Netherlands and Sweden. This process of planning, facilitating and following up on policy dialogues to strengthen implementation is now being pilot-tested and evaluated before expanding the support to other Member States. Additionally, the WHO European Regional Obesity Report launched in May 2022.

Prison health

The WHO Health in Prisons programme – the UN hub for information on health in prisons, is working towards expanding the Health in Prisons European Database Survey on a global scale. Furthermore, the report, Addressing the NCD burden in prisons in the WHO European Region: interventions and policy options was published in May 2022 with the aim of shedding light on the scale and challenges of NCDs in the detention system. Additionally, the WHO/Europe Innovation in NCD policy and action, a course for prison health-care workers, was held in May 2022 with the aim of empowering and enhancing the professional development of those working in prisons and other detention facilities.

The Member States (the Netherlands, Switzerland and the United Kingdom) in the Prisons Health Steering Group, during their meeting in May 2022 expressed concern on the sustainability of ongoing work and the global significance of its contribution due to a paucity of programme funding in the Region. Given the importance and uniqueness of the Prisons Health programme, the steering group suggested that efforts must be made both at the Regional and global level to secure funding for prison health to ensure the health and well-being of this vulnerable population.

Health and well-being

Tobacco control

WHO/Europe is working towards expanding collaboration with supranational organizations such as the EU and the Eurasian Economic Union on tobacco control. In June 2022, a joint workshop entitled Novel and Emerging Nicotine and Tobacco Products was organized to build the capacity of EU countries in effectively regulating these products. Furthermore, a publication on women and tobacco and an infographic on tobacco and the environment were developed, and the topic of tobacco use in prisons was covered in the 2022 report Addressing the noncommunicable disease (NCD) burden in prisons in the WHO European Region: interventions and policy options – each raising awareness on crosscutting and often neglected issues. Additionally, Russian-language podcast-
and video-stories were developed on various aspects of tobacco control. WHO/Europe is working with Member States and experts in the Western Balkans to develop an initiative for tobacco control with a focus on addressing industry interference and novel tobacco products.

**Alcohol control**

In February 2022, the NCD Advisory Council co-created a signature initiative focusing on raising the untapped potential of health taxes for alcohol in the Region, at a high-level meeting in Lithuania involving the ministers of health of the three Baltic States. If countries in the WHO European Region were to introduce a minimum level of 15% tax on the retail price per unit of alcohol, regardless of the type of alcoholic beverage, an estimated 133,000 lives would be saved each year across the Region, thus contributing to healthier populations and a concrete reduction of mortality. A first-ever review of minimum pricing policies on alcohol, exploring the measure of minimum unit pricing, provided Member States with the most recent impactful evidence. WHO/Europe’s work was instrumental in supporting the adoption of innovative alcohol policies in Ireland as well as the call for evidence from the Directorate-General for Taxation and Customs Union on tax rates and structures. These efforts build upon the successful Awareness Week on Alcohol-related Harm in November 2021 dedicated to a “A SAFER Europe”. Additionally, mindful that smartphones and tablets have become ubiquitous, and that young people are increasingly exposed to alcohol marketing in all social spaces, WHO/Europe published a report on digital marketing of alcohol: *Alcohol digital environments: challenges and policy options for better health in the WHO European Region*, outlining the fast-changing digital ecosystem, methods employed to invade online personal spaces with alcohol marketing and case study examples of regulatory contexts.

**Nutrition**

WHO/Europe launched a policy brief to prevent inappropriate marketing of breast milk substitutes and foods for infants and young children, with the aim of guiding Member States in safeguarding parents and caregivers from all forms of such promotion. The brief provides step-by-step guidance on how to review current levels of national implementation of various instruments in this regard, and how to strengthen, implement and enforce measures to promote breastfeeding. This includes the use of a “model law” developed specifically for the Region to demonstrate what effective regulations should look like.
Further promoting healthy nutritional habits, WHO/Europe has conducted vital research into the success factors of the 12 Member States that have implemented taxes on sugar-sweetened beverages (SSB taxes) to build capacity in other countries wishing to do the same. WHO/Europe has also looked into industry interference in SSB taxes, producing a policy brief to enable countries to manage this in their national context.

Both of these above-presented activities contributed to the development of the agenda and content for policy dialogues in the Western Balkans and central Asia, which have subsequently led to policy-makers in several Member States beginning the work on improving health policy in these areas.

Additionally, a workshop on food reformulation and salt reduction was held in November 2021 in Croatia, hosted by the Croatian Institute of Public Health and supported by the WHO Country Office in Croatia and the WHO European Office for the Prevention and Control of Noncommunicable Diseases (Moscow, Russian Federation). It aimed to take forward the strategy and action plan for reducing salt intake in the country.
EUROPEAN IMMUNIZATION AGENDA 2030 (EIA2030)

The EIA2030 is a country-led policy framework that lays out the vision, goals and regional strategic priorities for immunization in the WHO European Region. Within this framework, WHO/Europe works with Member States to prevent severe disease and deaths from COVID-19, further reduce the burden of vaccine-preventable diseases and strengthen PHC through integrated immunization service delivery and resilient national immunization programmes.

WHO/Europe is partnering with the EU in several countries to support COVID-19 vaccination deployment to ensure equitable access to COVID-19 vaccines. While rolling out COVID-19 vaccination, all Member States in the Region have also made significant efforts to sustain their routine immunization performance because any gaps in vaccination coverage provide a path for the spread of easily prevented diseases. With a focus on achieving immunization equity in every community, and in consultation with the European Technical Advisory Group of Experts of Immunization, WHO/Europe has published operational guidance for planning and implementing catch-up vaccinations and has supported priority Member States to develop and implement strategies and plans in this regard.

WHO/Europe has also worked with countries affected by polio in the past year, especially Israel, Tajikistan and Ukraine, to plan and conduct outbreak response. This includes contact tracing, strengthening environmental and clinical surveillance, and planning and conducting catch-up vaccination campaigns. To prevent disease outbreaks from becoming another tragic outcome of the war in Ukraine, WHO/Europe has delivered guidance and technical support to health authorities in Ukraine and neighbouring countries.

WHO/Europe is developing an EIA2030 implementation framework to translate strategy into pragmatic actions, including a monitoring and evaluation compendium as part of the accountability framework of EIA2030. A consultative process has also begun to define and shape multi-stakeholder think-tank groups that will support the implementation of specific strategic areas of EIA2030.
ADVANCING HEALTH THROUGH INTEGRATION OF BEHAVIOURAL AND CULTURAL INSIGHTS (BCI)

BCI can be used strategically by Member States to help tackle health priorities. BCI involves a systematic exploration of factors that affect behaviours and the integration of these insights to design, evaluate and improve the outcomes of health-related policies, services and communication, ultimately delivering better health and more equity.

The full potential of this area of work is underexplored and limited capacity, tradition and prioritization prevent countries from fully leveraging its value. However, Member States are increasingly scaling up their application of BCI – not least as a consequence of the COVID-19 pandemic, which demonstrated the need to explore public behaviours, cultural contexts and perceptions to reach epidemiological goals.

Member States have been supported to draw on behavioural evidence in their pandemic response, including through a WHO/Europe behavioural insights survey tool that was used across 30 countries to help inform pandemic responses. Beyond the pandemic, a range of in-country projects are being initiated and supported that integrate BCI methodologies, for example: postpartum depression in Denmark and Romania; hypertension control in Türkiye; HIV pre-exposure prophylaxis in North Macedonia; alcohol use in Czechia and the Republic of Moldova; breastfeeding in Kyrgyzstan; quality of hospital care for mothers and children in Tajikistan; rational antibiotic prescription in Malta; and AMR interventions in PHC in Greece. Most recently, countries welcoming Ukrainian refugees have been supported to gain insights about health service needs and access among refugees, to inform strategies for providing vital services to those fleeing war.

In addition, a regional BCI Technical Advisory Group has been established and 49 official country focal points have been nominated and engaged in developing an BCI action framework for 2022–2027, together with Regional partners. This and other platforms enable peer exchange between countries, including a network on health literacy. An online repository has been launched, as has a BCI evaluation framework and policy considerations on setting up national BCI units. Finally, an online and face-to-face training programme on BCI has been developed, tested and applied for subregional and in-country use.
Maintaining a fit-for-purpose WHO/Europe in a rapidly changing environment
As Member States committed to the EPW, its vision and agenda, the Regional Director and WHO/Europe, pledged to institutionalize the organizational and operational change necessary to deliver the EPW, at the country-level and across the pan-European Region. Significant developments in the way WHO/Europe collaborates with others and unites action for better health; how the Organization works with national and subnational health authorities to reinforce sectoral leadership and build trust; and how it has adjusted its own structures towards a fit-for-purpose Organization, operating with integrity and accountability, within its financial means, are presented under this section of the report. Ensuring a healthy, respectful and motivational workplace for all staff, with zero tolerance of harassment has been a priority. An ambitious governance agenda has also been set this year, with accountability as its cornerstone.
Supporting health leadership at country level

The Pan-European Leadership Academy (ELA)

COVID-19 has shown that WHO/Europe must support current health leaders while building health leadership for the future. With transformational leadership at its core, the ELA is a key initiative to support how WHO/Europe will work to maximize country impact.

The ELA was launched in June 2021 with a Tier 1 demonstration project that provides an opportunity for early career professionals from public health and health-related fields to develop their knowledge and skills in transformational leadership and foster their interest in public health while placed for a period of up to 11 months within WHO/Europe. Following a robust, multi-stage selection process, and despite the challenges of the pandemic, a cohort of eight participants from Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, Russian Federation and Turkmenistan was onboarded in late 2021.

The ELA spans across the whole of WHO/Europe and placements have been in: technical units in the Divisions of Country Health Programmes and Country Health Policies and Systems; the WHE Programme; WHO Country Offices in Kyrgyzstan and Georgia; WHO Office on Quality of Care and Patient Safety (Athens, Greece); the WHO European Centre for Primary Health Care (Almaty, Kazakhstan) and the WHO Emergencies hub in Serbia. The demonstration project concludes in October 2022 and will be fully evaluated.

In July 2022, a Tier 2 demonstration project was launched, aimed towards mid-level professionals from ministries of health and institutes of public health in eligible countries, with onboarding expected in October 2022. The aim of this 6-month programme is to
provide a platform for the exchange of ideas and knowledge and build sustainable networks with WHO/Europe. The programme has a core focus on transformational leadership and will include a 3-month placement within the head office in Copenhagen.

**BOX 6.**

**EUROPEAN OBSERVATORY ON HEALTH SYSTEMS AND POLICIES**

Over the past year, WHO/Europe has been an active member (and host) of the European Observatory on Health Systems and Policies. It works closely with partners to shape the Observatory’s priorities so that the evidence it generates speaks to policy-makers.

Through the work of the European Observatory on Health Systems and Policies WHO/Europe has ensured that:

(a) country monitoring delivers health systems analysis that meets country needs

- As part of the Health Systems in Transition series in-depth reviews have been provided for Slovenia, Croatia and the United Kingdom as has an innovative cross cutting study of oral health care across the Region.

- The State of Health in the EU Country Health Profiles created a shared assessment of EU country challenges and made the case for health across the EC.

- The new Health System in Action (HSiA) Insights series provides Member States with a concise picture of their health system and sets EPW progress in context.

(b) analysis and health system performance assessment compliment WHO/Europe’s efforts with evidence for practice

- The pharmaceutical price transparency policy brief responded to a question from Malta but feeds into the wider OMI.

- The Eurohealth issue on health system resilience post-COVID was developed for France’s EU Presidency and captured lessons on governance, workforce and digital health that help address service backlogs.

- The Health System Performance Assessment framework broke new ground and reached well beyond Europe.
(c) knowledge brokering unpacks evidence to make it accessible to decision-makers

- The webinar series allowed dozens of WHO/Europe practitioners and experts to share their experience.
- A summer school on implementing innovation involved participants from across the WHO European Region – from Austria and Belgium to Ukraine and Uzbekistan.

The Observatory works closely together with and as an integral part of the Division of Country Health Policies and Systems, the Division of Country Support and Emergencies, Country Health Programmes, the WHO Barcelona Office for Health Systems Financing (Spain) and WHO European Centre for Primary Health Care (Almaty, Kazakhstan); it also supports WHO/Europe’s Member States.
Enhanced collaboration for health in the Western Balkans

Cooperation for health in the Western Balkans took a new turn in 2021 with the development of the Roadmap for Health and Well-being in the Western Balkans (2021–2025). The Roadmap is a political and technical catalyst, and a countries/area-owned pathway that establishes clear priorities for subregional cooperation at the highest level. It was launched by the Prime Ministers of Albania, Bosnia and Herzegovina, Montenegro, North Macedonia and Serbia in Budva, Montenegro, in December 2021 under the auspices of the CEI Summit of Heads of Governments.

WHO/Europe’s collaboration with the Western Balkans was closely coordinated with both the CEI, which recommitted to including WHO in its next Summit under the Bulgarian Presidency, and the South-eastern Europe Health Network (SEEHN), which celebrates its 20th anniversary this year. Furthermore, the Western Balkans obesity policy dialogue was launched in Skopje, North Macedonia, in May 2022 at a high-level event attended by Elizabeta Gjorgievska, First Lady of North Macedonia, and Bekim Sali, Minister of Health, North Macedonia.

The Roadmap intends to foster both synergistic cooperation of the Western Balkan countries/area and support from partners, thus accelerating health reforms and delivering on Regional and global commitments. In April 2022, Western Balkans experts met and reported on progress in the areas of PHC, emergencies, mental and digital health and NCDs, most notably obesity, and agreed to continue regular subregional thematic meetings to boost joint action.
Ongoing collaboration with SEEHN

The ministers of health of the nine SEEHN Member States placed vulnerable populations and closing the health gap between countries at the centre of their fifth Ministerial Forum held in June 2022 and the accompanying Belgrade Pledge (2022–2026), which the ministers will sign at RC72. In their effort to accelerate EPW implementation and induce transformative change for better health, well-being, peace and prosperity, the ministers agreed to focus investments into the areas and reform initiatives laid out in the Roadmap for Health and Well-being in the Western Balkans (2021–2025).

Strengthening collaboration with the CEI

The CEI and WHO/Europe continue to make strong progress towards the political, investment and technical objectives of their collaboration for health and well-being in the 17 Member States of central and eastern Europe. Positioning health at the centre of efforts to boost socioeconomic development in the subregion, joint deliberations and statements on COVID-19, along with support for the Roadmap for Health and Well-being in the Western Balkans (2021–2025), has already resulted in increased investments in PHC. Notably, collaboration in 2022 focused on boosting efforts for implementing the Framework Convention on Tobacco Control in the areas of tobacco taxation and cross-border control in the Western Balkans. WHO/Europe met with the Bulgarian Presidency of the CEI and the CEI Secretariat in May 2022 to discuss the health cooperation agenda. Strong and stable collaboration with the CEI encompasses regular dialogues between experts, joint projects and events.

WHO/Europe’s work with central Asian countries

In April 2022, the Ministers of Health of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan agreed to jointly develop the Roadmap for Health and Well-being in central Asia, (2022–2025) as a strategic framework to promote health through subregional cooperation. Strengthening the One Health approach at the subregional level is also a reform initiative of the Roadmap. Consultations in June with central Asian experts helped identify action areas and reform initiatives specific to central Asia where joint action among countries and with partner support will boost transformative change and help close the gaps in health and well-being between central Asia and the rest of the WHO European Region. In June 2022, WHO facilitated the First Central Asia Health Triathlon, which broadened the dialogue of country experts and partners on priorities for subregional cooperation under the Roadmap, which should be finalized for endorsement at RC72.
Collaboration with the CIS and the Eurasian Economic Commission

WHO/Europe continues to work with CIS statutory bodies and Regional economic integration organizations by reviewing joint strategic approaches and exchanging evidence and best practices. The MoU with the CIS Health Council was renewed, and a new MoU with the Eurasian Economic Commission was signed. The International Conference entitled Universal Health Coverage and Sustainable Development Goals, organized jointly with the Interparliamentary Assembly (IPA) of the CIS in November 2021, brought together parliamentarians and public health experts from the CIS to discuss and agree on collective actions to achieve UHC and invest in health and human capital. In March 2022, WHO/Europe participated in the Council of the IPA of the CIS (supreme governing body of IPA CIS) dedicated to the 30th anniversary, inviting this interparliamentary platform to contribute to development of the pandemic treaty framework in order to make it effective, such as balancing national sovereignty with interregional and global solidarity; ensuring compliance through legally-binding mechanism; and equipping WHO with the sustainable resources to implement it.

The Small Country Initiative (SCI) and the Regions for Health Network (RHN)

For the first time since 2019 the SCI, a political partnership of 11 Member States with population of 2 million or less, met in person in June 2022 at the eighth high-level meeting of the Small Countries initiative in Bečići, Montenegro to discuss how to best strengthen long-term health system preparedness and response to emergencies.

At the meeting, the Montenegro Declaration was adopted by all attending countries and WHO/Europe. Each of the SCI countries agreed to cooperate in the implementation of the Roadmap towards better health in small countries of the WHO European Region, 2022–2025, setting the foundation for cooperation.

Additionally, the countries agreed to: build institutional leadership capacity; support the design of appropriate coverage policies to protect people from experiencing any unmet need for health care; implement national strategies for human resources for health by 2025; and
to cooperate in the coalition on health and tourism – jointly coordinated by WHO/Europe and the United Nations World Tourism Organization – with the aim to promote health in sustainable tourism. The Ninth high level conference of the SCI will be held in Luxembourg, in May 2023.

The RHN, bringing together 38 subnational regions and associated members and 12 associated partners from 25 countries, continued to improve health and well-being at subnational level. At the 26th Annual Meeting in Moscow in October 2021, six concrete action points to respond to COVID-19 were elaborated on and followed up, namely media communication, governance, early warning, information systems, PHC and digital health. Additionally, nine joint actions were agreed upon to adapt/mitigate climate change response and resilience measures. Over the past year, the network has also benefited from senior expert input, monthly technical webinars, social media outreach, a weekly newsletter and a steering committee guiding the work together with the secretariat located in the WHO European Office for Investment for Health and Development (Venice, Italy).

EU Partnerships and Implementation of EU projects

WHO/Europe’s cooperation with the EU has taken on a new and greater importance during the past 12 months, both in the context of a continued response to the pandemic and in joint projects with DG NEAR in the Eastern Partnership, and central Asian and Western Balkan countries/area. WHO/Europe has also coordinated closely with the EU on the response to monkeypox. The WHO/EU partnership also grew stronger amid united action aimed at long-term resilience and sustainability. However, the most prominent issue over the past year has been the war in Ukraine and the consequent refugee crisis.

A dedicated EU Project Management Office in the head office in Copenhagen and WHO country offices, ensured swift implementation of more than US$ 32.5 million in EU financial support for 16 countries of the Region over the past year. This included US$ 25 million in the Eastern Partnership region, US$ 4 million across central Asian countries, US$ 1.6 million in the Western Balkans and US$ 1.8 million in Türkiye. These investments helped facilitate better health and protection for over 250 million people.

WHO/Europe remains fully committed to working closely with the EU and international partners to advance the health sector recovery and transformation in Ukraine by building on the guiding principles for recovery, developed specifically for the Ukrainian context. Similarly, to mobilize the necessary medical supplies and equipment, and to ensure access to medical care for Ukrainians both inside and outside of the country, WHO/Europe worked hand in hand with the EC – including DG NEAR, DG SANTE, the Directorate-General for European Civil Protection and Humanitarian Aid Operations and the European Health Emergency preparedness and Response Authority.

WHO/Europe’s cooperation with the EU has extended across the full range of global and Regional health issues with high-level support from the EC leadership, such as
the EU Commissioner for Health and Food Safety, the EU Vice-President on Promoting our European Way of Life and the EU High Representative. WHO/Europe’s cooperation with EU Council Presidencies (Slovenia, France and now Czechia) has resulted in a more prominent and stable pan-European approach to health and health security in the WHO European Region, with a strengthened role for WHO/Europe as a coordinating body within this framework.

Synergies between the EU4Health programme and the EPW have helped strengthen cooperation on issues such as health system strengthening, access to medicines, NCD prevention and control with a focus on cancer and its health determinants (alcohol control, obesity and climate, for example), One Health, health inequities and migrant health.

**WHO Collaborating Centre Conference**

WHO/Europe convened all 277 collaborating centres in the WHO European Region in November 2021, aiming to recognize their vital work and better leverage their expertise for EPW implementation. Subsequently, WHO/Europe has developed an Action Plan to implement the recommendations of the WHO collaborating centre Regional conference, along with other strategic documents. WHO/Europe is exploring opportunities for increased networking and capacity-building of collaborating centres around priority topics, identifying potential new centres, taking steps to ensure better communication with and the visibility of collaborating centres, and expanding collaborating centres’ engagement in WHO/Europe’s work.

**Consultation with NSAs**

NSAs are active partners in all partnership instruments and platforms related to the EPW core priorities and flagship initiatives. WHO/Europe expanded its engagement with NSAs, in line with WHO’s Framework of Engagement with Non-State Actors and institutionalized regular engagement sessions with NSAs to identify further opportunities to collaborate and create a more active community. In the past year, WHO/Europe has organized sessions with NSAs on the Pan-European Mental Health Coalition, the latest COVID-19 response to the Omicron variant, the WHO civil society organizations initiative and the emergency situation in Ukraine. The latter offered an opportunity to share experiences and establish entry points for joint response and engagement, such as in-kind medical donations and the coordination of joint advocacy and communications. Finally, WHO/Europe liaised with NSAs regarding their participation at the Regional Committee and expanded opportunities for NSAs to contribute to the RC72 exhibition space.

**The Issue-based Coalition (IBC) on Health and Well-being and on Gender Equality**

WHO/Europe is committed to the UN Development System reform and participates in relevant mechanisms at Regional and country levels such as the IBCs and the UN Country Teams. WHO leads the IBC on Health and Well-being, bringing together multiple UN agencies to support countries in the achievement of health-related SDGs under workstreams on immunization, emergencies, building a greener world and healthy ageing. The IBC has provided guidance on elevating
health in the UN Sustainable Development Cooperation Framework over the past year.

As part of the IBC on Gender Equality, led by the United Nations Population Fund and UN Women, WHO/Europe has continued to actively participate in the follow-up of commitments on the Gender Equality Forum addressing the remaining gender equality gaps across Europe and central Asia. Collaboration under the IBC on Gender was instrumental to quickly support Ukraine and neighbouring countries in assessing the needs on gender equality in general and on gender-based violence and sexual abuse in particular, through the Regional Gender Task Force created between UN agencies and civil society and co-led by UN Women and Care International. The first *Regional gender analysis Gender and the Ukraine regional response: what the analysis tell us* was published, and joint trainings were held on gender and gender based violence in Ukraine entitled *Gender analysis and needs assessment, Capacity-building interventions for PHC professionals on clinical management of rape and intimate partner violence, and First line support for gender-based violence survivors in context of refugee crisis*, as well as *Gender in humanitarian action training* in Moldova.

WHO/Europe also participated in IBCs and other UN groups on social protection; food systems; environment and climate change; large movements of people, displacement and resilience; youth and adolescents; data and statistics; and digitalization.

### Global Action Plan on SDG 3

WHO/Europe supports the Global Action Plan for Healthy Lives and Well-being for All (GAP) in collaboration with 12 multilateral organizations. This year’s global GAP progress report highlighted the Integrated Technology Systems for ProACTive Patient Centred Care and the Shamakhi Fellowship Programme to support PHC resilience and health workforce development in Azerbaijan. WHO/Europe also took on a leadership role in the health sector in Tajikistan to help the country accelerate progress towards the health-related SDGs through increased partnership coordination and communication around the national health strategy. In Moldova, WHO/Europe and partners worked together to strengthen systems that support sustainable health financing.

### MoU with International Federation of the Red Cross and Red Crescent Societies (IFRC)

WHO/Europe and the IFRC signed a renewed MoU in September 2021, finalized an Action Plan and organized a joint briefing for staff of both organizations. This resulted in further sharing of case studies for country-level engagement and an enhanced commitment to work together in light of COVID-19 and the war in Ukraine. This close partnership was further strengthened with IFRC’s active participation at High-Level Meeting on Health and Migration in Istanbul, Türkiye.
Establishing the WHO/Europe Enabling Functions Hub

To ensure optimal capacity for delivery of support functions to the technical programmes, the Regional Director is establishing the WHO/Europe Enabling Functions hub. Following consultation and analysis of potential locations for the hub by internal staff, the Regional Director consulted with relevant Member States to determine the feasibility and financial viability of several of the suggested locations.

Commencing in the final quarter of 2022, the hub will house such operations as resource mobilization, information technology, budget, finance, procurement, human resources and administrative management. Additional enabling functions, directly supporting country programmes, will also relocate to this hub in the coming biennium. The hub will allow increased capacity of enabling services and safeguard resources for core programme activities at country level.

Enhancing country impact through streamlining processes and digital transformation

Using the Kaizen approach to maximize efficient flow of processes, increase transparency, and empower staff, WHO/Europe’s business process automation system is now expanded to include tailor-made workflows for multiple specific request types, such as financial and contractual approvals, workplan preparation and management, and various human resource-related actions. The expansion of the system with these
dedicated processes has contributed to streamlining administrative work, leading to shorter processing times and clear and transparent audit trails. The system has also greatly facilitated the smooth and stable functioning of administrative processes during times of lockdown, when staff were unable to work on-site at WHO premises and work continued remotely.

The system brings the GDOs in the Region “closer”, in terms of coordination, facilitating smooth operations and internal communications. In addition, several country offices have used this workflow system to automate their own internal processes, particularly in large offices such as the WHO Country Office in Ukraine.

In 2021, the Regional and country office leadership were trained in the Kaizen principles and continue to evaluate issues such as business processes, location of programmatic and support services, delegation of authority and performance indicators using the five Kaizen principles of knowing your customer, targeting zero waste in time and resources, empowering people, being transparent, and placing the resources “where action is”.

**Ensuring a healthy, respectful and motivational workplace with zero tolerance of harassment**

Any form of sexual exploitation and abuse constitutes an inexcusable violation of WHO’s commitment to serve and protect communities around the world. Both the January 2022 session of the Executive Board and the Seventy-fifth World Health Assembly (WHA75) underscored WHO’s determination to take all measures needed to detect and prevent harassment, sexual exploitation and abuse, and to tackle it head-on if and when it does occur, whether in the communities WHO serves or in WHO’s own workplaces.

In 2021, specific funds were made available from the Regional Director’s Development Fund to quickly put in place short-term initiatives in this regard to:

- build capacity and understanding across the entire WHO/Europe workforce;
- reduce risk; and
- ensure that sexual exploitation and abuse incident reporting is enabled and accessible.

This included nominating a WHO/Europe focal point for sexual exploitation and abuse reporting to ensure that incident reporting is clear and simple, processes are in place to act on reported incidents and communications channels remain open.

In November 2021, the Regional Director wrote to all Member States outlining the steps taken and the Standing Committee of the Regional Committee (SCRC) has also been briefed on a regular basis. In December 2021, the SCRC issued a Joint Statement commending WHO/Europe for putting in place measures to detect and prevent sexual exploitation, abuse and harassment, and to address it swiftly if/when it arises.
As WHO/Europe responds to current events, it is important to ensure collective organizational commitment to zero tolerance of sexual harassment and abuse and to operationalize this commitment, both inside and outside of WHO. In this context, WHO/Europe works closely with WHO headquarters to intensify medium- and longer-term efforts through implementation of the organizational PRSEAH Management Response Plan and is committed to PRSEAH in all its programmes and Offices.

In addition to deploying PRSEAH staff as part of the response in Ukraine, WHO/Europe is also actively supporting the interagency PRSEAH networks in countries including Hungary, Poland, Romania and Ukraine, and for the cross-border humanitarian support operations into North-West Syria through the field-office in Gaziantep, Türkiye. Additionally, the PRSEAH team implemented risk assessments in selected countries, provided technical support, and increased the capacity on PRSEAH within respective country offices and in interagency cooperation.

**Psychological safe work environment**

Psychological safety in the workplace has been widely promoted by the Regional Director. Approximately 650 staff members and consultants from over 50 teams and offices surveyed within the training, of which 70% reported feeling psychologically safe in their teams, while 17% felt unsafe. Over 60 supervisors have also been coached on advancing a more respectful and safer workplace. In addition, the intrapreneurship initiative for a more respectful workplace has generated 12 seed proposals to be refined and tested.

**“Towards a healthy, respectful working environment” initiative**

In June 2021, the survey “Towards a healthy, respectful work environment” was launched. Its purpose was to identify aspects of the WHO/Europe working environment and culture that create risks for mental and physical health and well-being, as well as resilience factors. It achieved a response rate of 39% of WHO/Europe’s workforce.

The 2021 survey showed that more than every third respondent (39%) experiences symptoms of burnout to various degrees linked with an intense pace of work, quantitative demands and associated work-life balance issues. Based on these findings, the Committee for Health, Safety and Well-being made recommendations to the Regional Director for organizational actions to address these risk factors, which include conducting a comprehensive evaluation of all drivers of high workload, working actively at unit level on primary and secondary mental health interventions and establishing a dedicated staff counsellor position to secure support for secondary and tertiary mental health interventions in the long term. In addition, the Senior Leadership Team has worked on how to use these results within their units to guide primary and secondary mental health interventions at the team and organizational level.
Within the first six months of 2022, 270 employees registered for psychoeducational workshops, which raise awareness on mental health, selfcare, psychological first aid and burnout warning signs in self and colleagues.

Having initiated this survey and gained valuable experiences, WHO/Europe will continue to collect data on a yearly basis and at unit level to track psychosocial risks, organizational culture and psychological safety. The institutionalization of this survey represents a significant culture change on how we address mental health within WHO/Europe: moving from a mainly individual approach to a combined individual and organizational approach, with the clear intention to increase the impact of our interventions on burnout.

**Structured, results-oriented staff development and learning**

COVID-19 highlighted the importance of an agile and adaptable WHO/Europe workforce that can respond quickly and effectively in a rapidly changing environment.

With this in mind – and with delivery of the EPW at the centre – WHO/Europe has redefined its learning and development culture, ensured senior leadership commitment and scaled-up provision, including the first-ever integrated Learning Plan for 2022–2023, developed through an office-wide multi-stage process.

Offering targeted learning for different staff groupings and aligned with the Regional plan of implementation for the PB 2022–2023, training programmes have been rolled out in key priority areas. These include a “hard talk” communications programme for WHO Representatives, leadership and management skills for senior managers (in collaboration with the Regional Office for Africa), project management skills, mindfulness-based mental agility and a foundational programme in emotional competencies. The Regional induction programme has also been revamped and expanded, and its frequency increased. Plans for the coming period include a focus on strategic development assignments and a skills bank to support the roll-out of the country presence strategy.
As the responsibilities and expectations from the Regional Director and WHO/Europe have multiplied, so too have calls for greater responsiveness and accountability. In an election promise to Member States in 2020, the Regional Director committed to full accountability, including significant upgrading of the way the Organization assures transparency, participation, self-critique, staff welfare and financial sustainability – accompanied by a robust, accessible, accurate and trustworthy external communications function.

**Strengthening governance**

Through close engagement with national representatives in the various governing bodies of WHO, WHO/Europe seeks to not only ensure transparency and accountability, but also guarantee that its policies and the support provided are fit-for-purpose and reflect the various national contexts.

In this spirit, WHO/Europe engaged the 29th SCRC in an open dialogue on the various health challenges both Regionally and globally and WHO’s response to them. In March 2022, when SCRC members could finally meet again in-person, a retreat was held in Bern, Switzerland, to informally exchange views and ideas around how to strengthen WHO’s governance practices, in general, but also to discuss the operationalization of specific recommendations made by the Pan-European Commission on Health and Sustainable Development.

In addition to regular updates on the COVID-19 pandemic situation, the SCRC was kept systematically informed about ongoing and emerging emergencies, such as the refugee crisis in Belarus, the war in Ukraine, local
outbreaks of cVDPV2 and the spread of monkeypox, as well as the Regional Director’s country and humanitarian missions. The SCRC was also kept abreast of internal developments, such as the plans for off-shoring enabling functions. With a Joint Statement issued in December 2021, SCRC members urged a comprehensive response at all levels of WHO to PRSEAH, and supported the measures put in place by the Regional Director to ensure a zero-tolerance culture.

In May 2022, at the request of most countries in the Region, a special emergency session of the Regional Committee was convened within a period of two weeks to consider the health situation in Ukraine and the wider consequences of the ongoing war on health matters in the Region and beyond. Following up on resolution EUR/RCSS/R1 that was adopted on that occasion and on an earlier request made by the SCRC, a dedicated report on the health consequences of the humanitarian crisis and the WHO response was presented at WHA75.

In addition to its regular meetings, the SCRC also extended its work through three subgroups. The Subgroup on governance explored further improvements to meetings of governing bodies and the process of nominations and elections. The Subgroup on WHO/Europe’s work at country level finalized the new collaboration strategy with Member States. Following the release of the final report of the Pan-European Commission on Health and Sustainable Development, the third SCRC subgroup was established to explore the operationalization of the recommendations the report contained. The subgroup decided to prioritize four priority areas for the Regional level: One Health; establishing a Pan-European Network for Disease
Control; investing in health; and equitable access to vaccines and medical countermeasures across the Region in times of emergencies.

The Secretariat also assisted the European members of the Executive Board and the Member States’ delegations in the preparations to discussions at global level. In November 2021, a special open session of the SCRC was called to prepare for and discuss from a Regional perspective the conduct of the WHA special session, which had the purpose of establishing an Intergovernmental Negotiating Body to develop a new international instrument on pandemic prevention, preparedness and response.

**Communication**

WHO/Europe Communications remains a key pillar of support to country offices and health partners including ministries of health, civil society entities, media and other WHO stakeholders. Spurred by the urgency of the pandemic, the head office in Copenhagen in 2021–2022 continued to invest significantly in communications, considerably strengthening WHO/Europe’s capacity to respond to crises, and also support the delivery of the EPW with accurate, timely, accessible and trustworthy public health information across the spectrum of priorities issues packaged therein.

The content produced and disseminated encompasses the impact of the work done by WHO/Europe, Member States and partners. Communications also help pinpoint gaps and challenges, and document the progress made by countries and the Region in addressing these – through storytelling with a human face – to demonstrate how investments in health benefit real people and real lives.

The communications team has worked proactively with global media players and national news agencies to share information on a broad range of topics – at both regional and country level – including air quality, BCI, climate change, COVID-19, digital health, health equity, health systems, hepatitis, mental health, migrant and refugee health, monkeypox, NCDs, obesity, occupational health, One Health, the war in Ukraine, UHC and vaccination.

As the WHO/Europe chief spokesperson, the Regional Director uses every opportunity to showcase the work being done at country and Regional level, in support of Member States and Regional health coalitions, both to commend advances in health and draw attention to the need for greater investment and collaboration, using communications as an advocacy tool for resource mobilization and partnerships.

WHO/Europe’s media presence is evidenced by the Regional Director being referenced over 82 000 times and the Regional Office over 35 000 times, over the 10 months from September 2021 to July 2022, with peaks in coverage in November 2021 and January 2022 when the SARS-CoV-2 variant Omicron was sweeping across the Region. Over the same period the communications team disseminated 25 statements from the Regional Director on topical health issues, held seven press briefings of which two were broadcast from Ukraine. The team also produced at least one high-profile interview per month, for media outlets including
Since the beginning of the war in Ukraine, media references to WHO Regional Office for Europe and its work have tripled over the five months since 24 February, compared to the previous five months. WHO/Europe’s consolidated focus on reporting on the health situation in Ukraine and refugee-receiving countries has helped put health recovery and financing firmly on the political agenda in Europe and beyond.

The majority of country offices across the Region now have dedicated communications capacity, developing and disseminating relevant information on health topics in national languages. Two-thirds of them have active social media accounts, translating into 22 Facebook pages, eight Instagram profiles and 12 Twitter accounts. In addition to publicizing campaigns, publications and events, country office communicators collaborate closely with national government and civil society counterparts and nurture media relations.

The Regional Director’s visits to countries – more than 30 missions to over 25 Member States since September 2021 – also provide an invaluable opportunity to engage with national media on pertinent health issues and to support Member States, as well as to hear from frontline health workers, showcase initiatives and visit health facilities.

WHO/Europe’s own digital communications channels have also extended their reach to target audiences over the reporting period. The website has had an average of 1.2 million visitors per month since September 2021, the @WHO_Europe Twitter account has grown by 13% over that time to 190 000 followers, Facebook likes are up 10% to 282 000 and WHO/Europe’s Instagram following has grown by 21% to 250 000. This year alone, the Regional Director’s Twitter account has gained 21% more followers, now totalling close to 30 000.

Furthermore, WHO/Europe has produced 14 Health in Europe podcast episodes over the past 10 months, going in-depth with WHO’s experts and demystifying complex public health subjects as diverse as the economics of ageing to caring for children with cancer.

In January 2022, WHO/Europe launched a new studio, with professional audio and visual broadcast-quality capabilities, thanks to a grant from Germany. This has significantly elevated multimedia production for podcasts, video statements, press briefings and live linkups to news outlets and conferences.

Another important milestone has been the launch of the new WHO/Europe website, www.who.int/europe in June this year. Replacing the previous site from 2010, the new website incorporates more visually engaging, tailored and flexible content, and provides consistency across other WHO regions and with the global site. The large-scale operation involved the inventory and migration of 5000 pages, 8400 pieces of content and over 6000 news items. Further improvements in terms of user accessibility and providing information in all four official languages of the Region are additional developments that will be introduced in the near future.
Mobilizing financial resources

The WHO European Region has been successful in financing its approved base PB 2020–2021. This has chiefly been achieved through voluntary contributions from the Member States and the EU. However, this high-level of PB financing (94%) masks misalignments between the received voluntary contributions and the EPW priorities, which continues to be a challenge for ensuring equitable financing across the outcomes and the outputs of the PB. The magnitude of this challenge was reduced in 2020–2021 due to the increase in the level of received thematic voluntary contributions (21% of the approved PB 2020–2021 as compared to only 5% in 2018–2019). However, EPW delivery remains reliant on the uncertain continuation of increased thematic and other flexible funding. The continuous support of Member States is required to further improve the
flexibility and the predictability of voluntary contributions for PB 2022–2023 in line with the recommendations of the Working Group on Sustainable Financing.

At the end of the second quarter of 2022, the total available and projected funding stands at 78% (US$ 280.1 million) of the approved PB 2022–2023 base segment (US$ 360.7 million). With highly active resource mobilization efforts underway, there is confidence that WHO/Europe will reach an appropriate level of funding for the recent increase in budget space. The focus over the last year has been (and will continue to be) on diversifying the funding base of WHO/Europe while reinforcing the capacity of country offices to mobilize resources at country level, and tackling ‘pockets of poverty’ (i.e., underfunded areas of work). Here, the Regional Director has prioritized the engagement of existing and emerging resource-partners.

Significant resource mobilization efforts have been deployed to secure funding to support WHO operations in Ukraine and in refugee-receiving and hosting countries. Two WHO emergency appeals under the UN Office for the Coordination of Humanitarian Affairs flash appeal and the Regional refugee response plan have been issued to date. WHO’s funding request totals US$ 147.5 million, including US$ 80 million for Ukraine alone for the period March–August 2022 and US$ 67.5 million for refugee-receiving and hosting countries for the period March through to the end of 2022. At the end of June 2022, WHO had received US$ 83.3 million (56%) of funding from a range of contributors.

WHO/Europe has continued its work on sustainable financing since RC71 and adopted a resolution EUR/RC71/R6 on sustainable financing in the WHO European Region. The head office in Copenhagen and the Regional Director have continued to champion the topic at different levels, notably in the lead-up to the WHA75 and the adoption of decision WHA75(8) endorsing the recommendations of the Working Group on Sustainable Financing.

**EPW Measurement Framework**

The EPW measurement framework, adopted during RC71, aims to strengthen countries’ ability to monitor progress towards the overarching goal of leaving no one behind. The framework includes 26 indicator areas of high importance and encompasses a subset of SDG targets and outcome indicators included as a basis in the GPW 13 WHO Impact Framework. These indicators were chosen based on predetermined criteria, to ensure that they are appropriate, feasible and aligned with existing global or Regional strategies as well as strategies under development.

Since the adoption of the Framework, data have been collected on all indicator areas, of which six indicators are gender disaggregated. The collected EPW measurement framework indicators have been used to develop the 2022 issue of Core Health Indicators in the WHO European Region and visualizations for each indicator are available on the WHO European Health
Information Gateway. Data on the Gateway are grouped by core priority and are updated every time new data are available. Working groups have been established to further develop the indicator areas of mental health and digital health, with other indicator areas (such as health inequalities, unmet needs in health care, and the health effects of climate change, among others) to be developed in the future. In addition, HSIA insights have been co-developed with the European Observatory on Health Systems and Policies for Georgia, Kyrgyzstan, North Macedonia, Ukraine and Uzbekistan. The HSIA insights provide succinct and accessible core information and data on health systems and outline the country health system context in which the EPW is set. Moreover, the insights flag key concerns, progress, and challenges facing the health system in question, and allow Member States to monitor and compare their health system development over time and in relation to other countries.
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

### Member States

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