

Concept Note: Review of WHO Country Offices in EU Member States

Executive Summary

This concept note outlines WHO/EURO's strategic approach to reviewing its presence in EU Member States, as part of the broader regional restructuring aligned with the EPW2 reform timeline and major financial constraints resulting in decreased budget envelope across the Region in 2026/27. Informed by internal consultations, financial reviews, and stakeholder feedback, the document confirms the adoption of a Hybrid Model as the most appropriate and flexible engagement strategy. Under this model, WHO's 13 EU Country Offices will transition into one of three operational modalities, unless alternative sources of funding can be identified.

Regional Office Engagement (for Countries with mature systems and strategic-level collaboration),
Liaison Officer Model (for strategic visibility with low footprint), or
Multi-country WR Model (for regional coordination and synergy)

These transitions will be guided by technical, financial, and political assessments and supported by a structured engagement process and consultations with Member States. Further, this approach builds on discussions with internal stakeholders and the SCRC Sub-group on Country Work, which supported a transparent, context-specific process for engagement decisions

The proposed timeline aligns with WHO's regional reform agenda, allowing for country-specific consultations and implementation between April and December 2025. This ensures a smooth, accountable, and context-sensitive realignment of WHO's presence in Europe and countries at the center of our work.

Background

As part of the ongoing strategic realignment process in WHO/EURO in the current financial context, this note proposes a strategic review of collaboration modalities in EU countries. These countries feature strong national health systems, deep EU integration, and close coordination with EU agencies, requiring a differentiated engagement approach that ensures financial sustainability and political relevance.

The country presence frameworks and models endorsed at RC72 in 2022 offer a foundation for restructuring. This strategic review is not only driven by resource optimization but must also consider the purpose, effectiveness, and strategic impact of WHO's presence in each country.

Consultations with internal stakeholders have emphasized that a "one-size-fits-all" approach is neither operationally sound nor politically viable. EU Member States vary considerably in health sector priorities, reform capacity, and expectations of WHO support. Therefore, a Hybrid Model has emerged as the most appropriate and flexible strategy. Building on the CPCP model, expanding its flexibility through strategic use of Liaison Officers and multi-country mechanisms, this model enables flexibility while ensuring relevance, accountability, and strategic alignment.

Strategic Role of WHO Presence

Despite ongoing fiscal constraints, maintaining a WHO presence in EU countries remains both technically critical and strategically vital. Country offices serve as essential platforms for:

- Aligning with national health reforms and effectively implementing EU-funded initiatives such as EU4Health.
- Preserving WHO's visibility and influence, especially in an era of rising populism and institutional competition.
- Mitigating reputational risks, including challenges to WHO's relevance by Member States and potential funding consequences from bodies like the European Commission.

A sudden or poorly coordinated withdrawal could erode WHO's leadership standing and credibility—triggering serious consequences at both regional and global levels.

To address this while remaining responsive and sustainable, a Hybrid Model is proposed as the core strategic framework. This model ensures:

- Tailored engagement aligned with each country's specific technical, political, and financial realities.
- Sustained WHO presence where it is essential for national reforms and EU project implementation.
- Optimized resource utilization, balancing visibility with operational efficiency.
- Mitigation of political risks and reinforcement of WHO's organizational credibility and trust with partners.

Proposed Presence Models

Considering the critical role country offices play and the need for adaptable solutions, WHO/EURO proposes to recalibrate its presence across EU Member states through three structured models, detailed below:

1. Regional Office engagement

Overview: WHO reduces in-country presence, transitioning coordination to the Regional Office using strategic desk officers and WHO country counterparts. Note: this is already the case for a number of EU countries.

Rationale: EU countries generally possess self-sufficient health systems, reducing the need for a permanent WHO presence.

Strategic Benefits:

- Promotes consistency in messaging and operations across EU Member States.
- Aligns with successful models already in place with a number of EU countries.
- Offers substantial cost savings in terms of physical infrastructure and staffing.

Risks and Additional Considerations (from consultation feedback):

- High political sensitivity: May be perceived as WHO retreating from Europe, risking reputational damage.
- Could weaken WHO's ability to implement key donor-funded initiatives like EU4Health.
- May reduce strategic collaboration with the European Commission.

2. Transition to a Liaison Officer Model

Overview: WHO transitions from full-fledged offices to in-country Liaison Officers.

Rationale: Retains strategic visibility and national engagement while reducing costs.

Strategic Benefits:

- Maintains WHO's national footprint.
- Enables technical cooperation and real-time policy advice with minimal overhead.
- May be politically more acceptable than full withdrawal.

Risks and Comments-Based Considerations:

- Requires well-defined roles and strong technical support.
- May weaken WHO's role in implementation-heavy contexts unless paired with strong regional support.
- Perceived underinvestment could impact trust.

3. Integration into a Multi-country WHO Representative (WR) Model

Overview: A WR oversees multiple EU countries, supported by a strategic desk officer at the Regional Office.

Rationale: Optimizes resource use while retaining regional-level technical coordination.

Strategic Benefits:

- Facilitates regional synergy and thematic collaboration (e.g., digital health, workforce).
- Reduces duplication of administrative functions.
- Ensures strategic coherence under shared leadership.

Risks and Enhanced Considerations:

- Must group countries thoughtfully to maintain responsiveness.
- Cultural diversity and national priorities may challenge central coordination.
- Risk of being seen as a downgraded presence.

Implementation: Country-Specific Model Determination

To ensure that WHO's presence in EU Member States remains strategically relevant, financially viable, and politically acceptable, WHO/EURO will undertake a structured, country-by-country process to determine the most appropriate operating model. These strategic decisions will be guided by a combination of performance evidence, engagement history, and contextual considerations shared during internal and Member State consultations. This process will be guided by the following actions:

1. Comprehensive Internal Assessment and Preparation

- Conduct financial, legal, programmatic, and political risk assessment.
- Evaluate technical cooperation effectiveness and office performance, including return on investment from BASE, EOA, and donor-funded initiatives.
- Identify countries preliminarily suited for each model.
- Develop a risk mitigation plan to proactively manage potential political sensitivities and reputational risks.
- Engage with staff at relevant country offices to discuss implications and transition considerations.

2. Structured Member State Engagement

- Targeted dialogues with Member States and key national stakeholders to validate the operational model most appropriate to their context.
- Clearly present rationale, benefits, and implications for each model, and seek government input and endorsement.
- Ensure transparent communication across all engagement levels.

3. Transition and Realignment

- Jointly implement transitions with MS agreement.
- Redeploy staff where relevant and ensure continuity of priority programs.
- Finalize model-specific support mechanisms and staff arrangements (e.g., desk officer teams, Liaison Officer profiles).
- Monitor, review, and adapt based on results.

Proposed timeline

Aligned with WHO-wide reform efforts and the broader EPW2 process.

Phase	Activities	Timeline	Alignment with EPW2 Steps
1. Internal Consultation	<ul style="list-style-type: none"> • Share Draft Concept Note with WRs in EU countries • Virtual WR consultation • Collect written and verbal feedback 	April 2025	Step 2: Review core functions
2. Stakeholder Engagement	<ul style="list-style-type: none"> • Country-level dialogue with MS • Discuss potential collaboration models • Finalize identification of appropriate engagement model 	May-June 2025	Step 3: Develop structure
3. Transition Planning	<ul style="list-style-type: none"> • Transition plan by country • HR and legal review • Develop support mechanisms (liaison, desk teams) 	June – August 2025	Step 4: Plan workforce
4. Phased Implementation	<ul style="list-style-type: none"> • Begin office transitions • Staff redeployment • Communications and monitoring • Review and adapt 	September – December 2025	Step 5: Implement the approved plan

WHO/Europe looks forward to continuing this dialogue with each EU Member State and jointly identifying the best model to support national priorities and shared public health objectives