



World Health
Organization

REGIONAL OFFICE FOR Europe

REGIONAL COMMITTEE FOR EUROPE 66TH SESSION

Copenhagen, Denmark, 12–15 September 2016

Midterm progress report on Health 2020 implementation 2012–2016



© Shutterstock.com/amelaxa



Working document



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe

66th session

Copenhagen, Denmark, 12–15 September 2016

Provisional agenda item 5(b)

EUR/RC66/16

1 August 2016

160521

ORIGINAL: ENGLISH

Midterm progress report on Health 2020 implementation 2012–2016

This report describes progress in implementing the Health 2020 policy framework in the WHO European Region, as well as the efforts made by the Regional Office for Europe to support Health 2020 implementation in Member States from 2012 to 2016. It summarizes developments and achievements in line with the commitments made through the adoption of resolution EUR/RC62/R4 on the Health 2020 policy framework, and covers the reporting requirements under decision EUR/RC65(1) on intersectoral action for health and well-being. This report also takes into account the request in resolution EUR/RC63/R3 to report on progress towards achieving the Health 2020 targets in routine progress reports.

This working document is accompanied by a draft resolution that assesses the progress of Health 2020 implementation to date and requests the Regional Director to develop a vision for Health 2020 implementation from 2017 to 2020 for submission to the 67th session of the Regional Committee for Europe in September 2017.

Contents

	page
Background.....	3
Health 2020 engagement in the WHO European Region 2012–2016.....	3
Efforts of the Regional Office for Europe	6
Support for health policy development aligned with Health 2020	6
WHO European Region strategies aligned with Health 2020.....	13
Dissemination of and awareness-raising on Health 2020	15
International partnerships for Health 2020	16
Updated evidence base.....	18
Targets, indicators and monitoring system for Health 2020	19
References	20

Background

1. Through the adoption of resolution EUR/RC62/R4 (1) on the Health 2020 policy framework by the WHO Regional Committee for Europe (RC) at its 62nd session in 2012, the WHO European Region has one overarching and unifying framework for its work, Health 2020 (2). This framework focuses on upstream approaches to health and well-being and on health equity, national health policies, and whole-of-government and whole-of-society action.

2. The Health 2020 policy recognizes that successful governments can achieve real improvements in health if they work across government to fulfil two interlinked strategic objectives, namely, improving health for all and reducing health inequalities, and improving leadership and participatory governance for health. Health 2020 is based on four priority areas for policy action:

- (a) investing in health through a life-course approach and empowering people;
- (b) tackling the Region's major health challenges of noncommunicable and communicable diseases;
- (c) strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response; and
- (d) creating resilient communities and supportive environments.

3. This report outlines progress made in the following areas:

- (a) implementing the Health 2020 policy framework during the period 2012–2016, in accordance with resolution EUR/RC62/R4 (1) and decision EUR/RC65(1) (3), covering both Health 2020 engagement in the European Region as well as the efforts of the Regional Office for Europe to support health policy development in line with Health 2020 in Member States;
- (b) aligning all policies and strategies of the Regional Office with Health 2020;
- (c) dissemination of and awareness-raising on the policy framework;
- (d) updating of the evidence base supporting the Health 2020 policy;
- (e) international partnerships for Health 2020; and
- (f) developing Health 2020 indicators and setting up a monitoring system to measure progress.

Health 2020 engagement in the WHO European Region 2012–2016

4. In 2012, Member States were urged to develop and update, where appropriate, their policies, strategies and action plans for health, taking into account the Health 2020 policy framework. They were also asked to consider supporting Health 2020 through international health activities and through various types of partnerships and intersectoral collaboration at the national level and, where appropriate, to contribute to data-gathering processes that would permit the monitoring of progress.

5. Monitoring of the Health 2020 targets and indicators shows that, since 2012, Member States have made good progress with implementation (4). The Region is on track to achieve the target to reduce premature mortality, but still has the highest levels of alcohol consumption and tobacco use in the world. The range between the highest and lowest levels of health measured by life expectancy and infant mortality rates in the Region has narrowed. However, despite this favourable trend, absolute differences between countries remain substantial. This applies not only to infant mortality (difference of 20 deaths per 1000 live births between the countries with the highest and lowest infant mortality in the Region) and life expectancy (difference of 11 years between the countries with the highest and lowest life expectancy in the Region) but also for key social determinants of health, such as primary school enrolment and unemployment rates. National analyses of population health disaggregated by social and economic factors also show that within-country inequities in health persist (5).

6. The proportion of countries with national health policies aligned with Health 2020 increased from 58% in 2010 to 75% in 2013, as did the number of countries with implementation plans and accountability mechanisms, including setting national targets; the latter rose from 40% in 2010 to 56% in 2013. The proportion of countries adopting focused, stand-alone policies to address health inequities rose from 58% in 2010 to 67% in 2013. The scope of these policies has broadened: while in 2010 the most common focus was improving the health of disadvantaged groups and ensuring a healthy start in life, in 2013 more policies addressed such issues as tackling poverty and improving the physical environment. Data on well-being in European countries are available but more work is needed on measuring well-being and its cultural contexts to improve monitoring. Progress with targets and indicators will again be formally assessed in 2016 and reported in detail at RC67 in 2017.

7. An overview conducted by the Regional Office of countries with a biennial collaborative agreement and a WHO country office presence concludes that nearly all countries in this category have already aligned or are currently in the process of aligning their national health policies with the Health 2020 framework. Only four countries have noted that there is no such plan yet, for contextual reasons mainly. Besides through national health policies, countries with a biennial collaborative agreement have used other entry points to take forward the Health 2020 framework closely related to specific or immediate challenges, such as noncommunicable diseases (NCDs), emergencies, and migrant health.

8. Most Member States have explicitly included equity, social determinants, gender and human rights values and approaches in the design of national and local health policies. Broad equity goals are expressed in the form of health access and coverage, reducing lifestyle gaps, reducing gaps in life expectancy, and tackling the social gradient. The information gathered shows that the key approaches to reducing health inequalities across national health policies are universal health coverage; followed by gender equity; and reducing vulnerability, including reducing health differences experienced by different ethnic groups. In some countries, specialized agencies or committees have been established on these issues with the authority to ensure implementation. However, in general, the area of setting targets and indicators for reducing health inequities is varied, with many targets at a generic level. This partly reflects the lack of disaggregated health data, which are an important tool for identifying

and monitoring the pathways from social and economic factors to unequal health risks and outcomes.

9. Many countries have expressed high-level political support for the implementation of Health 2020 not only at the level of the Ministry of Health but also through multi-ministerial working and oversight bodies, and to some extent at the prime minister level. Intersectoral collaboration was noted mostly at the level of two sectors, such as between environment and health, as the entry point to involving other sectors.

Box 1. European Environment and Health Process

Health 2020 recognizes that the environmental determinants of health are of great importance for establishing, maintaining and restoring health and identifies the creation of resilient communities and supportive environments as one of the four priority areas for action in the WHO European Region. This recognition has given further impetus to the European Environment and Health Process (EHP). In the late 1980s, European countries initiated the very first process to eliminate the most significant environmental threats to human health. Progress towards this goal is driven by a series of ministerial conferences held every five years organized by WHO in collaboration with the United Nations Economic Commission for Europe (UNECE). Under this process, WHO European Member States nominated representatives from the health and the environment sectors to the European Environment and Health Task Force.

The EHP thus represents a pioneering experience of intersectoral collaboration, under which additional partnerships have been developed, such as the Transport, Health and Environment Pan-European Programme (THE PEP) – a joint WHO and UNECE policy platform.

At the 2015 Mid-term Review of the EHP, Member States discussed implementation of the commitments made at the Fifth Ministerial Conference on Environment and Health in 2010 and the way forward, identifying priorities and themes, in view of the Sixth Ministerial Conference on Environment and Health in 2017. This discussion was framed and inspired by Health 2020, and produced consensus on a roadmap, which includes “traditional” risk factors (such as air pollution, access to safe water, and chemical safety) as well as broad areas (such as climate change, energy, waste, and cities) that reflect the emphasis placed by Health 2020 on the determinants of health. Similarly, the Health 2020 focus on health inequalities has drawn attention to the uneven distribution of environmental exposures and impacts, adding to the urgency of increasing the rate of implementing policies and commitments in this domain.

10. Subnational commitment to the Health 2020 framework is evident both through the Regions for Health Network (RHN) and through the WHO European Healthy Cities Network. The RHN, which has been active for 20 years, entered a new phase in November 2012 with the approval of the Göteborg Manifesto, which supports and is inspired by Health 2020. Subnational policies aligned with Health 2020 and receiving inputs along this process from the RHN include the Trento Health Plan 2015–2025 (Italy), the Action Plan for Health Equity in Region Västra Götaland (Sweden), the Fourth Andalusian Health Plan (Spain) and Open Skåne 2030 (Sweden), all of which are documented in WHO featured RHN publications.

11. The Health 2020 policy has also provided a strong, timely and unifying framework for Phase VI (2014–2018) of the WHO European Healthy Cities Network, which builds on and reinforces the fundamental values, principles and work that have been at the core of this 27-year-old movement since its inception. The Liège statement explicitly involved the Network in the development and implementation of the Health 2020 policy framework.

Efforts of the Regional Office for Europe

12. Since 2012, substantial advances have been made by the Regional Office to scale up its support for regional, national and subnational health policy developments, taking forward the Health 2020 policy framework in the Region. Efforts have focused on supporting Member States in strengthening policies for health, well-being and equity; on aligning all WHO European policies and strategies with Health 2020; on dissemination and awareness-raising; and the continuous updating of the evidence base supporting the Health 2020 policy. The Regional Office has also worked to strengthen international partnerships for Health 2020 and on developing Health 2020 indicators and setting up a monitoring system to measure progress.

13. Specific efforts have been made within the Regional Office to ensure close alignment between organizational planning and development of the Health 2020 implementation strategy. This allowed for cross-divisional rethinking, with adjustments made to programming. Internal retreats of various kinds – office-wide, divisional, programme managers and executive management – and training programmes on national health policies and strategies, and on gender, equity and rights have been vehicles for change in this context. The Regional Office has taken a systematic approach to providing support to countries in taking forward the Health 2020 vision in their national contexts through the biennial collaborative agreements and the country cooperation strategies.

Support for health policy development aligned with Health 2020

14. The Regional Office has supported Member States in taking forward Health 2020 by analysing public health situations; identifying assets; encouraging political commitment from heads of State; making policy recommendations and monitoring progress; and encouraging leadership and good governance for health. It has also helped countries to identify common interests and to pursue joint goals with other sectors, including through development frameworks that address upstream determinants of health and health equity, through the strengthening of health and health information systems, and through fostering implementation of whole-of-society and whole-of-government approaches.

15. Since 2012, the Regional Office has supported 25 Member States in developing their national health policies (Albania, Andorra, Armenia, Azerbaijan, Bulgaria, Croatia, Czech Republic, Hungary, Iceland, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Malta, Poland, Portugal, Romania, San Marino, Slovakia, Slovenia, Spain, the former Yugoslav Republic of Macedonia, Ukraine and Uzbekistan). At the subnational level, the Regional Office has supported the development and implementation of subnational policies aligned with Health 2020 through the RHN and the WHO Healthy Cities Network.

16. A number of important entry points have provided opportunities and requests for the Regional Office to support collaboration in the development of health policies, strategies and plans and to build capacity for Health 2020 in countries. The following represent a few illustrative examples.

Advancing equity through social determinants, gender and human rights approaches

17. Policy and technical support to address health inequities through social determinants of health, gender and rights approaches has been requested in 31 countries through the biennial collaborative agreements and country cooperation strategies. The *Review of social determinants and the health divide in the WHO European Region (6)* has been informative in the design and review of national health policies. The evidence from the report has been the focus of national seminars and dialogues involving policy sectors across government in 10 Member States and has given rise to national social determinants of health and health inequity reviews in five Member States. The findings from national reviews have been used to develop stronger cross-sectoral policies and commitments, health reform and systems strengthening and the updating of public health programmes.

18. A methodology on how to strengthen gender and rights components in health policy dialogues was piloted and is being completed. Notable capacity-building courses include a multicountry workshop on equity in Health in All Policies, designed to be rolled out on an ongoing basis, and an e-learning course on gender, equity and rights in health that is being launched in 2016. A specific regional initiative on building country capacities for integrating equity into strategies, programmes and activities related to mother and child health has, since 2013, brought together more than 70 public health experts and researchers, representatives of health ministries, United Nations partners, and civil society organizations, including Roma association representatives from Albania, Bulgaria, Montenegro, Romania, Serbia, Slovakia, the former Yugoslav Republic of Macedonia and Ukraine, and observers from Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)).

Health systems strengthening

19. To strengthen health systems and public health capacity in the context of Health 2020, the WHO Regional Office for Europe seeks to improve health outcomes in an equitable manner, ensure financial protection, and increase responsiveness and efficiency. In line with global efforts to move towards and sustain universal health coverage, the Regional Office has been given the mandate to monitor trends in financial protection, and has accelerated support to countries in this field, including through capacity-building on health financing.

20. The Regional Office has assessed health systems barriers to the treatment of NCDs in a dozen Member States with a multidisciplinary approach translating findings into policy decisions and actions. The Regional Office has supported various countries in developing policies to introduce and manage new high-cost medicines, with a focus on sustainability. Furthermore, an action-oriented framework for coordinated, integrated health-service delivery towards people-centred care (7) is being developed, and a geographically dispersed office on primary health care was inaugurated in Almaty, Kazakhstan, in February 2015.

Box 2. Strengthening public health institutions: a key pillar of Health 2020 implementation

The European Action Plan for Strengthening Public Health Capacities and Services (8), adopted in 2012, forms a key pillar for the implementation of the Health 2020 framework. Notwithstanding the evidence indicating that disease prevention and health promotion services are extremely cost effective, an average of only 3% of health sector budgets is currently spent in these areas. Member States and the Regional Office have therefore been working together to strengthen public health institutions by strengthening relevant laws, the workforce, and the organization and delivery of essential operations.

- *For example, in Armenia, an effort is currently under way to review the national health policy in line with the Health 2020 policy framework, a process that has been underpinned by an assessment of the essential public health operations (EPHOs). The Regional Office supported the teams that assessed the EPHOs and provided technical assistance and capacity strengthening to support the development of a new public health law.*
- *In Bosnia and Herzegovina, the Regional Office organized a national conference on financing and organizing public health, which was attended by policy-makers from Bosnia and Herzegovina and neighbouring countries and resulted in a series of policy recommendations.*
- *In Kyrgyzstan, national policy-makers worked with the WHO Country Office to identify options for strengthening public health institutions, and an EPHO assessment process has now been launched.*
- *Poland also completed an assessment of EPHOs to inform the development of a new public health law and national health policy.*
- *In the Republic of Moldova and Ukraine, efforts focused on reforming the organization of public health institutions and service delivery by bringing together experts in organizational reforms from other countries, a mapping of institution functions and resources, and the development of renewed models for service delivery.*
- *Romania conducted consultations on strengthening the public health mandates of community nurses in view of increasing community resilience.*
- *Slovakia commissioned the development of a proposal for a pilot project aimed at establishing a network of regional institutions to deliver health promotion services.*
- *Working together with the Regional Office, Uzbekistan hosted a subregional workshop aimed at strengthening the leadership competencies of line managers in public health institutions.*

At the regional level, the Regional Office continues to advocate for the strengthening of public health institutions, for example, through the development of the joint publication of the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies on the economic case for health promotion and disease prevention, and the WHO publication “The case for investing in public health”. To strengthen the evidence base for reforming public health institutions, WHO and the European Observatory on Health Systems and Policies have also embarked on a comparative study on organizing and financing public health services in the European Region, and the Regional Office commissioned a review of recent trends and developments in public health institutions in the Region.

21. Transforming the training of health professionals and strengthening nursing and midwifery have been key elements of interregional exchange of experience and country support since 2012. In 2015, the scope of health systems work was broadened to include environmentally sustainable health systems. The Barcelona Course on Health Financing and the Flagship Course on Health Systems Strengthening with a focus on NCDs attracts more than 100 participants every year, providing the backbone of a systematic training programme on health systems strengthening. In addition, short training courses on service delivery and on public health leadership in the context of Health 2020 were launched in 2015.

Health information and evidence-informed policy-making

22. The Evidence-informed Policy Network, which supports countries in the use of evidence for policy-making, is now active in 13 Member States of the European Region, with a strong focus on Health 2020. The Health Evidence Network synthesis report series – an information service that turns published evidence into policy options – has published evidence-informed policy options to improve health for vulnerable populations and to reduce health inequalities by defining the barriers for accessing health services, thereby contributing to Health 2020 strategic objectives. The annual Autumn School on Health Information and Evidence for Policy-making builds capacity in health information and a Health 2020 indicator and inequalities assessment will be held for the fourth time in 2016 and has trained participants from more than 27 Member States to date. To further strengthen countries' capacity in health information areas that are particularly relevant to Health 2020, the Advanced Health Information Workshop was conducted for the first time in 2015 and will be held annually in the future.

23. Three health information networks have been established in the Region with particular attention to monitoring Health 2020 targets and indicators – the Central Asian Republics Health Information Network, the Small Countries Health Information Network, and the South-eastern Europe Health Network, which proposed the establishment of a health information network during the Albanian Presidency in 2015.

24. The Regional Office developed and is now piloting a support tool for countries to assess the health information systems and advance health information strategies that ensure that national health information systems are fit for Health 2020 monitoring. A regional report on the implementation of e-health strategies that support Health 2020 was published in early 2016. In addition, Member States are now preparing a European action plan to enhance the use of information, evidence and research in policy-making, with a special focus on Health 2020 implementation (9).

Prevention of NCDs – nutrition and obesity

25. In 2013, overweight and obesity were cited as the third most important risk factor for disease worldwide. Factors underlying these trends include an energy imbalance resulting from increased consumption of highly processed, energy-dense foods high in saturated fats, free sugars and sugar-sweetened beverages. Simultaneously, the European Region has observed a decrease in levels of physical activity. Poor maternal nutrition, inadequate breastfeeding practices and inappropriate complementary feeding also play a role. In the face of such alarming figures, governments from across the Region have demonstrated a renewed commitment to tackling obesity.

26. Health 2020 set the tone for the 2013 Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020 (10) and prompted Member States to adopt tools to address the complexity of obesity, notably the WHO European Food and Nutrition Action Plan 2015–2020 (11) and the Physical Activity Strategy for the WHO European Region 2016–2025 (12). The Regional Office supports individual Member States and coordinates international work on improving diets, as well as through changes to the wider environments and contexts in which people make their daily food and activity choices.

Intersectoral policy and action

27. The Regional Office will continue to support countries in developing and implementing policy and legislative frameworks and in ensuring that national health plans include financing strategies and policies that facilitate movement towards universal health coverage. In 2016–2017, this will include activities that will address, inter alia:

- (a) structured and coherent technical support to Member States, using the existing human and technical resources;
- (b) gathering evidence from the country level that will inform a directory on national health policies to be established;
- (c) building a methodology that will assist countries in reviewing national health policies from a Health 2020 perspective;
- (d) establishing and implementing a plan for regular national health policy reviews, based on the methodology developed;
- (e) development of a tool for systematic health policy monitoring and analysis, to dynamically monitor the progress of Member States in adopting and implementing the Health 2020 policy framework, in the form of an interactive web-based platform for storing, sharing and updating information at the country level;
- (f) commencing a multicountry study on exploring national health policy development in Europe, to bring forward the key dimensions of the national health policy development and implementation processes from 2010 onwards, through country experiences and examples, from a Health 2020 perspective;
- (g) creating an online knowledge and training platform for national health policies for different audiences; and
- (h) publishing an annual national health policy update, as an e-journal on the WHO Regional Office for Europe website.

Box 3. Health 2020 implementation through specific entry points – migration and health

The WHO Regional Office for Europe has assisted its Member States in promoting and protecting the health of migrants since 2012 through the Public Health Aspects of Migration in Europe (PHAME) project.

Health systems assessment missions have been conducted in Albania, Bulgaria, Cyprus, Greece, Hungary, Italy, Malta, Portugal, Serbia, Spain and the former Yugoslav Republic of Macedonia. Based on these assessments, support has been provided through policy advice on contingency planning, technical assistance and guidance, public information tools, medical supplies and training modules on migrant health for health and non-health professionals.

In November 2015, WHO, the United Nations Children's Fund (UNICEF) and the Office of the United Nations High Commissioner for Refugees (UNHCR) issued a joint statement on the immunization of refugees and migrants, calling for timely and equitable access to vaccines in line with national immunization schedules.

A European strategy and action plan on migration and health (13), along with a draft resolution, will be submitted to RC66 with the aim of supporting and progressing action across governments and societies on migration and health, in line with the strategic objectives of Health 2020.

28. In terms of capacity-building for intersectoral approaches, including whole-of-government and health-in-all-policies, the Regional Office has supported countries in a number of activities, such as a national policy dialogue in Poland, Portugal and Turkmenistan. The Regional Office has further supported strengthening accountability for health through the work of high-level intersectoral committees and mechanisms, including in Kyrgyzstan and Turkmenistan. This will be taken forward in 2016–2017 through the development of guidance material on planning, organizing and managing high-level intersectoral committees to support the development, implementation and monitoring of national health policies, plans and strategies.

29. Intersectoral action under the framework of Health 2020 has been highly visible in a number of intercountry dialogues, including the subregional high-level event on Health 2020 implementation in Tashkent, Uzbekistan, in November 2014; the technical meetings in Paris, France, and Berlin, Germany, in April 2015; the International Health Forum to Commemorate the 20th Anniversary of the National Health Programme of Turkmenistan in Ashgabat in July 2015; the South-eastern Europe Health Network ministerial meeting in Belgrade, Serbia, in June 2015; and the Second High-level Meeting of the WHO Small Countries Initiative in Andorra in July 2015. The upcoming high-level meeting on strengthening partnerships between the health, education and welfare sectors, to be held in Paris in December 2016, will be significant in increasing understanding and building stronger policy synergies across sectors that benefit health and health equity.

30. Important collaboration in relation to strengthening intersectoral action for health and well-being includes the following.

- (a) The Regional Office supports the development of intersectoral **environment and health action plans** in countries. Recent examples from Georgia and the former Yugoslav Republic of Macedonia show how public health evidence can be used in the policy development efforts of other sectors and how intersectoral coordinating bodies for environment and health can be supported.
- (b) Through the **Better Labs for Better Health initiative**, the Regional Office assists countries to improve the overall quality of their laboratory services. The Better Labs for Better Health initiative brings together intersectoral, multidisciplinary teams to form national laboratory working groups (NLWGs) to develop national laboratory policies and strategies. NLWGs have been formed in Kyrgyzstan, Republic of Moldova, Tajikistan and Uzbekistan. Members of NLWGs come from national public health institutes, clinical facilities, reference laboratories, certification and accreditation facilities, the academia and the private sector.
- (c) **Road safety.** In Europe, the health sector has played a catalytic role in an intersectoral response to achieving a 50% reduction in road traffic injury mortality by 2020. This aim requires action by the transport, interior, health, finance and urban development sectors, in policy areas spanning from legislation and enforcement of laws to the rapid access emergency trauma care to social marketing campaigns to modify risk behaviours. Examples of WHO-supported national-level work include the Road Safety in 10 Countries project, which has been successfully piloted in the Russian Federation.

- (d) **Safe water, sanitation and hygiene (WASH)** are crucial environmental determinants of health and well-being. In the WHO European Region, 10 deaths a day from diarrhoea are still attributable to poor WASH services, particularly affecting children under 5 years of age. To achieve policy and practice improvements in WASH at regional and country levels, the 1999 Protocol on Water and Health provides a holistic policy framework for the European Region. The Protocol provides a regional hub for intersectoral and interdisciplinary collaboration, assisting Member States in coordinating policies and in synergizing actions between the health, environment and water sectors. The Regional Office, together with the United Nations Economic Commission for Europe (UNECE), provides secretariat services to the Protocol and supports Member States in setting and implementing national targets through the provision of guidance and through capacity development.
- (e) Efforts to address **antimicrobial resistance (AMR)** require both improving health for all and reducing the health divide by ensuring access to life-saving antimicrobials when needed, while combating inappropriate use; strengthening leadership and participatory governance for health by ensuring comprehensive policy and action across sectors; as well as strengthening people-centred health systems and public health capacity. The Regional Office supports Member States in implementing the European strategic action plan on antibiotic resistance (14), adopted in September 2011. Recent examples of such support involve capacity-building efforts in central Asian countries on AMR from a food safety and intersectoral collaboration perspective, focusing on coordinated surveillance of AMR in foodborne pathogens, as well as an integrated project on maternal and child health, family planning and antimicrobial resistance in Uzbekistan.
- (f) The Regional Office is working with Member States to **strengthen preparedness and response to epidemic and pandemic prone diseases**. This work is further enhanced by the Pandemic Influenza Preparedness (PIP) Framework Partnership Contribution (PC), a global approach to pandemic influenza preparedness and response which aims to improve and strengthen the sharing of influenza viruses with human pandemic potential and to increase the access of developing countries to vaccines and other pandemic related supplies. Within the PIP PC, the Regional Office supports Member States in the development of national outbreak investigation and response guidelines, which includes establishment of the multisectoral implementation platform. Furthermore, annual scientific and multisectoral meetings for national experts involved in surveillance and outbreak response have been initiated to strengthen collaboration between the human health and animal health sectors, epidemiologists, virologists and doctors involved in surveillance and outbreak response.

31. In order to strengthen the support to countries on intersectoral approaches, the Regional Office has undertaken a mapping exercise of intersectoral action in the European Region. Based on this, a number of products are being developed during 2016, including a compendium of case stories on intersectoral approaches across the European Region; a final technical report with recommendations for further action to support Member States in taking forward intersectoral action; a network of designated national focal points for intersectoral action; and an expert group for intersectoral action. Using the information collated through the in-country and intercountry policy

dialogues and expert meetings, the responses to the mapping exercise, and reviews of the literature, development of a draft European architecture for implementing intersectoral action for health and well-being was initiated in 2015. This draft architecture aims to support the development and implementation of national health policies, strategies and plans and is being developed with the objective of transferability across policy areas. The aim is to use the elements within the draft framework as building blocks to support particular policy objectives in specific contexts. The purpose of the draft architecture is to provide guidance in the planning and implementation of intersectoral approaches in line with the *Health in All Policies: Framework for Country Action (15,16)*. The draft architecture is expected to be validated in 2016 under the scope of the proposed expert group on intersectoral action and subsequently piloted in 2016–2017. To further support the implementation of governance for health, a repository of existing regional tools and guidelines for Member States on intersectoral approaches is planned for 2016. Further work is planned by the Regional Office in 2016–2017 to explore support for Member States in relation to the governance of commercial determinants of health.

32. Finally, while pursuing the achievement of the health-related Millennium Development Goals (MDGs), and contributing to the implementation of the overall MDG agenda, the work of the Regional Office, at the regional, national and subnational levels, has continuously advocated for and contributed to the implementation of the Health 2020 policy framework. Following the launch of the 2030 Agenda for Sustainable Development, work has started on “localization” of the 2030 Agenda at the country level – that is, integration with national development planning and adaptation of national targets. This represents a unique opportunity to renew national commitments to health and seek intersectoral synergies in order to advance the Sustainable Development Goals and implement the priorities already endorsed by European Member States through the adoption of Health 2020.

WHO European Region strategies aligned with Health 2020

33. Since the adoption of Health 2020, all WHO European Region strategies, action plans, ministerial conferences and other high-level meetings have been based on the policy framework and have served as important vehicles for moving the Health 2020 agenda forward in the Region. Strategies and action plans adopted in the years just prior to Health 2020 have been implemented in alignment with the vision and strategic objectives of the policy framework.

34. An important example is the **Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 (17)**, which, together with a set of related policy mandates (the Ashgabat and Vienna declarations and the mandates on alcohol, tobacco, food and nutrition, and physical activity), addresses a core element of inequity in the European Region. The largest group of causes of premature mortality in the Region are cardiovascular diseases and their risk factors; this, in turn, contributes to differences in life expectancy between eastern and western parts of the Region. Over the past decade, the trend in the European Region has been towards narrowing that gap and achieving greater equity among countries. Furthermore, the countries and population groups with the highest mortality rates are showing the greatest improvement. This is consistent with the strategic

objective of Health 2020 to improve equity in health. However, these are not grounds for complacency. Wherever data exist, inequities are found within and between countries: from examples of inadequate detection and management of cervical cancer in women to premature deaths from heart attack or stroke in men. In the five years since Health 2020 has been in development or in operation, much greater equity has been gained among countries in the area of NCD mortality, but the agenda for improvement in vulnerable groups has grown.

35. Health 2020 further promotes the fact that solutions do not lie solely in disease-specific approaches to health improvement. In the past three years, there has been a growing momentum to develop evidence-based policies that act across the life-course. In that regard, a number of studies are under way and courses of action are under consideration in the Region. In 2012, the Regional Committee adopted the **Strategy and action plan for healthy ageing in Europe, 2012–2020 (18)**. **Investing in children: the European child and adolescent health strategy 2015–2020 (19)** and the **European child maltreatment prevention action plan 2015–2020 (20)** were adopted in 2014. An interim report on women's health was discussed at a technical briefing in 2015; it will be followed by a strategy on women's health (21) and an action plan for sexual and reproductive health (22) in 2016. In these strategies, a whole-of-society approach to protecting and promoting the health of women and children has been proposed. Women's health serves as an excellent example of this: while women have a mortality advantage in living longer lives, their well-being and life experiences are marked by bias, stigma and disadvantage. These are evident through gender-based violence, unequal prospects for education and employment, bearing the major share of non-remunerated care, and uneven access to health services.

36. Other examples of WHO strategies and action plans taking forward the Health 2020 policy framework in the Region include the following.

- (a) The **European Vaccine Action Plan 2015–2020 (23)** is a regional interpretation of the Global Vaccine Action Plan 2011–2020, expanded to echo the policy priorities of Health 2020, including reducing health inequities and strengthening public health and people-centred health systems.
- (b) The **Tuberculosis Action Plan for the WHO European Region 2016–2020 (24)**, which was developed through intersectoral collaboration and with the engagement of diverse partners, including from civil society organizations and representatives of Ministries of Justice and Interior, is in line with the new global End TB Strategy and translates into actions directed at tuberculosis prevention and control, spanning across each of the four Health 2020 priority areas.
- (c) The **Strategic plan for food safety including foodborne zoonoses 2013–2022 (25)** has an intersectoral approach embedded, in line with Health 2020. The scope of the plan covers food safety in all ramifications, encompassing the farm-to-table (entire food chain) approach and including foodborne diseases of zoonotic origin. Improving international and national cross-sectoral collaboration is one of the strategic directions of the strategy.
- (d) The **European strategic directions for strengthening nursing and midwifery towards Health 2020 goals (26)** includes an action plan and indicators to monitor progress at the country and regional levels. The document is accompanied by the European compendium of good practices in nursing and midwifery towards

Health 2020 goals, based on 55 case studies from 18 Member States, demonstrating new roles for health personnel, new models of care, and inter-professional collaboration within the priority areas of Health 2020.

- (e) The **action plans for the health sector response to HIV (27) and to viral hepatitis (28)** in the WHO European Region are in line with the 2016–2021 global health strategies on HIV and viral hepatitis. They include strategies and activities to deliver for equity (that is, covering the populations in need of services), including addressing health systems-related barriers; integrated delivery and linkages within health systems; assisting countries to select and adapt the HIV and viral hepatitis intervention packages most relevant to their situation by providing evidence for effectiveness; sharing best practices; advocating for high-level commitment and support; and working with the community and other civil society structures to strengthen community systems.
- (f) A **regional strategic framework for control and prevention of soil-transmitted helminthiases** is planned and will promote intersectoral cooperation for the prevention and control of soil-transmitted helminthiases at the regional and national levels, taking into consideration the crucial role of the water, sanitation and hygiene (WASH) sector in that regard.
- (g) The **Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region (9)** builds on the premise that the systematic use of existing knowledge and the generation of new knowledge enable decision- and policy-makers to make better choices to improve the health of individuals and populations. The vision of the action plan is to contribute to the reduction in inequalities in health and to the improvement of the health status and well-being in the European Region. This will be done through improved generation and use of information and evidence in policy-making, aligned with the health-related United Nations SDG and the Health 2020 policy framework. The plan covers actions in the areas of health information, public health research, knowledge translation, and mainstreaming of the use and generation of evidence in policy development.

Dissemination of and awareness-raising on Health 2020

37. The Regional Office has systematically promoted the Health 2020 policy framework since its adoption in September 2012, including at high-profile international health policy events, such as the European Health Forum Gastein, the World Health Summit, the Economist Global Healthcare Summit, the Eighth Global Conference on Health Promotion, the International anniversary conference marking 35 years of the Declaration of Alma-Ata on primary health care, the Council for Health Cooperation of the Commonwealth of Independent States, and many others. Some recent examples include a high-level conference held in Riga in February 2015 under the Latvian Presidency of the Council of the European Union; the 2015 European Public Health Alliance Annual Conference in Brussels, Belgium; and the European Public Health Conference, held in Milan, Italy, in 2015.

38. Recent examples of dissemination and awareness-raising aimed at key sectors in addition to health for implementation of Health 2020 objectives and priority areas include the Fourth High-level Meeting on Transport, Environment and Health, held in

Paris, France, in April 2014, engaging these three sectors; the Integrating Health Social Programs within Education Systems conference, held in Paris in June 2015; and the high-level side event on health as central to climate change action during the Conference of the Parties to the United Nations Framework Convention on Climate Change, held in Paris in December 2015.

39. The Regional Director has been invited to countries to participate in national launches and debates on Health 2020 and has met with several prime ministers and presidents to discuss health from a whole-of-government and whole-of-society perspective. In addition, recently appointed ministers of health have been invited to the Regional Office in Copenhagen, Denmark, for official visits, during which the Health 2020 policy framework has been presented and considered from the perspective of each country.

40. Health 2020 policy and strategy documents have been translated into several European languages and have been disseminated widely in countries in connection with awareness-raising campaigns and other work by WHO country offices. Health 2020 has been presented and debated in public health journals and media across the European Region. In January 2016, an external media data study exploring the impact of Health 2020 across the Region was conducted, and it has provided a number of recommendations to further strengthen the dissemination and communication approaches taken to raise awareness of Health 2020.

International partnerships for Health 2020

41. Engaging with partners is key to Health 2020 implementation and progress. Partnerships create an enabling environment for public health policies, facilitating whole-of-government and intersectoral collaboration for health, developing broad international, national and local constituencies, and creating policy coherence among different actors and efficient use of resources. The Regional Office strives to establish and maintain effective collaboration with many partners in order to strengthen regional work, including in the provision of technical assistance to countries. WHO therefore works with a wide range of partners, such as other United Nations agencies, the European Union and its institutions, the OECD, global health partnerships, such as the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria, subregional networks and nongovernmental organizations (NGOs).

42. Until 2015, the Regional Office collaborated with the European Commission (EC) within the framework of the six joint roadmaps that support implementation of the European Commission and WHO Regional Office for Europe Joint Declaration, endorsed at RC60. The 12th Senior Officials Meeting of the EC and WHO in 2015 assessed the progress of the collaboration. A new partnership framework was jointly drafted and endorsed by the two agencies during RC65 in 2015. The Regional Office also has joint workplans and common guiding principles with the European Centre for Disease Prevention and Control, the European Food Safety Authority, the European Environment Agency, and the European Monitoring Centre for Drugs and Drug Addiction. In addition, the Regional Office continued its well-established work with the countries holding the Presidency of the Council of the European Union in order to ensure coherent follow-up of priorities in the Region, to sound out the provision of

support on health issues to countries holding the Presidency and to support the Presidency in its involvement in WHO governing bodies. Finally, the Regional Office further expanded and consolidated its collaboration with the European Parliament and its Committee on Environment, Public Health and Food Safety, as well as other committees and parliamentary groups, and provided evidence-based information and WHO strategies and policies.

43. At the regional level, the Regional Office has increased its collaboration with the Regional Coordination Mechanism (RCM) and the regional United Nations Development Group (UNDG). Both the RCM and the UNDG provide excellent entry points for United Nations coordination and for creating synergies and policy coherence. For example, United Nations organizations collaborate in the context of interagency working groups on Roma, youth development, gender and NCDs and social, economic and environmental determinants of health, in line with the Sustainable Development Goals (SDGs). WHO is an active member in all those groups and leads the ones on Roma and on NCDs.

44. In 2014, the RCM agreed to establish the United Nations Regional Thematic Group on Non-communicable diseases and Social, Economic and Environmental Determinants of Health (SEEDs), inspired by Health 2020. The Thematic Group has the same structure and division of labour as the United Nations Interagency Task Force on the Prevention and Control of NCDs and seeks to implement the regional NCD Action Plan 2012–2016 and address all other relevant aspects of Health 2020. Moreover, the work of the Thematic Group is also closely aligned with the SDGs.

45. The Regional Directors' Team discussed integration of Health 2020 into the forthcoming United Nations Development Assistance Framework (UNDAF); and WHO developed a guidance note on how to integrate Health 2020 work on the social determinants of health and NCDs into the UNDAF, which has been shared with all United Nations country teams through the regional UNDG. During the past two years, a large number of new UNDAFs have been prepared and endorsed; and WHO country offices promote Health 2020 as the policy framework for health in their individual UNDAFs.

46. The Regional Office, the United Nations Population Fund Regional Office for Eastern Europe and Central Asia, and the United Nations Children's Fund Regional Office for Central and Eastern Europe and the Commonwealth of Independent States continued their close cooperation under the Joint Action Framework, which was signed in 2013. The aim of the Joint Action Framework is to support Member States more effectively in achieving the health-related MDGs and the SDGs and to address new challenges in the Region in the context of Health 2020. In the Action Framework, the three agencies are committed to consolidating their work to improve the quality of health care delivery for women and children and to ensure universal health coverage, in particular for underserved and vulnerable populations.

47. To further strengthen Health 2020 implementation, the Regional Office:

- (a) has moved towards closer collaboration with the Council for Health Cooperation of the Commonwealth of Independent States;

- (b) has led the development of a chapter based on Health 2020 in a new economic growth strategy for the South-eastern Europe (SEE) 2020 Strategy, the setting of related health targets, indicators and progress baselines, as well as the preparation of two feasibility studies on health for inclusive growth and cross-border public health; and
- (c) contributed as an active member in the expert group preparing a new strategy within the Northern Dimension Partnership in Public Health and Social Well-being. The strategy was endorsed by the Partnership in 2015.

48. WHO collaborates with a large number of non-State actors, including NGOs, philanthropic foundations and academia. These partnerships are particularly important to ensure whole-of-society engagement. For example, the Regional Office has a wide network of collaborating centres, which support the implementation of activities to support WHO programmes. Moreover, it engages in intensive collaboration with NGOs in many technical areas, including consultation in drafting policy documents and in policy implementation and advocacy. Regional and international health-related umbrella NGOs provided inputs during the preparation of Health 2020 and now support implementation of the policy framework.

49. WHO relations with non-State actors are still being discussed in the context of WHO reform and existing rules and procedures are under review. The Regional Office will ensure alignment of regional procedures with the outcomes of those discussions.

Updated evidence base

50. The commitment to continuously update the evidence and knowledge base underpinning the Health 2020 policy framework is being taken forward.

51. The *Review of social determinants and the health divide in the WHO European Region (6)* has been translated into six national languages, in addition to the four official languages of the European Region. Eight reports covering key social determinants of health have been produced to complement the evidence behind the European review. In 2014–2015, 15 new publications documenting best practices from countries in addressing health inequities were published, translated and widely disseminated. The Regional Office has been supporting the uptake of best practices through policy dialogues, training courses and intercountry initiatives and networks.

52. The evidence base for whole-of-society approaches is also progressing. The Regional Office and the European Observatory on Health Systems and Policies have begun work on a joint document, expected to be published in late 2016, in support of Member States taking forward whole-of-society approaches.

53. Available evidence on environmental health determinants and risk factors has been growing rapidly and expanding to include policy-relevant components, for example, in relation to air pollution. This stronger, broader evidence base allows, in many cases, the identification of better policy responses and the promotion of political negotiations, typically involving different sectors, where health remains firmly in the debate, if not centre stage.

54. In October 2015, the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 discussed the evidence and policy implications of such findings on the social, genetic and behavioural determinants of health across the life-course. Apart from the Minsk Declaration, which summarized the commitments agreed to at the Conference, the Regional Office is currently seeking case studies of these approaches in practice and is designing and commissioning an authoritative evidence review distilling the policy implications of this approach, aiming for publication towards the end of 2017.

55. In addition, the Regional Office is taking steps to strengthen the evidence base for the Health 2020 priority area on creating resilient communities. Resilience is related to processes and skills that influence good individual and community health outcomes in spite of negative events, serious threats and hazards. The work on this is forthcoming and will be reported on in 2017.

56. Health 2020 concepts such as community resilience, the life-course approach and others that are strongly influenced by cultural contexts will require new types of evidence and measurement. The Regional Office has established an expert advisory group on the cultural contexts of health and well-being to recommend innovative ways in which policy-making could be enhanced through a nuanced understanding of how cultural contexts affect health and health care. Work has been carried out to examine both how cultural contexts impact the measurement of well-being and how such subjective health information could be obtained using qualitative reporting strategies. To ensure that these concepts are understood in all official languages of the European Region, the Regional Office is leading efforts for the establishment of multilingual glossaries, commencing with the Russian language.

57. Finally, the Regional Office increased its efforts to strengthen its evidence-base and resources for Health 2020 implementation through the establishment of new or the redesignation of already existing WHO collaborating centres on key topics, such as health determinants and equity; capacity-building for cross-sectoral policies for health equity; vulnerability and health; social inclusion and health; and social protection and governance for health. As another example of working with other sectors, the Regional Office, in collaboration with the Ministry of Justice of Azerbaijan, established the first WHO collaborating centre on tuberculosis in prisons in 2014.

Targets, indicators and monitoring system for Health 2020

58. At the 63rd session of the Regional Committee in 2013, Member States adopted resolution EUR/RC63/R3, which committed them to monitoring the achievement of the six Health 2020 targets and their core indicators (29). At the same time, Member States agreed to a monitoring framework that requires WHO to regularly report on progress towards these targets, including on well-being and the implementation of the Health 2020 policy.

59. Health 2020 monitoring is conveyed through regular annual reports by the Regional Director to the Regional Committee, the annual Core Health Indicators publications, the European health reports, the European Health Information Gateway, which is the Regional Office's new web portal and data warehouse, and the European

health statistics mobile application. In addition, the Regional Office has revised the country profiles and Highlights on Health series to provide more detailed information on progress in Member States. All Health 2020 activities related to health information and evidence fall under the overarching umbrella of the WHO European Health Information Initiative, and its six key areas, which is supported by Member States, academic institutions, WHO collaborating centres, non-State actors, the EC and the OECD.

60. Progress on implementation of Health 2020 is also conveyed through other information channels under the European Health Information Initiative. This includes country reports of good policy practice in the Regional Office's bilingual (English and Russian) journal, *Public Health Panorama* (30), which is now in its second year.

References¹

1. Resolution EUR/RC62/R4 on Health 2020 – the European policy framework for health and well-being. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/sixty-second-session/documentation/resolutions-and-decisions/eurrc62r4-health-2020-the-european-policy-framework-for-health-and-well-being>).
2. Health 2020: a European policy framework supporting action across government and society for health and well-being. Copenhagen: WHO Regional Office for Europe; 2012 (EUR/RC62/9; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/sixty-second-session/documentation/working-documents/eurrc629-health-2020-a-european-policy-framework-supporting-action-across-government-and-society-for-health-and-well-being>).
3. Decision EUR/RC65(1) on promoting intersectoral action for health and well-being in the WHO European Region: health is a political choice. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/65th-session/documentation/resolutions-and-decisions/eurrc651-decision.-promoting-intersectoral-action-for-health-and-well-being-in-the-who-european-region-health-is-a-political-choice>).
4. Implementing Health 2020. Copenhagen: WHO Regional Office for Europe; 2012 (EUR/RC62/Inf.Doc./3; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/sixty-second-session/documentation/information-documents/eurrc62inf.doc.3-implementing-health-2020>).
5. The European health report 2015: targets and beyond – reaching new frontiers in evidence. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/publications/abstracts/european-health-report-2015-the.-targets-and-beyond-reaching-new-frontiers-in-evidence>).

¹ All references were accessed on 21 July 2016.

6. Review of social determinants and the health divide in the WHO European Region: final report. Updated reprint. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/review-of-social-determinants-and-the-health-divide-in-the-who-european-region.-final-report>).
7. Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/RC66/15; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation>).
8. European action plan for strengthening public health capacities and services. Copenhagen: WHO Regional Office for Europe; 2012 (EUR/RC62/12 Rev.1; <http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/publications/2012/european-action-plan-for-strengthening-public-health-capacities-and-services>).
9. Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/RC66/12; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation>).
10. Vienna declaration on nutrition and noncommunicable diseases in the context of Health 2020. Copenhagen: WHO Regional Office for Europe; 2013 (<http://www.euro.who.int/en/media-centre/events/events/2013/07/vienna-conference-on-nutrition-and-noncommunicable-diseases/documentation/vienna-declaration-on-nutrition-and-noncommunicable-diseases-in-the-context-of-health-2020>).
11. European food and nutrition action plan 2015–2020. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/14; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc6414-european-food-and-nutrition-action-plan-20152020>).
12. Physical activity strategy for the WHO European Region 2016–2025. Copenhagen: WHO Regional Office for Europe; 2015 (EUR/RC65/9; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/65th-session/documentation/working-documents/eurrc659-physical-activity-strategy-for-the-who-european-region-20162025>).
13. Strategy and action plan for refugee and migrant health in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/RC66/8; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation>).

14. European strategic action plan on antibiotic resistance. Copenhagen: WHO Regional Office for Europe; 2011 (EUR/RC61/14; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/sixty-first-session/documentation/working-documents/wd14-european-strategic-action-plan-on-antibiotic-resistance>).
15. Health in all policies: framework for country action. 8th Global Conference on Health Promotion, Helsinki, Finland, 10–14 June 2013. Geneva: World Health Organization; 2014 (http://www.who.int/healthpromotion/conferences/8gchp/statement_2013/en/#).
16. Resolution WHA67.12. Contributing to social and economic development: sustainable action across sectors to improve health and health equity. In: Sixty-seventh World Health Assembly, Geneva, 19–24 May 2014. Resolutions and decisions, annexes. Geneva: World Health Organization; 2014 (WHA67/2014/REC/1; http://apps.who.int/gb/e/e_wha67.html#Resolutions).
17. Action plan for implementation of the European strategy for the prevention and control of noncommunicable diseases 2012–2016. Copenhagen: WHO Regional Office for Europe; 2012 (EUR/RC61/12; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/sixty-first-session/documentation/working-documents/wd12-action-plan-for-implementation-of-the-european-strategy-for-the-prevention-and-control-of-noncommunicable-diseases-20122016>).
18. Strategy and action plan for healthy ageing in Europe, 2012–2020. Copenhagen: WHO Regional Office for Europe; 2012 (EUR/RC62/10 Rev.1; <http://www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/publications/2012/eurrc6210-rev.1-strategy-and-action-plan-for-healthy-ageing-in-europe,-20122020>).
19. Investing in children: the European child and adolescent health strategy 2015–2020. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/12; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc6412-investing-in-children-the-european-child-and-adolescent-health-strategy-20152020>).
20. Investing in children: the European child maltreatment prevention action plan 2015–2020. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/13; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc6413-investing-in-children-the-european-child-maltreatment-prevention-action-plan-20152020>).

21. Strategy on women's health and well-being in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/RC66/14; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation>).
22. Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/RC66/13; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation>).
23. European vaccine action plan 2015–2020. Copenhagen: WHO Regional Office for Europe; 2014 (EUR/RC64/15 Rev.1; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/64th-session/documentation/working-documents/eurrc6415-rev.1-european-vaccine-action-plan-20152020>).
24. Tuberculosis action plan for the WHO European Region 2016–2020. Copenhagen: WHO Regional Office for Europe; 2015 (EUR/RC65/17 Rev.1; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/65th-session/documentation/working-documents/eurrc6517-rev.1-tuberculosis-action-plan-for-the-who-european-region-20162020>).
25. Advancing food safety initiatives: strategic plan for food safety including foodborne zoonoses 2013–2022. Geneva: World Health Organization; 2014 (<http://www.who.int/foodsafety/strategic-plan/en/>).
26. European strategic directions for strengthening nursing and midwifery towards Health 2020 goals. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/publications/2015/european-strategic-directions-for-strengthening-nursing-and-midwifery-towards-health-2020-goals>).
27. Action plan for the health sector response to HIV in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/RC66/9; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation>).
28. Action plan for the health sector response to viral hepatitis in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (EUR/RC66/10; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation>).

29. Targets and indicators for Health 2020. Version 2. Copenhagen: WHO Regional Office for Europe; 2014 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2014/targets-and-indicators-for-health-2020.-version-2>).
30. Public Health Panorama [website]. Copenhagen: WHO Regional Office for Europe; 2016 (<http://www.euro.who.int/en/publications/public-health-panorama>).

= = =