

## **Report of the fourth session**

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## OPENING OF THE SESSION AND WELCOME BY THE CHAIRPERSON AND THE WHO REGIONAL DIRECTOR FOR EUROPE

1. The fourth regular session of the Thirty-second Standing Committee of the Regional Committee for Europe (SCRC) took place virtually on 1 and 2 July 2025.
2. The first day of the session (1 July) was conducted as a public meeting, open to all Member States in the WHO European Region pursuant to Rule 3 of the Rules of Procedure of the SCRC. On 2 July, the SCRC met in a closed session to discuss updates from its subgroups, with a further private session to discuss elections and nominations.
3. The Chairperson welcomed all participants and declared the meeting open. The report of the third session of the Thirty-second SCRC, held at the WHO Regional Office for Europe (WHO/Europe) main office at UN City in Copenhagen, Denmark on 19 and 20 March 2025, had been circulated to SCRC members, approved electronically and published on the WHO/Europe website before the start of the Seventy-eighth World Health Assembly.

## ADOPTION OF THE PROVISIONAL AGENDA AND PROVISIONAL PROGRAMME

4. The provisional agenda and provisional programme (documents EUR/SC32(4)/1 and EUR/SC32(4)/2, respectively) were adopted.

## ACTIVITY REPORT BY THE REGIONAL DIRECTOR

5. The Regional Director updated the SCRC on developments since its previous session in March 2025. In the area of emergency response, WHO/Europe had continued to support medical evacuations from Ukraine, with access to vital medical treatment arranged for more than 6700 patients to date. A total of 2477 verified attacks<sup>1</sup> on health care facilities, transport and the workforce had been recorded in Ukraine since February 2025. Such attacks had not only destroyed health resources and infrastructure in the short term, but also had long-term effects on the mental health of patients and health care workers and on access to health care and medicines. WHO/Europe had provided modular primary health care units, water treatment stations and heating units, and had assisted with emergency response planning. These relief activities had been funded by donors including the Asia-Europe Foundation, the Government of Canada, the King Salman Foundation (Saudi Arabia) and the Novo Nordisk Foundation (Denmark).
6. Almost 1000 children and their families had been evacuated from the West Bank and Gaza Strip to 16 countries of the European Region. However, WHO estimated that 10 000–12 000 people still required urgent medical evacuation from the area, and the Regional Director called upon more Member States to offer their assistance. WHO/Europe would shortly launch a second round of mental health interventions in Israel. Following the outbreak of hostilities between the Islamic Republic of Iran and Israel in June 2025, WHO/Europe had prepared guidance on radiological and nuclear safety and health, and stood ready to provide further assistance if required. Responsibility for humanitarian assistance for the Syrian Arab Republic was to be transferred from the emergency field office in Gaziantep, Türkiye to Damascus, Syrian Arab Republic.
7. In the area of emergency preparedness, WHO/Europe was working closely with the European Centre for Disease Prevention and Control, as well as Member States, to provide tailored public health advice for mass gatherings such as the Jubilee 2025 pilgrimage to Rome, Italy. In March 2025, the first-ever WHO

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<sup>1</sup> As of 30 June 2025.

Collaborating Centre on Risk Communication, Community Engagement and Infodemic Management had opened in Oslo, Norway. Multisectoral risk assessments had been carried out in Albania, Cyprus and Ukraine, and simulation exercises for public health experts from Kazakhstan, Kyrgyzstan and Uzbekistan had taken place to strengthen the core capacities of the International Health Regulations (2005). The Regional Director acknowledged the classification of the Spanish Short Term Assessment and Reablement Team as a Type 1 Fixed Emergency Medical Team, reflecting the team's readiness to deliver essential outpatient care, referrals and ongoing treatment in complex settings. In addition, several scoping missions had taken place for emergency medical teams in the Western Balkans. Following the adoption of the WHO Pandemic Agreement at the Seventy-eighth World Health Assembly, WHO/Europe was preparing to set up a regional platform for technical exchange on the future pathogen access and benefit-sharing system.

8. Turning to communicable diseases, the Regional Director highlighted the signing of a joint declaration with Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan and launch of the TB-Free Central Asia Initiative, which aims to accelerate efforts to eliminate TB in these Member States by 2030. WHO/Europe and the United Nations Children's Fund (UNICEF) were working together to encourage Member States to increase funding for immunization services; in 2024, over 127 000 cases of measles had been recorded in the European Region alone.

9. The first hearing of the Pan-European Commission on Climate and Health had taken place in June 2025. The Commission is chaired by Her Excellency Katrín Jakobsdóttir, the former Prime Minister of Iceland, supported by Sir Andrew Haines of the London School of Hygiene and Tropical Medicine, United Kingdom of Great Britain and Northern Ireland. The hearing had brought together 11 commissioners with diverse expertise to raise political support and generate stronger action on the health impacts of climate change. Climate change had likewise been a major topic at the 2025 WHO European Healthy Cities Conference, held in Bursa, Türkiye in June 2025.

10. In the area of noncommunicable diseases (NCDs), WHO/Europe and The Lancet Regional Health - Europe had launched a series of 25 "quick buys". These were public health measures that reduced the burden of NCDs in the most cost-effective way and improved people's health within 1–5 years – the typical term of office for an elected official. Other activities included the launch of the first-ever WHO report on chronic respiratory diseases;<sup>2</sup> the 2025 World No Tobacco Day campaign, entitled "Unmasking the appeal: exposing industry tactics on tobacco and nicotine products";<sup>3</sup> a renewed pledge by parliamentarians in the Western Balkans to protect young people from harms caused by nicotine; and a high-level regional workshop to advocate for bolder tobacco control measures. With regard to mental health, WHO/Europe had participated in a landmark conference in Paris, France in June 2025, which had called for the alignment of accountability and funding across sectors, the promotion of intergenerational connections through non-discriminatory public spaces and services, and the safe use of online mental health resources.

11. With reference to the health and social care workforce, the WHO/Europe symposium "Looking to the future" in April 2025 had brought together policy-makers, health workforce modellers and planners, researchers and stakeholders to share and explore innovative approaches to health and care workforce modelling, planning and optimization. A regional community of practice was now being created, focusing on health workforce migration. Another important element of the second European Programme of Work, 2026–2030 (EPW2), healthy ageing, had been the focus of a conference in Cardiff, Wales attended by ministers and leaders from Finland, Iceland, Scotland and Wales. In the area of interregional collaboration, the Regional Director had visited China in April 2025, where he had signed a Memorandum of Understanding with the prestigious Shanghai Medical College at Fudan University. The Chinese International Development Cooperation Agency had proposed a grant to support the TB-Free Central Asia Initiative.

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<sup>2</sup> [Chronic respiratory diseases in the WHO European Region](#). Copenhagen: WHO Regional Office for Europe; 2025 (accessed 30 July 2025).

<sup>3</sup> [Bright products. Dark intentions. Unmasking the appeal](#). Geneva: World Health Organization; 2025 (accessed 30 July 2025).

12. In the area of collaboration with the European Union (EU), the Regional Director particularly wished to thank Poland for its support for mental health in the digital age, as well as for its sustained support for WHO/Europe's work in Ukraine. He also thanked Denmark for a forthcoming collaboration on access to medicines and regional health systems.

13. In the context of reduced travel as part of immediate cost containment measures, WHO/Europe had particularly welcomed recent visitors to UN City, including high-level representatives of Estonia, Greenland, Latvia and Turkmenistan. The Regional Director had also welcomed the Chief Executive of the Novo Nordisk Foundation, with whom he had discussed a possible future Nordic innovation hub for smart and healthy ageing at home.

14. In June 2025, the Regional Director had made his first visit to the Russian Federation since 2022. While there, he had advocated for the protection of health care facilities, the upholding of humanitarian principles and the rights of the most marginalized.

15. All Member States in the Region had been involved in the drafting of EPW2 through regional and subregional consultations and hearings, which were attended by more than 5000 people in total. The second draft had been issued for Member State consultation, with a deadline of 15 August, and the final draft would be submitted to the Regional Committee for its endorsement in October 2025. The Regional Director thanked the Member States of the Small Countries Initiative, which had expressed strong support for the draft EPW2.

16. With regard to the current difficult financial situation of WHO/Europe, the efforts of the senior leadership team had been focused on four main areas. The first was cost containment: travel costs had already been reduced by US\$ 6 million in 2025, and further savings had been made through a freeze on recruitment, a review of consultant contracts and a freeze on equipment procurement. WHO/Europe was increasing its use of artificial intelligence (AI), including the PERA digital platform, as a tool for efficiency and cost containment. In the second area of focused resource mobilization, WHO/Europe was seeking immediately to safeguard core functions through reprogramming, while consolidating relationships with existing donors and identifying new donors. The third area covered strategic reprioritization, while the fourth area was ensuring WHO/Europe's readiness to deliver the Fourteenth General Programme of Work, 2025–2028 (GPW 14) and EPW2, as well as building the WHO/Europe of the future. Further details on the process under way would be provided in the subsequent agenda item on Programme budget matters.

## PROGRAMME BUDGET MATTERS

17. The Secretariat provided a comprehensive update on the status of the current Programme budget, 2024–2025 – with a focus on staff costs – and the outlook for the biennium 2026–2027. For the current biennium, the total staff cost requirement stood at US\$ 231.3 million. The projected funding gap was US\$ 45.2 million. Around US\$ 23 million of this gap could be covered using available resources, including core flexible funds, thematic voluntary contributions and specified voluntary contributions. If necessary, the remaining US\$ 22.2 million could be covered under the partial suspension by the Seventy-eighth World Health Assembly of Financial Regulation VIII, 8.2. Some of the cost savings already made could also be used to reduce the gap, and intensive resource mobilization efforts were under way, although there would be a certain lead time before any new funding became available.

18. The Programme budget allocation for 2026–2027 for the European Region, as finally approved by the Seventy-eighth World Health Assembly, amounted to US\$ 308 million – a reduction of 15% compared with the current biennium. Around US\$ 78 million was expected to be secured from future instalments of contracts already negotiated or currently in negotiation, payments under host agreements for the geographically distributed offices (GDOs), and multi-annual thematic fund agreements, in addition to US\$ 140 million in forecasted core flexible funds. The amount remaining to be mobilized, at a minimum, was therefore US\$ 89.9 million.

19. Since the previous session of the SCRC, a new organizational structure had been developed, with fewer technical divisions. In addition, a review of country offices was under way, starting with country offices in EU Member States. The core functions of WHO/Europe had been identified, the new organizational structure and divisional mandates had been developed, and the Ad-hoc Review Committee had started the regional mapping and matching process. Staff with acquired employment rights whom it was not possible to accommodate in the new structure would be included in the relevant reassignment processes. The Regional Director then introduced the high-level organigram for WHO/Europe that had taken effect from 16 June 2025, with a reduced number of divisions. The SCRC, acknowledging the major challenges currently facing WHO/Europe, commended the Secretariat on the cost reductions that had already been achieved and on the transparency of the restructuring process. The distribution of activities between WHO/Europe and WHO headquarters, and between WHO/Europe and EU entities, should be clearly delineated. One member asked whether a reduction in the number of staff would leave undesirable gaps in knowledge and skills at regional level. Another asked for communications materials and messages that Member State representatives could use at national level, particularly with parliamentarians, to engage continued support for WHO/Europe. A third member asked about the implications of the restructuring for countries without a Country Office.

20. Responding to members' questions, the Regional Director and the Secretariat explained that future activities had been assigned to one of three categories. These were: critical, meaning that available funding and flexible funding would be prioritized to implement those activities; resource-contingent (previously referred to as "aspirational"), meaning activities would be implemented if the required funding was available; and supportive, meaning activities would be left to other actors, with WHO/Europe providing support where feasible. This process was fully aligned with the global restructuring process and was even ahead of it in some areas.

21. The Secretariat was identifying ways to mitigate the risk posed by the potential loss of skills and institutional memory as a result of the restructuring. As part of the human resources process, a "talent pool" was being established to retain as many experienced staff from all regions as possible.

22. The Regional Director paid tribute to WHO/Europe's dedicated staff, who were continuing to deliver during a period of great uncertainty.

## **UPDATES ON DEVELOPING EPW2, INCLUDING THE PRESENTATION OF DRAFT DOCUMENTATION FOR THE 75TH SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPE (RC75)**

23. The Secretariat provided an update on the development of EPW2. Following extensive consultations with Member States and online public consultations, a second draft of EPW2 had been circulated for consultation, taking into account the priorities identified by Member States.

24. The comments received in the consultations had shown clear support for the five strategic priorities and two special initiatives of EPW2. Member States had called upon the Secretariat to reflect on the core functions of WHO/Europe, its comparative advantages, the role of health systems in relation to issues such as climate change, and the relationship between the three levels of WHO. They had praised the dynamism and future-looking approach of the first draft, while considering it ambitious given the available level of resources. In response, the Secretariat had increased the emphasis on measurable impact and drawn up clearer outputs and deliverables. The second draft also placed greater emphasis on foundational actions – that is, cross-cutting areas of public health supporting all the priorities and special initiatives (intersectoral action, youth participation and equity).

25. In response to Member States' concerns, the second draft also described in more detail the distribution of responsibilities between WHO headquarters, WHO/Europe and the country offices, with tables showing how the GPW 14 priorities and global-level resolutions would be translated into actions under EPW2. The second draft of EPW2 was open for comments from Member States until 15 August. The final version would be submitted to RC75, along with a draft decision on its adoption and the final version of the "futures paper". The SCRC welcomed the second draft of EPW2 and commended the Secretariat on the transparent and extensive consultations that had taken place. One member stressed the particular needs of Member States in the east of the Region. Another expressed concern that the withdrawal of United States of America from the Organization might deprive WHO of expertise and data from United States of America sources.

26. The Regional Director and the Secretariat thanked members for their feedback and assured the SCRC that WHO/Europe's activities in Central Asia were a core element of WHO's work and would continue to receive due attention.

## OVERVIEW OF RC75

27. As requested at the third session of the Thirty-second SCRC, the Secretariat presented an update on a scaled-back in-person RC75 session, with limited catering and hotels within walking distance of UN City to reduce transfer costs. Secretariat staff based outside Copenhagen would not travel to the meeting. Interpreters would work on site, while report writers would work online. The cost of that option was around US\$ 130 000.

28. Following discussion, the SCRC expressed a preference for proceeding with a scaled-down in-person session.

29. The Secretariat presented updates on the provisional schedule for RC75.

30. With regard to the virtual side events, the Secretariat will revisit the feasibility of some of the topics that were initially agreed, given the ongoing restructuring. The Regional Director cautioned that the final programme of side events would depend on the availability of the necessary staff.

## REVIEW OF THE TECHNICAL ITEMS ON THE AGENDA FOR RC75, INCLUDING THE EXPECTED DRAFT CONFERENCE DOCUMENTS

31. The Secretariat introduced the three technical items that would be discussed at RC75. The relevant documentation had been circulated to all Member States who had been invited to submit comments until 15 August.

### **A healthy start for a healthy life: a strategy for child and adolescent health and well-being in the WHO European Region 2026–2030**

32. The Secretariat introduced the draft strategy for child and adolescent health and well-being in the WHO European Region 2026–2030, developed in collaboration with UNICEF. Its goal was to ensure that all children and adolescents realized their rights to physical, mental and social health and well-being. The draft strategy had four areas for action: multisectoral public investment; quality of care and effective implementation of standards for antibiotic use, immunization and the transition from child to adult health services; public health regulation (including online safety) to protect children and adolescents from harmful commercial influences, such as tobacco and vape marketing; and multisectoral engagement with schools, local communities and the sports sector. The draft strategy had been informed by a prioritization survey, a core advisory group, and children and young people themselves. The documentation to be submitted to RC75 comprised a working document, an information document and a conference document on the adoption of the draft strategy.



33. The SCRC emphasized the need for convincing economic arguments and evidence for the short-term benefits of these policies. In response to questions, the Secretariat emphasized that consolidated international action, based on sound scientific evidence, was needed to help small countries in particular withstand the influence of digital social media and commercial interests. The collaboration with UNICEF would create contacts with actors in the education sector and other sectors beyond health. In a context of falling birth rates in Europe, it was important to reassure potential parents that governments could create conditions in which children could thrive.

## **A strategy on harnessing innovation for public health in the WHO European Region 2025–2030**

34. The Secretariat introduced the draft strategy on harnessing innovation for public health. The potential economic savings to be made if existing public health innovations were implemented throughout the health sector were estimated at €26 billion. The draft strategy and its associated innovation agenda aimed to bring together Member States, innovation institutions and key experts to create an “innovation ecosystem” in the Region. It had been developed by a technical advisory group following extensive consultations with Member States, WHO collaborating centres and non-State actors, and was fully aligned with GPW 14, EPW2 and the Regional Digital Health Action Plan for the WHO European Region 2023–2030.<sup>4</sup> It covered five strategic areas: innovation policy, effective governance and financing, country capacity in infrastructure and workforce, sustainable impact, and partnerships between key stakeholders. Progress would be monitored through key performance indicators, a midterm report in 2027 and a final report in 2030. The documentation to be submitted to RC75 comprised a working document, an information document containing the innovation agenda, and a conference document on the adoption of the strategy.

## **Ageing is living: a strategy for promoting a lifetime of health and well-being in the WHO European Region 2026–2030**

35. The Secretariat introduced a working document on a proposed strategy on ageing, which would be discussed at RC75 with a view to consideration at RC76. The strategy aimed to ensure that everyone in the Region could age with dignity, in good health and with purpose. The working document had been devised by a cross-divisional working group. It comprised four main areas: prevention, including the foundations for lifelong health; transformation of care systems; challenging ageism, including within the health system; and enabling environments for people to age well in their own homes. The Secretariat was currently carrying out an analysis of background information – making extensive use of AI tools and the results of a survey completed by 42 Member States – and had conducted public hearings and consultations with Member States, national and subnational authorities, civil society and older and younger people. WHO collaborating centres had analysed data from existing datasets, although there were still substantial gaps in the data, particularly in the east of the Region. Nine Member States had joined the Member State advisory committee, which was chaired by Portugal. SCRC members were invited to contribute their priorities, questions and experiences for inclusion in the working document before its submission to RC75.

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<sup>4</sup> [Seventy-second Regional Committee for Europe: Tel Aviv, 12–14 September 2022: Regional digital health action plan for the WHO European Region 2023–2030](#). Copenhagen: WHO Regional Office for Europe; 2022 (accessed 30 July 2025).



## ADDRESS BY A REPRESENTATIVE OF THE STAFF ASSOCIATION OF THE EUROPEAN REGION OF THE WORLD HEALTH ORGANIZATION (EURSA)

36. Ms Antonella Biasiotto, a representative of EURSA, addressed the SCRC. She welcomed the 20% increase in assessed contributions approved by Member States at the Seventy-eighth World Health Assembly, but stressed the need for adequate, predictable and flexible resources if staff were to deliver results effectively without compromising quality, their own health and well-being or institutional continuity.

37. The ongoing reprioritization exercise in WHO/Europe must continue to be well paced and timely, with transparency and consistency in the application of the criteria for human resources-related processes. A balanced allocation of functions and positions between enabling and technical roles was required to ensure both operational effectiveness and the continued delivery of public health priorities.

38. Ms Biasiotto thanked the Regional Director for his regular updates to staff and called upon the entire WHO/Europe senior leadership to establish clear feedback loops and embed learning mechanisms into every stage of the restructuring process. Doing so would strengthen institutional memory, improve the outcomes of the reforms, and support a culture of trust and collaboration. She expressed the full support of staff for the draft EPW2 and called upon Member States to keep health high on their political agendas. EURSA, as the link between staff and senior management, would continue to advocate for an inclusive process that reflected the core values of WHO, and to support the workforce in the shared effort to advance the interests and well-being of all staff. Lastly, Ms Biasiotto thanked the Member States for their continued trust, engagement and support: their investment in WHO was, above all, an investment in people.

39. The Regional Director expressed his appreciation for the free, frank but respectful dialogue he had enjoyed with staff through EURSA. There was no denying the difficult situation in which WHO/Europe found itself, but the Organization had undertaken a robust process of reprioritization and restructuring to ensure that it could continue to fulfil its core functions. He had consulted staff regularly throughout the process and, where possible, taken their views into account. He appreciated the impact of the current uncertainty on staff, and aimed to inform them of the outcomes of the mapping and matching process by the end of August 2025. He was inspired by the continued motivation, professionalism and resilience of his staff.

40. Members of the SCRC expressed their solidarity with staff, acknowledging the difficult situation they faced and commending them on their dedication to duty and openness. The SCRC took note of the EURSA statement.

## UPDATES FROM THE SUBGROUPS OF THE THIRTY-SECOND SCRC

41. Representatives of the two subgroups of the SCRC reported on their work since the previous session in a closed segment on 2 July 2025.

### SCRC subgroup on WHO/Europe's governance

42. Ms Rachel Kenna, the Chairperson of the SCRC subgroup on WHO/Europe's governance, reported that the subgroup had met on 27 June 2025. It had discussed matters relating to the Standard Operating Procedures (SOPs) of the GDOs, including the SOPs relating to the establishment and renewal of GDOs, and the 2025 nomination and election process.

43. The Secretariat invited the SCRC to consider three business cases for new GDOs and the renewal of two existing GDOs.

44. In doing so, the SCRC would follow the SOPs for GDOs endorsed by the Regional Committee for Europe at its 74th session.<sup>5</sup>

45. The first proposed new GDO was on quality of care and patient safety. It would build on the activities already generously financed by the Government of Greece, including the first-ever regional report on quality of care,<sup>6</sup> a number of publications developed with collaborating centres and key academic institutions, and networking and capacity-building activities. The new Division of Prevention and Health Promotion would provide technical supervision, and would also facilitate links with activities for the prevention and control of NCDs.

46. The second proposed new GDO was on AI, a topic which had increased greatly in importance in recent years, offering opportunities for the transformation of health systems but also leading to inequities, risks and gaps in capacity. The results of a survey completed by 50 Member States showed clearly that they required support with the production of use cases and other evidence, ethics, liability and patient safety. Technical support for the GDO would be provided by the new information technology and AI unit based at the WHO/Europe main office in Copenhagen, Denmark, which would also be responsible for data governance. It would cover the use of AI in diagnostics, therapeutics and the health workforce, avoiding any overlap with the work on AI and public health surveillance being conducted by the WHO Hub for Pandemic and Epidemic Intelligence in Berlin, Germany. A technical advisory group would be convened later in 2025 to discuss how AI could be leveraged to supplement the scarce health workforce, and improve quality of care and mental health.

47. The third new GDO, proposed by a Member State, was on health and the well-being economy – an issue that had been declared a priority by many Member States during the development of EPW2. The new GDO would build on existing evidence to show why it was essential to reorient national economies (both high-income and low-income) to support health and well-being and thereby promote political trust, economic growth and social cohesion. The new Division of Prevention and Health Promotion would provide technical supervision for the GDO.

48. The SCRC assessed the business cases positively and recommended their further consideration by RC75 in line with the SOPs.

49. Given this positive assessment, the Secretariat would initiate a consultation process with all Member States in the Region in advance of RC75 and would provide the feedback received to the Regional Committee, alongside the business cases.

50. The SCRC then turned to the proposed renewals of two GDOs in line with the SOPs: the WHO European Centre for Primary Health Care in Almaty, Kazakhstan; and the WHO European Office for Investment for Health and Development in Venice, Italy. The SCRC was asked to consider whether each GDO continued to add technical value in the Region, to strengthen evidence, research and capacity-building, and to remain aligned with regional priorities and EPW2.

51. In relation to the WHO European Centre for Primary Health Care, Member States had stressed the importance they attached to primary health care throughout the process of developing EPW2. Primary health care was a cross-cutting discipline that contributed to health security, healthy ageing and action to mitigate the effects of climate change. If the renewal of the GDO was approved, it would develop a dashboard of primary health care performance data; generate more evidence on the impact of primary health care on the control of NCDs, mental health and TB; and scale up its work on providing support for national health policies and strategies. It would be supervised by the Division of Programme Management to ensure technical coherence with all other WHO/Europe programmes.

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<sup>5</sup> As part of document [EUR/RC74/3](#).

<sup>6</sup> [Promoting quality management in long-term care: principles, key components and directions for policy action](#). Copenhagen: WHO Regional Office for Europe; 2024 (accessed 31 July 2025).

52. The Regional Director expressed his gratitude to the Government of Kazakhstan, which was considering increasing its investment in the WHO European Centre for Primary Health Care in order to integrate disease management into its work.

53. The WHO European Office for Investment for Health and Development, which had celebrated its 20th anniversary in 2024, dealt with issues of equity, social determinants of health and, more recently, healthy settings and the well-being economy. It had developed the second *WHO European Health Equity Status Report*, to be launched at the United Nations General Assembly in September 2025. It was proposed that, under EPW2, the Office would focus on healthy ageing, again as a cross-cutting issue, and would be renamed the “WHO European Centre for Investment for Healthy Ageing”. The distribution of activities between the Centre for Investment for Healthy Ageing and the proposed new GDO on health and the well-being economy would be clearly defined.

54. In response to a remark by an SCRC member that the issue of healthy ageing was closely linked to the sustainability of health systems in the medium and long term, the Secretariat noted that the WHO Barcelona Office for Health Systems Financing had taken over some of the work on investment in health promotion and prevention to reduce the future burden on health systems.

55. The SCRC welcomed the proposed renewal of the two GDOs, with the positive assessments to be included in the consolidated report of the SCRC to RC75.

56. In addition, brief summaries of the renewal of the two existing GDOs would be included as annexes to this session’s report.

### SCRC subgroup on WHO/Europe’s work at country level

57. The adviser to the Chairperson of the subgroup on WHO/Europe’s work at country level said that the subgroup had met on 1 July. Items on the agenda included the added value of WHO membership, the current financial constraints and their implications for WHO country offices, and the review of country offices in EU Member States.

58. The Secretariat thanked Member States for their participation in the subgroup and for their views on the added value to be gained from membership of WHO. It was investigating ways of using the information obtained from Member States for purposes such as communications materials in the relevant country, or opinion pieces in a major journal such as *The Lancet*.

59. The Secretariat noted that, given the current financial constraints, it was unlikely that resources would be available in the future to support the work of both subgroups. Members of the two subgroups would be consulted in the next few months to see which elements of the subgroups’ work should be maintained and continued under the mandate of the Thirty-third SCRC.

## ELECTIONS AND NOMINATIONS TO WHO GOVERNING BODIES AND COMMITTEES

60. The SCRC met in a private session to review the nominations received for membership of the WHO Executive Board and the SCRC. To avoid conflicts of interest, SCRC members who had submitted nominations for membership of one of the bodies or committees were requested to temporarily leave the meeting when candidates for that particular body were being assessed.

61. The Secretariat was asked to draft assessment reports outlining the deliberations, in line with the Rules of Procedure of the Regional Committee for Europe. The assessment reports would be communicated to all Member States that submitted their nomination for a particular governing body or committee in support of efforts to achieve consensus among them, as prescribed by Rule 14.2.2 (b) of the Rules of Procedure of the Regional Committee for Europe.

## **UPDATE ON GLOBAL GOVERNING BODIES' DEVELOPMENTS OF REGIONAL RELEVANCE, INCLUDING MATTERS ARISING FROM THE SEVENTY-EIGHTH WORLD HEALTH ASSEMBLY AND THE 157TH SESSION OF THE EXECUTIVE BOARD**

62. The Secretariat provided an update on the outcomes of the Seventy-eighth World Health Assembly and the 157th session of the Executive Board.

63. The Secretariat encouraged Member States to complete the delegate survey circulated after the Health Assembly and to submit any items for consideration at the 159th session of the Executive Board by 18 September 2025.

64. The new Regional Coordinator for the European Region would be appointed from a Member State in the Region by 1 September 2025.

## **OTHER MATTERS AND CLOSURE OF THE SESSION**

### **Other matters**

65. During the lunch break on 1 July, the Secretariat demonstrated PleaseReview, a document review platform and suggested that members use it when they reviewed the report of the current session.

### **Closure of the session**

66. The Regional Director thanked the SCRC members for their active participation and support.

67. The Chairperson noted that the next session of the SCRC would take place virtually on 8 October. He thanked all participants and declared the session closed.

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## Annex 1. Agenda

1. Opening of the session and welcome by the Chairperson and the WHO Regional Director for Europe
2. Adoption of the provisional agenda and provisional programme
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12. Other matters and closure of the session

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## Annex 2. List of participants

### I. Member States

#### Croatia

##### *Representative*

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### **Annex 3. Proposed renewal of the WHO European Centre for Primary Health Care (summary)**

1. Geographically dispersed offices (GDOs) in the WHO European Region are guided by Strengthening the Role of the Regional Office's Geographically Dispersed Offices (GDOs): a Renewed GDO Strategy for Europe, which outlines their role in generating knowledge, supporting policy implementation and enhancing capacity-building. The WHO European Centre for Primary Health Care, established in 2016 in Almaty, Kazakhstan, serves as a reference point for primary health care (PHC) policies. Over the past five years, it has successfully advanced PHC systems across 24 countries by providing tailored support, promoting integration with public health, and engaging stakeholders through high-level events. These include the 2023 International Conference on PHC Policy and Practice: Implementing for Better Results.
2. The Centre has developed a renewed strategy emphasizing PHC's significance in addressing regional health challenges. Key achievements include establishing WHO PHC Demonstration Platforms, facilitating cross-country dialogue, producing high-quality evidence and delivering training programmes. The Centre's future goals focus on strengthening political advocacy, expanding tailored support, enhancing data analytics on PHC performance and fostering capacity-building initiatives.
3. Recognizing PHC's cross-cutting role in the upcoming second European Programme of Work, 2026–2030 (EPW2), the Centre is seeking to renew its mandate for another 10 years, ensuring sustained support for equitable health systems. The WHO Regional Office for Europe's collaboration with Kazakhstan underscores a long-term commitment to resilient health systems, enabling an effective response to emerging health challenges.

## **Annex 4. Proposed renewal of the WHO European Office for Investment for Health and Development (summary)**

1. Geographically dispersed offices (GDOs) in the WHO European Region are guided by the Renewed GDO Strategy, which outlines their role in generating knowledge and supporting policy implementation. The WHO European Office for Investment for Health and Development in Venice, Italy, established in 2003, addresses health inequities and the social determinants of health, and promotes healthy settings through collaboration with Member States.
2. Over the last five years, the Venice Office has spearheaded initiatives like the WHO European Health Equity Status Report initiative (HESRi), revealing the policy factors driving health inequalities and prompting action from local and national authorities. The WHO European Well-being Economy Initiative, launched in 2023, has initiated new work to engage the financial sector in investing in health equity, focusing on priorities including ageing and youth mental health.
3. The Office provides tailored economic analyses to demonstrate the health sector's contribution to national economies, while also addressing gender disparities in health through data collection and policy design. It fosters networks like the Small Countries Initiative and the Regions for Health Network (RHN), and maintained engagement during the COVID-19 pandemic.
4. As the Region faces demographic shifts, the Office is aligning its objectives with the upcoming second European Programme of Work, 2026–2030 (EPW2). Its focus will be on health throughout life, covering child and adolescent health and healthy ageing in health-promoting environments where people live, learn and grow old. The Office is seeking to renew its mandate from 2026 to 2031, ensuring continued support for equitable health systems and effective multisectoral and multilevel health strategies that leave no one behind across the Region.

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