

RESHAPING THE WHO REGIONAL OFFICE FOR EUROPE: BACK TO OUR CORE MANDATE

UN80 IN ACTION – DELIVERING
“DIFFERENTLY WITH LESS”



A new chapter for girls' and women's health in Tajikistan:

students in Dushanbe, Tajikistan, are among the first to receive the HPV vaccine, following its introduction in October 2025.

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INTRODUCTION: A TURNING POINT FOR THE WHO REGIONAL OFFICE FOR EUROPE

The withdrawal of government funding by United States of America exposed a reality that demands a reshaping of the WHO Regional Office for Europe (WHO/Europe) – **not incremental adjustments**.

In early 2025, WHO/Europe faced a regional salary gap of US\$ 28.1 million (out of a global WHO salary gap of US\$ 317 million), within a global context of mounting geopolitical instability, war, pandemic risk, climate shocks, demographic ageing, mental stress and health workforce shortages.

This required a **decisive return to WHO’s constitutional mandate**: to serve as the trusted, evidence-based, politically neutral authority for international health, governed by its Member States.

In late 2024, WHO/Europe began the deliberate process of **“reshaping” itself**: going back to its core mandate and preparing to work **“differently with less”** through three work streams, later aligned with the UN80 Initiative. This reshaping process has been both anchored in Member States’ leadership – who have been guiding the WHO Regional Director for Europe from the very start in this delicate initiative – and aligned with WHO’s global efforts to restructure the Organization, led by the WHO Director-General.

Working hand-in-hand with Member States:

Ms Ásta Valdimarsdóttir, from Iceland, Chair of the Thirty-third Standing Committee of the WHO Regional Committee (SCRC) for Europe – a subcommittee of the WHO Regional Committee for Europe that acts for and advises the Regional Committee and supports implementation of its decisions – with Dr Hans Henri P. Kluge, WHO Regional Director for Europe, at the second session of the Thirty-third SCRC, January 2026.

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THE COMPASS: THE SECOND EUROPEAN PROGRAMME OF WORK, 2026–2030 (EPW2)

This major transformation at WHO/Europe has been guided throughout by the 53 Member States in the WHO European Region, through the development of the new five-year pan-European health strategy: the **Second European Programme of Work, 2026–2030 (EPW2)**.

Building on the first European Programme of Work, 2020–2025 (EPW), EPW2 is innovative in both *what* it prioritizes and *how* it was developed:

- an unprecedented artificial intelligence (AI)-driven consultative process that involved more than 5000 people in the public hearings, representing more than 10 million health professionals and advocates;
- a forward-looking focus on the megatrends shaping health and society up to 2050; and
- a disciplined approach to prioritization and deprioritization, guided by Member States' needs and expectations.

EPW2 was unanimously endorsed by all 53 Member States in the European Region in October 2025 as the regional implementation plan of the WHO Fourteenth General Programme of Work, 2025–2028 (GPW 14). It defines the collective health agenda in

the Region and clarifies what Member States expect WHO/Europe to prioritize and deprioritize between 2026 and 2030 across three core areas – **prevention and health promotion, health systems, and health security** – supported by two special initiatives led by the Regional Director:



Primary health care for the future: a cross-cutting platform for health transformation.



Strengthening the health system response to violence against women and girls.

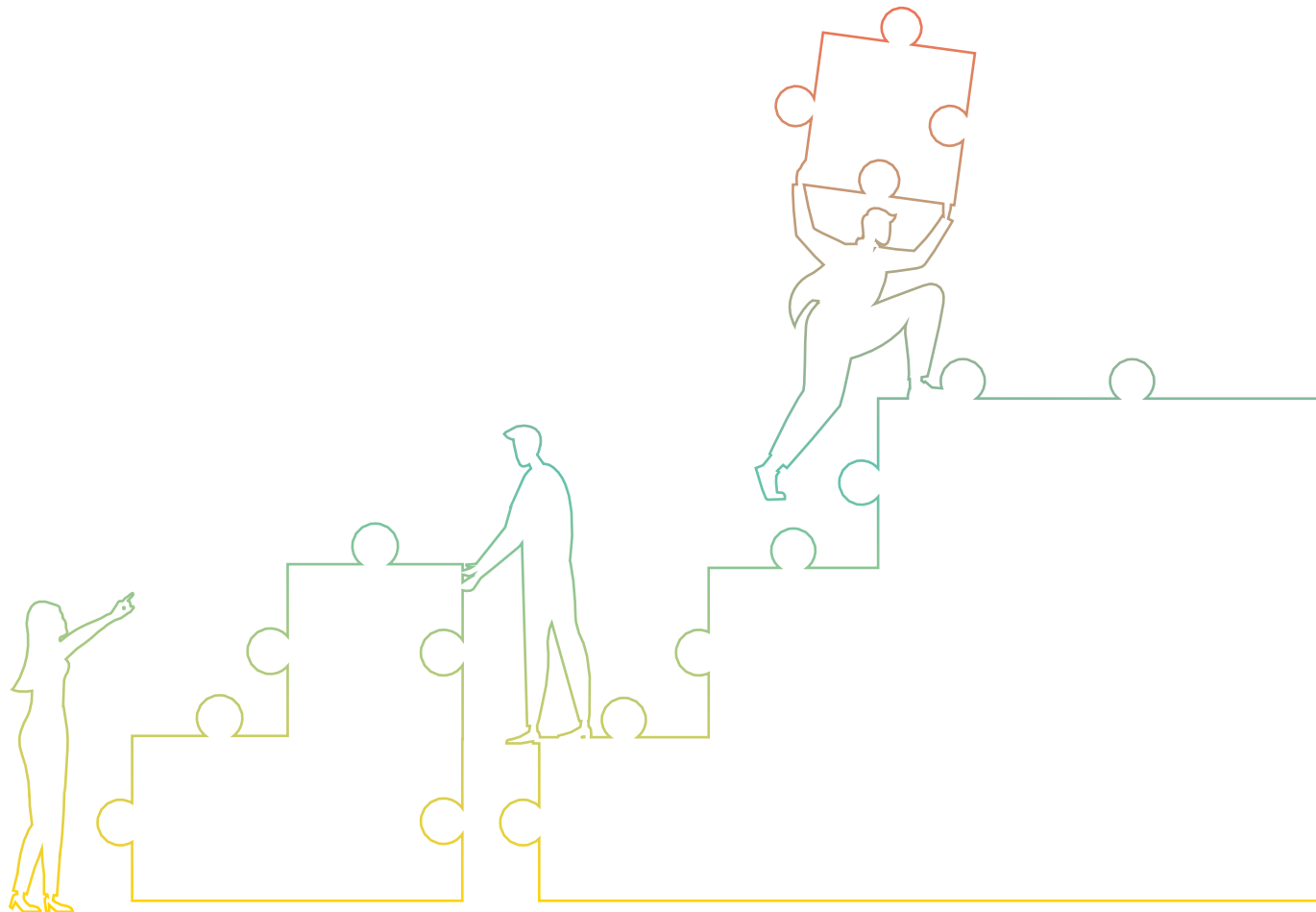
EPW2 recognizes the megatrends shaping the future of health and society:

- ▶ **health security including antimicrobial resistance (AMR) and multidrug-resistant tuberculosis;**
- ▶ **climate change;**
- ▶ **ageing populations;**
- ▶ **noncommunicable diseases (NCDs) and mental health; and**
- ▶ **digital transformation and AI.**

EPW2 envisions a WHO/Europe that is:



To achieve this, we are implementing three interconnected streams of action, in line with the UN80 Initiative:



Working together across regions:

Dr Mohamed Yakub Janabi, WHO Regional Director for Africa, speaks on the first day of the 75th session of the WHO Regional Committee for Europe, October 2025.

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STREAM ONE: BACK TO OUR CORE MANDATE

Mandate creep dilutes impact: We need to stop doing “a little of everything, everywhere”. Returning to our core mandate means focusing relentlessly on what only WHO/Europe can do and what it does best (its comparative advantage) and scaling back on lower-impact activities better led by others.

Through EPW2 consultations, the 53 Member States in the Region identified **five key roles for WHO/Europe** that are aligned with WHO’s global normative and convening functions and its core mandate:

1. Regional knowledge hub for international health: gathering, analysing and adapting international data, evidence and good practices to national contexts.

Example: The NCD quick buys: a curated set of 25 evidence-based interventions that countries can implement within a single government mandate, delivering demonstrable population-level health impact and strong cost-effectiveness. These interventions translate decades of global evidence into prioritized, sequenced actions that are adapted to European health systems and fiscal realities.

2. Impartial coordinator for health: supporting countries to bridge political, social and geographical divides.

Example: In response to the crisis in Gaza, by January 2026 WHO/Europe had coordinated the medical evacuation of more than 1100 critically ill patients (many of whom were

children) to 19 countries across the Region, navigating complex political, legal and logistic constraints. This was made possible by WHO's trusted role as an impartial humanitarian and technical actor and by WHO/Europe working as One WHO with WHO headquarters and the WHO Regional Office for the Eastern Mediterranean. At the same time, WHO/Europe supported mental health and psychosocial care for victims, families and first responders in Israel following the 7 October 2023 attacks, working through national authorities and partners.

3. Reference authority for cross-border threats: supporting countries with surveillance, immunization, and emergency preparedness and coordinated response.

Example: WHO/Europe supports AMR surveillance across eastern Europe and Central Asia, ensuring data comparability, quality assurance and policy relevance, and linking regional data to global platforms such as the WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS).

4. Driver of health system transformation: supporting countries on primary health care (PHC) reforms and financial sustainability.

Example: WHO/Europe's cross-cutting special initiative on PHC helps countries build the business case for investing in PHC: strengthening prevention and early care, improving continuity and reducing costly downstream expenditure. This is not only a health strategy; it is a fiscal sustainability strategy.

WHO/Europe also facilitates exchanges between change-makers across countries and strengthens knowledge and measurement through a cross-European PHC performance dashboard, enabling countries to benchmark progress and target the reforms with the highest health and economic returns.

5. Voice for health equity: identifying and including those who are left behind.

Example: In Ukraine, WHO/Europe supports health equity through a three R's approach:

RESPONSE:

to maintain equitable access to life-saving services close to the front line.

RECOVERY:

to restore access for populations experiencing displacement and vulnerability.

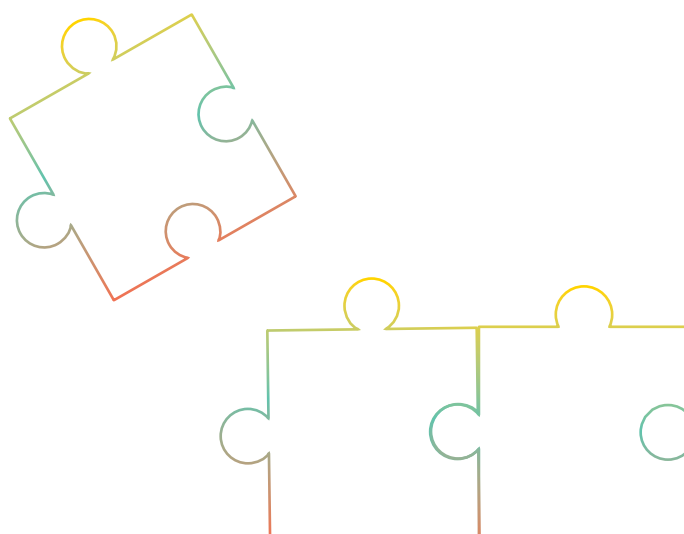
REFORM:

to embed equity into governance, financing and PHC so that recovery addresses inequities.

Across the wider Region, WHO/Europe’s UHC Watch¹ tracks financial protection in 46 Member States, identifying which population groups are pushed into poverty due to ill health and out-of-pocket payments. This provides governments with actionable, evidence-based insights to target reforms where inequities are greatest.



Delivering this vision requires not only clarity of mandate but discipline in how resources are used and mobilized. This is reflected in a second interconnected stream of work, aligned with the UN80 Initiative.



¹ UHC Watch [online application]. WHO Barcelona Office for Health Systems Financing; 2026 (<https://apps.who.int/dhis2/uhcwatch/>).

Leaving no one behind:

Jiydekul Yrysbayeva measures blood pressure during home visits to families in the remote mountains of Kyrgyzstan, helping to ensure early detection and ongoing care for hypertension in hard-to-reach areas, 2024.

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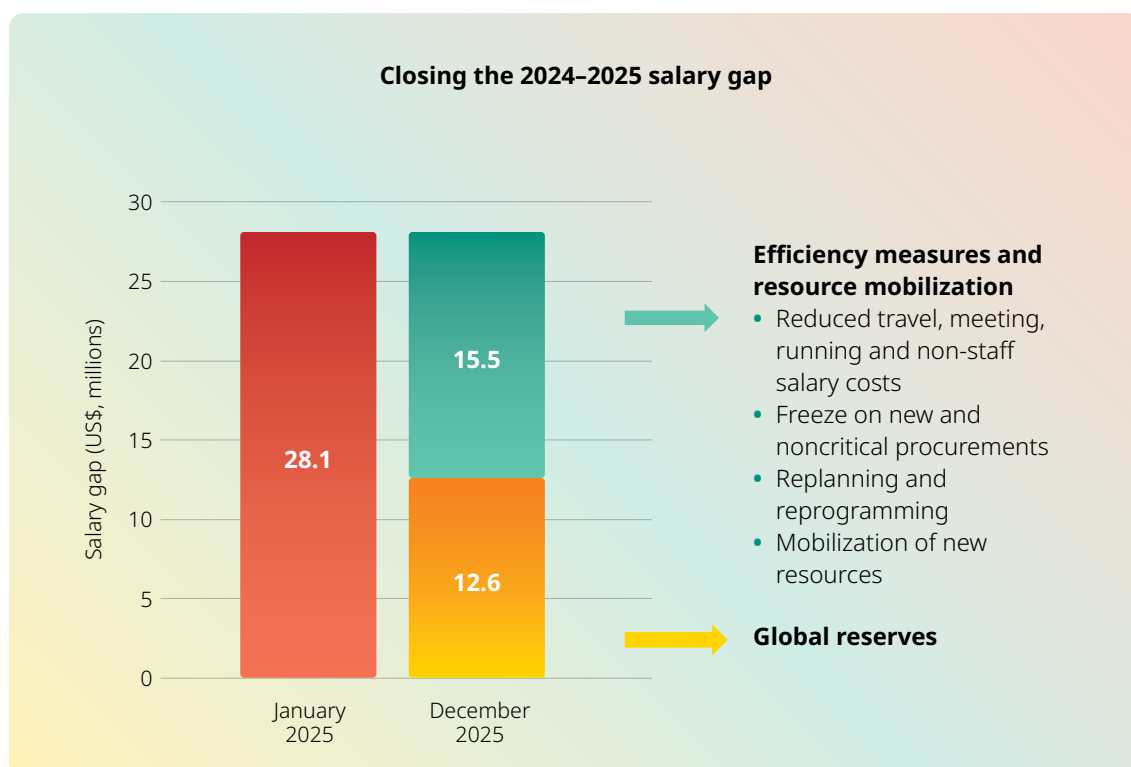
STREAM TWO: EFFICIENCY AND ACCOUNTABILITY

Here, delivering **“differently with less”** means working along **three tracks**: cost containment; targeted resource mobilization; and innovation, including AI.

1. Cost containment

We know from experience that the cost-containment approach works. Five years ago, WHO/Europe faced a significant salary gap of US\$ 15 million from previous years, which the Regional Director – then incoming – closed through a combination of decisive measures, including the relocation of enabling functions to Istanbul, Türkiye. This created a more efficient operating model and laid the foundation for the WHO/Europe Enabling Hub in Istanbul, which now consolidates business operations, strengthens support to country offices and drives operational excellence (including AI-based) across the Region.

In January 2025, after the announcement of the United States’ intention to withdraw from WHO, WHO/Europe faced a new salary gap of US\$ 28.1 million (less than 8.9% of the global salary gap of US\$ 317 million). WHO/Europe took immediate action to safeguard critical functions, implementing a package of efficiency measures – including activity prioritization and deprioritization, reductions in travel and meetings, procurement efficiencies and workforce measures – combined with targeted resource mobilization efforts, reducing the gap to US\$ 12.6 million by December 2025.



These actions, combined with one-time access to the global reserves as a transitional measure (approved by Member States through the World Health Assembly decision to suspend Financial Regulation VIII, 8.2), allowed WHO/Europe to close the salary gap by the end of 2025 and supported the move towards a financially sustainable human resources structure in a constrained financial environment.

2. Targeted resource mobilization

On 21 January 2025, the morning after the United States announced its withdrawal from WHO, WHO/Europe convened an informal meeting of a small group of its Member States to assess the foreseeable financial consequences and brainstorm how to address them.

The meeting participants emphasized the importance of making the case for increased assessed contributions to enable our global and regional programmes of work (GPW 14 and EPW2) to be sustainably financed and underscored the need for careful prioritization

to ensure that the programme budget reflects the new financial reality. Since then, this group has met three times, always with the involvement of WHO headquarters, including to provide updates on the most recent developments in the UN80 process and the evolving global health architecture.

In 2025, voluntary contributions played a targeted, time-bound role in protecting immediate critical actions, including vaccination, surveillance, implementation of the International Health Regulations (2005) (IHR) and support to Ukraine. Through close coordination with partners, WHO/Europe reprogrammed and renegotiated up to US\$ 3.5 million in voluntary contributions to maintain delivery in these areas.

Looking ahead, WHO/Europe’s focus is on building and sustaining Member State confidence by being clear about what needs to be done, and what can be done, by WHO/Europe only (critical EPW2 actions) and by being reliable in delivering what we commit to, including timely and high-quality donor reporting. Building this confidence is essential to securing the assessed contribution increases required for WHO to function as a truly evidence-based, independent and politically neutral organization – one that sets norms, provides trusted guidance and acts in the collective interest of all Member States.

In parallel, WHO/Europe is broadening and diversifying its funding partnerships, including with philanthropic foundations and private sector entities (for example Novo Nordisk Foundation) and with partners outside the Region (for example China International Development Cooperation Agency and King Salman Humanitarian Aid and Relief Centre). This is being done deliberately and transparently, with the clear principle that voluntary funding complements a strong base of assessed contributions and other existing voluntary contributions.

3. Innovation, including AI

Streamlined country presence

Over the summer of 2025, the Regional Director held bilateral calls with all European Union ministers of health with a WHO Country Office on the value the WHO country offices add to our cooperation. Ministers consistently expressed a preference for reducing the international footprint and strengthening national capacity – including through the use of national heads of office and WHO collaborating centres – and hosting WHO offices within ministries of health or national public health institutions. This model reduces costs and reinforces national ownership while maintaining access to WHO’s normative and technical expertise. This is working “differently with less”.

Digital innovation and AI at scale

WHO/Europe is embedding **digital innovation and AI at the core of its operations**, making the Organization **faster, leaner and cheaper** in delivering for its 53 Member States.

This is a leadership-driven transformation, guided by clear principles of ethics, trust and public value, with the Regional Director and the WHO/Europe Executive Council completing executive-level AI training to ensure informed, accountable and human-led governance. AI strengthens decision-making; it does not replace it.

The Region has already operationalized Pera, its secure, in-house AI platform, now being replicated across the wider Organization. Pera is integrated directly into daily workflows, supporting multilingual drafting, translation, meeting synthesis, policy development, and large-scale analysis of consultations and operational data. Tasks that previously took hours can now be completed in minutes, reducing turnaround times, improving the consistency and quality of outputs, and freeing staff to focus on higher-value technical and strategic work.

Building on this foundation, WHO/Europe is scaling a new generation of AI agents that work within strict governance and security boundaries to autonomously execute defined tasks under human oversight. These agents are already delivering efficiency gains:

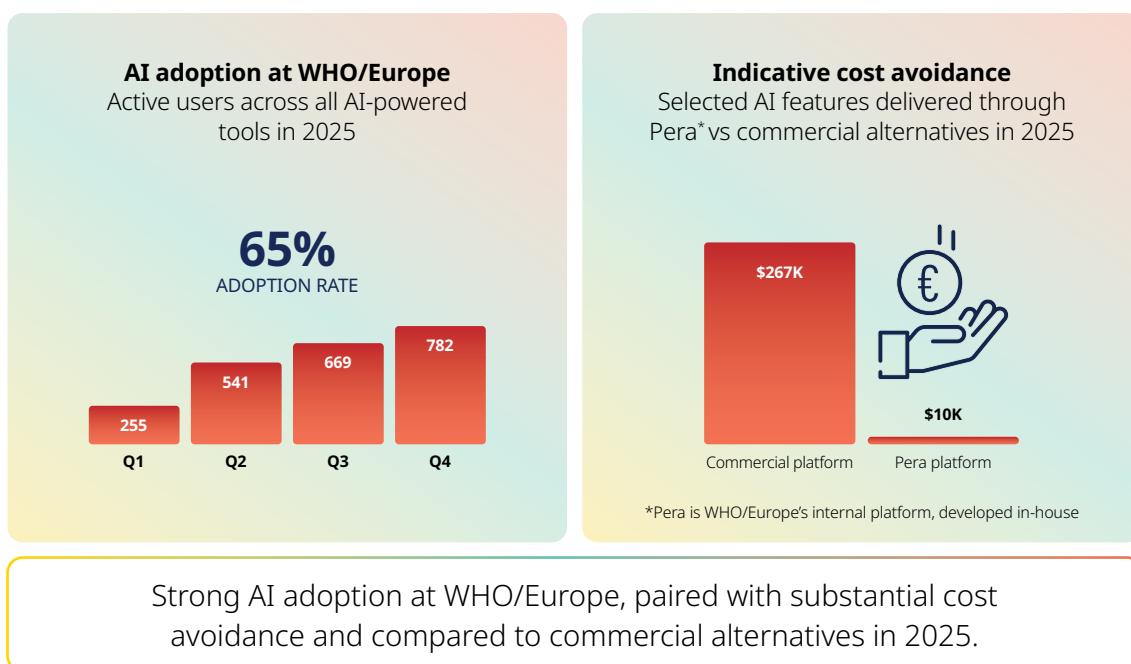
Recruitment processes have been reduced from days to just a few minutes for screening and analysis tasks.

Some donor reporting tasks that once required substantial effort can now be completed swiftly, improving timeliness and consistency, while reducing administrative burden.

These gains will continue expanding across programmes and country offices. This is driving a significant change in efficiency and analytical capacity while keeping expert judgement firmly with humans.

AI has transformed how digital solutions are built at WHO/Europe, making software development faster, more reliable and remaining fully under organizational control. Member States have seen the impact firsthand through demonstrations and direct engagement: responsible, transparent AI that strengthens national and regional decision-making without compromising neutrality or accountability.

With its **disciplined IT governance** model, platform architecture and expanding agent ecosystem, WHO/Europe is showing what it means to deliver “differently with less” in a way that is strategic, value driven, and focused squarely on results for Member States.



Leveraging national expertise

WHO/Europe is capitalizing on expertise offered by national public health institutions and WHO collaborating centres. Member States are enabling senior experts to dedicate part of their time to regional priorities such as WHO/Europe Access to Novel Medicines Platform, AMR and sexual and reproductive health and rights. This innovative approach expands WHO/Europe's access to cutting-edge expertise while strengthening national institutional capacity and international engagement. WHO/Europe will continue to draw on Member States' expertise through targeted secondments, junior professional officers, nil-remuneration experts and United Nations (UN) volunteers. This is working “differently with less”.

Accountability underpinning efficiency and reform

Accountability during this period of change has meant being **explicitly answerable to Member States** for what WHO/Europe was changing and how those changes were implemented.

Throughout the restructuring and prioritization process, WHO/Europe maintained regular, structured engagement with Member States and donors, including formal updates to the SCRC.

In a challenging financial environment, donor accountability has been reinforced through regular project monitoring, timely reporting and successful results from European Commission verifications. Additional safeguards include implementation of the updated policies related to grants and direct financial cooperation with Member States, external partner assessments, WHO spot checks, and independent audits confirming the proper use of funds.

Internal controls were strengthened through regular audits. In 2025, audits of the Division of Business Operations and the WHO Country Office in Poland resulted in satisfactory ratings, with only medium- and low-risk recommendations, all addressed on schedule – demonstrating strong governance despite financial and operational pressures.

Accountability also extended to staff, with the Regional Director maintaining regular dialogue through early and sustained engagement with the Staff Association of the European Region of the World Health Organization (EURSA), town halls and all-staff communications. Fairness, transparency and respect for staff were treated as core accountability responsibilities throughout the restructuring and prioritization processes.

Again, this is WHO/Europe reshaped:



To fully deliver this vision, WHO/Europe is implementing a third interconnected stream of work aligned with the UN80 Initiative.

Partners in action:

representatives of the Republican Centre for Immunoprophylaxis, WHO and the United Nations Children's Fund (UNICEF) come together for the launch of HPV vaccination in Tajikistan, October 2025.

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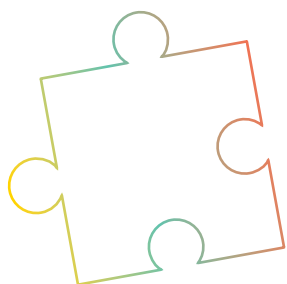
STREAM THREE: RESTRUCTURING AND ALIGNMENT

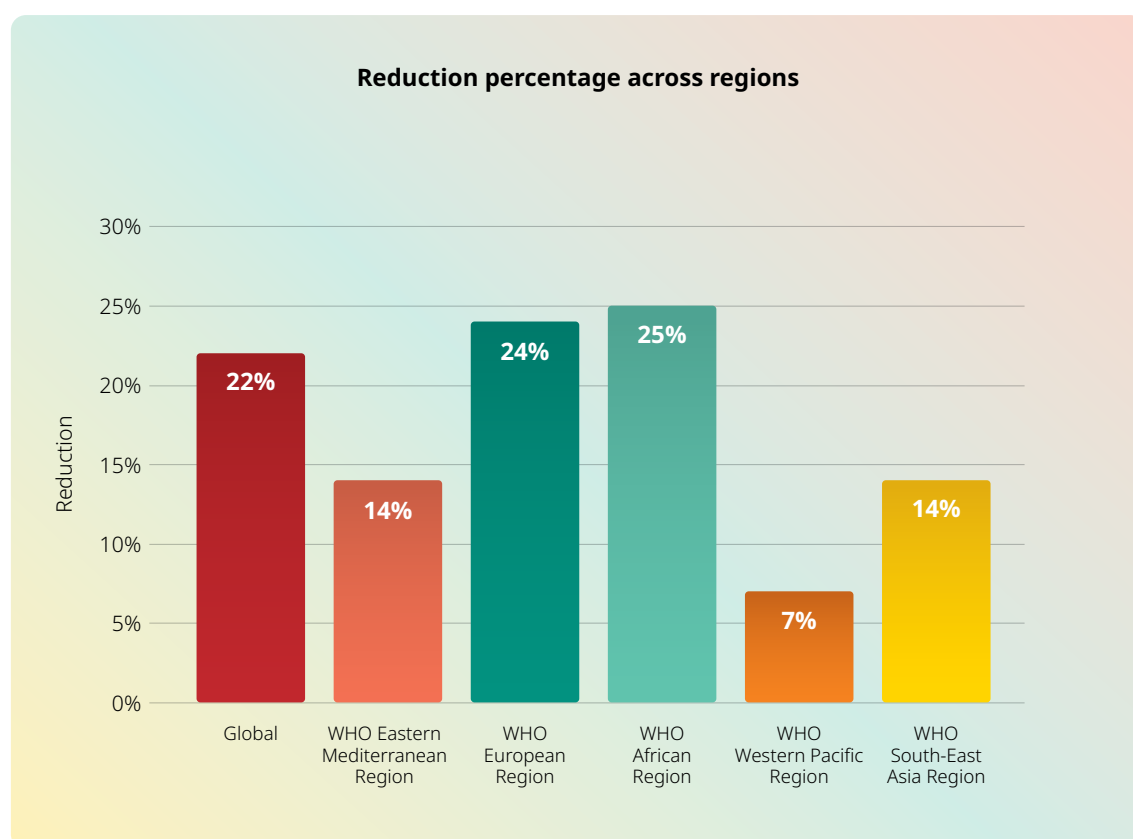
WHO/Europe's future is not about cutting back; it is about working "differently with less" through a new business model.

- ▶ WHO/Europe's main office in Copenhagen, Denmark, hosts the normative powerhouse and drives technical excellence.
- ▶ The WHO/Europe Enabling Hub in Istanbul hosts enabling functions and drives operational excellence.
- ▶ Tuberculosis and HIV work moves closer to high-burden countries and into PHC.
- ▶ WHO country offices shift from implementation to a stronger strategic advisory role.

This model is reinforced by the contributions of over 250 WHO collaborating centres, along with the expertise of national institutions and international partners.

As part of the restructuring, WHO/Europe's staff is being reduced by 24%, returning to pre-COVID-19 staffing levels, except in Ukraine where our presence remains very strong, driven by acute needs on the ground. The workforce reductions represent an estimated US\$ 50 million reduction in salary costs. In addition, relocating certain functions to Istanbul, Türkiye, and Almaty, Kazakhstan, will further reduce workforce costs per biennium compared with maintaining these functions in Copenhagen.





Note: this provisional and preliminary data (as at 31 December 2025) reflects the headcount for all appointment types and does not include vacant positions.

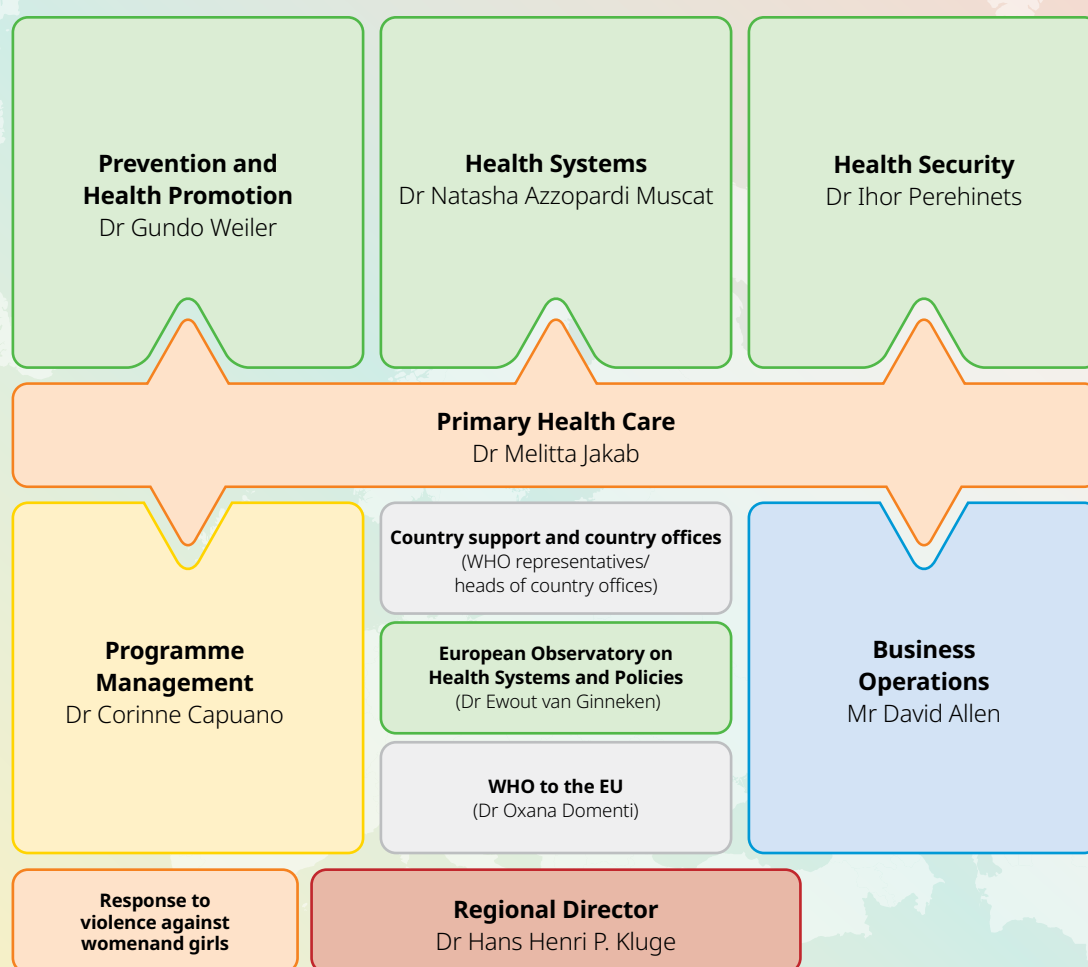
Through this restructuring and alignment process, and with the support of the WHO Director-General, WHO/Europe actively advocated to retain high-performing, innovative talent to the extent possible, including staff without formal reassignment rights. At the same time, in defining its new structure, WHO/Europe identified new skills and competencies required to deliver EPW2, including in digital governance and advanced analytics and horizon-scanning.

This third stream of work is being implemented through three reinforcing tracks: within WHO, within the UN, and with partners.

I. Within WHO

WHO/Europe undertook a structured strategic reprioritization to concentrate resources on its core functions and highest-impact priorities, guided by a central question: Where, and by doing what, does WHO/Europe have the greatest impact?

This work was informed by close consultation with the 53 Member States in the Region, weekly engagement with WHO headquarters, and alignment with global prioritization processes.

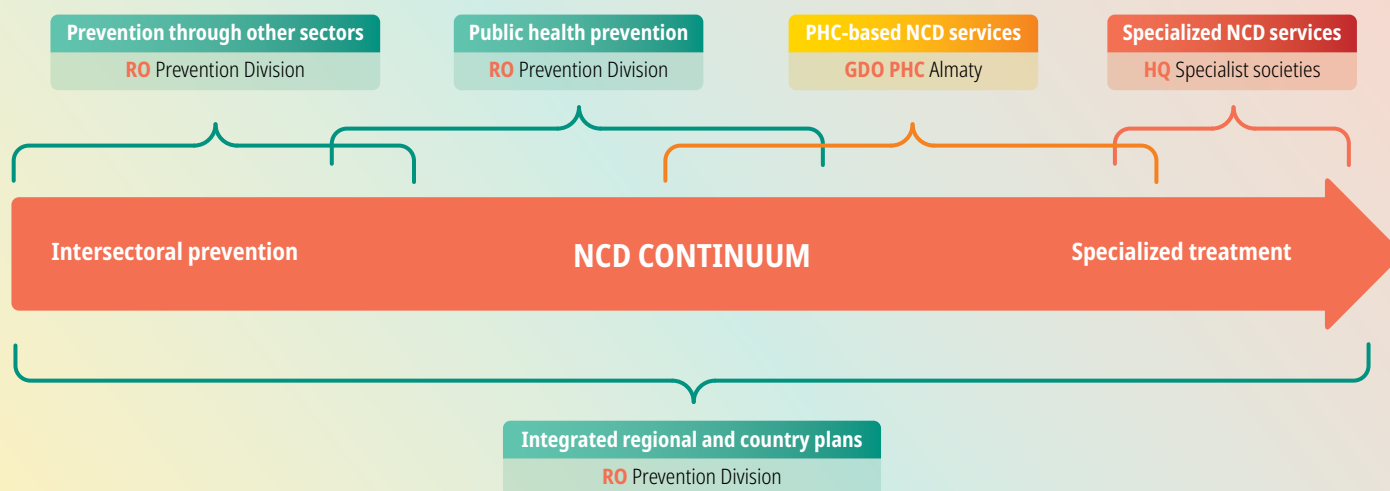


Ensuring alignment across WHO

This regional reprioritization process was undertaken over a longer period of time than the global prioritization process, but in parallel and in full alignment with it. At the request of the Director-General, the Regional Director participated in the global internal WHO Working Group on Prioritization, led by the then Deputy Director-General, to help reshape WHO globally. This provided a unique opportunity to ensure that WHO/Europe's reprioritization and restructuring were fully aligned with global processes, reinforcing coherence and avoiding duplication between WHO/Europe and WHO headquarters.

Since then, close collaboration with WHO headquarters has turned this alignment into an efficient division of labour. In the area of NCDs, for example, WHO headquarters will now lead on specialized clinical management, while WHO/Europe (regional and country offices) focuses on prevention and on supporting countries to integrate NCD management into PHC.

An integrated WHO/Europe approach to 1.8 million/year avoidable NCD deaths



GDO PHC = geographically dispersed office: WHO European Centre for Primary Health Care;
HQ = WHO headquarters; RO = Division of Prevention and Health Promotion.

A sustainable workforce

Delivering a prioritized EPW2 within a constrained financial envelope requires a **sustainable and future-ready workforce**, aligned with WHO's core mandate and highest-impact functions.

The new staffing model reflects sharper technical focus; more deliberate reliance on WHO headquarters for selected normative leadership functions; and more strategic use of expertise from Member States, professional networks and WHO collaborating centres.

The transition to this structure has required difficult decisions, taken with care and responsibility. Staff reductions are not abstract numbers: they represent valued colleagues and families who have contributed enormously to WHO/Europe's work. WHO/Europe is deeply grateful for the professionalism, resilience and commitment shown by staff throughout this exceptionally challenging period.

The restructuring process at WHO/Europe will result in approximately 319 fewer staff by mid-2026, reducing biennial salary costs by around US\$ 50 million. Together with efficiencies generated through relocations and other measures, this establishes a financially sustainable human resources plan for the 2026–2027 biennium, while protecting critical skills and preserving future capacity.

At the same time, WHO/Europe remains a workplace of choice: diverse, inclusive and internationally representative. Even after the restructure, women account for 59% of staff, and WHO/Europe has the widest range of nationalities (87) among WHO's major offices globally. We recognize, however, the need to further strengthen diversity at senior levels – including increasing the number of out-of-Region WHO representatives – as part of our ongoing commitment to equity, leadership renewal and organizational excellence.



UN regional directors and senior staff from UN agencies gather at the Regional Collaborative Platform meeting for Europe and Central Asia, hosted by WHO/Europe in November 2025.

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II. Collaboration within the United Nations

In November 2024, the Regional Director hosted the annual retreat of UN regional directors for Europe and Central Asia. The discussions informed EPW2 and reinforced agreement on clearer roles, reduced duplication and more-focused joint action.

Building on these discussions, WHO/Europe established a smaller, operational spin-off with five agencies in the UN system; Gavi, the Vaccine Alliance; and the Global Fund to Fight AIDS, Tuberculosis and Malaria to translate this alignment into concrete, innovative joint delivery.

Through this approach, WHO/Europe is positioning itself as a laboratory of the future of UN and global health collaboration in Europe and Central Asia, demonstrating how agencies can align mandates, pool expertise and deliver jointly under constrained resources.

Two concrete country examples

Tajikistan: WHO/Europe and UNICEF are jointly supporting the Ministry of Health to integrate child and adolescent mental health into PHC, combining WHO clinical guidance from the *Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence* with UNICEF-supported service delivery platforms and community-level workforce training.

Ukraine: WHO/Europe and the United Nations Population Fund (UNFPA) jointly support the Government of Ukraine with health system strengthening for gender-based violence in emergencies along with UN Women, the United Nations Development Programme (UNDP), the United Nations Office on Drugs and Crime (UNODC), and the International Organization for Migration (IOM), including legal and policy reform, comprehensive assistance to survivors of conflict-related sexual violence, and capacity-building of health workers on the clinical management of rape and intimate partner violence based on WHO evidence-based clinical guidance.

III. Collaboration with partners

WHO/Europe is sharpening collaboration with key partners to reduce duplication, pool expertise and deliver joint outputs that add clear value for Member States.

- WHO/Europe and the **European Centre for Disease Prevention and Control (ECDC)** will produce annual joint AMR reports, alternating leadership each year, integrating data from WHO GLASS, the European Antimicrobial Resistance Surveillance Network, and the Central Asian and European Surveillance of Antimicrobial Resistance platform.

- With the **Organisation for Economic Co-operation and Development (OECD)**, WHO/Europe has jointly planned how to strengthen support on the health workforce, combining our comparative strengths in the field of health and the field of economic and labour market analysis.
- WHO/Europe is also working more systematically with European medical and nursing associations to clarify division of labour and shared impact. The WHO/Europe–European Respiratory Society regional report on chronic respiratory diseases is an example of this approach, with the European Respiratory Society leading on clinical management and WHO/Europe focusing on prevention, risk factors and population health. Building on this model, in mid-2026 the Regional Director will convene an initial group of presidents from 10 long-standing, strategic partner medical associations in the Region to spearhead this new approach to collaboration. In parallel, WHO/Europe will apply the same approach in its engagement with young people through the Youth4Health network, as well as with non-State actors (NSAs) and civil society – prioritizing convening and standards-setting over implementation in areas where NSAs have greater reach or legitimacy.

This restructuring ensures WHO/Europe will be:



Strengthening health security through partnership:

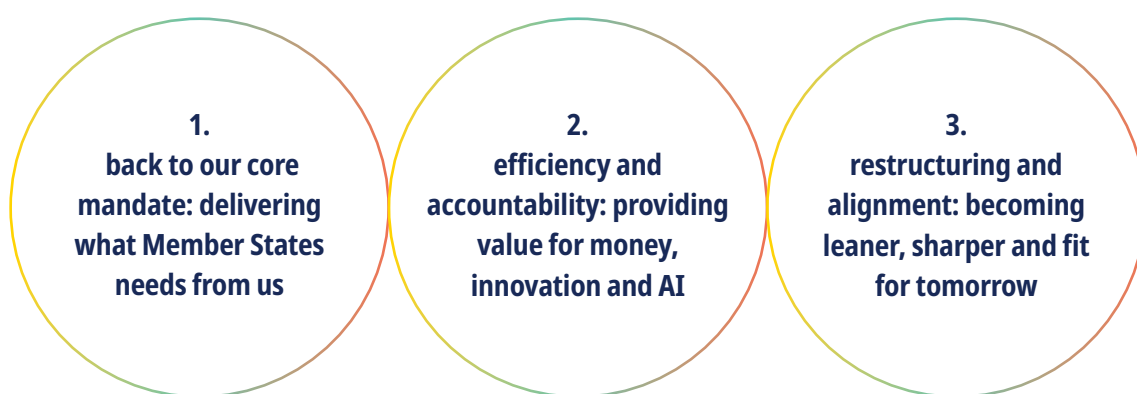
Dr Pamela Rendi-Wagner, Director of the European Centre for Disease Prevention and Control (ECDC), and Dr Hans Henri P. Kluge, WHO Regional Director for Europe, sign a Memorandum of Understanding and Data Storage Agreement on behalf of both organizations, January 2026.

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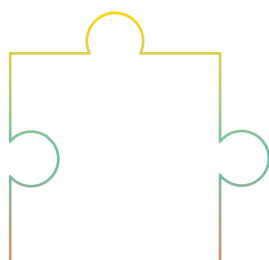
CONCLUSION AND NEXT STEPS

WHO/Europe is being reshaped through the following three workstreams:



Across these three interconnected workstreams, WHO/Europe is reshaping itself to deliver the critical activities agreed by the 53 Member States in the Region, improving health outcomes and saving lives.

These changes were not undertaken lightly. They reflect extensive dialogue with Member States, WHO headquarters, UN partners, and staff to ensure WHO/Europe emerges stronger, fairer and future-ready.



What are some immediate next steps?

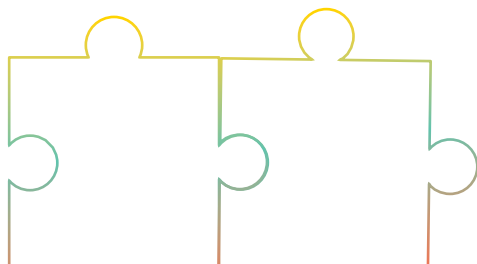
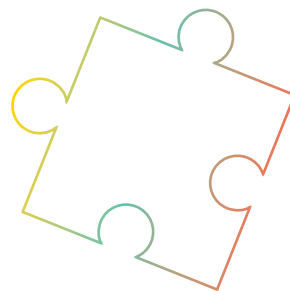
WHO/Europe will:

- Establish a scientific advisory board to help ensure WHO/Europe’s decisions are guided by the best available science. The board will advise the Regional Director on scientific matters, help identify emerging evidence gaps and strengthen how evidence is generated, reviewed and used, ensuring that outputs are robust, ethical, transparent and focused on the highest public health impact.
- Operationalize a clearer division of labour so that duplication is reduced and each actor delivers where it adds most value:

WHO: headquarters and WHO/Europe in areas such as NCD management, violence and injury prevention, and social participation.	UN system in the Region: agencies of the UN system in areas such as HIV/AIDS, child and adolescent health, and sexual and reproductive health and rights.	Partners: professional associations and technical partners in areas such as respiratory diseases.
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- Develop the next generation of WHO representatives with a stronger strategic advisory and diplomatic role, while maintaining required operational roles and readiness in fragile and conflict-affected settings.
- Further sharpen the narrative linking health to wealth, security, climate change and demography.
- Leverage the newest technology to scale the use of AI across WHO/Europe, providing all staff with the tools, training and motivation to streamline and augment productivity across the Organization. **Faster, leaner and cheaper.**

The road ahead will not be easy. It will require continued openness to change, difficult choices and honest partnership. With the support of Member States, WHO/Europe will deliver – in times of crisis and in times of peace – within a financially sustainable structure that safeguards core functions and protects trust.



Access to care for all:

a family at the Eskişehir Polyclinic, where free PHC services are provided to refugees and migrants, Eskişehir, Türkiye, 2019.

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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

Albania	Iceland	San Marino
Andorra	Ireland	Serbia
Armenia	Israel	Slovakia
Austria	Italy	Slovenia
Azerbaijan	Kazakhstan	Spain
Belarus	Kyrgyzstan	Sweden
Belgium	Latvia	Switzerland
Bosnia and Herzegovina	Lithuania	Tajikistan
Bulgaria	Luxembourg	Türkiye
Croatia	Malta	Turkmenistan
Cyprus	Monaco	Ukraine
Czechia	Montenegro	United Kingdom
Denmark	Netherlands (Kingdom of the)	Uzbekistan
Estonia	North Macedonia	
Finland	Norway	
France	Poland	
Georgia	Portugal	
Germany	Republic of Moldova	
Greece	Romania	
Hungary	Russian Federation	

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