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Report of the sixty-second session of the WHO Regional Committee for Europe

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The sixty-second session of the WHO Regional Committee for Europe was held at the Hilton Hotel in St Julians, Malta, from 10 to 13 September 2012. Representatives of 51 countries in the Region took part. Also present were observers from a member state of the Economic Commission for Europe and representatives of the United Nations Children's Fund, the United Nations Development Programme, the United Nations Population Fund, the European Union, the Organisation for Economic Co-operation and Development and of nongovernmental organizations.

The first working meeting was opened by Professor Ogtay Shiraliyev, outgoing President. Participants were welcomed by the Hon. Lawrence Gonzi, Prime Minister of Malta, who recalled his country's lengthy medical history, dating back to the arrival of the Orders of St John of Jerusalem in Malta and the foundation of the Sacra Infermeria in 1575. His government continued to accord high priority to disease screening and prevention, health care, environmental measures and the training of medical and nursing personnel. The current economic crisis posed challenges to governments in terms of ensuring the sustainability of health systems, but it could also be seen as an opportunity to reflect, reprioritize and introduce new systems of management and governance. The present session would, he believed, be an important catalyst for further improvements in people's health in Europe.

Election of officers

In accordance with the provisions of Rule 10 of its Rules of Procedure, the Committee elected the following officers:

Dr Joseph R. Cassar (Malta)	President
Dr Lars-Erik Holm (Sweden)	Executive President
Ms Dessislava Dimitrova (Bulgaria)	Deputy Executive President
Dr Samir Abdullayev (Azerbaijan)	Rapporteur

Adoption of the agenda and programme of work

(EUR/RC62/2 Rev.1 and EUR/RC62/3 Rev.1)

The Committee adopted the agenda (Annex 1) and programme of work.

Address by Her Royal Highness Crown Princess Mary of Denmark

As a patron of the Regional Office, the Crown Princess said she was focusing her efforts to bring about change and improve health and well-being on immunization, antimicrobial resistance (AMR) and maternal and child health. Immunization was the safest and most cost-effective health intervention in reducing diseases and mortality, after the provision of safe drinking-water, yet nearly 650 000 children globally did not receive the full three doses of diphtheria–tetanus–pertusssis vaccine by one year of age. Recent outbreaks of vaccine-preventable diseases showed the need for countries to make a continuous commitment to raising awareness and ensuring high coverage. The tenth anniversary of the certification of the WHO European Region as free from poliomyelitis (polio) demonstrated the effectiveness of immunization in controlling disease.

At a conference on AMR hosted by Denmark during its presidency of the Council of the European Union (EU), she and other speakers, including the WHO Director-General and the European Commissioner for Health and Consumer Policy had called for responsible use of antibiotics, tracking of antibiotic usage and resistance, and promotion of the development of new antibiotics. As with immunization, action on AMR was needed from all Member States in the Region to protect a major public health achievement.

While the European Region had made solid progress against maternal, infant and child mortality, the large discrepancies between and within countries were unacceptable. Having worked with WHO, the United Nations Population Fund (UNFPA), Maternity Worldwide and other nongovernmental organizations (NGOs), and the Danish Government to raise awareness of those issues, she looked forward to supporting European Member States' efforts to ensure that every woman and every child had access to well-performing health systems with good reproductive health services.

Member States' continued efforts had resulted in positive trends and improvements in health in the Region and, in that context, the Regional Committee's forthcoming discussion of the new European health policy framework and strategy, Health 2020, would doubtless signal the beginning of renewed commitment to improving health, not only from the health ministry level, but also from government and society as a whole.

Address by the WHO Regional Director for Europe

(EUR/RC62/5, EUR/RC62/Conf.Doc./1)

In her address (Annex 4), the Regional Director gave highlights of the WHO Regional Office for Europe's collective achievements and its plans in six areas: tackling Europe's overall challenges and priorities; strengthening health systems; addressing noncommunicable diseases (NCDs) and promoting health; pursuing unfinished business with communicable diseases; and strengthening both disaster preparedness, surveillance and response and the Regional Office's governance, partnerships and strategic communication.

The Regional Director had taken office in 2010 with a five-year vision for achieving better health in the WHO European Region, with seven strategic priority areas and driven by three particular challenges: growing inequities in health and health system development within and between countries, ageing of the population and the importance of NCDs. As the result of efforts by the Regional Office, Member States and partners, work was either complete or well advanced in all seven areas. The Regional Office had developed Health 2020, the new European health policy framework and strategy, through a process that was participatory, evidence-informed and in line with the continuing WHO reform. Health 2020 strongly supported action to reduce health inequalities in Europe by tackling their social determinants. The Regional Office was working to realize the right to health of women and marginalized populations through its new programme on vulnerability and health, a project on the public health aspects of migration (supported by Belgium and Italy) and support to countries' efforts to deliver on EU strategies to benefit Roma. It also supported countries' efforts to achieve the Millennium Development Goals (MDGs) and was working to give health an important role in the post-2015 development agenda.

The Regional Office encouraged countries to work towards health systems with universal coverage. It was submitting to the Regional Committee an action plan to strengthen public health capacities and services, had accelerated its work for integrated health service delivery and would meet with Member States in 2013 in Estonia to measure progress towards meeting the commitments in the Tallinn Charter: Health systems for health and wealth. The Regional Office was helping countries cope with the effects of the financial crisis by changing policy directions to strengthen financial protection, increase efficiency, invest in public health and widen coverage. It had started to prepare a meeting in Norway to consider the way forward and had held a meeting with the Organisation for Economic Co-operation and Development (OECD) on sustainable financing; it had also conducted courses on health financing and planned a new one for EU countries. The Regional Office was helping countries build a sustainable health workforce in line with WHO Global Code of Practice on the International Recruitment of Health Personnel. To provide evidence on which countries could base policy, it had reviewed its databases, was working with the EU and OECD to build an integrated health information system and would launch a European evidence-informed policy network.

The Regional Office was giving effect to the European action plan for the prevention and control of noncommunicable diseases 2012–2016, and the United Nations Political Declaration on NCDs, particularly by strengthening partnerships and technical support to countries, with Turkey, the Russian Federation and Ukraine showing examples of success. Cooperation with Norway, the International Atomic Energy Agency (IAEA), OECD and Denmark had led to valuable work on NCD monitoring, cancer control, diabetes and patient empowerment, respectively. With partners such as the EU, the Regional Office was helping countries implement a range of instruments to promote and improve health: the European action plan to reduce the harmful use of alcohol 2012–2020, the WHO Framework Convention on Tobacco Control (FCTC) and the European action plan for food and nutrition policy 2007–2012. Its work to improve maternal, child and adolescent health focused on reducing inequalities and included improving the quality of and access to reproductive health services. Finally, the Regional Office had promoted healthy ageing through World Health Day 2012, with partners including the Danish EU Presidency, and had drafted a strategy and action plan for submission to the Regional Committee.

In tackling communicable diseases, the Regional Office, with Member States and partners (including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the EU, the European Centre for Disease Prevention and Control (ECDC) and the Danish EU Presidency), had started full implementation of the action plans on drug-resistant tuberculosis (TB), HIV/AIDS and antibacterial resistance adopted by the Regional Committee in 2011. With ECDC, the Regional Office would expand European Antibiotic Awareness Day to non-EU countries in 2012. While the European Region was on track to eliminate malaria by 2015 and remained polio-free, the Regional Director pledged to maintain the momentum on polio, to keep supporting Member States in work to eliminate measles and rubella by 2015 (a goal put at risk by large outbreaks), and to work with countries to start developing a regional action plan on vector-borne and parasitic diseases. The Regional Office continued to promote immunization through European Immunization Week, with the participation of all 53 European Member States and within World Immunization Week in 2012.

Working closely with governments, WHO headquarters, the EU and its agencies, such as ECDC and the European Food Safety Authority (EFSA), the Regional Office was helping countries cope with emergencies and health crises, strengthen their capacities for preparedness and response under the International Health Regulations (IHR), and anticipate and deal with public health needs connected with mass gatherings. The Regional Office had also strengthened and tested its regional emergency procedures within the new WHO Global Emergency Framework, and it had helped Greece, Italy, Malta and Turkey deal with influxes of migrants and refugees. In the area of environment and health, the Regional Office had scaled up its technical work, consolidated its programmes with support from Germany and supported the European Environment and Health Ministerial Board in taking the process forward.

Partnerships, including within WHO, were essential in all the Regional Office's work; it had strengthened its links with United Nations agencies, the EU, global partnerships and holders of the EU Presidency, and would sign a joint action plan with OECD during the Regional Committee session. Strengthened governance of the Regional Office, in line with WHO reform, included a stronger role for the Regional Committee, increased participation in and transparency of the Standing Committee of the Regional Committee (SCRC), and more consultation with Member States through the European Health Policy Forum of High-level Government Officials, hosted by Andorra, Belgium and Israel. The

Regional Director welcomed the in-depth discussion of the Regional Office's finances that the Regional Committee would undertake at the present session, and the opportunity to co-chair with the Deputy Director-General a global task force on resource mobilization and the distribution of funds within WHO. To strengthen cooperation with Member States, the Regional Office had started preparing country cooperation strategies, beginning with Switzerland. The Regional Director concluded her address by describing the Regional Office's use of new and traditional communication methods to publicize and facilitate its work.

In the discussion that followed, the Regional Director was praised for her report, her vision for better health in the European Region and the Regional Office's progress in achieving it, her commitment to WHO reform and leadership in policy development, and her support for the whole range of countries' work to improve the health of their populations. Member States called on the Regional Office to prioritize its activities (including reducing the amount of Regional Committee documentation) to avoid the risk of being stretched too thin in a time of financial constraint and gave advice on the directions of WHO reform and future work for the Regional Office.

In particular, a representative speaking on behalf of the EU and its member countries acknowledged the Regional Director's and the Regional Office's efforts to improve health and make WHO fit for purpose. Health 2020 was a positive step towards building a common vision, while the draft strategy and action plan on healthy ageing in Europe, with its emphasis on a cross-cutting aspect of health, was to be welcomed. Regional Committee documentation had been despatched in a more timely manner than previously, but the Regional Office should limit the number of resolutions and activities it proposed, implement agreed initiatives before suggesting new ones, use alternatives to resolutions when possible and ensure that all documents to be adopted were clear and concise and did not increase national reporting requirements.

The vast majority of speakers welcomed Health 2020: it formed a basis for developing national health policy and guiding Member States' and the Regional Office's activities; it was solidly based on consultation and evidence; and it was closely linked with other instruments (such as the FCTC and previous health-for-all policies). They also welcomed the proposed action plan on public health, and the strategies for the Regional Office's work with countries and geographically dispersed offices (GDOs). Italy pledged continued support for the Venice office and Kazakhstan offered to host a new GDO on primary health care should the GDO strategy be approved. Speakers also welcomed the discussion of the European review on the social determinants of health, and one asked when the full results of the three studies underpinning Health 2020 would be available for discussion.

The principles of WHO reform were endorsed and the Organization was called on to clearly define its national, regional and global roles, maintain a transparent and strategic dialogue with Member States and other stakeholders, and ensure accountability, as reflected in the Twelfth General Programme of Work 2014–2019 (GPW12) and the Proposed programme budget 2014–2015. A streamlined organization was sought within which WHO headquarters defined common approaches and the regional offices applied them in line with regional realities, while WHO's country presence should be evaluated with a view to rationalization.

A representative speaking on behalf of the 10 Member States participating in the South-east Europe Health Network (SEEHN) bore witness to the fact that the Network was a tool to build peace and cooperation on health and health diplomacy, in order to support economic development not only in

participating countries but also elsewhere in Europe. SEEHN members were committed to implementing Health 2020 and the public health action plan, in line with their 2011 Banja Luka Pledge, and would report the results in 2014. Other fruit borne by the collaboration between SEEHN and WHO included the establishment of regional health development centres in member countries and improved performance of national immunization programmes.

Countries' successes in improving health for their populations covered a wide variety of areas, ranging from strengthening health systems to making policies on NCD and communicable disease control, promoting health and focusing on its social determinants. Grateful for WHO and other partners' support, countries wished to offer their experience, tools and other resources in return.

Also looking forward, speakers called for continued work by WHO, Member States and partners on such issues as NCDs, health systems financing, innovation in health development, and coordination in research and development. One representative focused on the threat from emerging vector-borne diseases, welcomed the Regional Director's call for action on the issue by WHO and the EU, and pledged his country's support.

The Deputy Director, Pan American Health Organization (PAHO), briefly described the outcomes of a recent visit by the Regional Director and her team. They included sharing experience on tackling NCDs, working together on e-health and vaccination, possible cooperation through a bi-regional collaborating centre, and improving coordination and information exchange to support territories of European Member States in the WHO Americas Region.

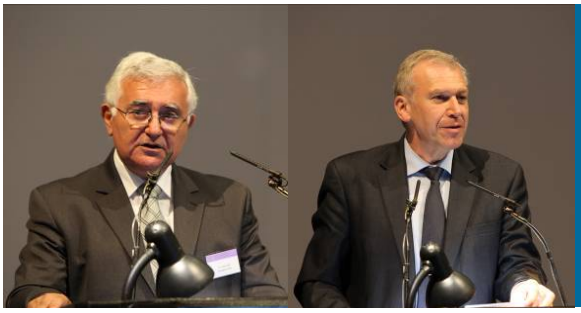
In reply, the Regional Director said that the Proposed programme budget 2014–2015 would show that the Regional Office had done much to prioritize its activities. It contributed to WHO reform through the Global Policy Group (GPG) and implemented the decisions of the governing bodies immediately after they had been taken. She was grateful for the acknowledgement of the timely despatch of Regional Committee documentation and agreed that the background documents were bulky, but they had been shared with Member States in the spirit of transparency, as they contained the results of evidence-based studies supporting Health 2020. They were considered to be useful for Member States and therefore efforts would be made to discuss them further during the coming year. In future Regional Committee sessions, the Regional Office would attempt to reduce the amount of documentation and the number of resolutions.

The Regional Director thanked all countries for their support in all its forms, congratulated them on their successes (such as the Banja Luka Pledge and the SEEHN course on health diplomacy) and pledged her continued support. She would be happy to discuss plans for new GDOs later in the session, when the Regional Committee took up the relevant agenda item. She was committed to taking action on vector-borne diseases and sought to develop an initiative to scale up efforts to stem that threat.

The Director-General said that WHO recognized the need to live within its means and deliver measurable results. Countries had received the Proposed programme budget without a budget envelope, so that they could focus on setting priorities and WHO could then cost activities. Member States should give consistent, fair advice on what priorities they wanted the Organization to pursue. A budget envelope would be proposed once priorities had been set. Although resources were limited,

WHO regions could use them better to help each other. Finally, she strongly supported limiting the length of governing bodies' documentation.

The Committee adopted resolution EUR/RC62/R1.



Addresses by the European Commissioner for Health and Consumer Policy and by the Deputy Secretary General of the Organisation for Economic Co-operation and Development

The European Commissioner for Health and Consumer Policy emphasized that the European Union and WHO shared the same values and principles for action on health. Both organizations were made up of Member States joining forces in the knowledge that together they were stronger and more effective, and both shared a commitment to working together in a complementary manner to serve their Member States and citizens. At the Regional Committee's sixtieth session, the Regional Director and he had made a joint declaration on "A shared vision for joint health action". Key elements of that vision included the move away from reactive health care systems to proactive health systems; a greater focus on prevention and on treating lifestyle-related and chronic diseases; and the need to find innovative ways to deliver high-quality health care, while keeping down costs and enhancing the efficiency and sustainability of health systems.

The joint declaration had marked a move away from project-based work towards a more strategic approach in six key areas: health security, health innovation, health systems, health inequalities, health information, and strengthening in-country cooperation. For each of the six areas, the two organizations had put together joint roadmaps, with specific objectives and priorities for cooperation in the European Region and beyond. Senior officials from WHO and the Commission met regularly to review progress and adjust priorities as necessary. Over the previous two years, the two bodies had moved firmly from vision to action, and their partnership would make a difference in bringing about health gains to millions of people across Europe.

The Regional Director confirmed that good progress was being made in implementing the joint declaration: senior officials' meetings were held each year, and the one in 2013 would take place in Geneva, at the invitation of the WHO Director-General. WHO had also signed a new agreement with the European Centre for Disease Prevention and Control (ECDC), joined the Management Board of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and held meetings with the senior management of the European Food Safety Authority. Cooperation with colleagues in the European Commission had been exceptional and firmly anchored within the context of the new European health policy framework and strategy, Health 2020.

The Deputy Secretary-General of the Organisation for Economic Co-operation and Development emphasized that five years after the economic crisis had first struck, Europe was still on the edge of a precipice: unemployment was over 10%, with youth unemployment up to five times that figure, and long-term unemployment had taken root. Little progress was being made in solving the banking and

sovereign debt crisis. Economic growth would struggle to rise above 1% in 2012. For most countries in the European Region, the chances of significant increases in health spending in the following five years were very low, and for some, further cuts in spending would be inevitable. Under those circumstances, countries had to deliver greater value for money in health spending. That was where OECD and WHO could play an important role, by helping governments to identify where their systems were underperforming and providing examples of good practice to inspire changes.

The guiding principle of the joint action plan that would shortly be signed was that by working together, OECD and WHO could be more persuasive than if they acted separately. Three areas were of particular importance: stressing the positive role of public health from an economic point of view (it was noteworthy that European countries still spent only some 3% of their health budgets on disease prevention, despite all the evidence that such spending provided better value for money than much spending on secondary and tertiary care); ensuring the fiscal sustainability of health spending; and improving and expanding the collection of non-monetary statistics and health data. By combining an understanding of the subtleties of health care provision that was characteristic of the work of WHO with the economic rigour applied at OECD, the two organizations could make a compelling case for health in general and appropriate reform of health care in particular.

The Regional Director commended OECD on its strong emphasis on looking at inequalities and the social aspects of economic policies. That was fully in line with the objectives and values of WHO and its new European health policy framework. The two organizations had already formed an alliance through an expert group to measure and set targets for well-being in Europe, and a recent study by OECD on the economic case for public health action was an outstanding example of their joint activities. As noted, the aims of the joint action plan were to improve health information systems in Europe, to provide the best possible support to Member States in developing robust and sustainable health systems, and to work together on health promotion, NCDs and the social determinants of health.

The Director-General emphasized that ministries of health had to work with other sectors of government to leverage the impact required to tackle problems such as obesity and the harmful use of alcohol. With regard to fiscal matters, inefficiencies in the hospital sector should be remedied before budget cuts were applied, and counter-cyclical investment (as was being done in two European countries) was a worthwhile approach. Collection of credible health data was important for a country's own sake and to enable funding partners to monitor performance and foster public interest.

The Regional Director and the Deputy Secretary-General signed a joint action plan between the WHO Regional Office for Europe and OECD.

Matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board

(EUR/RC62/6, EUR/RC62/Inf.Doc./6)

The European member of the Executive Board from Germany, designated to attend sessions of the SCRC as an observer, reported that the Sixty-fifth World Health Assembly had adopted 17 resolutions and 9 decisions. Three statements had been delivered on behalf of the European Region. She drew the Regional Committee's attention in particular to the resolutions on the implementation of the International Health Regulations (2005) (WHA65.23); strengthening NCD policies to promote active ageing (WHA65.3); poliomyelitis: intensification of the global eradication initiative (WHA65.5); outcome of the World Conference on Social Determinants of Health (WHA65.8); the global vaccine action plan (WHA65.17) and World Immunization Week (WHA65.18); and substandard/ spurious/ falsely-labelled/ falsified/ counterfeit medical products (WHA65.19). At the request of the World Health Assembly, the Regional Committee would hold detailed discussions on four issues: the global mental health action plan, the global monitoring framework for NCDs, the Consultative Expert Working Group on Research and Development, and WHO reform.

Global mental health action plan

The Director, Noncommunicable Diseases and Health Promotion said that a European mental health action plan would be drafted, informed by the global mental health action plan. Since the global plan was still being developed and would be subject to discussions at the World Health Assembly and in the Executive Board in 2013, the European plan could not yet be discussed. The representative of one Member State drew attention to the increasing number of cases of mental illness and emphasized the importance of taking mental health into account in all public health decisions.

Global monitoring framework for noncommunicable diseases

The Assistant Director-General, Noncommunicable Diseases and Mental Health explained that the United Nations high-level meeting on noncommunicable disease prevention and control had tasked WHO with leading the process of establishing a comprehensive global monitoring framework for noncommunicable diseases, including a set of indicators and a set of voluntary global targets for NCD prevention and control. Acting on that mandate, the World Health Assembly had decided to set a global target of a 25% reduction in premature mortality from NCDs by 2025. It had requested that consultations be held at regional level, to agree on potential specific targets and indicators. A formal global meeting would be held in November 2012 to finalize the monitoring framework.

The Director, Noncommunicable Diseases and Health Promotion summarized the web-based consultation process on targets and indicators that had taken place at European level. Member States had been asked to report on their capacity for measuring 11 proposed indicators. The responses received had shown that while the majority of countries were able to measure some of the indicators, other indicators, such as blood glucose and blood lipids, were more problematic. The consultation

would remain open for another week, in order to allow countries that had not yet responded to do so, and the final results would be summarized by the end of the month. The Regional Committee should decide whether it wished to proceed by establishing a technical working group to finalize a set of indicators and targets and report on behalf of the European Region, or whether Member States preferred to report directly to WHO headquarters in Geneva.

In the ensuing discussion, Member States agreed that the establishment of a global monitoring framework for NCDs was essential, and they emphasized that the targets set must be relevant, realistic and achievable. The existing knowledge base should be used as far as possible, and additional reporting burdens should be minimized. Some cautioned against setting targets that were too difficult to achieve and using indicators that were too costly to measure, especially in the current context of global economic and financial crisis. One representative said that since the deadline for finalizing the monitoring framework was fast approaching, consultations on targets and indicators should be held with Member States at WHO headquarters, rather than establishing a technical working group at regional level. The representative of the country currently holding the Presidency of the Council of the EU submitted a draft decision for consideration by the Regional Committee.

The Director-General urged Member States of the European Region to act swiftly to define targets and indicators for monitoring NCDs. Failure to meet the United Nations deadline for establishing the global monitoring framework by the end of 2012 would severely undermine WHO's credibility. If measures were not taken immediately, a "second" NCD epidemic would ensue: over the coming 20 years, complications from NCDs, such as diabetes-related blindness, kidney failure and amputation, would increase significantly. Urgent action was therefore required to ensure that NCDs were diagnosed early and monitored effectively.

The Regional Director, assuring the Director-General of the European Region's support, said that the web-based consultation would be completed and the results transmitted to the Assistant Director-General; a technical working group would not be established, but rather the Regional Office for Europe would continue bilateral consultations with Member States, whose individual positions would be fed into discussions at global level.

Statements were made on behalf of the Framework Convention Alliance, the Union for International Cancer Control and the NCD Alliance, the International Federation of Medical Students' Associations and the European Heart Network.

The Committee approved a draft decision submitted by Cyprus on behalf of the European Union and its Member States (EUR/RC62(1)).

Consultative Expert Working Group on Research and Development

The Assistant Director-General, Innovation, Information, Evidence and Research recalled that the Consultative Expert Working Group on Research and Development: Financing and Coordination (CEWG) had been set up in 2010 by the Sixty-third World Health Assembly in response to concern that insufficient resources were being devoted to diseases that disproportionally affected people in developing countries. The CEWG had issued a report in April 2012, which had been discussed at the Sixty-fifth World Health Assembly and at national and regional consultations to provide input for the open-ended global meeting to be held on 26–28 November 2012. That meeting would propose options

to be presented to the Sixty-sixth World Health Assembly. The CEWG had recommended that all countries should commit themselves to spending at least 0.01% of their gross domestic product (GDP) on government-funded research and development (R&D), while developed countries should consider committing 0.15–0.2%; that a global health R&D observatory should be created, under the auspices of WHO; and that a global framework in the form of a legally binding instrument be developed.

The Director, Division of Information, Evidence, Research and Innovation described the web-based regional consultation that had been conducted to obtain feedback on the CEWG report. Five Member States had responded. They had recommended that the current rules on intellectual property rights and the current R&D model be reviewed, with a proposal for specific mechanisms and incentives. They considered that all options should be explored before any tangible spending commitment was made or a binding coordination mechanism could be agreed, and that many recommendations and options could be pursued outside a binding framework. With respect to financing, some countries agreed, in theory, to committing a fixed percentage of their GDP but considered that any action would be premature; others were doubtful that such a commitment could be made, while some considered that an obligatory commitment would be "unacceptable". There had been no consensus on the use of pooled funds. With regard to coordination, the countries had voiced support for WHO's lead role in global coordination and management of health R&D but had recommended greater use of existing initiatives and structures. Others had stated that better coordination was needed, with a new or revised structure. With respect to the proposed convention and legally binding framework, countries had commented that its scope would first have to be agreed, with broad public health coverage. Doubt was expressed about its practical feasibility. There was thus no immediate support for the proposal. In order for the consultative process to continue, a technical working group could be formed to make specific proposals, a drafting group could be formed to prepare an action plan, or other mechanisms could be found, including continuing the web-based consultation to enable more countries to submit responses.

A representative speaking on behalf of the EU and its member countries said that current measures to ensure a global framework for R&D that addressed the priority health needs of developing countries were insufficient. The EU considered that the solution lay in strengthening coordination. It acknowledged the CEWG's consideration of the wise use of public resources in assessing proposals. Long-term research coordination was necessary, to strengthen the role and capacity of WHO in identifying and addressing R&D priorities. Work should build on and complement existing initiatives to the largest extent possible. The scope of activities should be agreed, including how to prioritize coordination efforts with a view to strengthening and balancing the entire health research process of innovation, implementation, access, monitoring and evaluation. The EU acknowledged the CEWG's assessment and exploration of models dissociating the costs of R&D from the price of medicines, in accordance with the Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property Rights. Lastly, the EU recommended the collection of sufficient, reliable data from Member States on R&D, voluntary public spending on health research, and transparency in the flow of resources to priority areas.

One representative commented that some of the recommendations in the CEWG report would require further discussion before they could be implemented. There was an obvious lack of R&D on diseases that affected developing countries disproportionally and therefore of the medicines to treat them. Although the existing intellectual property regime supported R&D, it failed when innovation was stifled by market failures. It was therefore essential to identify the diseases that fell into that category,

as it was those diseases that were the focus of the CEWG recommendations. In her opinion, a binding convention would not be the best way to ensure financing for R&D; it would be difficult to persuade governments to ratify it, and the negotiations would be protracted, although the needs were immediate or short-term. Other mechanisms should be found to ensure the coordination and financing of R&D, such as mobilization and pooling of voluntary funds, with subsequent transfer of the funds to a more appropriate structure.

Another representative expressed support for the establishment of a European branch of a WHO global health R&D observatory, for the proposed financing mechanisms for health and health R&D in developing countries, and for the proposed global coordination mechanisms. He agreed with the proposal to establish a network of research institutions and suggested that regional expert and consulting councils be founded for better coordination of national research initiatives. His country would hold national consultations on the CEWG report and participate in the regional consultation in order to make concrete proposals.

The Assistant Director-General, Innovation, Information, Evidence and Research, responding to comments, recognized that it would be premature for countries to support a convention or a treaty on R&D financing immediately. The Director, Division of Information, Evidence, Research and Innovation said that the voice of the whole Region was sought on the CEWG report. The Regional Committee agreed that the web-based consultation be extended so as to give Member States further opportunities to comment. The summary of the web-based consultation would then be discussed with the SCRC before being submitted to WHO headquarters.

Statements were made on behalf of Médecins sans Frontières and Stichting Health Action International.

Address by the WHO Director-General

The Director-General began her address by praising European countries' success in making health gains and maintaining their commitment to health at the domestic, regional and international levels, struggles made more difficult by the need to deal with powerful forces outside the control of the health sector, including the food and tobacco industries and the financial crisis. The European Region had done much to demonstrate that health was wealth. In the current climate, it was more important than ever to back up proposed strategies with solid evidence of their effectiveness and cost–effectiveness, as the Regional Office had done in three studies (on the social determinants, health governance and the economic case for public health action) made to support Health 2020. Practical, evidence-based advice was needed for all kinds of measures against NCDs, particularly to persuade the many other sectors whose support was essential to success.

The Director-General sought Member States' guidance as they and WHO addressed two big assignments: WHO reform and the inclusion of health on the post-2015 development agenda. Europe's leadership was as important in WHO reform as in, for example, the proposed strategy and action plan on healthy ageing, necessitated by the gains made in life expectancy. As financing was an important driver of reform, Member States would consider WHO reform as part of their discussion of GPW12 and the Proposed programme budget 2014–2015, which demonstrated how priority-setting worked in practice for the first time in WHO's history. The Secretariat would revise those documents taking account of the views expressed by Member States in regional committees and wide consultation with all partners, for submission to a special meeting of the PBAC and the Executive Board in January 2013. The aim was for WHO to make proposals grounded in countries' realities: pragmatic, feasible and acceptable to the shareholders in the Organization.

WHO was taking a leadership role and working with many partners, including other United Nations agencies, to collect a wide range of views in order to include health on the post-2015 development agenda. That effort should draw on the many lessons learned from pursuing the Millennium Development Goals (MDGs), such as the critical importance of well-functioning health systems that offered financial protection for their uses, and the value of concentrating on a limited number of time-bound goals. Member States would need both to campaign hard to ensure that even one post-2015 goal was devoted to health and to resist the temptation to multiply the number of goals. Such a goal would need to reflect the complexity of current conditions and the multiple problems of modern life (such as climate change, increasing emergencies, soaring health and food costs, demographic ageing, and the globalization of unhealthy lifestyles) that helped to drive the rise of NCDs. Those trends could be counterbalanced, however, with clever policies that had equity as an explicit objective and convincing arguments based on abundant evidence and practical examples. While the momentum to sustain and extend the gains made against infectious diseases through the MDGs needed to continue, the post-2015 health goal should seek to establish universal health coverage, the single most powerful social stabilizer and equalizer, a goal many countries were already pursuing with advice from WHO and the World Bank.

In the discussion that followed, representatives focused on setting out their aims for WHO reform, to which they pledged intensified support. The European Region needed to make consolidated proposals to the Executive Board and agree on GPW12 and the Proposed programme budget 2014–2015 that were to be adopted by the World Health Assembly in May 2013. The reform process should: increase agreement on priorities, reduce duplication of effort within WHO, ensure strategic management and better governance, and solve financial issues, particularly enabling WHO to secure more predictable resources and to maintain its leadership in a new health architecture that included many new partners and had unfortunately led to the fragmentation of health policy. One speaker expressed her country's support not only for the proposals in the document on GPW12 but also for the establishment of a structure for subregional cooperation. Another endorsed the proposal of a post-2015 goal on universal coverage. He suggested that it should include financial protection and the basic services to be offered, and urged fellow representatives to try to convince their governments of the value of that idea. Representatives described the successes achieved in many of WHO's priority areas; one expressed his country's willingness to share its experience and tools, particularly in emergency response, and called on the Region to make greater efforts to help the refugees arriving from the Syrian Arab Republic.

In reply, the Director-General praised Member States' progress in, for example, working towards universal coverage and coping with emergencies, setting an example of the benefits of investing in

health that could convince others. Countries needed such examples, as well as policy coherence in health. She thanked Member States for their support and guidance, particularly on WHO reform. The Secretariat would do its part trying to meet their high expectations and move quickly, but reform was a joint responsibility with Member States, which both could exercise in their discussion of GPW12 and the Proposed programme budget 2014–2015. She agreed that the problems with the complex global health architecture were not only financial. Member States could combat fragmentation by ensuring that all health partnerships and organizations focused on their core mandates, and that countries carried out the tasks they took on in resolutions. WHO would practise mutual accountability: tracking the achievement of commitments made by both the Organization and Member States. The partnership between WHO and Member States was like a tango, requiring the closest cooperation of both partners if it was to be successful.

Report of the Nineteenth Standing Committee of the WHO Regional Committee for Europe

(EUR/RC62/4, EUR/RC62/4 Add.1, EUR/RC62/Conf.Doc./2)

The Chairman of the Nineteenth Standing Committee of the WHO Regional Committee for Europe (SCRC) noted that the SCRC had met five times since the previous session of the Regional Committee; in the interests of transparency, the third meeting in May 2012 had been open to representatives of all Member States in the Region. To ensure adequate preparation of the current Regional Committee session, the SCRC had also held three teleconferences in June, July and early September.

The SCRC had closely followed the development of Health 2020 over the year. In order to reach the expected audience, to ensure that countries made the necessary political commitment and to make sure that its messages would be heard and well understood, the SCRC had recommended that the Secretariat should prepare two separate documents: a short policy paper targeting policy-makers and a longer document addressing the public health community. The SCRC had welcomed the two-year participatory consultation process carried out first and foremost through the European Health Policy Forum for High-level Government Officials, as well as through a written consultation with Member States and partners. The SCRC recommended that the Regional Committee should adopt the short policy document for decision-makers, and that it should welcome and acknowledge the work done on the longer document and encourage Member States to make full use of it.

The European public health action plan lay at the heart of Health 2020 and was an important tool for implementation of that policy framework. Measures to tackle the current public health challenges in the European Region were captured in the ten essential public health operations (EPHOs), that were the result of an active and extensive process of consultation with Member States and partners alike. On the recommendation of the SCRC, and for the sake of better alignment, the timeline of the European public health action plan had been extended to mirror that of Health 2020. The SCRC recommended

that the Regional Committee should adopt the action plan as outlined in the corresponding draft resolution.

The European strategy and action plan for healthy ageing had been presented to the Nineteenth SCRC at its second session. The SCRC had appreciated the interaction between WHO and the European Commission in that field, and it welcomed the integration of comments and feedback received during the web consultation and at its sessions. The SCRC recommended that the Regional Committee should adopt the strategy and action plan through the corresponding draft resolution.

The SCRC also supported the renewed strategy for strengthening the role of the Regional Office's geographically dispersed offices (GDOs). It had called for a progress report to be presented to the Regional Committee on the situation with regard to existing GDOs in Barcelona, Bonn and Venice, as well as the NCD Centre in Athens. It confirmed that decisions concerning the establishment or closure of a GDO were the responsibility of the Organization's regional governing bodies. The Standing Committee had also agreed on the need for a new country strategy for the Regional Office, and an interim one was accordingly being presented to the Regional Committee at the present session; a final strategy would be submitted in two years' time, when the WHO reform process had completed its work in that area.

The SCRC welcomed the regular oversight reports that it had received from the Secretariat on the implementation of the Regional Office's work plan and on budgetary and financial matters. Those reports were important for ensuring accountability, and he suggested the SCRC should invest even more time into that important area in future.

The Standing Committee had considered the candidatures received from Member States for vacancies on the Executive Board and the SCRC, and it had reached agreement by consensus on the short-list that it would propose to heads of delegations. The SCRC also believed that the process of selecting Member States in the European Region to submit candidatures for membership of the Executive Board and the Standing Committee should be evaluated, as provided for in resolution EUR/RC60/R3.

Lastly, acting on a request from a representative of a Member State at the sixty-first session of the Regional Committee, the SCRC had asked the Secretariat to calculate the estimated cost (for the Organization only) of the implementation of resolutions of a technical nature. The Standing Committee looked forward to receiving feedback from Member States on whether the current format and extent of those cost estimates were adequate and useful.

The Vice-Chairperson of the Nineteenth SCRC said that the Standing Committee had a "rolling agenda" for upcoming sessions of the Regional Committee, for the purpose of long-term planning. Issues to be put on the agenda of the following session of the Regional Committee included mental health (on which a regional consultation had recently been held in Oslo); a communications strategy for the Regional Office (which could take several years to elaborate); and a health information strategy (where the SCRC had defined the terms of reference of a working group that representatives of Member States were encouraged to join). The Standing Committee would continue to gain an insight into staff affairs thanks to presentations made by representatives of the Regional Office's Staff Association (EURSA).

In response to a request from a representative of one Member State, the Regional Director suggested that the Twentieth SCRC might also wish to evaluate the operation of resolution EUR/RC60/R3 and report back to the Regional Committee at its sixty-third session.

The Committee adopted resolution EUR/RC62/R2.

Health 2020: a European policy framework supporting action across government and society for health and well-being

(EUR/RC62/8, EUR/RC62/8 Corr.1, EUR/RC62/9, EUR/RC62/9 Add.1 Rev.1, EUR/RC62/Conf.Doc./8 Rev.1, EUR/RC62/Inf.Doc./1, EUR/RC62/Inf.Doc./2, EUR/RC62/Inf.Doc./3, EUR/RC62/Inf.Doc./4)

The evidence base of Health 2020

The President drew attention to document EUR/RC62/Inf.Doc.2, which summarized the evidence base of Health 2020. Documentation on the main studies that had informed Health 2020 were included in the background material for the session.

A member of the SCRC presented the SCRC's position on the evidence base for Health 2020. Health 2020 should promote strategies and interventions with the greatest potential for making a significant difference to people's health, with emphasis on redressing health inequalities, addressing the social determinants of health and promoting systematic prevention. It should also examine the economics of prevention, present clear evidence of the benefits of investing in health, and outline policy directions. Health 2020 not only referred to scientific evidence but also considered the connections between that evidence and practical experience across the European Region. It had been informed by important studies on social determinants of health, governance and economics. The SCRC had followed the drafting process closely and, having reviewed several drafts of the Health 2020 documents, was satisfied that Health 2020 focused on solutions that would be effective and relevant for all Member States in the European Region.

Executive summary of the European health report 2012: Moving Europe towards health and well-being

The Director, Division of Information, Evidence, Research and Innovation presented the executive summary of the European health report 2012 (EUR/RC62/Inf.Doc./1). The report would be the result of efforts by many contributors from the Regional Office and WHO headquarters, as well as Member States that had committed to providing health statistics. It was closely linked to Health 2020 and would have four sections: the first outlining the epidemiological evidence base underpinning Health 2020; the second on the development of targets and indicators for Health 2020; the third on how to put well-being on the agenda as a marker of social progress in the European Region; and the fourth identifying the key challenges for health measurement and outlining a collaborative approach to collecting and analysing data and reporting on health across the Region.

The executive summary provided an overview of changing trends in health status in Europe, including life expectancy, mortality rates, causes of death, disease patterns, burden of disease and social determinants of health. It also explained the process that had been followed to set targets for Health 2020. Once those targets had received Regional Committee approval, the Regional Office would begin to develop a set of indicators for countries to use to measure progress. Joint efforts with a group of international experts were also under way to establish a process for measuring well-being in Europe.

Key messages from studies

The Executive President said that a wealth of evidence and information lay behind Health 2020. He introduced a panel of experts.

Professor Sir Michael Marmot, Director, Institute of Health Equity, University College London cautioned that, while some countries in the Region had good health owing to their increasing affluence, good-quality health care systems and socially cohesive policies, not all countries had equal opportunities. There was not only a significant health divide between countries in the Region but also increasing inequities within countries, which could only be overcome by placing justice at the heart of all policy-making. All countries should "do something, do more and do better" to bridge those gaps, since inequities in health were a barometer for the functioning of the whole of society. Urgent action was needed to address the social determinants of health, particularly in the current context of austerity resulting from the global economic and financial crisis.

Professor Ilona Kickbusch, Director, Global Health Programme, Graduate Institute of International and Development Studies, Geneva, referring to the study she had led on governance for health in the twenty-first century, said that key changes in society, such as globalization, European integration, the growing power of markets, the financial crisis and the influence of civil society, were making the process of developing health policy increasingly complex. Better performance was being demanded of health systems, using only existing resources, while the essential links between health and other societal goals had to be reinforced and public expectations met for greater transparency and accountability from government. Consideration must be given not only to how other factors impacted on health but also to how health impacted on other factors. Health 2020 encompassed a "whole-of-society" and "whole-of-government" approach to health policy. In addition to the social determinants of health, regulation of the commercial determinants of health was crucial in the twenty-first century, and the political determinants of health must also be taken into account. Parliamentarians should be urged to act as a catalyst in the transition from ideology to action for health.

The Director, European Observatory on Health Systems and Policy referred to a study on intersectoral governance for health in all policies. The European Region encompassed a wide range of governance models and structures. The study had focused on what types of intersectoral governance structures existed, what actions could be taken to develop strategies in other sectors, such as parliament and the civil service, and how to engage with civil society and the private sector. When developing approaches to intersectoral governance, consideration should be given not only to what structures were in place but also to how they were used and what influence they had. While cabinet committees and parliamentary select committees could potentially be useful, not many of them focused on health. Dialogue between countries for sharing experiences, lessons learned and best practices would be extremely valuable.

Mr Mark Pearson, Head, Health Division, OECD said that in Europe, investment in disease prevention accounted for only 3% of health spending. Policy-makers must be persuaded that lack of investment in prevention was tantamount to a waste of public money. It was crucial to emphasize that some prevention methods, such as raising taxes on tobacco, encouraging smoke-free environments and banning tobacco advertising, were not only cost-effective but also cost-saving. Other methods, such as enforcing drink-driving laws, decreasing salt and saturated fat content of processed foods or regulating food advertising for children, could result in considerable savings in the long term, particularly since the resultant improved health would contribute directly to the increased productivity of the labour force. Measures must be taken to shift emphasis away from curative care towards prevention.

The Acting Head, Office for Health System Strengthening, Barcelona said that each country in the European Region had been affected differently by the economic and financial crisis, with the western part of the Region suffering most acutely. Those countries most affected were considering implementing austerity measures for up to four years. Where real cuts were being applied to health budgets, the challenge was not simply to cut spending accordingly, but rather to increase efficiency and thus reduce spending, while staying true to the values that Member States held dear and without pushing costs onto patients. Some countries had responded by trying to raise revenue for health by introducing so-called “sin taxes”, while others had used the crisis to strengthen universal coverage of health services. A focus on the bigger health picture must be encouraged; direct spending on hospitals often represented a misallocation of resources.

The Chief Scientist and WHO Representative to the EU gave an overview of his analysis of the resolutions, declarations and legally binding documents on technical issues that had been adopted in the WHO European Region between 1990 and 2010. One of the issues most emphasized by Member States during that period had been partnerships, which featured in 73% of those documents. The large number of commitments entered into by countries at regional and global level had resulted in considerable duplication and made evaluation of their impact quite difficult. Health 2020 represented a new framework for incorporating relevant issues into policy-making. His analysis could be used as an important tool for reflecting on certain governance mechanisms used in the WHO European Region.

The Head, Policy and Cross-cutting Programmes and Regional Director’s Special Projects said that Health 2020 had been informed by a wealth of evidence, which would also be used as a platform for launching studies on Health 2020 implementation. Steps would be taken to use that evidence, as well as information on local realities, to develop training packages and inform debates during the implementation process.

Representatives of two Member States put questions to the panellists; one asked where cuts could be made in health spending, and the other wished to know how proactive approaches to health governance could be encouraged, rather than retroactive application of evidence for policy development, which seemed to be common in the health sector. He also cautioned against forgetting societal values, such as care for the elderly, when focusing on prevention.

The panellists responded that, since different countries had different inefficiencies in their health care coverage, the areas where savings could be made would differ accordingly. Whole-of-society approaches took account of societal values and should be encouraged. Greater investment should be made in forward-looking micro-simulation models for the health sector, in order to encourage

proactive planning, as widely used in other sectors. Knowledge brokering was also essential, in order to share evidence and best practices for the benefit of all.

The Director-General said that the health sector had been working in isolation for too long. WHO had a crucial role to play in encouraging cooperation with relevant partners and providing ministers of health with policy briefs to be championed at whole-of-government level. Efforts must also be made to rally other stakeholders to consider how the whole of society could act to change attitudes towards policies. Governance for health was an important issue that must be addressed in the context of WHO reform.

Debate on Health 2020

The Regional Director described the process by which Health 2020 had been drawn up, which had involved evidence-gathering, by consultation with hundreds of experts from a wide range of disciplines; documenting the experience of policy-makers and public health advocates; and peer review by thousands of stakeholders to ensure its relevance in different contexts and systems. The document was destined for ministers of health, indicating new leadership roles and opportunities; for government leaders, identifying ways of making an economic case for investment in health; for health professionals, outlining integrative strategies and interventions to address the major health challenges in the Region, to link clinical interventions with equity and social determinants of health, and to strengthen health systems; for partner agencies, with a common set of values, evidence and experience; and for civil society, empowering citizens, consumers and patients for patient-centred care. WHO would support the adoption and adaptation of Health 2020 approaches in countries. In turn, she asked for their support for Health 2020 and looked forward to working with them for a healthier Europe.

The Head, Policy and Cross-cutting Programmes and Regional Director's Special Projects said the Health 2020 policy framework was designed to provide a practical platform for leaders to become advocates of their nation's health, by engaging other sectors and partners. The consultation that had been the basis for the framework had been extensive, with debate leading to a shared understanding of new concepts and how to translate them into practice. The document recognized that countries were at different starting-points; it therefore emphasized the key principles and approaches and showed "what worked", as well as outlining the capacity that was needed for each approach. The policy framework and strategy brought together all the evidence and showed how it was interconnected to make an integrated whole. It should be useful for a wide range of actors, from government leaders to NGOs, mayors and regional governors. It would give legitimacy to change and innovation in health governance. One of its major strengths was that it showed how the new concepts could be made to work. Mechanisms were proposed to develop further capacity and guidance, in "core packages"; a new interactive web site had been set up for further guidance.

A representative of the SCRC said that the SCRC had particularly appreciated the highly participatory nature of the drafting process for Health 2020, which had been responsive and sensitive to the feedback given by Member States and partners across the European Region. The two documents were truly the result of a collective effort. Health 2020 had a genuine multi-stakeholder appeal. It was not prescriptive but rather was intended as a source of help and inspiration for all Member States in the Region. The SCRC expressed its full support for the two documents and the accompanying draft resolution.

In the ensuing discussion, representatives of 30 countries took the floor to express their support for Health 2020 and appreciation for WHO's role in leading its development. All welcomed the policy document, the process of developing it (which had been participatory and had enabled all Member States to contribute to it) and its quality and usefulness for national work. Many Member States reported that they had based their health plans for the coming years on earlier versions of the Health 2020 policy framework. The framework would be of significant value to all public health work, in ministries, communities, academic institutions, municipalities, cities, intergovernmental agencies and civil society. One representative said that she looked forward to using the policy in briefing a new ministerial team in her country's department of health on the place and contribution of public health within a government focused on increasing economic growth. All speakers welcomed the evidence base underlying the policy framework and strategy, as well as the new approaches put forward (such as those involving the whole of government and the whole of society). A number of representatives mentioned the lack of evidence of a correlation between health expenditure and health outcomes, showing that relatively small investments in health promotion and prevention could result in large health gains. A representative speaking on behalf of the SEEHN welcomed the fact that the document represented an umbrella strategy that should be used in future to link other regional policies and strategies, rather than addressing specific health issues as had been done in the past. An example of that was the two other strategies that were being discussed by the Regional Committee, on public health and on healthy ageing. Health 2020 also complemented the Banja Luka Pledge that had been adopted in Bosnia and Herzegovina in 2011.

One representative commented on the fact that Health 2020 maintained equity and the need for intersectoral action on the agenda, which were important in a time of economic recession with the accompanying increase in health risks. Another commended the emphasis on intersectorality while stressing the different role of democratically elected bodies and public administration from other actors, and the broader European practice and understanding regarding Health in All Policies than presented in the background paper. They furthermore requested WHO to continue its important role in normative work and standard-setting and in providing technical guidance, particularly with regard to health services provision and financing. WHO should help health authorities through options and guidance for leadership alongside the existing examples of formation of interministerial committees. Those options and guidance should include all existing efforts and instruments, such as the FCTC and the Parma Declaration on Environment and Health, the full implementation of which should be ensured as priority.

A representative speaking on behalf of the European Union and its member countries noted with satisfaction the synergy between the Health 2020 policy framework and the European Action Plan to strengthen public health capacity and services, and also with relevant EU policies and strategies. Other representatives reiterated the necessity of aligning implementation of Health 2020 with the WHO reform process, while avoiding duplication of effort, and also of aligning regional with global processes.

One representative expressed scepticism with regard to well-being. It was difficult objectively to define "well-being" and its dependence on economic and historical factors. Its assessment was susceptible to errors of measurement and misinterpretation, which posed problems for cross-nation comparisons. She also expressed her view that the indicators should be objective, so that they were sufficiently accurate. Furthermore, evaluation of Health 2020 should be based on existing indicators

and monitoring mechanisms and should be financed within the existing financial framework. The results of such evaluations should be used to update the evidence and knowledge base for better implementation of Health 2020.

The representative of one Member State proposed an amendment to the draft resolution in operative paragraph 2. A representative speaking on behalf of the SEEHN proposed the addition of a new subparagraph between operative paragraphs 6(b) and 6(c). Another representative, speaking on behalf of the European Union and its member countries, said that a number of proposed amendments to the draft resolution would be submitted in writing to the Secretariat.

Mr Matthias Groote, Chair, Committee on Environment, Public Health and Food Safety, European Parliament, delivered a message to the Committee by video. He welcomed Health 2020, which he likened to the EU Health for Growth programme, 2014–2020. The aims of that programme included increasing the sustainability of health by addressing poor diets and a sedentary lifestyle, maximizing the contribution of the elderly to society, reducing cross-border threats to health and increasing pharmacovigilance. The programme had synergies with Health 2020, and he looked forward to collaboration with the Regional Office.

The Regional Director welcomed the fact that, even during its preparatory phase, Health 2020 had already begun to impact on health policy development at national level. She assured all Member States that they would receive the Regional Office's full support in their efforts to implement the policy framework. National ownership, which was crucial to Health 2020, had already been promoted in the participatory drafting process and must continue through political will and leadership in implementation. She acknowledged the importance of aligning not only Health 2020 but also other regional initiatives with global processes in general and WHO reform in particular.

The statement made on behalf of the SEEHN on the need to align WHO strategies and action plans with Health 2020 was particularly relevant, and she recalled that the Health 2020 policy framework and strategy would be a "living" document. Responding to concerns raised about the concept of well-being, she recalled that well-being was included in the definition of health found in the WHO Constitution. Further work was required to refine the definition of well-being, which would only be done on the instruction of Member States and through a participatory consultative process. Although WHO was already encouraging health authorities to work together with other sectors, greater efforts were required to promote cooperation with the education sector, since the considerable return from investment in early childhood development was well recognized. Ministers of health should play a leading role in that regard. In closing, the Regional Director activated the new Health 2020 website.

Statements were made on behalf of the European Heart Network, the European Public Health Alliance, the European Public Health Association, the European Respiratory Society, the International Alliance of Patients' Organizations, the International Bureau for Epilepsy, the Standing Committee of European Doctors, the Thalassaemia International Federation, the World Confederation for Physical Therapy, the World Federation for Medical Education and the World Federation of Occupational Therapists.

The Committee considered the draft resolution contained in document EUR/RC62/Conf.Doc./8 Rev.1. One representative, speaking on behalf of the European Union and its member countries, proposed two further amendments. The Committee adopted resolution EUR/RC62/R4.

WHO reform

(EUR/RC62/14, EUR/RC62/16, EUR/RC62/16 Add.1, EUR/RC62/17, EUR/RC62/18, EUR/RC62/Conf.Doc./10)

Twelfth General Programme of Work 2014–2019

The Assistant Director-General, General Management presented the latest draft of GPW12. Member States had called for a more consultative and participatory approach to developing the GPW and the Organization's programme budget, so a consultation had been held at WHO headquarters in Geneva in February 2012, at which agreement had been reached on five (plus one) categories and five criteria for priority-setting and programmes in WHO. An initial draft outline of GPW12 had then been discussed at the Sixty-fifth World Health Assembly in May 2012. A second draft of GPW12 and a first draft of the Proposed programme budget 2014–2015 were currently being discussed at sessions of all WHO's regional committees; the two documents would then be further elaborated for submission to the PBAC and Executive Board in January 2013 and the Sixty-sixth World Health Assembly in May 2013.

Unlike the current GPW11 covering the period 2006–2015, in which priorities for WHO received relatively little attention, GPW12 set out a strategic framework focusing on the direct link between the work of WHO and the resulting impact on public health, thereby providing a clearer indication of the return on investment in the Organization. The first chapter of GPW12 set the scene by describing the new political, economic, social and environmental realities, and the changing agenda and landscape for global health. The second chapter spelled out the role of WHO as combining enduring principles, values and approaches with a strategic response to the changing environment. The third chapter identified 26 priorities for the period 2014–2019, determined by applying the criteria for priority-setting within each of the technical categories, and briefly set out WHO's role in each priority area. The fourth chapter described activities in the programme category that would contribute to achievement of the outcomes of WHO governance and management reform. The fifth chapter set out how investment in WHO would make a difference to people's health, by portraying a clear chain of results that linked inputs and activities to outputs, outcomes and impact. The Secretariat bore responsibility for the first three aspects, whereas it shared joint responsibility for the latter two with Member States and partners. GPW12 covered outcomes and impact, while the Proposed programme budget focused on outputs. Inputs and activities would be defined as part of the Organization's operational planning process. A sixth and final chapter, on resources, would be added to the next draft of GPW12.

In the following discussion, representatives of Member States thanked the Secretariat and all the parties involved in preparation of the documents on WHO reform. Value for money was a common concern of all Member States, and that approach should imbue not only Health 2020 but also GPW12 and the Proposed programme budget 2014–2015. WHO's activities should have the ultimate aim of building up Member States' health systems and capacities, particularly with regard to disaster preparedness, surveillance and response. Other priorities were the cross-cutting issues of the social determinants of health and inequities in health. In both documents, there was a need for further

elaboration of a clear distribution of roles and responsibilities between the three levels of the Organization (headquarters, regional offices and country operations).

Representatives believed that the five technical programme categories offered a suitable framework for GPW12 and welcomed the results-based approach. However, they considered that the 26 priorities proposed reflected long-standing or current patterns of work and not a new strategic direction for the Organization. More information should be given on the rationale for selecting those priorities. Indeed, efforts should be made to reduce their number by asking why the objectives set earlier had not been attained, whether activities remained relevant or could better be carried out by other actors, and which activities were of such strategic relevance that they had to be carried out by WHO under any circumstances.

The absence of budgetary information made it challenging for countries to respond to the World Health Assembly's request in relation to priority-setting. One representative believed that limiting WHO's scope of work could not be done at the level of the categories and priorities in GPW12, but only at the level of specific activities. Another doubted whether WHO's 194 Member States would be able to agree on priorities at the level of detail required by GPW12 and the programme budget. The impetus for making those difficult choices would have to come from the Director-General and a reform-oriented secretariat. Following her re-election, the Director-General had been given a clear mandate to indicate what should be prioritized over what, and for what reasons; what level of the Organization was most fitted to perform a certain task; and what budget was needed to carry out those tasks.

On the other hand, another representative believed that the main challenge still was how to make sure that priorities were democratically set through the Organization's governing bodies: only the World Health Assembly could do that, through its decision on the general programme of work and the programme budget. Those priorities then had to be adequately funded. The current budgeting processes were outdated: they had been designed for an organization with a smaller but more flexible budget, whereas currently a large proportion of its resources were specified. A new financial model and budgeting process would need to incorporate the three characteristics of transparency, democracy and predictability. One approach could be to make assessed contributions 100% flexible. Another would be to introduce a financial dialogue immediately following the World Health Assembly's decision on a new programme budget, with the purpose of financing the priorities agreed by the Member States. The result of the financial dialogue could be presented to the PBAC and the Executive Board, after which the Director-General would mobilize resources to fill any remaining gaps in the budget (decentralized resource mobilization did not contribute to transparency).

One representative, speaking on behalf of the EU and its member countries, said that he had submitted a draft resolution on the item to the Secretariat, with the request that it be distributed to members of the Regional Committee for their consideration.

In response to representatives' comments, the Assistant Director-General, General Management explained that some activities had been singled out in each of the 26 priority areas covered in GPW12; it was not the Secretariat's intention to cover each area comprehensively. With regard to the distribution of tasks between the three levels of the Organization, a working group would be looking at that question for each output.

The Director-General agreed that building capacity was an important function of the Organization, but she cautioned against "provider-induced demand": countries should be able to "graduate" from capacity-building measures. It was true that 26 priorities were too many, but they had been endorsed by the World Health Assembly: perhaps it would be necessary to "sunset" priorities automatically, after a suitable period such as six years. With regard to funding mechanisms, it might be useful to hold multilateral discussions with Member States to see whether any might consider moving their contributions to other priorities, if a given area was overfunded. In any case, she confirmed that once all WHO's regional committees had held their 2012 sessions, her next steps in preparation of GPW12 and the Proposed programme budget 2014–2015 would be to identify what priority activities needed to be done at which level in the Organization, taking account of the Members States' views as expressed at those sessions, and then to prepare revised documents (with budget envelopes) for submission to the PBAC and the Executive Board in January 2013.

Statements were delivered on behalf of the International Federation of Medical Students' Associations and the Medicus Mundi International Network.

Proposed programme budget 2014–2015 and the European perspective

The Assistant Director-General, General Management explained that the programme budget was a biennial expression of the GPW, which specified the Secretariat's proposed outputs for each priority area. Those outputs were the "deliverables" for which the Secretariat would be resourced and would be fully accountable. When a results chain for each area of activity had been established, the budget could be developed accordingly: the output (what was to be done), would be set, then the division of labour (WHO headquarters, regional office or country office) would be decided, after which it would be costed, and only then would resources be allocated. In the absence of budget figures (since costing had not yet been done) the Proposed programme budget 2014–2015 gave an overview of how the 2010–2011 budget had been used, and how funding was being used in the current biennium. An updated version of the Proposed programme budget 2014–2015, based on the costing of outputs, would be presented to the PBAC and the Executive Board in January 2013.

The Director, Division of Administration and Finance introduced the document setting out the perspective of the WHO Regional Office for Europe on the Proposed programme budget 2014–2015 (EUR/RC62/16 Add.1). It defined targets and outputs for the European Region, which would be specified further after the World Health Assembly had approved the programme budget. A "contract" would be concluded between the Regional Committee and the Secretariat of the Regional Office for Europe, setting out planned activities and detailing the necessary funding. The European Region was a forerunner in the use of outputs and outcomes: it had already identified 27 key priority outcomes for 2012–2013, as well as 57 other priority outcomes. A review of the outcome portfolio was currently under way and a 20% change was expected for 2014–2015. The document also considered the business model in which the Regional Office was operating and focused on the Regional Office's comparative advantage.

Since the global programme budget as yet contained no figures, two costing scenarios were presented in the document on the European perspectives, one premised on the same budget allocation as the 2012–2013 biennium (US$ 221 million) and the other on an increased allocation of US$ 240 million. Both scenarios were purely hypothetical and intended to show how the budget would be allocated in a finite overall budget. A reallocation of staff costs would be required to redress the balance between

staff and activities. While the Organization's global financial situation was stable, and the US$ 4 billion required for the current biennium would likely be received, the Regional Office's finances were not so rosy. Currently, the Regional Office had US$ 12 million less than at the same time in the previous biennium to implement the programme for 2012–2013. Of the Regional Office's total funding, 61% came from voluntary contributions (VCs), two-thirds of which were mobilized directly by the Regional Office. That meant that while Member States allocated resources to "one WHO", the Regional Office must approach them a second time, calling for more funding. It was assumed that the next programme budget would be "funded upfront", meaning that VCs would be pledged in advance, thus providing a better idea of the funding that would be available for the coming biennium.

The Senior Strategic Adviser, Programme and Resource Management added that the document applied the five global criteria for priority-setting, contained in GPW12, to the situation in Europe. Annex A showed how those criteria related to each GPW category and Annex C linked the 84 outcomes in the current outcome portfolio with their individual outputs to the Proposed programme budget 2014–2015. The document also contained an overview of how the Secretariat's outputs might ideally develop, with regard to the six GPW12 categories.

A member of the SCRC said that the SCRC had been surprised and disappointed to be presented with a Proposed programme budget that did not contain any figures. While she welcomed the explanation given by the Assistant Director-General, she said that budget priorities could not be discussed in isolation, without any information about suggested allocations and programmatic choices. That was particularly true where a constant budgetary envelope was being proposed, in which spending on one area could only be increased at the expense of another, and where the cost of outputs was increasing. The SCRC regretted that the Regional Committee had not been given the chance to discuss those difficult trade-offs.

The SCRC welcomed the European perspective on the programme budget, which provided a helpful level of analysis and detail, and which could serve as a guide for placing the approach to the global budget in the regional context. The SCRC noted and encouraged progress towards One WHO, in which context it looked forward to further examination of appropriate resource allocations. It agreed that money should follow functions and looked forward to the application of that principle.

In the ensuing discussion, many participants welcomed the results-based approach to the new programme budget, with its emphasis on deliverables, which they said would put WHO ahead of other organizations. Several agreed that financial and budgetary transparency must be improved and clear explanations given of how resources would be used and what outcomes were expected. Although Member States agreed that the development of a new budget strategy constituted an essential element of WHO reform and was particularly important for ensuring the Organization's credibility, they felt that it was very difficult to discuss the proposed programme budget in the absence of any costing information. They wished to know what measures were being taken at WHO headquarters to develop costings. Some representatives pointed out that activities and outputs must be prioritized in times of financial crisis: a "business as usual" approach was not tenable. The representative of one Member State expressed concern that some of the proposed outputs involved too many elements to be completed in one biennium. She asked how the priority level of those elements would be ranked. Another participant requested information on how the WHO reform was being financed.

Many representatives commended the document on the European Regional Office's perspectives on the programme budget 2014–2015 and said that they had found the two budget scenarios particularly useful. One pointed out that even if the budget remained unchanged, the Organization's efficiency would be expected to increase. Another representative requested that a "pace of change" document be prepared to explain the time frame for resource-shifting. Two participants warned against any reduction in the Regional Office's budget for addressing communicable diseases, since central Asia was a part of the Region that had particularly high caseloads of HIV/AIDS and TB. Several Member States emphasized the importance not only of devolution to the regions but also of strengthening WHO's in-country presence.

The Assistant Director-General, General Management acknowledged that the Secretariat had been late in explaining why the programme budget as presented to the Regional Committee did not contain any figures. Once the priorities and outputs had been established, and the division of labour planned, a "reality check" for staffing would have to be carried out. The Proposed programme budget 2014–2015 must signal changes and shifts in the Organization, in order to move the reform process forward. Information on costing would be shared as it became available. Further consideration must still be given to how outputs would be ranked.

The Director, Division of Administration and Finance, agreed that HIV/AIDS and TB were a particularly serious issue in the European Region. A reduction in resources allocated to outputs on communicable diseases must not mean a reduction in efforts to address HIV/AIDS or TB. WHO reform called for increased country presence: country offices in the Region had been reviewed and found to be needed – they would therefore not be closed. Funding was not available, however, to secure posts for senior technical experts in each country office. Resources would therefore be pooled and experts deployed to country offices as needed.

The Director-General emphasized that WHO must live within its means. While efforts would be made to improve efficiency, care must be taken to ensure that the quality of work was not compromised. Consideration should be given to which activities could be phased out. The Organization's US$ 4 billion budget for the current biennium was a reduced budget, based on the funds received in previous biennia. Those funds must also absorb the costs incurred by inflation, exchange rate fluctuations and building maintenance. A task force had been established to address resource mobilization. Resource mobilization should only be approved if matched to priorities. If the full resourcing was not received, she would decide where cuts should be made. Thus far, the WHO reform process was so severely underfunded that it was likely to fail. She urged Member States to provide pro bono support.

The Regional Director said that the Organization had before it a unique opportunity to get the GPW and programme budget right. The Regional Directors fully supported the Director-General's efforts in that regard. In light of the adoption of Health 2020, steps could now be taken to consider how to sunset some of the resolutions adopted in the European Region over the past 10 years. Discussions had been held with the SCRC on the Regional Office's deliverables, and the Office's key priorities would be established in 2013. While it was not financially possible to increase technical capacity in all country offices, efforts should be made to do so at the levels of the Regional Office and GDOs to serve the whole Region. Measures were required to clarify the functions at the three levels of the Organization, after which funding could be allocated. She welcomed the establishment of the working group on resource mobilization. Further consideration should be given urgently to how to do resource mobilization for VCs to the Regional Office, within the corporate spirit and without appealing to

Member States more than once. She highlighted that issue as a challenge that needed further discussion and agreement.

The Committee adopted resolution EUR/RC62/R3, on the understanding that information on the costing of outputs and allocation of budget would be shared with Member States as it became available.

Impact of WHO reform on the work of the Regional Office for Europe

The Regional Director described WHO reform as "work in progress". Some aspects of the reform agenda could be implemented rapidly, while other, more complex issues would take longer. Defining the roles and responsibilities of the three levels of the Organization was an important task, as those definitions affected the distribution of funding. The policy framework for GPW12 corresponded to the priority areas in Health 2020, and that concordance would provide the opportunity to "sunset" many previous resolutions. Proposals to that effect would be made at the next session of the Regional Committee, after consultation with the SCRC. The new format of the programme budget ensured accountability and transparency and would therefore allow the Regional Office to present a clearer financial picture to Member States.

With regard to governance, a number of important decisions had already been taken, such as avoiding duplication of strategies at regional and global levels. On the question of harmonization of the practices of WHO regional committees, full transparency had been ensured in the nomination of the Regional Director; the suggested review of the credentials of Member States attending regional committee sessions had been entrusted to the SCRC; the participation of observers in regional committee sessions was to be addressed in a document to be presented to the Executive Board in January 2013; and the Executive President would report on the proceedings of the Regional Committee to the Executive Board at its next session. Several representatives had commented that the duration of future Regional Committee sessions should be maintained at four days; however, the Health Assembly often added items to the Regional Committee's agenda, resulting in a very full programme. An extension should therefore be kept as an option.

Managerial reforms would determine the success of the reform process; for example, results-based planning would obviate the need for medium-term plans. The peer reviewing of programmes was an additional burden for the SCRC; furthermore, external evaluation, by headquarters and other colleagues, had been found to be extremely useful. The last aspect of managerial reform was the predictability, flexibility and sustainability of financing, and that was to be the topic of two "break-out" sessions. Eight issues were suggested in document EUR/RC62/18 as a basis for discussion, although others could be raised.

The representative of the SCRC, recalling that the WHO European Region included some of the largest donors to the WHO budget, said that the reform agenda was complex. Although good progress had been made on addressing the strategic agenda, management reform was more difficult, as it involved defining roles and responsibilities at the three levels of WHO, ensuring a flexible work force and attaining flexibility in WHO's financing. The SCRC supported Member State-driven reform; however, the Secretariat should be proactive, developing plans for implementation and defining its own functions and internal management. She looked forward to a real contribution from the break-out groups to the discussions at the special meeting of the PBAC.

The Executive President reported that a credentials committee comprising representatives of Andorra, the Russian Federation and Turkey, appointed by the SCRC, had reviewed the credentials submitted by Member States attending the meeting and had found them to be in order.

Feedback from break-out group meetings

Two break-out group meetings were held. On the resumption of discussions in plenary, the rapporteur of the first break-out group said that, with regard to flexibility of funding, the group had concluded that increasing assessed contributions was not an immediate solution, owing to the current financial crisis, although the option should be retained for possible use in the future. Flexible, balanced management of assessed contributions (ACs) by the Secretariat was considered to be a good idea once earmarked funds had been distributed, on condition that the budget had been discussed and approved in a transparent way, with appropriate auditing and reporting mechanisms. Ensuring an increased proportion of the resources through the core voluntary contributions account (CVCA) would require increased confidence over time. The basis should be resource-based management, combined with accountability and transparency. The financial regulations in some countries did not permit them to give fully flexible funds, and multi-year earmarked funds might be one solution to meet the needs of the Organization.

With regard to predictability of funding, the group had considered that mapping expected financing to programming, if feasible, would increase transparency and guide the distribution of corporate resources. Asking donors to indicate how much their contributions would be and where they were to be allocated would be useful, but only feasible once priorities had been set. The problem that arose when many donors earmarking funds for a particular area, to the detriment of others, was raised. It was suggested that a call for donors be put out when insufficient funds were available for a particular area. New types of donors should perhaps be approached, as long as that was done in a transparent, ethical way. The introduction of innovative sources of financing should, however, be acceptable to the Executive Board and WHO. In response to the question of whether a shift in the financial year would improve the predictability of WHO's funding, it was suggested that the beginning of the financial year be changed to 1 July. No comments had been made regarding governance.

The rapporteur of the second break-out group reported that, as to increased flexibility of funding, the group thought that an increase in ACs was unlikely in the foreseeable future. Member States' support for increased flexibility in the use of VCs would depend on progress in WHO reform, as they needed to have more confidence in WHO's use of resources, through greater transparency and good evaluations of performance. Member States wanted to know what areas were covered by earmarked VCs; then WHO could identify funding gaps and apply ACs and seek additional VCs to fill them. Member States agreed that there were areas of WHO's work, for example on pharmaceuticals, which should be funded only from ACs, to avoid any notion of conflict of interest. In addition, within current rules, the Director-General could move AC resources more easily among the 5 plus 1 categories than the 13 strategic objectives, although the 10% flexibility permitted actually translated into only 2.5% overall flexibility when all types of funds were combined. Increased flexibility could result not only from increasing the CVCA but also from Member States' respecting the 13% share of VCs devoted to programme support costs. The latter would be more likely when Member States knew what the real overhead costs were. The need for the appropriation resolution would depend on the reforms actually made, and particularly on the nature of financial reforms.

The main measure suggested to increase the predictability of financing was to reduce the time that passed between the World Health Assembly's adoption of the programme budget and the start of the financial year, and thus the start of implementation. Shifting the start of the financial year seemed to be the more practicable option. That would also help with flexibility, as WHO and Member States would have a better overview of VCs before the appropriation resolution was adopted. The proposal offered other advantages: significantly shortening current long lead-times and giving the Health Assembly a stronger sense of ownership of the programme budget, resulting from delegates' conviction that they had set real priorities. Other international organizations had made that change, so it should also be possible for WHO. If WHO maintained the current cycle of events, however, it would need to supply Member States with something in addition to the programme budget (information on which priorities would have to be de-emphasized as a result of funding gaps), but Member States preferred shifting the start of the fiscal year. On the issue of governance, Member States in the World Health Assembly, rather than donors of VCs, should determine WHO's priorities.

In the brief discussion that followed, it was agreed that the report on those discussions would be sent to the Director-General as soon as possible, to inform her preparations for the forthcoming PBAC meeting and Executive Board session. In addition, a representative congratulated the Secretariat on having organized a real discussion on the logic of the distribution of the Organization's resourcing. The conclusion (that the Secretariat reverse its current practice and look first at earmarked VCs and then decide where to apply ACs and CVCA funds) would give the greatest flexibility in funding and allow the Director-General to ensure that the whole programme was funded.

Elections and nominations

(EUR/RC62/7, EUR/RC62/7 Add.1, EUR/RC62/7 Add.2)

The Committee met in private to nominate two candidates for membership of the Executive Board, to elect four members of the SCRC.

Executive Board

The Committee decided that Albania and Andorra would put forward their candidatures to the World Health Assembly in May 2013 for subsequent election to the Executive Board.

Standing Committee of the Regional Committee

The Committee selected Austria, Finland, Israel and the Republic of Moldova for membership of the SCRC for a three-year term of office from September 2012 to September 2015.

European Environment and Health Ministerial Board

The Committee decided to extend the mandates of France, Malta, Serbia and Slovenia.

Strategy and action plan for healthy ageing in Europe, 2012–2020

(EUR/RC62/10 Rev.1, EUR/RC62/10 Add.1, EUR/RC62/Conf.Doc./4)

A video presentation was made on ageing in Europe.

The Coordinator, Healthy Ageing, Disability and Long-term Care, said that 2012 was the European Year for Active Ageing and Solidarity between Generations. The strategy and action plan for healthy ageing in Europe, 2012 –2020 had been developed as a vision for an age-friendly Europe in which all people could maintain their health and functional capacity and continue to live in dignity. The strategy had clear links to Health 2020 and contained four strategic priority areas for action: healthy ageing over the life course; supportive environments; people-centred health and long-term care systems fit for ageing populations; and strengthening the evidence base and research. Those priority areas had been carefully selected to be relevant for all countries in the WHO European Region, irrespective of any differences in their income levels or the resources at their disposal. More than 40 Member States had already adopted national policies on healthy ageing. The Regional Office would work together with them to identify policy gaps and assist in implementation, and it would promote exchanges of experience and best practice between countries. Efforts had been made to ensure that the strategy and action plan complemented measures taken by other partners in Europe, such as the European Commission, OECD and the United Nations Economic Council for Europe (UNECE).

A member of the SCRC said that the Standing Committee had been actively involved in the preparation of the strategy and action plan. The participation of representatives of the European Commission had brought added value to the drafting process. The Standing Committee particularly welcomed the attention that the strategy and action plan paid to strengthening the links between health and long-term care, and the emphasis it placed on secondary and tertiary prevention. The document struck a balance between healthy ageing over the life-course and early disease prevention, as well as care for ongoing frailty and dependency. The SCRC expressed its support for the document and the accompanying draft resolution.

In the discussion that followed, several Member States welcomed the strategy and action plan and agreed that healthy ageing was a particularly important aspect of improving the health of the population in general. While the increasing life expectancy in Europe was a sign of success, efforts to promote healthy and active ageing must increase accordingly. Representatives of some countries emphasized the importance of the prevention of elder maltreatment, the provision of palliative care, and the promotion of good quality nutrition and appropriate living conditions. Many participants expressed their full support for the strategy and action plan. One Member State would provide a written submission of editorial amendments to the German version, and a representative speaking on behalf of the member countries of the EU said that amendments to the draft resolution would also be submitted to the Secretariat.

The Coordinator, Healthy Ageing, Disability and Long-term Care, thanked the Regional Committee for its support and said that aspects such as nutrition could be taken into account in the implementation of the strategy and action plan.

Statements were delivered on behalf of Alzheimer's Disease International, the European Chronic Disease Alliance, the European Patients' Forum, the World Confederation for Physical Therapy and the World Federation of Occupational Therapists.

The Committee adopted resolution EUR/RC62/R6.

European Action Plan for Strengthening Public Health Capacities and Services

(EUR/RC62/12 Rev.1, EUR/RC62/12 Add.1, EUR/RC62/Conf.Doc./6 Rev.2, EUR/RC62/Inf.Doc./5)

The Executive President said that the European Action Plan for strengthening public health capacities and services (EUR/RC62/12 Rev.1) was at the heart of Health 2020 and its implementation. A video, prepared by the WHO Regional Office for Europe, entitled "Public health services for the 21st century", was shown.

The Director, Health Systems and Public Health Services described the wide consultative process by which the Plan had been prepared, which had included civil society and nursing associations, and numerous meetings at subregional, regional and global levels. The revival of interest in public health was in line with WHO reform and would support implementation of the Tallinn Charter. Strengthening public health services was also one of the four pillars of Health 2020, and attention had been paid to ensuring coherence between the Plan and that policy framework and strategy. Public health functions, infrastructure and capacity would be strengthened for health protection, disease prevention and health promotion in an integrated approach, including primary health care.

The Plan rested on a solid evidence base, including assessments of public health services and capacity in 41 of the 53 countries in the Region, a study on institutional models and funding structures, and a study on legal and policy tools and instruments. It encompassed 10 essential public health operations, which had been grouped for integrated delivery of services. The Plan would be implemented between 2012 and 2020, with continued consultation with Member States, expert and working groups, a governance structure and a steering group. Progress would be reported regularly to the Regional Committee. Each country would use the self-assessment tool to identify areas that required strengthening and any gaps in funding. The Regional Office was committed to supporting countries' efforts to implement the Plan.

A representative of the SCRC welcomed the fact that, through Health 2020 and the Plan, public health had been restored as a central feature of WHO's work in the Region. The SCRC had discussed the Plan on several occasions and, recognizing that it would be instrumental for implementing Health 2020, had asked for better alignment between the two, with more emphasis on the social determinants

of health. The SCRC had suggested that consultation on the Plan be broadened, in order to foster ownership. The 10 essential public health operations had been updated to reflect modern public health practice and the holistic vision of Health 2020. The time frame for implementation had been extended to 2020 and definitions of terms used in the two documents had been aligned. The SCRC considered that those changes had made the Plan more useful to Member States.

Representatives expressed overwhelming support for the European Action Plan and commended the Regional Director for having made public health a priority since the beginning of her mandate. A number of representatives described major structural changes that had been, or would be, made to their national public health services on the basis of the results of the self-assessments they had carried out, as well as on the basis of earlier drafts of the Plan. One representative said that when briefing her new ministerial team she would use not only the Health 2020 strategy but also the Action Plan. The fact that the Action Plan was based on the real experience of countries ensured that it proposed the best possible policies. The Regional Office should provide regular feedback in response to countries' reports on implementation, in order to guide them in making any necessary adjustments.

A representative speaking on behalf of the member countries of the EU said that amendments had been submitted to the draft resolution on the Action Plan, clarifying the voluntary nature of the recommended actions, placing greater emphasis on partnerships (including with civil society, the private sector and citizens), and underlining the role of primary health care; another proposed amendment called for further development of the Internet tool.

Other representatives welcomed the integrated approach to public health, which would help to bring together the often dispersed public health activities in each country. While some representatives described existing schools of public health, many of which were internationally renowned and offered courses in research and practice, others announced plans to establish such schools. One representative said that adding public health to other actions within work on WHO reform brought it back to its proper place, as it had tended to be sidelined in the past; the full potential of public health in other sectors of government and society was still to be realized.

A representative speaking on behalf of the 10 countries in the SEEHN said that public health was an evolving discipline, reaching beyond communities to the globalized world and dealing with new issues, such as emerging infectious diseases, social determinants of health and inequalities. The Action Plan clearly defined how a modern, efficient public health service should be established. Public health was a bridge to peace and a tool for sustainable development and participatory democracy through the whole-of-government approach.

The Regional Director, welcoming Member States' support for the Action Plan and thanking them for their cooperation in the consultation process, said that public health was a high priority, especially for implementation of Health 2020. She was pleased to see that many Member States were already using the Action Plan's principles.

The Director, Health Systems and Public Health also welcomed the support expressed by Member States. The voluntary nature of the Plan was important, as each country had different needs and capacities. That had been reflected in the amendments to the draft resolution. Furthermore, the involvement of civil society was foreseen in each aspect of the Plan. The country voluntary self-assessments had provided invaluable information for drawing up the Plan, and especially for

identifying gaps and setting priorities. He said that a simplified tool had been devised for use in making voluntary rapid assessment of the public health situation in countries and would be launched shortly.

The Committee adopted resolution EUR/RC62/R5.

A country strategy for the WHO Regional Office for Europe 2012–2014

(EUR/RC62/13, EUR/RC62/Conf.Doc./7)

The Executive Manager, Country Relations and Corporate Communication, introduced the country strategy for the WHO Regional Office for Europe 2012–2014 (document EUR/RC62/13), which had been drafted with the active participation of Member States and the SCRC. It was an interim strategy, which summed up actions that needed to be taken by the Regional Office in, for and with Member States, drawing on lessons learned from the past. Many economic, social and political changes had occurred in the Region since the last country strategy had been endorsed. The new strategy was flexible, relevant to all countries in the Region, and it called for a proactive, rather than a reactive, approach to meeting emerging challenges. It proposed a better balance between country work and intercountry work, and it emphasized the role of multicountry or subregional delivery of technical assistance.

Although it was an interim document for the next two years, the new strategy presented a vision that would also be integrated into the final country strategy. It set out a number of possible ways in which the Regional Office could have a "country presence" without a country office, in order to ensure regular contact with all Member States in the Region. The document proposed the establishment of country cooperation strategies (CCS) for every Member State in the Region. The first CSS was currently being developed with Switzerland. The new country strategy was a testament to the Regional Office's commitment to achieving change, in cooperation with Member States.

A member of the SCRC said that the SCRC welcomed the participatory nature of the drafting process for the new country strategy. The strategy was well aligned to the requests of the Member States. The establishment of CCS was particularly important for countries without country offices. In the spirit of WHO reform, the Regional Office for Europe should consult with other regional offices on the question of country cooperation. The SCRC recommended that the Regional Committee endorse the new country strategy and adopt the accompanying draft resolution.

In the ensuing discussion representatives of several Member States, including one representative speaking on behalf of the EU and its member countries, expressed their gratitude for the work being done by the country offices. Member States welcomed the Regional Office's renewed efforts to strengthen its links with countries, particularly through CCS. CCS must be flexible in order to take account of the different needs of countries throughout the Region. One representative asked what the

relationship would be between CCS and biennial collaborative agreements (BCAs), and wondered whether BCAs were relevant for countries that did not require technical assistance. A representative of one Member State, speaking on behalf of the EU and its member countries, said that while the new country strategy had many positive elements, it required further elaboration, as well as alignment with the ongoing WHO reform discussions, before it could be endorsed. She proposed substantial amendments to the draft resolution. One representative took the floor to support the amendments, while another said that her delegation, which had not been given an opportunity to study the proposed amendments, leaned towards supporting the original draft resolution. The Executive President said it was unfortunate that such substantial amendments to the draft resolution had been received at such a late stage.

The Executive Manager, Country Relations and Corporate Communication welcomed the amendments proposed to the draft resolution, which, if accepted by the Regional Committee, would serve as a good basis for moving the country strategy forward. Those members who had not had a chance to study the proposed amendments should be given time to do so. While CCS set out a strategy for cooperation between the Regional Office and individual countries, BCAs served as a kind of action plan. BCAs could only be amended or cancelled by an exchange of letters. She welcomed the support expressed for the work of the country offices.

The Regional Director assured the Regional Committee that the Office's approach to developing the country strategy had been holistic and had taken account of the WHO reform process. The challenge for the Regional Office was to be equally relevant for all 53 Member States in the Region. That could only be achieved using a business model with a strong head office in Copenhagen and fully integrated GDOs to provide additional technical capacity, supported by country offices. CCS would provide a systematic mechanism for collaboration with all Member States, including those that did not have a BCA or a country office. CCS would have two dimensions, the first to ensure collaboration between the Member State and the three levels of WHO, and the second to harness the country's contribution to health development at regional and global levels.

After considering the amendments to the draft resolution, the representative of one Member State expressed support for those amendments that called for further elaboration of the country strategy and proposed that it should be presented for adoption by the Regional Committee at its sixty-sixth session.

The Committee adopted resolution EUR/RC62/R7 with the amendments proposed by one Member State on behalf of the member countries of the EU.

Strengthening the role of the Regional Office's geographically dispersed offices (GDOs): a renewed GDO strategy for Europe

(EUR/RC62/11, EUR/RC62/Conf.Doc./5)

The Regional Director described the current status of the Regional Office's GDOs, which provided essential technical capacity in the areas of environment and health, the social determinants of health and health care financing. The WHO European Centre for Environment and Health in Bonn had sustainable funding for the next 10 years. Although the host agreement for the WHO European Office for Investment for Health and Development in Venice was due to expire in 2013, Italy had expressed its commitment to hosting the Office and a renewed agreement would be ready to sign soon. The host agreement for the WHO Barcelona Office for Health Systems Strengthening had been amended, and was currently being reviewed by the WHO Legal Counsel; it was hoped that the Council of Ministers of Spain would sign the agreement in the coming months. The Regional Office and the Government of Greece were in regular discussions about the implications of Greece's financial situation for the plans to establish the new WHO European Centre for the Prevention and Control of Noncommunicable Diseases in Athens.

A representative of Greece said that, owing to her country's difficult and unstable financial situation, the Government would need another two months to decide whether it had the financial capacity to host the Centre. A representative of Spain expressed the Spanish Government's commitment to trying to solve and formalize the situation of the Barcelona Office and informed the Regional Committee that her country was working on the process leading to signature of the necessary host agreement. Another representative asked whether GDOs were an expense or a source of revenue for the Regional Office. The Regional Director said that they provided essential and sustainable financial resources and technical capacity that the Regional Office would otherwise lack. She also asked the Regional Committee to decide what would be its role with regard to decision-making on GDOs.

The Senior Strategy and Policy Adviser introduced the renewed GDO strategy for Europe (document EUR/RC62/11). It was based on the results of an external review carried out in 2010 and a web-based consultation among Member States conducted in early 2012 at the request of the SCRC. The strategy sought to ensure that GDOs played an integral role in the work of the Regional Office by providing evidence, research and implementation tools to support policies developed at the head office in Copenhagen, and by giving support to all Member States. The strategy defined a GDO and set out the conditions and prerequisites for establishing one. Its implementation would secure sustainable and predictable resources for the Regional Office and strengthen GDO management and governance. New GDOs might be considered for three strategic areas: humanitarian aid and emergencies, health systems strengthening with a focus on primary health care, and health information systems and knowledge management.

A member of the SCRC said that the Standing Committee had welcomed the findings and recommendations of the external review, which had been incorporated into the Regional Director's proposals. The strategy clarified the criteria for hosting a GDO and the staff secondments required. It

also included an analysis of the need for new GDOs, based on feedback received from Member States. The SCRC had urged the Regional Director to retain the prescriptive nature of the strategy. It welcomed the requirement to include a well-developed "business case" in any proposal to establish a new GDO. The Regional Director said that she had kept her promise made at the previous session of the Regional Committee not to negotiate the establishment of any new GDOs. She would welcome the Regional Committee's advice on how to proceed in order to secure essential capacity for the Regional Office.

In the subsequent discussion, all speakers agreed on the high quality of the work done by the GDOs, as well as on the value of the additional technical capacity they gave and the resulting benefits to Member States. Many praised the strategy as a positive step, in particular welcoming the criteria and prerequisites for establishing a GDO. Eight speakers, however, said they wished to amend the strategy before they would be willing to adopt it. The external review had identified management and administrative gaps in the GDOs, as well as problems securing resources. Efforts must be made to ensure that GDOs were fully integrated into the work of the Regional Office. One representative hoped that, if funding could not be found to host the NCD centre in Athens, alternative hosting arrangements could be made in his country. Another representative stated that the Regional Committee should hold a detailed discussion on whether GDOs were the best solution to the Regional Office's capacity challenges. He suggested that attempts be made first to find resources to be used in Copenhagen, and that the Regional Committee should base any decisions about opening or closing a GDO on a thorough analysis of needs, available resources and potential consequences for the whole Region. The preliminary analysis of the new strategic areas suggested did not provide enough information for the Regional Committee to make a decision.

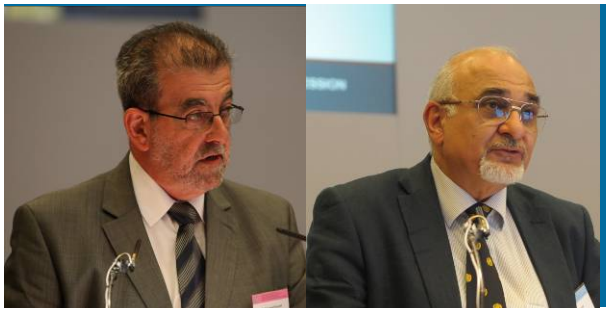
Several speakers agreed that, in order to ensure transparency and accountability, the Regional Committee should be responsible for taking decisions on the possible extension or creation of a GDO. Such an approach would ensure that governance of the Regional Office was in line with WHO reform. Speakers cautioned that having too many GDOs could undermine the leadership of the Copenhagen office, and warned against devolving decision-making to the SCRC. Several representatives suggested that the Regional Committee should consider the strategy itself separately from the proposed new areas, and requested that the Regional Director report annually to the Regional Committee on the status of GDOs.

Four representatives, however, expressed strong support for the strategy as presented, including the proposed new strategic areas, and praised the level of support their countries had received from GDOs. The Russian Federation offered to host the NCD centre if funding could not be secured in Greece, and Kazakhstan offered to host a new GDO on primary health care, as had already been announced twice on earlier occasions. Another representative said that the Regional Director was fully competent to make decisions about existing and future GDOs.

In reply, the Regional Director said that the issues of whether to endorse the strategy and how to proceed with decision-making about new GDOs should be considered separately. Existing GDOs were fully integrated into the Regional Office. She hoped that the Regional Committee could agree to accept the Russian Federation's generous offer to host the NCD centre, if necessary. Regarding the division of opinion about decision-making on new GDOs, she said that, although the Regional Committee certainly could be responsible for decision-making based on the presentation of detailed business plans, such an approach, however, had to be considered in the light of the decision-making

role of the Regional Committee in line with the WHO Constitution and WHO reform, which gave the Regional Committee responsibility for setting policy and held the Regional Office accountable for results. Lastly, she saw little prospect for increased resources in the Copenhagen Office, and no practicable alternative to using GDOs to increase technical capacity.

Following an informal consultation, the Regional Committee adopted decision EUR/RC62(2).



Evaluation of the European Health Policy Forum for High-level Government Officials

(EUR/RC62/15)

The Senior Strategy and Policy Adviser recalled that the High-level Forum had been set up after the sixtieth session of the Regional Committee in order to consult with Member States at strategic level on Health 2020. At the Forum's third meeting, a preliminary discussion had been held on the need to evaluate its work. The SCRC had been briefed on the outcome of that discussion and had advised that the Regional Office conduct a written consultation with Member States. The response rate to the survey had been 81%. There had been full agreement that the Forum had been useful for preparing Health 2020; 63% of respondents had replied that the Forum should continue to meet once or twice a year; 23% considered that it should convene as and when necessary, after endorsement by the Regional Committee and the SCRC; and 14% considered that the Forum had served its purpose and need not meet again.

A representative of the SCRC said that that Standing Committee considered that the aims of the Forum had been achieved, and that it had offered the opportunity for widespread consultation, extensive discussion, networking and sharing of experiences, which had undoubtedly expedited the Health 2020 drafting process. The SCRC's view was that the Forum should meet again as and when a need for extensive consultation was identified.

A representative, speaking on behalf of the member countries of the EU, said that the Forum had been set up to prepare Health 2020, and it had therefore served its purpose. There would be no need in the future for a similar structure; better use should instead be made of existing structures, especially in view of the serious budgetary constraints faced by Member States and the Regional Office alike. Meetings of the governing bodies and written consultations should be an adequate, cost-effective way of allowing Member States to participate in the future work of the Regional Office. To ensure that Member States were sufficiently informed, the Regional Office should provide them with annual – or at least biennial – work plans. In the context of WHO reform, initiatives to further strengthen the existing governing bodies and increase the transparency and participatory nature of the SCRC would be welcome.

Other representatives said that, although the Forum had completed its mission, it acted at a level beyond that of the governing bodies. They therefore favoured the option of maintaining the structure

but convening the Forum only as and when necessary, as determined by the Regional Committee and the SCRC.

The Regional Director noted the broad consensus that the High-level Forum had served a useful purpose in connection with the development of Health 2020. She allayed concerns that the Forum would undermine the role of the governing bodies by explaining that its deliberations were fed back to those bodies. The Regional Office might invite Member States in the future to discuss the evidence-based studies linked to Health 2020 or new studies on the social determinants of health, to consider whether this could usefully be done in the Forum.

The Regional Committee did not conclude on this agenda item. The Regional Office therefore kept open the option of inviting the SCRC and the Regional Committee to convene another Forum in the future, possibly with a different set-up in terms of membership. The SCRC and the Regional Committee would in that event, also be invited to include in their discussions the impact of reconvening the Forum on the Organization's budget.

Confirmation of dates and places of regular sessions of the Regional Committee in 2013–2016

EUR/RC62/Conf.Doc./3

The Committee adopted resolution EUR/RC62/R8 by which it reconfirmed that it would hold its sixty-third session in Portugal from 16 to 19 September 2013 and decided that its sixty-fourth session would be held in Copenhagen from 15 to 18 September 2014. It also decided that its sixty-fifth session would be held from 14 to 17 September 2015 in a location to be decided, and that its sixty-sixth session would be held in Copenhagen, on dates to be decided.

Closure of the session

A representative of the Russian Federation referred to a Maltese proverb, "the word of a Maltese is stronger than the promise of a king", and said that, at its sixty-second session, members of the Regional Committee had given their word and made promises on a wide variety of issues. Each Member State must now ensure that those words and promises were translated into action at national level. She congratulated all concerned on the accomplishment of a successful session.

Resolutions and decisions

EUR/RC62/R1. Report of the Regional Director on the work of WHO in the European Region 2010–2011

The Regional Committee,

Having reviewed the Regional Director's report on the work of WHO in the European Region in 2010–2011 (document EUR/RC62/5) and its annex on implementation of the 2010–2011 programme budget;

1. THANKS the Regional Director for the report;
2. EXPRESSES its appreciation of the work done by the Regional Office in the biennium 2010–2011;
3. REQUESTS the Regional Director to take into account and reflect the suggestions made during the discussion at the sixty-second session when developing the Organization's programmes and carrying out the work of the Regional Office.

EUR/RC62/R2. Report of the Nineteenth Standing Committee of the Regional Committee

The Regional Committee,

Having reviewed the report of the Nineteenth Standing Committee of the Regional Committee (documents EUR/RC62/4 and EUR/RC62/4 Add.1);

1. THANKS the Chairperson and the members of the Standing Committee for their work on behalf of the Regional Committee;
2. INVITES the Standing Committee to pursue its work on the basis of the discussions held and resolutions adopted by the Regional Committee at its sixty-second session;
3. REQUESTS the Regional Director to take action, as appropriate, on the conclusions and proposals contained in the report of the Standing Committee, taking fully into account the proposals and suggestions made by the Regional Committee at its sixty-second session, as recorded in the report of the session.

EUR/RC62/R3. Draft Twelfth General Programme of Work and Proposed programme budget 2014–2015

The Regional Committee,

Having reviewed the Proposed programme budget for the biennium 2014–2015 (document EUR/RC62/16) and the regional perspective thereon (document EUR/RC62/16 Add.1), as well as the draft Twelfth General Programme of Work (EUR/RC62/17) and having taken note of the comments made in this respect by the Standing Committee of the Regional Committee;

Recognizing that the development and execution of the Twelfth General Programme of Work and its associated budgets are an essential means of advancing the WHO reform process, as mentioned in document EUR/RC62/14;

Considering that the allocation of budgets between WHO headquarters and WHO regional offices is a key element of the reform process, and that WHO regional committees should be facilitated to comment both on the overall budget envelope and on the allocation by category and major offices;

Considering that strengthening the role of the Organization at country level and the coherence between the three levels of the Organization are important issues in the reform process;

Recalling its resolution EUR/RC60/R9, in which the Regional Committee suggested a further strengthening of the mechanisms and principles used to allocate centrally managed resources among the Organization's major offices;

1. WELCOMES the efforts made by the Secretariat of WHO headquarters and of the Regional Office for Europe in aligning the draft Twelfth General Programme of Work and the Proposed programme budget 2014–2015 according to the decisions made at the Sixty-fifth World Health Assembly (decision WHA65(9));

2. NOTES that the Proposed programme budget 2014–2015 contained in document EUR/RC62/16, needs to be further developed to focus on priorities and results, in order to increase the transparency of the distribution of labour among the three levels of the Organization and to clarify the outputs at these three levels;

3. ACKNOWLEDGES the good intention of the Secretariat in providing drafts of the Twelfth General Programme of Work and the Proposed programme budget 2014–2015 without budget figures but NOTES that, in the absence of detailed information, it is difficult to have an in-depth discussion on the Proposed programme budget during the Regional Committee session;

4. NOTES the strategic directions contained in document EUR/RC62/16 Add.1 and the efforts made by the Regional Director to clarify the key priority outcomes of the Regional Office in a transparent manner, as well as the idea of clarifying accountability for these outcomes during the sixty-third session of the Regional Committee, following adoption of the global programme budget;

5. URGES all Member States to continue to play a full and active role in the ongoing discussions about priorities and, when considering their contributions to WHO, to keep in mind the need for predictable and flexible financing and agreed priorities;

6. REQUESTS the Regional Director to convey to the Director-General that the Regional Committee requests:

   (a) the Secretariat to provide more detailed drafts of the Proposed programme budget 2014–2015 and the Twelfth General Programme of Work that further clarify the strategic direction of the Organization for discussion by the governing bodies. They should focus on a limited number of priorities and suggest areas that should not be key priorities for WHO in the relevant period, together with their rationale based on the criteria adopted by the World Health Assembly;

   (b) the Secretariat to provide further detailed information regarding the costing of outputs and allocation of budget between the five plus one categories of programmes, in order to have well-informed discussions during the January 2013 meeting of the Executive Board's Programme, Budget and Administration Committee and before submitting the Proposed programme budget 2014–2015 and draft Twelfth General Programme of Work to the Executive Board at its 132nd session;

   (c) in order to facilitate approval of the Proposed programme budget 2014–2015, the Secretariat to provide full transparency regarding the level of resources already available and/or secured, as well as detailed information concerning the intended allocation of resources between programmes and outputs. Furthermore, the Proposed programme budget 2014–2015 should clarify areas for efficiency and cost-savings compared to the past programme budget;

   (d) that in future years regional committees be provided with the necessary data including budgets in sufficient time to allow for thorough consideration and feedback;

   (e) the Secretariat to provide greater clarity about the level at which functions are carried out within the Organization, including at regional level, and then to ensure that resources are allocated in a way that reflects this agreed division of labour, while acknowledging that normative functions rest with WHO headquarters, taking into account the needs and specificities of the individual regions.

EUR/RC62/R4. Health 2020 – The European policy framework for health and well-being

The Regional Committee,

Having considered document EUR/RC62/9, concerning the new European policy framework for health and well-being, and acknowledging the supporting document EUR/RC62/8 concerning the new European policy framework and strategy;

Recalling its resolution EUR/RC60/R5, by which it requested the Regional Director to develop a European policy for health – Health 2020 – to act as a unifying and coherent action framework to

accelerate the attainment of better and more equitable health and well-being for all, adaptable to the realities that make up the European Region;

Recalling also its resolution EUR/RC61/R1, by which it requested the Regional Director to continue to consult Member States and where applicable regional economic integration organizations and to develop, according to the guiding framework as presented at its sixty-first session, the final draft of Health 2020 to be presented to Regional Committee for adoption at its sixty-second session;

Mindful of the ongoing WHO reforms and their implications for strong alignment between global and regional policies;

Building on the legacy and experience of the European Region with the values and principles of Health for All,[1] the Ottawa Charter for Health Promotion,[2] the Tallinn Charter: Health Systems for Health and Wealth,[3] Health 21[4] and declarations adopted at ministerial conferences on environment and health;

Acknowledging existing commitments made through global and regional policies, strategies and plans (as reflected in resolutions and other collective political statements) to address public health challenges globally and at regional and national levels;

Noting the findings and recommendations of the studies that have been undertaken to inform Health 2020 including the European review of social determinants and the health divide; the study of governance for health in the 21st century; the study on the economic case for public health action; the study on intersectoral governance for health in all policies; the review of Member States' and the WHO Regional Office for Europe's commitments between 1990 and 2010, and the draft *European health report 2012*;

Aware of the key leadership and initiation role of the health sector; as well as the essential roles and impact on health of various sectors and all levels of government and of subnational, national and international, inter-governmental, nongovernmental and governmental organizations and bodies, in efforts to address health and well-being and health equity in the Region;

1. WELCOMES the work done the Regional Office and takes note of the extensive evidence-gathering and wide participatory process;

2. ADOPTS the regional policy framework for health and well-being – Health 2020 (document EUR/RC62/9) as a guiding framework for health policy development in the Region as a whole and in individual Member States, together with a set of regional goals as set out in that

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[1] *Global Strategy for Health for All by the year 2000*. Geneva, World Health Organization, 1981 (Health for All series, no. 3).

[2] *Ottawa Charter for Health Promotion*, 1986. Copenhagen, WHO Regional Office for Europe, 1986

[3] *The Tallinn Charter: Health Systems for Health and Wealth. World Health Organization Ministerial Conference on Health Systems, Tallinn, Estonia, 25-27 June 2008*. Copenhagen, WHO Regional Office for Europe, 2008.

[4] *Health 21: The Health for All policy framework for the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 1999 (European Health for All series, no. 6).

document and the appropriate indicators for the European Region that are relevant to and engage all Member States irrespective of their starting points;

3. WELCOMES and ACKNOWLEDGES THE VALUE of the European health policy framework and strategy – Health 2020 (EUR/RC62/8) as a supporting document which strives to provides evidence-based guidance on policies and actions that can work, on the inter-connection between the main strategic approaches, and on the capacity required to address the public health challenges and opportunities to promote health and well-being in the Region, and which can be used as a resource for Member States and the WHO Secretariat in their efforts to implement Health 2020;

4. AGREES that a mid-term evaluation of progress with regard to uptake and implementation of the Health 2020 policy framework should be submitted to the Regional Committee in 2016;

5. URGES Member States[5] to:

   (a) develop and update, where appropriate, their policies, strategies and action plans for health development taking full account where relevant of the regional Health 2020 policy framework and the underlying evidence;

   (b) take into account, where appropriate or relevant, the regional Health 2020 policy framework in international health activities within the European Region;

   (c) consider giving support to Health 2020 initiatives through building various forms of collaboration, including relevant partnerships, while stressing proper management of conflicts of interest, especially those involving national and regional governments, nongovernmental organizations, sectors other than health and other parts of civil society, including translation into national languages, where appropriate, of the health policy framework for the European Region;

   (d) where appropriate, contribute to health information systems and reliable and comparable data-gathering activities in European countries so as to adequately permit the monitoring of progress, using existing reporting systems;

6. REQUESTS the Regional Director to:

   (a) support Member States, where appropriate, in developing and updating their health policies in accordance with Health 2020;

   (b) ensure that in each further resolution dealing with strategies on different issues in the work of the WHO Regional Office for Europe, a special reference should be added to the relation and interconnection with the Health 2020 strategy;

   (c) ensure wide dissemination of the regional Health 2020 policy framework and to prepare appropriate information material for communication to relevant audiences;

   (d) promote the regional Health 2020 policy framework to other international and integrational bodies active in the health and other sectors in the Region as a possible

[5] And regional economic integration organisations, where applicable

frame of reference for the development of policies according to the health in all policies and whole-of-government approaches;

(e) continuously update the evidence and knowledge base on strategies and methods that work, in order to promote and facilitate the implementation of Health 2020 using all appropriate communication tools;

(f) in consultation with the Member States and regional economic integration organizations, where appropriate, develop a monitoring system for Health 2020 using the existing indicators to the maximum extent possible as outlined in operative paragraph 2 and submit it to the sixty-third session of the Regional Committee for consideration.

EUR/RC62/R5. European Action Plan for Strengthening Public Health Capacities and Services

The Regional Committee,

Having considered the European Action Plan for Strengthening Public Health Capacities and Services (document EUR/RC62/12 Rev.1);

Acknowledging the progress in implementing the decisions contained in its resolution EUR/RC61/R2 "Strengthening public health capacities and services in Europe: a framework for action" related to applying the essential public health operations for public health services evaluation in Europe;

Mindful of the extensive evidence that has been accumulated across the WHO European Region on public health status, performance, capacities and services and the shared challenges described therein, and in the relevant information documents submitted to it at its sixty-second session;

Recognizing the continuing need of the commitment of governments to upgraded and strong public health policies, operations, services and structures, and to the further development of health-promoting and disease-preventing services delivered by primary health care;

Recognizing that the essential public health operations are aimed at providing guidance to governments concerning public health policies, operations, structures and services, fostering intersectoral collaboration;

Recognizing that the European Action Plan complements the ongoing work called for by the Tallinn Charter on Health Systems for Health and Wealth 2008 on strengthening of health systems with regard to the delivery of population- and individual-level public health services;

1. ENDORSES the European Action Plan for Strengthening Public Health Capacities and Services as a necessary component of health improvement in the WHO European Region;
2. CALLS FOR the implementation of the action plan in synergy with the European policy framework Health 2020;
3. ACKNOWLEDGES the ten essential public health operations and the ten respective avenues for action identified in the European Action Plan, stressing the voluntary nature of the essential

public health operations and of corresponding options for action by the Member States, as follows:

- Surveillance of population health and well-being
- Monitoring and response to health hazards and emergencies
- Health protection including environmental, occupational, food safety and others
- Health promotion including action to address social determinants and health inequity
- Disease prevention, including early detection of illness
- Assuring governance for health and well-being
- Assuring a sufficient and competent public health workforce
- Assuring sustainable organizational structures and financing
- Advocacy, communication and social mobilization for health
- Advancing public health research to inform policy and practice;

4. CALLS UPON Member States[6] and international partners to collaborate in the implementation of the European Action Plan and using the essential public health operations as appropriate, including self-assessments, for strengthening of public health capacities and services;

5. CALLS UPON Member States to maintain a sufficient capacity for developing and undertaking public health action, including investment in public health training, expertise and research;

6. REQUESTS the Regional Director:

   (a) to promote renewed political commitment to public health and ensure that WHO works hand in hand with Member States upon their request to support them in strategic development of their policies to improve health outcomes and strengthen public health services;

   (b) to develop partnerships with relevant international stakeholders and partners to make a real commitment to and investment in a new generation of prevention and health promotion activities and in the implementation of the European Action Plan;

   (c) to update and further develop the essential public health operations, as appropriate, in a dialogue with Member States to ensure that they increasingly match the specificities and challenges of health systems in the Region;

   (d) to further develop the internet self-assessment tool in order to allow interested Member States to carry out self-assessments of public health services and capacities;

   (e) to give feedback to Member States on their self-assessment of public health services and capacities as appropriate, and provide the Regional Committee, at its sixty sixth session, with a synthesis of the results, including practical recommendations; and

   (f) to report to the Regional Committee at its sixty sixth session on the implementation of the European Action Plan and the development of essential public health operations and to

[6] And, where appropriate, regional economic integration organizations

propose for consideration, as appropriate, further actions to be carried out in the period until 2020.

EUR/RC62/R6. Strategy and action plan on healthy ageing in Europe, 2012–2020

The Regional Committee,

Recalling resolutions WHA52.7 and WHA58.16 on active and healthy ageing, which called upon Member States to take measures that ensure the highest attainable standard of health and well-being for the rapidly growing numbers of older persons;

Recalling further United Nations General Assembly resolution 57/167, which endorsed the Madrid International Plan of Action on Ageing, as well as other relevant United Nations resolutions on ageing;

Noting that population ageing has started to accelerate in the WHO European Region, with the labour force becoming rapidly older in many countries and the oldest age groups growing fastest;

Recognizing the need for a new paradigm of positive ageing and the new opportunities brought about by innovation;

Having considered resolution WHA65.3 on "Strengthening noncommunicable disease policies to promote active ageing";

Having reviewed and recognizing that the strategy and action plan on healthy ageing in Europe 2012–2020[7] will be in line with and coordinated with Health 2020, the new European policy framework for health and well-being policy and with the European Action Plan for Strengthening Public Health Capacities and Services;

1. URGES Member States:[8]

   (a) to strengthen national policies, programmes and capacity of health systems to promote active and healthy ageing over the life-course, including intergenerational approaches;

   (b) to identify and address barriers to and gaps in access to health and social care for older persons, addressing the challenges of the growing incidence of multiple chronic conditions and of neurodegenerative diseases more intensely;

   (c) to promote and support intersectoral policies at various levels of government, with the goal of promoting age-friendly environments;

   (d) to use the strategy and action plan as a basis for strengthening international cooperation on healthy ageing;

2. CALLS ON international, intergovernmental and nongovernmental organizations, as well as self-help and other relevant organizations, to support the strategy and action plan and where

[7] Document EUR/RC62/10 Rev.1

[8] And where applicable, regional economic integration organizations

appropriate to work jointly with Member States and with the WHO Regional Office for Europe to strengthen national policies and plans to respond to the challenges posed by population ageing;

3. REQUESTS the Regional Director:

(a) to support Member States in developing age-friendly policies at various levels of government, such as with a sustainable mechanism to promote these policies at city/community level under the Healthy Cities network in Europe;

(b) to provide support to and cooperate with Member States in the comparative reporting of trends of ageing populations that are relevant to the priority interventions described in the strategy and action plan, in particular with age profiles at community/city level;

(c) to facilitate communication using existing infrastructure between WHO collaborating centres, governmental and nongovernmental organizations and regional actors, as well as other stakeholders, in support of the priority actions outlined in the strategy and action plan;

(d) to deliver an interim progress report to the Regional Committee at its sixty-sixth session in 2016, and to report back to the Regional Committee at its session in 2020 on the implementation of the strategy and action plan.

EUR/RC62/R7. A country strategy for the WHO Regional Office for Europe 2012–2014

The Regional Committee,

Mindful of the WHO Regional Office's need to ensure close strategic relations with every Member State in the WHO European Region;

Noting the report of the external working group to review WHO's work in countries;[9]

Recognizing the achievements made through previous country strategies for the WHO Regional Office for Europe and recalling its previous resolutions on cooperation with countries through the EUROHEALTH programme (EUR/RC40/R7, EUR/RC41/R2 and EUR/RC43/R10), including its evaluation and updating (EUR/RC44/R10, EUR/RC45/R6), and later through the Regional Office's country strategy "Matching services to new needs" (EUR/RC50/R5 and EUR/RC55/R8);

Taking into account the ongoing WHO reform, especially the decisions EBSS2(2) on managerial reform and WHA 65(5) and the necessary alignment between policies at global and regional levels of the WHO that it implies;

Mindful of the work in progress within the WHO reform to adapt the concept of the country cooperation strategy (CCS) to make it available to all WHO Member States;

[9] Document EUR/RC61/BD/1

Acknowledging the consultation process with Member States of the European region to develop a new country strategy for the European region;

Having reviewed the document entitled *A country strategy for the WHO Regional Office for Europe 2012–2014*; [10]

1. NOTES progress in developing a new country strategy;

2. AGREES that:

   (a) a new model of the CCS should aim at being a flexible Organization-wide tool for cooperation between the WHO Secretariat and each interested Member State;

   (b) flexible and effective mechanisms for cooperation between WHO and countries may be needed that take into account the needs and capacities of the country;

3. URGES Member States:

   (a) to collaborate with the Regional Office in the further development of the new country strategy;

   (b) to consider, where appropriate, developing CCSs with WHO;

   (c) to consider appointing a national counterpart for overall strategic cooperation with WHO;

4. REQUESTS the Regional Director:

   (a) to take a holistic approach to work for, with and in countries by ensuring cross-country learning and development, and sharing of new knowledge, tools and instruments by and for all Member States;

   (b) to facilitate the development of a CCS with each Member States that wishes to have one;

   (c) to develop flexible and effective mechanisms for closer cooperation between WHO and countries that take into account the needs and capacity of the country and ongoing development of the new CCS model, and propose these as part of the new country strategy;

   (d) to review and update lists and mailing lists of national counterparts as main contact points for cooperation with WHO and the lists and mailing lists of national technical focal points as contacts for cooperation in specific areas and publish these on the WHO website by February 2013;

   (e) to develop, in consultation with Member States, and propose a new country strategy for adoption by the Regional Committee at its sixty-fourth session, specifying the objectives of the strategy, measures to achieve the objectives, criteria for setting up and closing of country offices, description of mechanisms for closer cooperation between WHO and countries that take into account the needs and capacity of the country, and other relevant issues.

[10] Document EUR/RC62/13

EUR/RC62/R8. Date and place of regular sessions of the Regional Committee in 2013–2016

The Regional Committee,

Recalling its resolution EUR/RC61/R10 adopted at its sixty-first session;

1. RECONFIRMS that the sixty-third session shall be held in Portugal from 16 to 19 September 2013;
2. RECONFIRMS that the sixty-fourth session shall be held in Copenhagen from 15 to 18 September 2014;
3. DECIDES that the sixty-fifth session shall be held from 14 to 17 September 2015, exact location to be decided.
4. FURTHER DECIDES that the sixty-sixth session shall be held in Copenhagen in 2016, exact dates to be confirmed.

EUR/RC62(1). Global Monitoring Framework for Noncommunicable Diseases

The Regional Committee,

In response to decision WHA65(8) of the Sixty-fifth World Health Assembly and in preparation for the Member States' meeting on a global framework for the monitoring of noncommunicable diseases to be held in November 2012;

1. WELCOMES the global target of a 25 per cent relative reduction of premature mortality from noncommunicable diseases by the year 2025, agreed by the World Health Assembly;
2. REITERATES the call by the World Health Assembly for particular attention to be paid to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (62/2) and the four common risk factors therein in the selection of indicators and targets;
3. REFERRING to the WHO Regional Office for Europe's recent report entitled *Web consultation on the Global Monitoring Framework for Noncommunicable Diseases* (document EUR/RC62/Inf.Doc./6), EMPHASIZES the need, in the selection of indicators, to take into account the currently existing monitoring capacity in Member States in order not to unnecessarily increase the reporting burden of the Member States;
4. STRESSES the need, in the selection of indicators and respective targets, to take into account the availability of feasible interventions that can already be put in place by a significant number of Member States;
5. CALLS FOR a systematic and science-based approach starting from the selection of indicators to measure the changes in common risk factors, to be followed by agreement as appropriate on respective numerical targets for each indicator;
6. CALLS FOR the selection of a limited number of scientifically sound indicators for the common risk factors, feasible for the current monitoring systems of a significant number of the

Member States and available without delay for the implementation of the monitoring framework, and adoption of achievable targets for them;

7. EMPHASIZES the need to have additional health system indicators that monitor the development and implementation of relevant national policies to control noncommunicable diseases and the capacity of health systems to address them, including health promotion, disease prevention, treatment and rehabilitation; and

8. CALLS FOR attention to be paid to health inequities and their determinants in the development of the monitoring framework.

EUR/RC62(2). Strengthening the role of the Regional Office's geographically dispersed offices (GDOs): a renewed GDO strategy for Europe

The Regional Committee decides:

1. that the Secretariat has the mandate to establish a GDO in the area of noncommunicable diseases (NCD) in a candidate country should the Greek government decide to withdraw as a host country, taking into account the expression of interest made by the Russian Federation;

2. to request the Secretariat, in cooperation with candidate countries, to develop business models for potential new GDOs in the areas of primary health care and humanitarian crisis with the full involvement of the SCRC, taking into account the expression of interest made by Kazakhstan for hosting such an office for primary health care, to be proposed for adoption at the sixty-third session of the Regional Committee;

3. in presenting options on the selection of new strategic areas and the establishment of potential GDOs, that the Secretariat shall make use of the content in document EUR/RC62/11.

Annex 1. Agenda

1. Opening of the session

Election of the President, the Executive President, the Deputy Executive President and the Rapporteur

Adoption of the provisional agenda and programme

2. Addresses

(a) Address by the Director-General

(b) Address by the Regional Director and report on the work of the Regional Office

(c) Address by Her Royal Highness Crown Princess Mary of Denmark

(d) Address by the European Commissioner for Health and Consumer Policy

(e) Address by the Deputy Secretary-General of the Organisation for Economic Co-operation and Development

3. Matters arising out of resolutions and decisions of the World Health Assembly and the Executive Board

4. Report of the Nineteenth Standing Committee of the Regional Committee (SCRC)

5. Policy and technical topics

(a) Health 2020: a European policy framework supporting action across government and society for health and well-being

(b) European Action Plan for Strengthening Public Health Capacities and Services

(c) Strategy and action plan for healthy ageing in Europe, 2012–2020

(d) A country strategy for the WHO Regional Office for Europe 2012–2014

(e) Strengthening the role of the Regional Office's geographically dispersed offices (GDOs): a renewed GDO strategy for Europe

(f) WHO reform

(i) Twelfth General Programme of Work 2014–2019

(ii) Proposed programme budget 2014–2015 – European perspective

(iii) Impact of WHO reform on the work of the Regional Office for Europe

(g) Evaluation of the European Health Policy Forum for High-Level Government Officials

6. Private meeting: elections and nominations

(a) Nomination of two members of the Executive Board

(b) Election of four members of the SCRC

(c) Election of four members of the European Environment and Health Ministerial Board

7. Confirmation of dates and places of regular sessions of the Regional Committee in 2013–2016

8. Other matters

9. Approval of the report and closure of the session

Technical briefings

Consultative Expert Working Group: Research and Development

Human resources for health, including implementation of the Global Code of Practice

WHO budget and its financing

Targets, indicators and monitoring of Health 2020

Health promotion and prevention of age-related chronic diseases: are health systems fit for ageing populations?

Ministerial lunches

Immunization programmes to sustain polio-free status and to eliminate measles and rubella by 2015, and progress towards the health-related MDGs

Critical health system challenges in times of financial crises and presentation of the new health systems operational approach

Annex 2. List of Documents

Working documents

EUR/RC62/1 Rev.1	Provisional list of documents
EUR/RC62/2 Rev.1	Provisional agenda
EUR/RC62/3 Rev.1	Provisional programme
EUR/RC62/4	Report of the Nineteenth Standing Committee of the WHO Regional Committee for Europe
EUR/RC62/4 Add.1	Nineteenth Standing Committee of the WHO Regional Committee for Europe: Report of the fifth session
EUR/RC62/5	Report of the Regional Director on the work of WHO in the European Region, 2010–2011
EUR/RC62/6	Matters arising out of resolutions and decisions of the World Health Assembly
EUR/RC62/7	Membership of WHO bodies and committees
EUR/RC62/7 Add.1	Membership of WHO bodies and committees
EUR/RC62/7 Add.2	Membership of WHO bodies and committees
EUR/RC62/8	Health 2020 policy framework and strategy
EUR/RC62/8 Corr.1	Health 2020 policy framework and strategy
EUR/RC62/9	Health 2020: a European policy framework supporting action across government and society for health and well-being
EUR/RC62/9 Add.1 Rev.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on Health 2020 – The European policy framework for health and well-being
EUR/RC62/10 Rev.1	Strategy and action plan for healthy ageing in Europe, 2012–2020
EUR/RC62/10 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the strategy and action plan on healthy ageing in Europe, 2012–2020
EUR/RC62/11	Strengthening the role of the Regional Office's geographically dispersed offices (GDOs): a renewed GDO strategy for Europe
EUR/RC62/12 Rev.1	European Action Plan for Strengthening Public Health Capacities and Services
EUR/RC62/12 Add.1	Financial and administrative implications for the Secretariat of the draft Regional Committee resolution on the European Action Plan for Strengthening Public Health Capacities and Services
EUR/RC62/13	A country strategy for the WHO Regional Office for Europe 2012–2014
EUR/RC62/14	WHO reform
EUR/RC62/15	Evaluation of the European Health Policy Forum for High-Level Government Officials
EUR/RC62/16	Draft proposed programme budget 2014–2015
EUR/RC62/16 Add.1	The programme budget 2014–2015 – the perspective of the WHO Regional Office for Europe
EUR/RC62/17	Draft Twelfth WHO General Programme of Work
EUR/RC62/18	Predictability, flexibility and sustainability of WHO's financing

Conference documents

EUR/RC62/Conf.Doc./1	Report of the Regional Director on the work of WHO in the European Region 2010–2011
EUR/RC62/Conf.Doc./2	Report of the Nineteenth Standing Committee of the Regional Committee
EUR/RC62/Conf.Doc./3	Date and place of regular sessions of the Regional Committee in 2013–2016
EUR/RC62/Conf.Doc./4	Strategy and action plan on healthy ageing in Europe, 2012–2020
EUR/RC62/Conf.Doc./5	Strengthening the role of the Regional Office's geographically dispersed offices (GDOs): a renewed GDO strategy for Europe
EUR/RC62/Conf.Doc./6 Rev.2	European Action Plan for Strengthening Public Health Capacities and Services
EUR/RC62/Conf.Doc./7	A country strategy for the WHO Regional Office for Europe 2012–2014
EUR/RC62/Conf.Doc./8 Rev.1	Health 2020 – The European policy framework for health and well-being
EUR/RC62/Conf.Doc./9	Global Monitoring Framework for Noncommunicable Diseases
EUR/RC62/Conf.Doc./10	Draft Twelfth General Programme of Work and Proposed programme budget 2014–2015

Information documents

EUR/RC62/Inf.Doc./1	Executive summary of the European health report 2012: Moving Europe towards health and well-being
EUR/RC62/Inf.Doc./2	The evidence base of Health 2020
EUR/RC62/Inf.Doc./3	Implementing Health 2020
EUR/RC62/Inf.Doc./4	Monitoring framework for Health 2020 targets and indicators
EUR/RC62/Inf.Doc./5	Strengthening public health services across the European Region – a summary of background documents for the European Action Plan
EUR/RC62/Inf.Doc./6	Web consultation on the Global Monitoring Framework for Noncommunicable Diseases
EUR/RC62/Inf.Doc./7	Proposed strategic priority areas for geographically dispersed offices

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Dr Mihály Kökény
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Annex 4. Address by the Regional Director

Mr President, Your Royal Highness, Madam Director-General, Mr Commissioner, Mr Deputy Secretary-General, honourable ministers, dear partners, ladies and gentlemen,

It is a real honour to address you at the sixty-second session of the Regional Committee and provide highlights of the work of the WHO Regional Office for Europe. I will briefly describe our collective achievements and plans, along with some of the key challenges and opportunities for addressing them.

I took office in 2010 and shared my vision of better health for Europe with you Member States at the sixtieth session of the Regional Committee in Moscow that same year.

We agreed on a roadmap with specific milestones, to enable the Regional Office to respond adequately to the changing European environment and to further strengthen it as an evidence-based centre of health policy and public health excellence that could better support the 53 Member States in our diverse WHO European Region.

I committed to making progress on seven strategic priority areas. Now we are half-way through the five-year period covered by the vision, and, as a result of the work of all of us in this room, work has either been completed or is at an advanced stage of development in all these areas.

The changes and challenges we have faced in health status and outcomes in Europe, particularly inequities in health, have been the driving force.

We observe improved life expectancy, with five years gained during the last two decades, but not achieved by all countries at the same pace. There are huge gaps in health and health-system development within and between countries. Inequalities are growing, and this is the most worrisome trend for European health policy-makers: these differences mean a gap in life expectancy of around 12 years in the Region.

The population is ageing at a fast pace in all countries in the Region, and people aged over 65 years will represent 25% of the European population by 2050. This puts additional pressure on both the social and health systems, as well their financing.

The largest share of the disease burden in the Region comes from noncommunicable diseases (NCDs), which account for about 86% of total deaths. Nevertheless, we should not forget the remaining serious challenges from communicable diseases.

We have been tackling all these and other priorities during the past three years. We focused on NCDs, and the 2011 Regional Committee adopted action plans to prevent and control NCDs and reduce the harmful use of alcohol.

We also addressed communicable diseases such as poliomyelitis (polio), measles and rubella at the 2010 Regional Committee and the 2011 session endorsed action plans on multidrug-resistant tuberculosis (MDR-TB), HIV/AIDS and antibacterial resistance. All these are now being fully implemented!

We made use of all of our training programmes – such the global one on developing national health policy and strategy and the flagship courses on financing – and started new training in health diplomacy for Member States' representatives and our own staff.

We will continue to address remaining health challenges (such as violence and injuries, and mental ill health) with continuing attention to health systems, particularly to universal coverage and the effects of the financial crisis, and report the results to you at the next two Regional Committee sessions.

Recognizing the need for a coherent policy framework that addresses all the challenges to better health in the Region, we developed a new European health policy, Health 2020, building on the good traditions of our Region, as requested by you in 2010.

We did this through an intensive participatory process to which all of you contributed, and that was informed by a number of studies and an unprecedented review of existing evidence in the Region.

The process of developing Health 2020 and other areas of our work have been fully aligned with the ongoing WHO reform, and reflects the agreed values, approaches and priorities that underpin WHO's work, while also capturing the specific circumstances and needs of our Region and Member States. This is a good example of how global and regional (and ultimately national) developments can mutually support and reinforce one another.

We believe this value-based and action-oriented Health 2020 policy will inspire development and support action across governments and societies for health and well-being, and will guide us for years to come. We will spend more time tomorrow reviewing the policy and related studies.

Health 2020 strongly supports action to reduce health inequalities and therefore tackles root causes of ill health through an "equity lens". The Director-General emphasized the need for such action in a speech to the Executive Board this year.

Unfortunately, significant inequities in health and their social determinants exist across and within countries in the Region, as confirmed by the European review we made. As indicated in the Rio Political Declaration on Social Determinants of Health, improving these determinants requires focused political commitment and a new approach to governance. The Regional Office has led in this area for many years, through the work of our Venice Office, and we will continue to do so. Thanks to the Italian Government for hosting and generously funding our Venice Office!

We cannot achieve equity in health without reducing existing gender inequities and making the right to health a reality. Evidence shows that marginalized populations in the European Region – such as Roma, other ethnic minorities and migrants – experience growing health inequities. I have now established a programme on vulnerability and health, to support the promotion and protection of these groups' right to health and the satisfaction of their needs.

Thanks to the support of the Italian and the Belgian governments, the Regional Office developed a project on the public health aspects of migration in Europe. The Regional Office also actively supports efforts to build countries' capacities to monitor and deliver on the European Union (EU) framework for national Roma integration strategies and action plans for the Decade of Roma Inclusion. There is an exhibition on Roma and migrant health in the lobby that I encourage you to visit.

Along the same lines, I would like to share with you the news that we are leading two United Nations interagency working groups coordinating action to achieve the Millennium Development Goals (MDGs): one on the health of Roma women and children, and the other on tackling inequities. In addition, we published a biennial report on progress towards the health-related MDGs in 2011.

As the MDGs have been a priority for me, I am delighted to see the importance Member States have given them. I would like particularly to thank the Russian Federation and Uzbekistan for organizing two high-level and very successful international MDG fora and allowing us to contribute.

Discussions have already begun on the goals and targets that could build on and succeed the MDGs after 2015. We plan to take an active role in the global process, fully supporting the Director-General, by developing a strategic coalition of partners and European Member States, to ensure Europe's voices are heard and health plays an important role in the post-2015 development agenda.

Let me now focus on some key technical areas in our work.

Health challenges, as well as the pressures exerted by the financial crisis, highlight the need for comprehensive system responses, working towards universal coverage with evidence-informed policies.

We give special emphasis to public health as an essential component of health systems. You will hear later this week about the proposed action plan for strengthening public health capacities and services, requested by the Regional Committee last year. I was honoured to receive the Andrija Štampar Medal from the Association of Schools of Public Health in the European Region (ASPHER), in recognition of the Regional Office's contribution to public health in 2011. This of course includes the work of all Member States, including the example of our host country, Malta.

Universal coverage is the key policy direction in our work to strengthen health systems. Many countries have achieved substantial progress in providing their populations with financial protection and access to health care. Nevertheless, 19 million people in the Region experience out-of-pocket health expenditures that place a catastrophic burden on their households. This issue will therefore remain a priority for us for years to come. In addition, we accelerated our work on integrated health service delivery based on people-centred primary health care, with kind support from Belgium and the Netherlands.

In October 2013, we will meet again with Member States in Estonia to mark the fifth anniversary of the adoption of the Tallinn Charter: Health Systems for Health and Wealth, and to review the progress made towards the commitments embedded in it. Thanks to Estonia for this initiative. We plan to submit the final report on the Charter's implementation, together with a way forward, to the Regional Committee in 2015.

The financial crisis and its impact on public finances have tested Member States' commitment to health. Nevertheless, the crisis can be seen as an opportunity to consider changes in policy directions to protect health budgets: specifically, strengthening financial protection, improving efficiency within health systems, investing more in public health and using health financing policy to strengthen universal coverage. This is the focus of our work.

With partners, we have supported countries' efforts to minimize the harmful effects of the financial crisis. For example, our joint work with the Organisation for Economic Co-operation and Development (OECD) on financial sustainability was a success, and I think we should explore further collaboration with OECD and the EU in this field.

We have started to prepare a high-level meeting to follow up the 2009 meeting in Oslo, Norway, which will also be hosted by the Norwegian Government, to review experience since the onset of the financial crisis and discuss the way forward.

We successfully completed the second course on health financing, held in Barcelona, Spain and focusing on improving health-system performance through better financing policies, with universal coverage as the special focus. In addition to the participants in Barcelona, the course attracted more than 500 viewers globally through webcasting. We now plan to organize another course specifically for EU countries and include financing as a topic for discussion at a meeting with members of the European Parliament. I will continue to fully support our Barcelona Office in continuing its excellent work, and thank Spain for hosting and funding the Office, which now plays a crucial role in shaping policies on health financing in Europe.

The Regional Office intensified its support to Member States on health-workforce policies. In line with the WHO Global Code of Practice on the International Recruitment of Health Personnel, we provided evidence on and policy options for the planning, retention and performance of the health workforce. We have revived our programme on nursing and midwifery, and I assure you that human resources for health will continue to be a priority for the Regional Office.

I would like to take the opportunity to congratulate Norway on receiving the Health Worker Migration Policy Council Innovation Award, which was accepted by Dr Bjørn Inge Larsen, Director-General of the Norwegian Directorate of Health.

Providing evidence and information for policy-makers is an important part of the Regional Office's work. We completed a review of all our databases, including the Health for All database, the most comprehensive source of health information. I would like to remind all of you to submit data regularly to it.

To harmonize health information and platforms across Europe, we continued to work with the European Commission (EC) and OECD to develop an integrated health information system for Europe.

We also started to work on new tools that will permit analyses of data on an integrated database platform. We plan to launch a European evidence-informed policy network soon, to support Member States in translating knowledge into policies. These efforts are part of a new information strategy that will be submitted to the Regional Committee next year.

We have started implementation of the European Action Plan to Implement the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016, and the Political Declaration of the General Assembly of the United Nations. Both were adopted in September 2011.

As we celebrate the adoption of a global target to reduce premature mortality from NCDs, success stories from our Region are worth mentioning. I specifically highlight the decreasing trends in

circulatory mortality in three countries: Kazakhstan, the Republic of Moldova and the Russian Federation. This progress comes from a combination of factors: increased prosperity, investment in health services and changes in risk behaviour. These countries' success requires us to document the changes made, to note that the global target is indeed achievable and to focus even more on implementing the European Action Plan, particularly at country level in the coming years.

The Regional Office supported country-based activities to tackle NCDs in line with the European Action Plan, and this work is already showing results at country level. Let me give three examples.

Ukraine is one the countries developing NCD action plans. We worked intensely with the country to integrate "best buys" into the draft plan. We would like more countries developing national plans to adopt such a process.

Turkey became the first country in the world to attain the highest implementation score for all of WHO's MPOWER measures, the demand-reduction interventions contained in the WHO Framework Convention on Tobacco Control (FCTC).

The Russian Federation is supporting a project to develop outcome-oriented NCD interventions in a small number of high-burden countries in Europe. In addition, the Norwegian Government, as a contribution to global consultations, kindly hosted consultations on the global monitoring framework for NCDs and on mental health. I would like to thank both countries for this support.

With the International Atomic Energy Agency (IAEA), the Regional Office organized a workshop in the Republic of Moldova on comprehensive cancer control, as well as a series of joint missions to strengthen national programmes.

Collaboration with OECD and the Danish Ministry for Interior and Health resulted in conferences on diabetes and on patient empowerment, respectively.

As you requested, we developed indicators and a checklist for policy-makers of action to reduce the harmful use of alcohol. A number of Member States are updating their alcohol policies. For instance, the Republic of Moldova adopted a national alcohol plan and the Russian Federation recently introduced a ban on alcohol advertising.

Working closely with the EC on monitoring alcohol use, we published a popular new publication in March 2012: *Alcohol in the European Union. Consumption, harm and policy approaches*.

Thanks to the Polish Government for hosting a meeting at which national counterparts on alcohol policy could exchange best practices and review new developments.

Much progress has been achieved in our Region in implementing the FCTC. Now that the Czech Republic and Uzbekistan have become Parties to the FCTC, the European Region has the highest number of Parties of any WHO region.

We welcomed a number of country initiatives, such as Bulgaria, Hungary and Ukraine's becoming smoke free; Uzbekistan's strengthening of smoke-free legislation; France and the Russian Federation's use of pictorial health warnings on tobacco packaging; Ukraine's ban on advertising of tobacco

products; and the Republic of Moldova's adoption of a strong five-year national action plan on tobacco control.

For World No Tobacco Day 2012, the WHO Director-General gave awards to the Prime Minister of Kazakhstan and the Minister of Health of the Republic of Moldova, recognizing their strong commitment and whole-of-government approach to tobacco control.

Overweight, particularly in lower socioeconomic groups, is an increasing problem in all countries. Most Member States are acting on the European Charter on Counteracting Obesity and the European Action Plan for Food and Nutrition Policy 2007–2012, to promote healthy eating and physical activity and to prevent obesity, but there is still much to be done. Therefore a high-level conference is planned to be held in Austria next year to take stock of progress in implementing the Action Plan and agree on further actions.

The European Childhood Obesity Surveillance Initiative (COSI), covering 200 000 children, has been established as a standardized European surveillance system. It is already one of the most powerful obesity surveillance mechanisms in the world.

The Region has made good progress in maternal health and observed a major decrease in the number of maternal deaths. Yet there are striking inequities between and within countries; the highest rates are estimated to be 30–40 times the lowest.

The Region has also made good progress in child health, but again countries differ substantially. The highest rate of infant mortality is 25 times the lowest.

Preventing unintended pregnancies remains a challenge in the European Region. Such pregnancies should be rare and we will find ways together to make abortions accessible and safe, when needed. WHO will continue to support countries in revising their policies and improving the quality of services. In line with this, we organized a regional meeting to improve access to reproductive health services, including safe abortion, in 2012. Thanks to Latvia for hosting it!

In Europe and internationally, 2012 is the year of active and healthy ageing. With the motto "Active ageing: good health adds life to years" and the understanding that healthy ageing starts at birth, the Regional Office, and its partners and Member States organized World Health Day events throughout the Region. We launched them with the Danish Presidency of the EU.

The Regional Office drafted a strategy and action plan on healthy ageing in Europe that you will consider later this week.

In close collaboration with Member States and partners, we continued to work on unfinished business with communicable diseases.

Full implementation of three action plans, on tuberculosis, HIV/AIDS and antimicrobial resistance, all calling for urgent action on areas placing a significant burden on public health in the European Region, began after their endorsement last year by the Regional Committee.

With the EC and the Global Fund to Fight AIDS, Tuberculosis and Malaria, we officially launched the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-resistant

Tuberculosis in the WHO European Region 2011–2015, in Moscow last year. Working closely with the Global Fund, EC and the European Centre for Disease Prevention and Control (ECDC), we assisted countries in adopting national strategies and conducted a number of country reviews. I plan to visit Romania soon with European Commissioner John Dalli. We have already started to see the results of these joint efforts: for example, the increase in access to treatment from 70% to 96% within only a year. I am planning to establish a regional interagency coordination committee, with involvement of key stakeholders and civil society, to oversee progress.

In response to the rising number of people living with HIV, the European Action Plan for HIV/AIDS is being implemented at full speed, offering a framework for urgent action and accelerating effective responses through an approach focused on strengthening health systems.

Thanks to continuous efforts to scale up treatment, the numbers of people receiving antiretroviral therapy are steadily increasing, and continuous progress has been made towards eliminating mother-to-child transmission of HIV.

The regional strategic action plan on antibacterial resistance is also being implemented, in partnership with Member States and a broad coalition of partners. Thanks to Denmark for holding a conference on antimicrobial resistance during its Presidency of the Council of the European Union in March 2012; Her Royal Highness Crown Princess Mary of Denmark, Patron of the Regional Office, and WHO Director-General Margaret Chan addressed the participants. And I would like to remind you to mark the date of European Antibiotic Awareness Day – 16 November 2012 – a very successful ECDC initiative that we are expanding to Member States outside the EU.

The Region has made remarkable progress towards eliminating malaria by 2015. Only five countries now report malaria cases, and numbers of cases have dropped significantly. Armenia, Kazakhstan and Turkmenistan were certified malaria free, and Georgia is expected to proceed with certification before the end of 2012.

Nevertheless, the incidence of some vector-borne and parasitic diseases, such as dengue and chikungunya, has been on the rise. We started working with Italy and the Netherlands to address this and, with increased support from our Member States, we will work towards starting the process for developing a regional action plan.

This year we celebrated the tenth anniversary of a polio-free Europe. While recognizing and applauding the successes in the Region during the last 10 years, we cannot afford to become complacent. Unfortunately, the Region faced a huge polio outbreak in 2010. Even though the European Regional Certification Commission for Poliomyelitis Eradication announced that the Region remains free of polio, it highlighted the continued risk, especially due to gaps in population immunity in many countries. Member States need to ensure uniformly high immunization coverage and improve their surveillance.

The 2012 World Health Assembly called the eradication of polio a “programmatic emergency” for global health. Failure to capitalize on this moment would see more and deadlier outbreaks in polio-free regions. That is why I pledge to you all to maintain the momentum.

Let me also share my deep appreciation of the Russian Federation and Turkey for their financial and technical support in reaching both these elimination goals, as well as for the good collaboration we established with the WHO Eastern Mediterranean Region.

Unfortunately, the Region's goal of eliminating measles and rubella by 2015 is at risk. Measles and rubella continue to spread in the Region, causing large outbreaks in a number of countries. In 2011, the vast majority of cases occurred among adolescents and younger adults in the western part of the Region, and EU Member States reported 80% of cases. Worse, Europe exports the viruses to other countries and regions.

Accelerated action to reach susceptible populations, strong political support and sustained funding for immunization programmes are required if we collectively are to eliminate these diseases. We at the Regional Office are committed to supporting you Member States on this front.

Immunization is the most effective instrument to confront these diseases. The seventh European Immunization Week, in April this year, was celebrated for the first time in the context of World Immunization Week, and with the remarkable participation of all 53 European Member States. I would like to thank Her Royal Highness Crown Princess Mary of Denmark for supporting European Immunization Week since it began, and we look forward to continued work with her.

In line with our role as a leader in humanitarian and public health emergencies, the Regional Office has worked to help countries cope with emergencies and heath crises, in close collaboration with WHO headquarters, the EC and its institutions, such as ECDC and the European Food Safety Authority (EFSA). We have a well-established system for vigorous monitoring of events that may pose a potential threat to public health.

Implementation of the International Health Regulations (IHR) remains a priority, especially in view of the need for countries to meet the core-capacity deadline of June 2012. We provided intensified support to Member States in strengthening their capacities for preparedness and response. In particular, we assessed health systems' preparedness and helped countries strengthen it by, for example, offering guidance on hospital resilience and safety, and providing training and capacity building. We will continue to do so.

The new global WHO Emergency Response Framework, endorsed by the World Health Assembly, foresees a greater role for regional and country offices. Thus, we have substantially revised our regional emergency procedures, and tested them in exercises. The Regional Office now has a fully operational emergency operations centre.

With large mass gatherings taking place in the Region, we worked with national authorities to anticipate and prepare for the associated health needs. Jointly with governments and ECDC and in collaboration with headquarters, we established an enhanced monitoring system in this new area during the European football championship hosted by Poland and Ukraine and the Olympic Games hosted by the United Kingdom. Key health messages were produced and widely disseminated.

During the biennium, the Regional Office responded to several major public health emergencies, disasters and crises through various missions and investigations.

Speaking of emergencies, I want to acknowledge the efforts of the Government of Malta, our host, and of other European Member States (particularly Greece, Italy and Turkey) for dealing so commendably with the recent influx of migrants and refugees from North Africa. WHO appreciates the excellent work that Malta and other countries have done in past years. I would also like to thank Turkey for its continuous support to this technical area, as well as its efforts to accommodate refugees from the Syrian Arab Republic.

The Regional Office scaled up its technical work on environment and health to achieve the commitments in the Parma Declaration. The new agreement with the German Government, signed in February this year, enabled us to consolidate our environment and health programmes. With a strong policy function in Copenhagen, the Bonn Office represents a centre of excellence in the Region and globally. Our thanks to the German Government!

With a stronger mandate for intersectoral governance, the European Environment and Health Ministerial Board has successfully led the European environment and health process. At its third meeting in Azerbaijan in November this year, it will start setting priorities for the future. These will be informed by the Parma commitments, Health 2020 and the sustainable-development agenda of Rio+20 (the United Nations Conference on Sustainable Development). Next year, we will ask the Regional Committee to endorse these priorities, which will pave the way to the next ministerial conference.

Everything you have heard so far, everything we have done, we have done it together, as one WHO and with Member States and partners.

This is the concept of one WHO in line with WHO reform. I am personally committed to WHO reform, supporting the Director-General in all her endeavours. I am grateful for the guidance provided by the Regional Committee and the Standing Committee of the Regional Committee (SCRC) with its improved oversight function. With a stronger role played by the Regional Committee, we were able to reach consensus on many difficult issues.

Through increased representation (by increasing SCRC membership from 9 to 12 countries and opening its meetings to all Member States) and coordination meetings with European delegations during Executive Board sessions and World Health Assemblies, we ensured full participation of all Member States, leading to greater transparency.

The European Health Policy Forum of High-level Government Officials played a crucial role in strategic discussions to facilitate consultation on Health 2020 and other important public health areas. Our thanks go to the Member States who hosted and generously supported the meetings financially: Andorra, Belgium and Israel. We will present the results of the evaluation of the Forum this week, to seek your guidance on its further work.

In addition, I am happy to report that we were able to ensure full accountability of the Regional Office to its governing bodies by reporting regularly on the implementation of our work. At Member States' request, we decided to present the current financial situation of the Regional Office in depth on Tuesday and Wednesday, so I will not go into details on our finances now. I would like to point out, however, that we managed to raise around US$ 240 million in the last biennium, a figure comparable to the income in previous biennia. Further, implementation of available funds was very high: over 90%.

While the high implementation rate was good news, it also meant that we had to start 2012–2013 with a significantly reduced carry-forward. This represents a challenge for the current biennium, which goes hand in hand with others with which you are familiar: resource mobilization, which is particularly relevant for our Region as we raise a large portion of our resources from voluntary contributions, and the distribution of resources. I warmly welcome the Director-General's initiative to set up a global task force to address these two areas, and I am more than honoured to co-chair it with a deputy director-general.

We have continued to improve relations and foster cooperation with a wide range of partners. For example, we work closely with United Nations agencies, the EU and its institutions, and subregional networks such as the Eurasian Economic Community, with which we are ready to sign a memorandum of understanding. We also strengthened our collaboration with global health partnerships, particularly the Global Fund and GAVI Alliance, as well as civil-society organizations.

I warmly welcome Commissioner Dalli, and report that we made major progress in implementing the joint roadmaps agreed with the EC in 2010. We also continued to work closely with ECDC, with which we have joint annual workplans and common guiding principles of collaboration. Meanwhile, we have intensified our collaboration with EFSA, the European Environment Agency (EEA), the European Medicines Agency (EMA) and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

Our collaboration with the countries holding the EU Presidency (particularly Cyprus and Denmark) has been extremely valuable, and we look forward to continuing it with upcoming holders of the Presidency. In addition, we reach out to work with other regions.

I am delighted to welcome Mr Yves Leterme, the Deputy Secretary-General of OECD, to this Regional Committee session. He and I will be signing a joint action plan today as a sign of strengthened collaboration.

The interim strategy on work with countries that we will present on Thursday is aligned with WHO reform. A final strategy will be presented to you as soon as the reform process is complete. Meanwhile, to serve all 53 Member States and address their needs adequately, we have reinforced the structure of the Regional Office and its country presence.

I am happy to report that I and my staff have observed intensified collaboration with Member States on various visits to countries, and have welcomed at least 17 official ministerial visits to the Regional Office since September 2011. We have also started developing country cooperation strategies. We thank Switzerland for being the first Member State to participate. It is setting an excellent example, to be followed, we hope, by the Russian Federation and Turkey. We want these strategies to capture two dimensions, as discussed with the Director-General:

1. bilateral collaboration of the country with WHO at all levels;
2. the contribution of the country to global, regional and subregional health development.

Finally, ladies and gentlemen, to publicize our work and raise awareness of public health issues, we use both traditional and new, innovative communication methods, including social media. We issue a range of press materials and have an active presence on Facebook, Twitter and other platforms.

To facilitate our work and to promote a positive working environment, we are developing a comprehensive internal communications strategy, optimizing the use of the intranet as a key platform and increasing information sharing and interaction between all WHO offices in the Region.

While the discussion of our communication strategy was postponed until the next Regional Committee, we continue showcasing the work that we, Member States and other partners all do together, building on our networks and reaching out to broader audiences.

Thank you very much for your attention and support.

Annex 5. Address by the Director-General

Mr President, excellencies, honourable ministers, distinguished delegates, friends and colleagues in public health, ladies and gentlemen,

I thank the government of Malta for hosting this sixty-second session of the Regional Committee for Europe. This is my first visit to your beautiful and gracious country with its rich history visible in so many palaces and piazzas. You have contributed much to the comfortable atmosphere of this meeting, as well as to its efficient organization, and I want to thank all the staff in the country that contributed to this meeting. Our comfort is further extended by Malta's prohibition of smoking in all enclosed public places.

Last month, public health experienced a game-changing event in which the good guys won. Australia's High Court upheld legislation mandating plain packaging for tobacco products. Of course, this was aggressively challenged by the tobacco industry. The court ruling was a huge victory for the Australian Government, but also for public health, opening a brave new world for tobacco control. In this case, concern about protecting the public's health took precedence over issues of intellectual property rights put forward by a rich and ruthless industry. We face ongoing battles not only with big tobacco but also other powerful industries, and with other powerful forces beyond our control.

The financial crisis of 2008 continues to affect a large number of countries. European economies are going through some turbulent times, as you heard from our OECD (Organisation for Economic Co-operation and Development) colleagues yesterday. For some, prosperity has been replaced by austerity, making the delivery of health services less generous than in the past. I thank every country represented in this room for struggling to maintain your commitment to health at the domestic, regional and international levels. To borrow a phrase, health is too big to fail. I can make such a statement with confidence as this Region has done so much to gather the evidence, and make the arguments, that health is wealth. You did this with the Tallinn Charter: Health Systems for Health and Wealth and, most recently, with the Health 2020 policy framework and strategy.

Health maintains its high profile in the Region, but money is tight and governments are careful with their spending. This puts a lot of pressure on ministries of health, and on WHO, to back up recommended strategies with solid evidence of their effectiveness and cost–effectiveness. Given the complex challenges we face today, this evidence must resonate well with non-health sectors and speak to their mandates.

I thank your Regional Director, my sister Zsuzsanna, her Secretariat, and their partners for the tremendous amount of work that has gone into preparation of documents for this session. These include background documents that draw together a considerable amount of evidence on the social determinants of health, intersectoral governance for health and the economic case for public health action.

Not surprisingly, chronic noncommunicable diseases (NCDs) are the principal focus of these documents. They offer practical evidence-based advice on how to actually implement whole-of-government and whole-of-society approaches, making good use of regulatory and fiscal measures. We need this kind of how-to guidance if we want health concerns to penetrate the boundaries of other

sectors. I see great value in drawing together economic evaluations of the impact of specific health interventions, including those that promote tobacco control and physical activity, reduce the harmful use of alcohol, improve road safety, address depression throughout the life course and tackle the root causes of obesity and diet-related diseases. We need these arguments to persuade other sectors. There is, of course, nothing new about intersectoral action for health. But back in 1978, when the Declaration of Alma-Ata was signed, the need was for collaboration with friendly, almost sister sectors, like education, nutrition, housing, and water supply and sanitation.

Today, the struggle to safeguard public health increasingly places health concerns in competition with the interests of powerful multinational corporations. Any health policy, no matter how sound or far-sighted, that is perceived to threaten a fragile economy, risks being put aside in the drive for economic growth and a strong GNP (gross national product). For example, the best way for populations to lose weight is for the food industry to sell less unhealthy food, especially food that is cheap, convenient and tasty, but energy rich and nutrient poor. For obvious reasons, this will never happen all by itself. Industrialized, highly processed food is becoming the new dietary staple around the world in what some researchers call the "snack attack". Marketing budgets are big and audiences very well targeted. Links to the prevalence of obesity and related diseases are well documented. As with tobacco control, reversing this trend depends on support from policies in multiple non-health sectors.

Many of the concepts addressed in your documents have their roots in this Region. I find it entirely appropriate for Europe to continue its leadership role by giving these concepts a concrete body of evidence, supported by a diversified menu of policy options.

Ladies and gentlemen,

WHO and its Member States face two big assignments where we absolutely must get things right. The first is WHO reform. The second is placing health on the post-2015 development agenda. I value your guidance as we collaborate on both tasks.

This Region has always been at the forefront in addressing emerging health threats that eventually confront the rest of the world. This Region has traditionally provided the most generous financial support to international health development in general and to WHO in particular. I have already mentioned your leadership in promoting well-functioning, and fair, health systems. You helped pioneer understanding of lifestyle-related factors that increase the risk of NCDs, culminating in last year's Moscow Declaration.

As a tribute to the quality of life and health care in the Region, the median population age in Europe is the highest in the world. Healthy ageing is on your agenda, with a strategy and action plan proposed as guidance for the coming years. The document on healthy ageing emphasizes the need to approach ageing with a far more positive attitude; I fully support this document. Statistics collected for this year's World Health Day indicate that, within the next five years, and for the first time in history, the number of adults aged 65 and older will outnumber children under the age of 5. In other words, being in the older age group is becoming the "new normal" for the world population. I am very honoured to be included in this group. A life-course approach, as advocated in Health 2020, is one of the best ways to keep the health needs of older people normal for as long as possible.

Under WHO reform, which is on your agenda, financing is a big driver of reform. I have asked Professor Thomas Zeltner of Switzerland to advise me on the preparation of documentation for the special meeting of the PBAC (Programme, Budget and Administration Committee) this year. He will seek input from all parties so that I can ground my proposals in your realities, making them pragmatic, implementable and acceptable to the shareholders in this Organization. Your document on this item notes that some reform initiatives, such as those linked to governance, can be implemented quickly, while others are developmental in nature and will require several years to become fully effective.

From the outset, the reform process has been in the hands of Member States. You have before you drafts of the 12th General Programme of Work and the next programme budget. These documents let you see how priority setting works in practice for the first time in the sixty-five-year history of WHO. Member States have asked that these documents be reviewed and discussed by regional committees and subsequently revised by the Secretariat. We will, subject to consultation, revise these documents to send to the PBAC and the Executive Board in January. Please keep in mind that both documents are works in progress.

Ladies and gentlemen,

The target date for reaching the Millennium Development Goals (MDGs) is fast approaching. The debate about the post-2015 development agenda is in full swing. Rest assured, WHO is taking a leadership role in moving this debate through processes and procedures aimed at collecting a broad range of views. There are many political and technical processes under way. WHO is working with many partners, including other United Nations organizations.

Pursuit of the MDGs taught us many lessons. We learned the critical importance of a well-functioning and inclusive health system that offers financial protection against catastrophic health expenditures. We learned that good aid builds self-reliance. It aims to eliminate the need for aid. It does so by channelling resources in ways that strengthen existing capacities and infrastructures, instead of circumventing, undermining, or overburdening them. We learned the value of concentrating international efforts on a limited number of time-bound goals that resonate with the public and parliamentarians, and of course with the development community. Individual diseases benefited greatly from innovation, including new financing mechanisms and technical innovations, like new vaccines, better medicines, patient-friendly formulations and simplified point-of-care diagnostic tests.

These are some of the successes that helped drive dramatic reductions in morbidity and mortality. They have paved the way for a new agenda that builds on these achievements. And I'm happy to see our colleagues from GAVI and the Global Fund here; they are important partners. But, as I said, we absolutely must get this right. The MDGs strongly influenced development priorities and directed resource flows. The temptation will be great to expand the number of goals, rather than keep the agenda sharp, focused, time bound and feasible. So competition is keen among sectors to get a goal on the list.

As we think about the post-2015 agenda, we must never forget that the health-related MDGs were largely an infectious disease agenda. At the start of this century, AIDS, tuberculosis, and malaria were public health emergencies that warranted sharply focused efforts to stop the epidemics from expanding further and reduce the number of deaths. This happened. Efforts to control these diseases can now address them not as emergencies, but as part of general health services. In turn, general health services

can benefit broadly from the refined and simplified strategies developed to control these diseases. As just one example, the recent WHO policy requiring diagnostic confirmation of malaria before medicines are dispensed has strengthened detection capacity for all diseases.

My advice is this: We dare not reduce the current pressure on vaccine-preventable diseases, AIDS, tuberculosis, malaria, and the neglected tropical diseases. Constant mutation and adaptation are the survival mechanisms of the microbial world. Complacency gives infectious diseases the perfect opportunity to return with a vengeance. I need only mention the problems we are already facing with antimicrobial resistance. The momentum to control these diseases must not stop in 2015.

The MDGs also taught us that health deserves a high place on any development agenda. Health is a precondition of development. It is a powerful driver of socioeconomic progress. Because its determinants are so broad, health is a sensitive indicator of the impact that policies in all sectors of government have on the well-being of citizens. As just one example, if trade policies, tariffs and agricultural subsidies cause food prices to soar, the adverse effects will be most visible in the health sector, presented either as hunger, as we now see in the Sahel, or malnutrition. Changes in health status will also be the most readily and reliably measured signal that policies need to be adjusted. As I said, health is too big to fail. If health fails, all else fails.

We can be pleased that the final outcome document of the Rio+20 summit gave health a central place as a precondition for development and an indicator of development. That document also stressed the importance of universal health coverage in enhancing health, social cohesion and sustainable human and economic development. However, more work needs to be done to give health its proper place in the next development agenda.

The MDGs were a compact between developing countries and their needs, and wealthy countries that promised to address these needs through the commitment of funds, expertise and innovation: in short, a compact between the haves and the have-nots aimed at reducing gaps in living conditions and relieving vast human misery. When we consider the nature of today's threats to health, a simple compact between the haves and have-nots fails to capture the complexity of these threats. Many of these threats arise from the realities of a world characterized by radically increased interdependence and interconnectedness.

In the very recent past, public health has moved into a unique political space. More and more, the conditions that threaten health are shaped by forces that govern the entire world. Today, international systems have more power than a sovereign government to influence the lives and opportunities of citizens, including the chances they have to enjoy a healthy life expectancy. Again, think about obesity, especially childhood obesity, and the clever marketing of unhealthy foods and beverages to children, beamed by satellite TV. You may ban unethical marketing of unhealthy foods to children in your country, but your people may get such messages from other countries.

Our world is in bad trouble. Multiple troubles have multiple consequences for health. I am talking about a changing climate, more emergencies and disasters, more hot zones of conflict, soaring health care costs, soaring food prices, demographic ageing, rapid urbanization and the globalization of unhealthy lifestyles. I am talking about an enduring economic downturn, financial insecurity, shrinking opportunities, especially for youth and the middle classes, poverty that keeps getting deeper

and social inequalities that keep growing wider. These are universal trends, and many of them are driving the relentless rise of NCDs.

As I have said before, health is on the receiving end of policies made in other sectors. I have no illusions. Likewise, we understand the daunting challenges for you as ministers of health. Within governments and internationally, the health sector will never have as much power, or as many resources, as sectors like finance, trade or defence. This likely reflects the tendency of political leaders to define a very narrow national progress agenda, as measured by economic growth and a rising GNP.

Still, I believe we can outsmart some of these trends, or at least counterbalance them, with clever policies and convincing arguments, guided by the abundant evidence and practical examples set out in your documents. Money is important, but it does not make all the difference in the world. For health, policies that make equity an explicit objective do more to improve health outcomes and promote social cohesion than money alone.

In my view, one of the best ways to respond to all these challenges is to make universal health coverage part of the post-2015 development agenda. In my view, universal coverage is the single most powerful social stabilizer and equalizer. In many of your countries, you are already doing so well. WHO is working with the World Bank to advise more than 60 countries on achieving universal coverage.

At a time when policies in so many sectors are actually increasing social inequalities, I would be delighted to see health lead the world towards greater fairness in ways that matter to each and every person on this planet.

Ministers, ladies and gentlemen, I thank you for your attention.