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Moving from vision to action: report of the Regional Director on the work of WHO in the European Region in 2014–2015



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Moving from vision to action: report of the Regional Director on the work of WHO in the European Region in 2014–2015

This report highlights some of the most important work of the WHO Regional Office for Europe in 2014–2015 for better health in the WHO European Region. As Health 2020 forms the framework for all work of the Regional Office, this report addresses the priority areas for action of Health 2020:

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

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Abbreviations

Technical terms

AMR	antimicrobial resistance
ART	antiretroviral treatment
BCA	biennial collaborative agreement
CCS	country cooperation strategy
EHP	European Environment and Health Process
EIW	European Immunization Week
FCTC	WHO Framework Convention on Tobacco Control
GDO	geographically dispersed office
IHR	International Health Regulations
MERS-CoV	Middle East respiratory syndrome coronavirus
m-health	mobile health
MDGs	Millennium Development Goals
MTCT	mother-to-child transmission
M/XDR-TB	multidrug-/extensively drug-resistant tuberculosis
NCDs	noncommunicable diseases
PHAME	Public Health Aspects of Migration in Europe
PHC	primary health care
PIP	Pandemic Influenza Preparedness
polio	poliomyelitis
SDGs	Sustainable Development Goals
SMART	specific, measurable, achievable, relevant and time-bound
TB	tuberculosis
THE PEP	Transport, Health and Environment Pan-European Programme
UHC	universal health coverage
UNDAF	United Nations Development Assistance Framework

Organizations, networks and other entities

AMC network	Antimicrobial Medicines Consumption network
CAESAR network	Central Asian and Eastern European Surveillance of Antimicrobial Resistance network
CARINFONET	Central Asian Republics Health Information Network
CDC	United States Centers for Disease Prevention and Control
CIS	Commonwealth of Independent States
ECDC	European Centre for Disease Prevention and Control
EHII	European Health Information Initiative
EU	European Union
EVIPNet Europe	Evidence-informed Policy Network Europe
FAO	Food and Agriculture Organization of the United Nations

Organizations, networks and other entities

GIZ	German Agency for International Cooperation (Deutsche Gesellschaft für internationale Zusammenarbeit)
GPG	WHO Global Policy Group
HINARI	Access to Research in Health Programme
ISO	International Organization for Standardization
KIT	Royal Tropical Institute (the Netherlands)
NGO	nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
PBAC	Programme, Budget and Administration Committee of the Executive Board
RCM	(United Nations) Regional Coordination Mechanism
RIVM	National Institute for Public Health and the Environment of the Netherlands
R-UNDG	Regional United Nations Development Group
SCRC	Standing Committee of the Regional Committee for Europe
SEEHN	South-eastern Europe Health Network
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTs	United Nations country teams
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations Commissioner for Refugees
UNICEF	United Nations Children's Fund
VENICE	Vaccine European New Integrated Collaboration Effort Collaboration

Introduction: implementing the vision of better health for the WHO European Region

1. When Zsuzsanna Jakab took office as WHO Regional Director for Europe in 2010, the 53 Member States in the WHO European Region faced daunting challenges. Inequities in health continued to scar the Region, despite an increase of five years in overall life expectancy; and noncommunicable diseases (NCDs), with their social, behavioural and environmental determinants, accounted for the bulk of the burden of disease. Economic recession and the resulting austerity meant that the health systems in countries grappling with these challenges were hindered by reduced public health functions and poorer access to services. New thinking was needed to put health higher on the political agenda.

2. In response, in 2010, the WHO Regional Office for Europe proposed a new vision of better health for Europe (1), rooted in the WHO Constitution (2) and the concept of health as a human right, to the 60th session of the WHO Regional Committee for Europe. Member States adopted it (3). This launched a new partnership between the Regional Office and Member States first to delineate the vision and then to implement it by establishing and pursuing seven strategic priorities for action:

- developing a European health policy as a coherent policy framework that would address all challenges to better health in the Region (including the underlying root causes) through both rejuvenated work on public health and continued work on health systems;
- improving governance in the European Region and in the Regional Office;
- further strengthening collaboration with Member States;
- engaging in strategic partnerships for health and creating improved policy coherence;
- reviewing Regional Office functions, offices and networks;
- reaching out through improved information and communications; and
- promoting the Regional Office as an organization with a positive working environment and sustainable funding for its work.

3. These priorities form the basis for accountability of progress towards the vision, as well as the resulting recurring themes in reports on the Regional Office's work in the Region. Two previous reports (4)(5) describe the creation of the vision and the start of its implementation in a renewed policy environment, in which Health 2020 (6) provides the unifying framework for all joint work of the Regional Office, Member States and their partners.

4. Against that background, this report describes the work of the Regional Office in 2014–2015: a time of transition, in which the new partnership of the Regional Office, countries and other bodies completed its first five years and entered a new stage – one of consolidating and fully implementing their joint commitments while facing new challenges (7). As a milestone in and symbol of this process, Member States nominated Zsuzsanna Jakab as WHO Regional Director for Europe for a second five-year term, which she began in February 2015 (8). In 2014–2015, the Regional Office, Member

States and their partners started working for better health for Europe, striving for more equity in health and linking health to sustainable development, in line with the post-2015 development agenda.

1 Better health for Europe: more equitable and sustainable

5. This report highlights some of the most important work of the WHO Regional Office for Europe in 2014–2015 for better health in the European Region. The Regional Office's website (9) provides details on all its activities. As Health 2020 is the framework and guide for all the Regional Office's work, the subsequent sections of this report address Health 2020's priority areas for action:

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

6. This section comprises an introduction to several areas that act as unifying themes for the Regional Office's work: the European health policy, work for health and development, and work with countries.

Renewed policy environment, framed by Health 2020

7. In supporting Member States in implementing the vision of better health for the European Region, the Regional Office sought to identify the most important areas for joint action and to agree with Member States on the scope of issues to be addressed, the most effective approaches to take, the priority areas for action by both countries and the Regional Office, and measures to assess and report on progress and to determine the next steps. Action was needed on many issues; the Regional Office and countries therefore moved swiftly, with Member States acting through the WHO Regional Committee for Europe, to adopt action plans and strategies on:

- HIV/AIDS (10), drug-resistant tuberculosis (11) and antimicrobial resistance (12) in 2011;
- stronger capacities for public health (13), NCDs (14), healthy ageing (15) and the harmful use of alcohol (16) in 2012; and
- mental health (17) and vector-borne diseases (18) in 2013.

8. Earlier reports (4)(5) described the development and adoption of these plans along with the immediate steps of the Regional Office and countries to implement them. This report describes further progress in implementation and the adoption of strategies and action plans for the European Region on: healthy nutrition (19), child and adolescent health (20), the prevention of child maltreatment (21) and the promotion of

vaccination (22) in 2014; and the promotion of physical activity (23), tobacco control (24) and the reduction of tuberculosis (25) in 2015.

9. Despite the variety of topics addressed, the Regional Office followed the same process in developing the strategies and action plans: basing their content on the best available evidence, thoroughly discussed with technical experts; and then repeatedly drafting and revising the texts in close consultation with Member States, partners and other stakeholders, and taking account of other relevant initiatives, including global strategies. This took place in a variety of forums, including meetings and online consultations with experts and policy-makers, and review by the Region's advisory governing body, the Standing Committee of the Regional Committee for Europe (SCRC), before submission of the final results to the main governing body, the Regional Committee, for final decision. This process maximized countries' ownership of the action plans, while preserving their freedom to pursue the agreed goals in the ways best suited to their different circumstances and enabling the Regional Office to tailor its support to their varying needs.

10. Developed, adopted and acted on in the same way, Health 2020 (6) frames and unifies this renewed policy environment, helping each initiative not only to address its particular issue but also to contribute to the Region's overarching goals: to take action across government and society to improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of a high quality. In addition, Health 2020 is fully in line with the post-2020 agenda for development: the 2030 Agenda for Sustainable Development, with its Sustainable Development Goals (SDGs) (26), adopted by the United Nations in September 2015.

Implementation of Health 2020

11. The implementation of Health 2020 (5)(6) started immediately after its adoption in 2012, and gathered momentum in 2014–2015. The Regional Office and Member States made their first assessment of progress in 2014 at the 64th session of the Regional Committee (7)(27), where country representatives overwhelmingly endorsed the usefulness of the policy framework and expressed appreciation for the many and varied forms of support provided by the Regional Office. Intersectoral action for health and well-being, key to the success of Health 2020, was the theme of the 65th session of the Regional Committee, where Member States considered opportunities, challenges and experience across the Region and charted a way forward to sharing insights and best practices (28). At the end of the 2014–2015 biennium, the European Region showed substantial progress both in implementing Health 2020 and in working towards its goals of better and more equitable health.

12. Discussion of intersectoral action permeated the 65th session of the Regional Committee, but focused particularly on reports on the political choice to promote intersectoral action to implement Health 2020 (29) and progress and challenges in pursuing the European Environment and Health Process (EHP) (30) (see Section 6); two panel discussions on the social determinants of health and the links between health and education and social policy, and health and sustainable development and foreign policy; and a ministerial lunch on Lithuania's experience in implementing Health 2020. In

discussion, representatives stressed the importance of intersectoral action in implementing Health 2020 and the 2030 Agenda for Sustainable Development and in tackling important problems in the Region that required integrated approaches, including NCDs and migration; and highlighted the Regional Office's leadership role in the international cooperation required. They showed a growing awareness of the needs for action for health that extended far beyond the health sector and for an intersectoral bridge to develop cross-cutting government policies that address the socioeconomic determinants of health. They also thanked the Regional Office for holding a series of meetings in preparation for the Regional Committee discussion, notably those in April 2015 in Paris, France, and Berlin, Germany, which sought to strengthen collaboration among the health, education and social sectors and in foreign policy and development cooperation, respectively (29)(31). In decision EUR/RC65(1), the Regional Committee therefore asked the Regional Director to organize further meetings across the European Region to promote intersectoral work to support the implementation of Health 2020 and to report the outcome of the mid-term evaluation of progress in this implementation to the 66th session of the Regional Committee in 2016 (28). As the biennium closed, the Regional Office began to prepare a conference, to be held in Paris in December 2016, to strengthen intersectoral cooperation between the health, education and social sectors in the European Region (32).

13. In supporting Health 2020 implementation, the Regional Office focused on:

- integrating Health 2020 values, principles and approaches into every aspect of its work;
- spreading awareness of Health 2020 and updating its evidence base;
- building capacity for implementation at the Regional Office, in countries and through international partnerships; and
- responding to countries' requests for support and assisting them and WHO networks in preparing national or subnational policies and plans inspired by or aligned with Health 2020.

14. With this support, countries used Health 2020 to shape their health policies and its tools and approaches to promote multisectoral action, ensure the consideration of health in all policies and engage with non-State actors, for example. The evaluation report prepared for the 66th session of the Regional Committee (EUR/RC66/16: Midterm progress report on Health 2020 implementation 2012–2016) (33) describes the efforts and progress made in full, while this report highlights some of this work in 2014–2015.

Integrating Health 2020 into the Regional Office's work

15. Supporting the implementation of Health 2020 became an Office-wide responsibility and permeated the work, including all the strategies and action plans adopted, as the rest of this report demonstrates (24)(33). Health 2020 was embedded in all operational planning for 2014–2015 and the following biennium, and concrete steps for implementation were included in all the biennial collaborative agreements (BCAs) made with countries; the Regional Office determined entry points for each, such as the development of a national health policy, capacity for whole-of-government approaches, multisectoral committees and/or a multisectoral strategy on NCDs. As a result, all the work described in this report contributed to implementing Health 2020.

Raising awareness and updating the evidence base

16. The Regional Office sought to raise awareness of Health 2020 in a range of ways. These included promoting the policy framework at international health policy conferences across the WHO European Region, such as meetings of the Council for Health Cooperation of the Commonwealth of Independent States and the 11th Nordic Conference on Public Health, held in Norway in August 2014; the Conference participants adopted the Trondheim Declaration, which was aligned with Health 2020 (34). Examples in 2015 included a conference held under the Latvian Presidency of the Council of the European Union; the conference of the European Public Health Alliance in Brussels, Belgium; and the European Public Health Conference, in Milan, Italy (33). The Regional Office held policy dialogues on implementing the Health 2020 vision, particularly through intersectoral action, for groups of countries in the European Region in 2014–2015: the Nordic and Baltic countries, the Commonwealth of Independent States, and the countries of south-eastern Europe (35)(36). Further, the WHO Regional Director for Europe participated in launches of and debates on Health 2020 in countries; and Regional Office staff promoted the policy framework in face-to-face meetings with health ministers and heads of government, and began work on a Health 2020 communication strategy.

17. Advocacy stressed the importance of investing in public health interventions (37) and in strengthening public health institutions. The integration of essential public health operations (13) into health systems and at the population level through multisectoral approaches is the essence of Health 2020, which requires three main elements to be successful: integrated policies; much stronger public health capacities and services; and more cohesion within the health sector and much more sophisticated work across sectors, including beyond governments. The Regional Office supported many countries (Armenia, Bosnia and Herzegovina, Kyrgyzstan, Poland, the Republic of Moldova, Romania, Slovakia, Ukraine and Uzbekistan) in strengthening their public health institutions by strengthening relevant laws, the workforce, and the organization and delivery of essential operations (33).

18. The Regional Office also strove to update the evidence base underpinning Health 2020 implementation. It published, and encouraged translations of, the *Review of social determinants and the health divide in the WHO European Region* (38) in multiple languages, Russian translations of two studies on governance for health (39)(40), and French and German translations of the 2012 European health report (41) in 2014. Many of the 2014–2015 publications mentioned below supported Health 2020 implementation, as did all the activities conducted under the umbrella of the Regional Office's European Health Information Initiative (EHII), which are listed and discussed in Section 5.

Building capacity and international partnerships

19. The work of the Regional Office to build capacity focused on ensuring a flexible approach to the implementation of Health 2020 that would enable countries to work from different starting points, using coherent frameworks and comprehensive approaches. Within the Regional Office, this work included training on Health 2020 for more than 100 staff, including the heads of country offices, through the WHO Global Learning Programme on National Health Policies, Strategies and Plans (27). The SCRC

formed a subgroup to support Health 2020 implementation (7). To develop capacity for implementation in both the Regional Office and countries, in 2014 the Regional Office trained a group of accredited WHO Health 2020 consultants to support health policy development aligned with the policy framework, and invited other public health professionals, health academics and experts with broad expertise to apply to join their ranks (36). In planning joint activities with countries, through BCAs and the new country cooperation strategies for 2014–2015 (see below), the Regional Office made detailed roadmaps for the next steps in strategic implementation in each country, including matching of consultants (27).

20. The Regional Office focused on intersectoral action in the framework of Health 2020 in a number of intercountry dialogues, including the subregional event on Health 2020 implementation in Tashkent, Uzbekistan, in November 2014; the above-mentioned technical meetings in France and Germany in April 2015; the International Health Forum to Commemorate the 20th Anniversary of the National Health Programme of Turkmenistan in July 2015; the South-eastern Europe Health Network (SEEHN) ministerial meeting in Serbia in June 2015; and the second meeting of the small countries initiative (discussed below) (33). To increase equity in health through intersectoral work, the Regional Office assessed health and development policies in countries; the findings for Montenegro and Serbia were discussed in intersectoral roundtables. It supported policy exchanges to promote equity in the Nordic and Baltic countries (34), and gave training in May 2015 on how to build capacities for integrating equity into strategies and programmes activities on maternal and child health, with a focus on the Roma population. The participants in the latter comprised public health experts and researchers, and representatives of health ministries and civil society organizations, including Roma associations, from Albania, Romania, Slovakia and Ukraine; there were also observers from Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)) (42).

21. Perhaps most important, the Regional Office published its Health 2020 implementation package (43) – a combination of tools, services and written materials to support evidence-informed policy development and to strengthen the engagement of institutions and stakeholders in work to improve health and well-being in line with Health 2020's values, principles and recommended actions. The nine-part package was designed for people and institutions with political and technical roles in countries, including ministers; health ministries, associations and agencies; WHO country offices; actors in other sectors; and WHO networks. In addition, the Regional Office strengthened its arrangements for evaluating Health 2020, developing the monitoring framework and platform that would be used to track progress in implementation across the Region (44).

22. Partnership is key to all the Regional Office's work but particularly to Health 2020 implementation. It creates a supportive environment for public health policies, facilitates whole-of-government and intersectoral collaboration for health, develops broad international and other constituencies, creates policy coherence among different actors and promotes the efficient use of resources. As shown throughout this report (see especially Section 7), the Regional Office deepened and broadened its work with many partners, such as other United Nations agencies, the European Union (EU), global health partnerships and a large number of non-State actors, including nongovernmental organizations (NGOs), philanthropic foundations and academe, which

are particularly important to ensure whole-of-society engagement. To further strengthen Health 2020 implementation, the Regional Office worked more closely with the Council for Health Cooperation of the Commonwealth of Independent States and served in the expert group that prepared a new strategy endorsed by the Northern Dimension Partnership in Public Health and Social Well-being in 2015. The Regional Office increased its efforts to strengthen resources for Health 2020 implementation by designating or redesignating WHO collaborating centres addressing 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 (33). Finally, the Regional Office regularly consulted Member States through the Region's governing bodies, the Regional Committee and the SCRC.

Helping countries make policies aligned with Health 2020

23. The Regional Office supported Member States 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 helped countries to identify common interests and to pursue joint goals with other sectors, including through development frameworks that address the determinants of health and health equity, by strengthening health and health information systems, and by fostering implementation of whole-of-society and -government approaches. Since 2012, the Regional Office has supported 25 Member States in developing national health policies: Albania, Andorra, Armenia, Azerbaijan, Bulgaria, Croatia, the 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; this work focused on eight countries – Albania, Armenia, Poland, Portugal, Slovenia, the former Yugoslav Republic of Macedonia, Ukraine and Uzbekistan – in 2014–2015 (33).

24. In responding to countries' requests, the Regional Office worked not only individually but also through multicountry mechanisms operating at the international, regional, national and local levels, including existing WHO networks, such as SEEHN. These mechanisms were particularly useful in helping countries exchange know-how and good practices. An important part of this work was the inclusion of health in the roll-out of United Nations Development Assistance Frameworks (UNDAFs) for European countries (see below). At the heart of Health 2020, NCD control and the sustainable development concept lies the belief that social, institutional, economic and environmental objectives are interdependent, complementary, mutually reinforcing and coherent. UNDAF-supported analysis and programming are ways to bring these concerns to the centre of the national debate and the framework for development (33).

25. In addition to the work with groups of countries described above, the Regional Office launched a project with San Marino in 2014, the small countries' initiative, in which eight European countries with populations of less than 1 million (Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino) committed themselves to implementing Health 2020, to building capacity for change and to learning from their experiences in cooperating to improve their citizens' health and well-being (45)(46). While small countries were champions of strategic adaptability and usually at the forefront of global diplomacy, addressing their problems requires

specific, tailored solutions. The Regional Office focused on the small countries' initiative as a dynamic laboratory for testing how the best choices for health policies and governance could be made. The initiative's second meeting took place in Andorra in July 2015; the ministerial delegations attending it issued the Andorra Statement on the importance of a life-course approach to health promotion (47). San Marino awarded the WHO Regional Director for Europe the Order of Saint Agatha for her and the Regional Office's contribution to improving health in the country and throughout the WHO European Region (48).

26. Further, long-standing networks also focused on implementation. The 2014 meeting of the Regions for Health Network, held in Florence, Italy, focused on building capacity to realize Health 2020's principles and values and to publish accounts of best practices and valuable case studies on implementation at the subnational level (49); the Network provided input into subnational policies aligned with Health 2020 in Italy, Spain and Sweden (33). The WHO European Healthy Cities Network was also a key vehicle for delivering Health 2020 locally, particularly through its annual meetings in 2014 and 2015 (50)(51).

Action by countries

27. All these efforts clearly succeeded, as demonstrated by the widespread implementation of Health 2020. Between 2010 and 2013, the proportion of countries with national health policies aligned with Health 2020 rose from 58% to 75%; the share of countries with implementation plans and accountability mechanisms, including setting national targets, increased (the latter from 40% to 56%), and the proportion of countries adopting focused, stand-alone policies to address health inequities rose from 58% to 67%. In addition, the scope of these policies broadened: in 2010 most focused on improving the health of disadvantaged groups and ensuring a healthy start in life, but in 2013 more policies addressed issues such as tackling poverty and improving the physical environment (33).

28. With tailored support from the Regional Office, countries worked in different ways and with various priorities depending on their circumstances: some focused on developing fully fledged national policies on health or the prevention of NCDs, while others reported progress on health systems, public health or hospital reform, or established universal health coverage (UHC) for the first time (7).

29. Many countries developed national health policies or strategies aligned with Health 2020 (Estonia, Ireland, Kyrgyzstan, Latvia, Portugal, Switzerland and Turkey in 2013; Bulgaria, Croatia, Hungary, Romania, Serbia and Slovakia in 2014); others used it to develop policies on disease prevention and health promotion (Israel, Italy and Spain in 2013) or cancer (Luxembourg in 2014) or implementation plans for their health policies (Lithuania and Portugal in 2014). An increasing number began or planned to start developing new health policies based on Health 2020 in 2014 (Albania, the Czech Republic, France, Iceland, Malta, Poland, the former Yugoslav Republic of Macedonia, Turkmenistan and Uzbekistan).

30. Countries also reported implementing Health 2020 through other policy entry points, such as NCD prevention and control (Azerbaijan, Bulgaria, Georgia, Kyrgyzstan, Tajikistan and Turkmenistan) and the strengthening of public health

services and capacities (Armenia, Bosnia and Herzegovina and the Republic of Moldova). In partnership with the Regional Office, SEEHN led the development of a chapter based on Health 2020 in a new strategy for economic growth called SEE 2020, while also developing a SEEHN health strategy based on Health 2020 goals. In March 2014, the SEEHN countries (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Israel, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia) agreed to use Health 2020's core targets and indicators to establish a common baseline to measure health improvement within SEE 2020. This was supported by the main agencies coordinating the strategy: the Regional Cooperation Council, the Organisation for Economic Co-operation and Development (OECD) and the European Commission Directorate-General for Neighbourhood and Enlargement Negotiations (27).

Conclusions

31. Monitoring of the targets and indicators (44) showed that Member States had made good progress with implementation and Health 2020's strategic directions were more relevant than ever before. The Regional Office's flagship publication, *The European health report 2015* (52), shows that the European Region is on track to achieve the target to reduce premature mortality despite still having the highest alcohol and tobacco consumption in the world. The range between the highest and lowest levels of health – measured by life expectancy and infant mortality rates – has narrowed in the Region. Nevertheless, countries continue to differ widely, not only in measures of health but also in key social determinants of health, such as primary school enrolment and unemployment rates, and inequities in health persist within countries.

32. Although much work remains to be done, the achievements described here show that Health 2020 is a much needed and usable framework for improving health outcomes and for increasing the performance of institutions in the European Region. WHO and countries established new forms of partnership, exchange and cooperation, which were central to developing know-how in key areas, such as whole-of-government and whole-of-society approaches and using an intersectoral approach to tackle health inequities. WHO played a key role in facilitating this new cooperation by systematically sharing lessons learned (7)(28)(33).

Other work for health and development

33. While the entire WHO Regional Office for Europe worked for various aspects of health and development, Office-wide efforts also included those addressing the post-2015 development agenda and the increasingly important issue of migration and health.

Post-2015 development agenda

34. The Regional Office continued to contribute to the process to determine the development agenda for the period after 2015, when the Millennium Development Goals (MDGs) expired (5)(53). This agenda pursues sustainable development, for which health is a precondition, an outcome and an indicator of success. The United Nations Open Working Group on Sustainable Development Goals proposed 17 Sustainable Development Goals (SDGs) and 169 targets. It recognized that UHC was central to

sustainable development. Member States adopted the 2030 Agenda for Sustainable Development, with its SDGs, at a United Nations summit held in September 2015 (53)(26).

35. While continuing to pursue the achievement of the MDGs, the Regional Office worked with sister United Nations agencies, within WHO and with countries to ensure that health took its rightful place on the 2030 Agenda. For example, in 2014, the WHO Regional Director for Europe took part in discussions on the Agenda by the WHO Global Policy Group (GPG) – comprising the WHO Director-General and regional directors – and the SCRC (54), which agreed that the future development framework should address the unfinished agenda of the MDGs, UHC, NCDs, and sexual and reproductive health and rights. The Regional Office prepared a fact sheet to inform members of the European Parliament about the issue (55). In addition, it organized a consultation in Turkey, in partnership with the Regional United Nations Development Group (R-UNDG) and the United Nations Regional Coordination Mechanism (RCM), led by the United Nations Development Programme (UNDP) and the United Nations Economic Commission for Europe (UNECE) and hosted by the Ministry of Development of Turkey. The Member States participating set Health 2020 as the framework for the new vision for health in the post-2015 development agenda (53).

36. During the 64th session of the Regional Committee, the Regional Office held a lunch for ministers and heads of country delegations to discuss progress and accelerated efforts to achieve the health-related MDGs and the dialogues and consultations taking place to establish the SDGs (7). It requested health ministries to keep national representatives participating in the United Nations General Assembly session in New York in September and October 2014 well informed on health-sector discussions. In March 2015, the GPG emphasized that WHO should support the development of national plans based on the SDGs, engage in a multisectoral response based on partnerships at the national level, and take part in discussions on different financing mechanisms for development. Although the 65th session of the Regional Committee took place before the adoption of the SDGs, many speakers representing WHO and Member States stressed their importance as a framework for improving health, Health 2020's close alignment with them and the need for intersectoral action and sustainable funding to achieve them (28).

37. Since identifying ways to deliver the new goals was part of the process of developing the SDGs, United Nations country teams (UNCTs) in the European Region led dialogues on six different themes throughout 2014 in Armenia, Azerbaijan, Montenegro, the Republic of Moldova, Tajikistan, Turkmenistan, Turkey and Serbia, as well as Kosovo (in accordance with Security Council resolution 1244 (1999)) (53). In addition, the Regional Office organized major events both to contribute to the development of the SDGs and to align their agenda with related work in the European Region. These included a meeting in Bonn, Germany, at the end of September 2014 – organized with WHO headquarters at the request of the WHO European Member States participating in the EHP (see Section 6) – to align the agendas of the Process and the SDGs. Representatives of 22 European countries, international organizations, the United Nations Open Working Group on SDGs and civil society discussed the regional relevance, appropriateness and viability of health- and environment-related goals, targets and indicators (56). Similarly, the Regional Office included achieving both MDGs 4 and 5 and the SDGs, as well as the Andorra Statement (57), on the agenda of

the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 (58), held in Minsk, Belarus, in October 2015. It was the first such event to link the SDGs with Health 2020, stressing the synergies between them and with the improvement of reproductive, maternal and child health (see Section 2). Speakers recognized the unique opportunity provided by the SDGs and the Health 2020 policy framework for pursuing a life-course approach to health across all sectors.

38. In the latter part of 2015, the Regional Office supported countries' work to achieve the SDGs; while only SDG 3, on attaining healthy lives for all at all ages, addressed health directly, many of the others provided opportunities to address the determinants of health and equity, particularly through intersectoral action. For example, the Regional Director took part in the launch of a campaign to raise awareness of the SDGs in Belarus as part of the country's celebration of the seventieth anniversary of the United Nations in October 2015 (59). In addition, the Regional Office began work to develop indicators for the SDGs, expected to be completed in early 2016 (54).

Migration and health

39. Migrants may be more exposed to the preventable health issues being addressed across the Regional Office, including inequities, unhealthy lifestyles, infections, limited access to care, social stigmatization and mental and physical health challenges. In line with Health 2020 and in view of the increasing urgency of the issue in Europe, the Regional Office stepped up its support to Member States in developing evidence-based policies to ensure good health for migrants (60). Through its Public Health Aspects of Migration in Europe (PHAME) project (61), for example, the Regional Office worked closely with Member States, particularly those bordering the Mediterranean Sea, to strengthen the health sector's preparedness for and capacity to address large, sudden influxes of migrants. Activities in 2014–2015 included assessment missions to 11 countries, conducted with the countries' health ministries and involving a wide range of stakeholders, and the publishing of the results for Bulgaria (62), Greece (63), Italy (64), Malta (65), Portugal (66) and Serbia (67). These assessments were made using a toolkit that the Regional Office revised and updated after each mission, with advice from experts from the countries involved given at two WHO meetings in 2015 (61). In addition, the Regional Office helped to draft a contingency plan for the Italian region of Sicily for the management of the health needs of massive influxes of migrants. Partners in the work on migrant health included the European Commission, the European Centre for Disease Prevention and Control (ECDC), the United States Centers for Disease Control and Prevention (CDC), IOM and the European Agency for the Management of Operational Cooperation at the External Borders of the Member States of the European Union.

40. The Regional Office also provided countries with information and evidence on which to base their responses to migration. This included contributing to a guidance note on mental health and psychosocial support for refugees, asylum seekers and migrants in Europe, prepared by the United Nations High Commissioner for Refugees (UNHCR), IOM and the Mental Health and Psychosocial Network (MHPSS.net), together with 12 other agencies and NGOs, including the International Federation of Red Cross and Red Crescent Societies (68). The Regional Office published synthesis reports by its Health Evidence Network (HEN) to provide evidence on policies and interventions to reduce inequalities in the accessibility and quality of health care

delivered to three groups requiring different policy approaches: undocumented migrants, labour migrants, and refugees, asylum seekers or newly arrived migrants (69)(70)(71).

41. Perhaps most important, the Regional Office worked to help countries to develop a framework for collaborative action. The WHO Regional Director for Europe joined health ministers and senior officials of EU countries to discuss migration and health at an informal council held in Athens, Greece, in April 2014 as part of the Greek Presidency of the Council of the European Union. Ministers agreed to set up a working group under the EU Health Security Committee, with WHO participation, to explore developing voluntary guidelines for screening and vaccination. The Regional Office held a technical briefing on migration and health, attended by representatives of Member States and NGOs, during the 64th session of the Regional Committee (7) to plan systematic regional activities in the framework of Health 2020. While the 65th session of the Regional Committee included a ministerial lunch and a technical briefing on migration and health, the issue recurred throughout the session (28): several representatives called for an integrated approach to the current crisis in the European Region. In response to Member States' concerns and an offer from Italy, the Regional Director announced that the Regional Office would organize a meeting before the end of the year to discuss and agree on policy issues and approaches and to determine the scope of activities for the Regional Office and Member States. Immediately before this event took place in November 2015, WHO, UNHCR and the United Nations Children's Fund (UNICEF) issued joint technical guidance on general principles for the vaccination of refugees, asylum seekers and migrants (72).

42. The Regional Office held the High-level Meeting on Refugee and Migrant Health, hosted by Italy, in Rome on 23–24 November 2015; the participants comprised ministers and senior representatives of Member States in the European, African and Eastern Mediterranean regions; representatives of WHO headquarters and the regional offices for Europe, Africa and the Eastern Mediterranean; and representatives of the European Commission, the ECDC, UNHCR, the International Organization for Migration (IOM), UNICEF and other international organizations (73). Documentation on migration for the meeting included four policy briefs on the environment and health aspects, mental health care, common health problems and pilot-testing the assessment toolkit. The participants agreed to prepare a common framework for coordinated action, based on solidarity and mutual assistance and in the spirit of the 2030 Agenda for Sustainable Development, including SDG 10 on migration (59). They agreed that it was “imperative to prevent the unacceptable deaths of migrants and refugees, ... and to implement a coherent and consolidated national and international response to the health needs of refugee and migrant populations in the countries of transit and destination” (74). They called for coordination of health-sector stakeholders, especially at the country level, including relevant national and international stakeholders and NGOs, and better coordination on the issue within the United Nations system and with other relevant international actors and NGOs. In addition, WHO needed to take a unified approach in its global policy documents and interregional work, with close collaboration among the three regions to foster platforms for common action in origin, transit and destination countries. With the support of the SCRC, which had formed a subgroup focusing on the issue (54), the Regional Office began the development of a strategy and action plan for refugee and migrant health in the WHO European Region

(document EUR/RC66/8), to be submitted to the 66th session of the Regional Committee.

Work with countries

43. In 2014–2015, the Regional Office sought to ensure the coordinated and integrated delivery of support to all of the Region's 53 Member States, tailored to each one's priorities, needs and circumstances. It also worked through mechanisms for cooperation with countries to pursue programmatic goals, such as those discussed above.

44. To agree on the priorities for work with countries, the Regional Office continued to sign BCAs, primarily with the nearly 30 Member States that have country offices. While the BCAs covered two-year periods, the Regional Office also made increasing use of the country cooperation strategy (CCS), an Organization-wide reference for WHO's work with countries, in line with Health 2020, which guides planning, budgeting, resource allocation and partnerships in the medium term. The Regional Office signed three new CCSs in 2014, with Cyprus (75), Portugal (76) and the Russian Federation (77), to strengthen the countries' health systems and to address a varied list of other priorities, such as implementing Health 2020, increasing health security and exchanging information and expertise on NCDs and the social determinants of health. In 2015, interest was expressed in developing a CCS for Belgium. Further, the Regional Office organized a technical briefing on its country focus for the Region as a whole during the 64th session of the Regional Committee (78), as the country strategy requested by the Regional Committee in 2012 had been deferred pending the completion of a global strategy. The briefing provided an overview of the Regional Office's country work and clarified the roles and responsibilities of country offices in the European Region (see also Section 7).

45. In recognition of the Regional Office's work with countries, the Regional Director received an award from Portugal for support to the development of its multisectoral health policy; together with the WHO Director-General, she also received an award from Turkmenistan in honour of two decades of WHO cooperation with the country on public health (28).

46. In addition, WHO's work with countries was closely aligned with efforts to set the post-2015 development agenda and the preparation of UNDAFs in countries (see Section 7). To support the work of UNCTs and ministries of health, the Regional Office, in consultation with the RCM and the R-UNDG, created a guidance note on how to ensure that UNDAFs included health equity, Health 2020 and NCD prevention and control and sent it to UNCTs in September 2014 (7)(79). The Chair of the R-UNDG Team for Europe and Central Asia, the Regional Director for Eastern Europe and Central Asia, United Nations Population Fund (UNFPA), was an important partner in this work and called for increased cooperation between UNFPA and WHO during the discussions at the 64th session of the Regional Committee (7).

2 Investing in health through a life-course approach and tackling NCDs

47. In supporting countries in addressing health over the life-course and tackling NCDs, the WHO Regional Office for Europe combined the pursuit of agreed strategies and initiatives with the development of new action plans for Region-wide responses. These were intended to contribute to the implementation of both Health 2020 (6) and other European and global policy instruments and goals, as well as addressing their particular aims. The Regional Office developed all the action plans through the process of broad technical and political consultation described in Section 1.

Promoting the life-course approach

48. As health is easier to protect and promote later in life when people have a good start early in life, in 2014–2015 the Regional Office focused major work on improving child and maternal health and on promoting the life-course approach to health. Although the European Region had made substantial progress in the former areas, disparities persisted.

Early childhood development and investing in children

49. The Regional Office provided evidence to demonstrate the need to focus on development in early childhood and the integration between health and social welfare; this required multisectoral collaboration, in particular with sectors such as education, social policy and employment. To encourage Member States to invest more in children's health, it published a review of the status of and policies on early childhood development in a representative sample of countries in the European Region (80) and held a lunch during the 64th session of the Regional Committee session, at which ministers and heads of delegations discussed how best to invest in this area (81).

50. Later, countries committed themselves to investing in children's health through the adoption of the European child and adolescent health strategy (20) and the European child maltreatment prevention action plan (21), as endorsed by the Regional Committee at its 64th session. Both documents emphasize the importance of early childhood development and address priority areas of child health; they include the disadvantaged, emphasize intersectoral and evidence-based policy and are aligned with Health 2020 and other relevant policies.

51. The strategy seeks to collect data on older children and adolescents and to study the environmental influences on children's health at all ages, including before birth. It pursues a vision in which children are visible and attended to, free of poverty, bonded with caring parents, exclusively breastfed in their first months and educated to equip them to be well-functioning members of society.

52. The action plan aims to reduce the annual rate of child homicide by 20% in the Region as a whole by 2020 by making the effects of child maltreatment more widely known; strengthening governance to prevent child maltreatment through partnerships and multisectoral action; and reducing the risk of maltreatment through improved child-protection legislation, education and support for new parents and increased training for

health professionals. Its development process involved European Member States and national technical focal points, the SCRC, the European Commission's Directorate-General for Justice and Consumers, UNICEF and various NGOs, as well as WHO headquarters (7). In 2015, the Regional Office published expert guidance on implementing programmes to prevent maltreatment (82).

53. At the end of the biennium, the Regional Office helped to promote better health for children and adolescents by preparing both the most recent report of the Health Behaviour in School-aged Children (HBSC) study (83) and the conference on intersectoral action planned for December 2016, intended to enable better, more equal health and social outcomes for children and adolescents and their families.

Transforming maternal health and women's health

54. While the Regional Office continued its work to improve maternal health, it also broadened its focus to include women's health more generally.

55. Even though the maternal mortality ratio fell to 17 deaths per 100 000 live births in 2013, the Regional Office continued to see results from its Effective Perinatal Care (84) and Beyond the Numbers (85) initiatives, particularly in central and eastern European countries. Activities included a training course for health specialists in Tajikistan on growth assessment, infant and young child feeding, and nutrition for pregnant and lactating women (86). Held in February 2014, the course was organized with the cooperation of the WHO Country Office in Tajikistan, Mercy Corps and the United States Agency for International Development, with EU support. The Regional Office published the second edition of the Effective Perinatal Care training package in 2015, with the help of collaborating centres in Italy and the Russian Federation (84).

56. Activities in 2014 and 2015 pointed to the continuing impact of Beyond the Numbers. The Regional Office held a workshop in Kyrgyzstan in April 2014 for representatives of 12 countries, the German Agency for International Cooperation (GIZ), UNFPA, UNICEF, the United States Agency for International Development and international experts. The participants shared their experiences of using case reviews to reduce maternal and newborn deaths and developed recommendations for all countries in the European Region and beyond that had started implementing Beyond the Numbers (87). A mission from the Regional Office to the Republic of Moldova in early 2015 concluded that the use of case reviews and other tools would significantly reduce maternal mortality in the country (88). This was part of a programme funded by the EU, the Swiss Agency for Development and Cooperation and UNDP and implemented in close partnership with WHO and UNICEF. Policy-makers from Bulgaria, Montenegro, the Republic of Moldova, Romania, Slovenia and Ukraine, as well as Kosovo (in accordance with Security Council resolution 1244 (1999)), discussed the WHO recommendations for task-shifting in maternal and newborn health at a workshop in Slovenia in September 2014, jointly facilitated by the Regional Office, WHO headquarters and the Norwegian Knowledge Centre for the Health Services (89). Finally, with support from UNFPA, the Regional Office held a Beyond the Numbers workshop in south-eastern Europe in October 2014 for participants from Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Serbia and the former Yugoslav Republic of Macedonia, as well as Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)).

57. The Regional Office also continued to work for better sexual and reproductive health. For example, with support from UNFPA, it published four issues of the journal *Entre Nous* during the biennium (90), examining adolescents' needs for services, birth in Europe in the 21st century, and a life-course approach to and rights related to sexual and reproductive health. The Regional Office and UNFPA also organized an assessment of the impact of the national strategy on reproductive health in the Republic of Moldova in October 2014, at which representatives of the ministries of health, social affairs, education, and youth and sports, health service providers, interagency partners and development agencies discussed the findings of the assessment and the development of the next strategic document (91).

58. The 65th session of the Regional Committee included a technical briefing on women's health, which shared some of the preliminary findings of a detailed investigation into women's health during four age stages – childhood, adolescence, adulthood and old age; these are described in a new report (92). The Regional Office followed up this investigation by preparing a strategy on women's health and well-being (document EUR/RC66/14) and an action plan for sexual and reproductive health (document EUR/RC66/13) in the Region for submission to the 66th session of the Regional Committee. The strategy would focus on strategies to enhance equity in norms, access to and provision of services, and health research. The action plan would focus on ensuring sexual health and well-being for all, regardless of gender or sexual orientation, and would be based on the life-course approach. Reviewing the two documents in November 2015, the SCRC found both to be timely and relevant, particularly in the light of the SDGs (54).

Promoting the life-course approach

59. The Regional Office joined with UNDP, UNFPA and UNICEF to hold the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, in Minsk, Belarus, in October 2015 (58). Thirty-eight Member States participated, with nearly half of the delegations led by ministers or deputy ministers. The Conference brought together new evidence from a wide range of disciplines – genetics, medicine, public health and the environmental, economic and social sciences – to illustrate how the life-course approach can maximize the health potential of the entire population. It had three key themes – acting early, acting on time and acting together – and concluded with the participants adopting an action framework, in the form of an outcome statement, for countries to use in applying the evidence in public policy-making. In the Minsk Declaration (93), Member States agreed that the life-course approach was essential both in implementing Health 2020 and in pursuing the SDGs, and committed themselves to taking early, appropriate, timely and collective action to strengthen the life-course approach to public policy and services.

60. Although the life-course approach formed part of Health 2020 from the beginning, the development of the Minsk Declaration more clearly defined the kind of action that should be taken within it. In addition, the Regional Office published a glossary in English and Russian for the Conference to promote regional and intersectoral cooperation by ensuring that policy-makers, specialists and the general public in all European Member States have a common understanding of the concepts and terms related to the life-course approach (94).

Action on NCD prevention and control

61. In 2014–2015, the Regional Office both implemented the existing European action plan on NCDs (14) and prepared its successor (document EUR/RC66/11) for submission to the 66th session of the Regional Committee.

62. It focused implementation work on strengthening intersectoral policies and strategies, in line with the global action plan on NCDs (95) and Health 2020 (6). These efforts showed visible results: a substantial increase in the number of Member States with integrated national NCD policies and countries' work to strengthen their monitoring systems by adapting the global monitoring framework to their circumstances. In 2014, WHO published profiles of all 53 Member States in the European Region, estimating for each country the current burden of and recent trends in NCD mortality, the prevalence of selected major risk factors and the national health system's capacity to respond, including through NCD policy and monitoring (96). The profiles showed that, despite the efforts of countries to implement the global and European action plans, much more action was needed.

63. To assist countries, the Regional Office assessed the current barriers and innovative approaches to improving NCD outcomes. It followed a five-step process to make contextualized policy recommendations: analysing key indicators for NCD outcomes, linking the analysis to the coverage of core population interventions and individual services, exploring the health-system challenges that prevented more extensive coverage with core interventions and services, identifying opportunities, and exploring innovations and good practices that could be used for cross-country learning (97). In 2014–2015, the Regional Office made such assessments of Belarus (98), Croatia (99), Estonia (100), Hungary (101), Kyrgyzstan (102), the Republic of Moldova (103), Tajikistan (104), the former Yugoslav Republic of Macedonia (105) and Turkey (106). Some evaluations focused on particular NCDs, such as cardiovascular diseases or diabetes, and the assessment missions also provided opportunities to hold meetings on specific topics, such as food and nutrition policy (see below). In addition, the Regional Office developed a package of 15 essential interventions to tackle NCDs, which was used in 23 countries.

64. The Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 (107), the main outcome of a WHO ministerial conference held in Turkmenistan in December 2013, identified three areas in which to address NCDs that fully conformed with Health 2020 and the global action plan (6)(95): acting across the whole of government and accelerating both national action and action to protect present and future generations from the devastating consequences of tobacco. The 64th session of the Regional Committee endorsed the Declaration and called for its use in further action against tobacco (see below) (7).

65. In addition, the Regional Office promoted concerted public health approaches to the management of NCDs. A five-year grant from the Russian Federation, agreed in November 2014, enabled the Regional Office to launch a project for better management of NCDs to provide countries with improved data and methods for more effective prevention and evidence-based disease management (108). A new geographically dispersed office (GDO) on NCDs in Moscow, Russian Federation, was launched, to expand the Regional Office's capacity to provide this support. Other work included, for

example, a policy dialogue organized by the Ministry of Health, the National Health Information Centre and the WHO Country Office in Slovakia, held in early 2015, to discuss the planning and development of interventions to prevent and control NCDs through multisectoral collaboration (109).

66. Although prevention accounted for a large share of the recent decline in premature mortality from coronary heart disease, governments devoted only a fraction of their health budgets to it (7). With the European Observatory on Health Systems and Policies and the OECD, the Regional Office conducted a major international study, which presented a strong economic case for action to promote health and to prevent disease (109). In addition, the Regional Office organized the International Conference on Cardiovascular Diseases in Saint Petersburg, Russian Federation, in November 2015 with the country's Ministry of Health. It brought together more than 100 participants, including policy-makers and technical experts from 28 countries and representatives of the European Heart Network, European Society of Cardiology, European Stroke Organisation and Stroke Alliance for Europe. In addition to the five-year difference in life expectancy between the eastern and western parts of the European Region owing to cardiovascular diseases, the Conference covered four main themes: prevention, risk assessment and management, acute care, and secondary prevention and rehabilitation (111).

67. As 2015 came to a close, the Regional Office began to develop a new action plan for NCD prevention and control in the WHO European Region for submission to the 66th session of the Regional Committee. The action plan would be both innovative and clearly aligned with Health 2020 (6), the global action plan on NCDs (95) and the new targets under SDG 3 (26); have four priority areas (governance; surveillance, monitoring, evaluation and research; prevention; and health systems); and seek to build one framework that accounted for the numerous mechanisms and initiatives in the global NCD landscape, while maintaining a focus on action in countries (54).

Addressing risk factors

68. In 2014–2015, developing action plans on three risk factors for NCDs – poor nutrition, physical inactivity and tobacco use – was an important part of the Regional Office's work. (Risk factors in the environment are discussed in Section 6.)

Nutrition and physical activity

69. In response to the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020 (112), adopted by the participants of a WHO European ministerial conference in 2013, the Regional Office developed an action plan on food and nutrition in 2014 and a strategy for physical activity in 2015.

70. In February 2014, the Regional Office took part in a conference organized by Greece, under the aegis of its Presidency of the Council of the European Union, which focused particularly on childhood obesity as a grave public health concern (113). Regional Office staff provided insight into the growing prevalence of this problem, demonstrated by the WHO European Childhood Obesity Surveillance Initiative (114). In response to this situation and the call of the Vienna Declaration (112), the Regional

Office developed the European Food and Nutrition Action Plan 2015–2020 (19), enthusiastically adopted by the 64th session of the Regional Committee (7). Designated Champion of Health for Noncommunicable Diseases in the WHO European Region in March 2014, Mrs Evelin Ilves, First Lady of Estonia, strongly advocated the adoption of the Action Plan during the Regional Committee discussion (115).

71. With the mission of achieving universal access to affordable, healthy food and a balanced diet for all citizens of the WHO European Region, the Action Plan proposes a range of voluntary multisectoral action, including promoting breastfeeding and complementary feeding, eliminating *trans* fats and keeping saturated-fat consumption low, restricting the marketing of unhealthy food and drinks to children, promoting the reduction of salt intake, strengthening school nutrition, supporting obesity management and improving monitoring and surveillance. The Action Plan resulted from extensive consultation with countries, civil society and private sector organizations, and technical experts and review by the SCRC; it was aligned with Health 2020 and related international initiatives, such as the global processes on NCDs (95) and nutrition (116) and an EU action plan on obesity (117). Members of the Regional Committee agreed that the types of action proposed were required to achieve the Action Plan's strategic goals, and welcomed its consistency with initiatives in their countries (7). The Regional Office's efforts to support countries in implementing the Action Plan included the release in early 2015 of a new tool to help them set criteria to identify the foods and drinks that should not be marketed to children (118).

72. In other work, representatives of the Regional Office, the Food and Agriculture Organization of the United Nations (FAO) and other international and national agencies took part in a conference held in Uzbekistan in June 2014 that promoted intersectoral discussions on diet, nutrition and food safety and security (119). In addition, the Regional Office published a fact sheet, using examples from country initiatives to illustrate what broader policy action on food and nutrition could achieve (120). In particular, countries had made important progress in reducing salt consumption, with the support of, for example, the European Salt Action Network. Established under WHO auspices, with the support of the United Kingdom Food Standards Agency and with the European Commission as an observer, the European Salt Action Network promotes the harmonization of programmes for salt-intake reduction in EU countries and beyond. It comprises 24 countries: Belgium, Bulgaria, Croatia, Cyprus, Finland, France, Georgia, Greece, Hungary, Ireland, Israel, Italy, Malta, the Netherlands, Norway, Poland, Portugal, the Russian Federation, Serbia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom (121).

73. The Regional Office held a consultation in Malta in November 2015 that drew together many of the threads of its work on nutrition. Representatives of more than 35 European countries met to comment on the draft final report of the WHO Commission on Ending Childhood Obesity and to provide updates on their work on childhood obesity surveillance, food marketing to children, school food, price policies to promote healthier diets and action to promote physical activity (122).

74. Following the adoption of the Vienna Declaration (112), the Regional Office prepared a strategy on physical activity (23). Early in 2015, the Regional Office held consultations with stakeholders on its content (123): a two-day meeting in Zurich, Switzerland, to obtain input from 47 European Member States, organized with the

support of the Swiss Federal Office of Public Health; and an informal consultation, hosted by the Ministry for Energy and Health of Malta in Valletta, with participants from a broad range of civil society organizations, including international and European organizations representing health professionals, older people, municipalities, sports associations, educators and groups such as cyclists. The latter meeting provided an opportunity to discuss the strategy in depth, including civil society's role in its implementation.

75. The 65th session of the Regional Committee adopted the physical activity strategy for the WHO European Region 2016–2025 (23)(28); inspired by Health 2020, it encourages governments and stakeholders to work to increase physical activity for all by generating enabling environments, ensuring equal opportunities and removing barriers, and focuses on five priority areas: leadership and coordination, child and adolescent development, physical activity for all adults as part of daily life, physical activity among older people, and monitoring, surveillance, evaluation and research. The Regional Committee urged that it be implemented hand in hand with the Vienna Declaration (112), the global action plan on NCDs (95) and the WHO European Charter on Counteracting Obesity (124). Speakers praised the strategy for its comprehensiveness, clear guidelines, relevance to all target groups and usefulness in developing national policies. To promote implementation, the Regional Office published fact sheets later in 2015, detailing the successes and experience of 28 EU countries in scaling up physical activity and reducing sedentary behaviour (125).

Tobacco

76. Reducing tobacco use was a Region-wide priority in 2014–2015. Although 50 of the 53 Member States in the European Region had ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) (126), the Region still had the highest proportion of adult smokers in the world. The WHO FCTC had high support but low implementation. The global goal was a 30% reduction in adult tobacco use by 2025, while the European goal was to make the Region tobacco free for the generation of children born in or after 2000. As mentioned, the Ashgabat Declaration (107) called for action to protect present and future generations from the devastating consequences of tobacco.

77. The Regional Office welcomed the adoption of the revised EU Tobacco Products Directive (127) in February 2014 and was committed to supporting its implementation. It encouraged countries to ratify the WHO FCTC's Protocol to Eliminate Illicit Trade in Tobacco Products (128); 20 European countries (Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Ireland, Israel, Lithuania, Montenegro, the Netherlands, Norway, Portugal, Slovenia, Sweden, the former Yugoslav Republic of Macedonia, Turkey and the United Kingdom) and the EU signed the Protocol by early 2014 (129), later joined by Latvia, Spain and Turkmenistan.

78. In addition, the Regional Office, with the WHO FCTC Secretariat and the Government of Hungary, held a regional meeting on WHO FCTC implementation in Budapest in March 2014 (130). Representatives of 43 Member States, international organizations and civil society discussed implementation activities in countries and in the Region as a whole, as well as the status of the WHO FCTC Protocol. Celebrating World No Tobacco Day on 31 May 2014, the Regional Office, in recognition of special

contributions to tobacco control in countries and to the new EU Tobacco Products Directive, gave awards to the ministers of health of Ireland and Lithuania, the Prime Minister of the Republic of Moldova, the President of Turkmenistan, the Director of Fresh Smoke Free North East in the United Kingdom and the European Commissioner for Health and Food Safety (131). Representatives of the European Commission and of Ireland and Lithuania (on behalf of their presidencies of the Council of the European Union) received their awards at the 64th session of the Regional Committee in recognition of their work to ensure the adoption of the revised Tobacco Products Directive (7). The 2015 awards (131) recognized the following people and organizations for their efforts to combat the illicit trade in tobacco products, strengthen implementation of the WHO FCTC, work for smoke-free public places and workplaces, and coordinate vital surveillance: Mr Luk Joossens of Belgium; the Government of Spain and the customs services of the Ministry for the Treasury and Public Administration; Mr Ilir Beqaj, Minister of Health of Albania; Professor Murat Tuncer, President of Hacettepe University, Ankara, Turkey; the Kosovo Advocacy and Development Centre in Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)); and Professor Tibor Baška, coordinator of the Global Tobacco Surveillance System of Slovakia, respectively. Finally, the Regional Office both supported and celebrated countries' achievements in tobacco control (132): consideration or implementation of plain packaging for tobacco products (France, Ireland, Norway and the United Kingdom); setting new rules for packaging (Belarus, Kazakhstan and the Russian Federation); smoke-free public places (Denmark and the Russian Federation); legislation (Finland and the Republic of Moldova); and awareness raising through World No Tobacco Day (the Czech Republic, the Republic of Moldova and Slovenia).

79. The Regional Office prepared a roadmap of actions to help countries fully comply with the WHO FCTC and submitted it to the 65th session of the Regional Committee (7)(28). Working closely with the WHO FCTC Secretariat, a senior advisory group (comprising experts and representatives of civil society and Member States) and the SCRC, the Regional Office focused on five areas for action: improving surveillance, supporting Member States in WHO FCTC implementation, legislating on electronic cigarettes, underscoring the economic impact of long-term ill health from tobacco use, and enhancing partnerships with ministries of finance, trade and agriculture to reduce tobacco consumption.

80. The Regional Committee wholeheartedly adopted the roadmap for 2015–2025 (133), commending it not only as a guide for policy-making but also as a tool for promoting the attainment of the SDGs (26) and the target on reduced mortality of the global action plan on NCDs (95). Member States that had not yet acceded to the WHO FCTC or signed and ratified its Protocol (128) were encouraged to do so. In December 2015, working with the NGO Campaign for Tobacco-free Kids, the Regional Office held a workshop in Turkmenistan to strengthen WHO FCTC implementation. Tobacco-control experts from 12 countries (Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan) gained a better understanding of the WHO FCTC, the tobacco industry's tactics, the key components of effective tobacco-control policies and their implementation, and strategies to defend the WHO Framework Convention (132).

3 Tackling the Region's major health challenges of communicable diseases

81. In tackling communicable diseases in 2014–2015, the WHO Regional Office for Europe combined the implementation of agreed strategies (10)(11)(12)(18) and the development of new ones (25) with continued action to promote immunization, eliminate several diseases from Europe and respond to emerging threats.

Tuberculosis

82. In 2014–2015, the Regional Office's work against tuberculosis (TB) focused on helping countries to implement the Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-resistant Tuberculosis in the WHO European Region 2011–2015 (11), monitoring its implementation, documenting the lessons learned and developing a new action plan for the period 2016–2020.

83. A priority in the Region, the Consolidated Action Plan had seven areas of action:

- prevent the development of cases of multidrug-/extensively drug-resistant tuberculosis (M/XDR-TB);
- scale up access to testing for resistance to first- and second-line anti-TB drugs and to HIV testing and counselling among TB patients;
- scale up access to effective treatment for all forms of drug-resistant TB;
- scale up TB infection control;
- strengthen surveillance of drug-resistant TB and monitor treatment outcomes;
- expand countries' capacity to scale up the management of drug-resistant TB; and
- address the needs of special populations (11).

84. To implement the Action Plan, the Regional Office worked closely with Member States and partners, including the ECDC and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Activity in the Region focused on 18 high-priority countries, where 85% of TB cases had been reported, resulting in a substantial decrease in incidence. The Regional Office and country offices helped Member States to address challenges in the diagnosis, treatment and care of TB and MDR-TB patients, working with WHO collaborating centres, the Green Light Committee, and laboratory, public health and health system experts.

85. With partners such as the ECDC, the Regional Office reviewed national TB programmes to help countries to improve their capacities and TB outcomes (134). In 2014–2015, for example, it undertook extensive reviews in Bulgaria, Kyrgyzstan, the Netherlands, Romania, Tajikistan and Uzbekistan, as well as Kosovo (in accordance with United Nations Security Council resolution 1244 (1999)). In March each year, the Regional Office, countries, partners and WHO country offices throughout the Region organize activities to mark World Tuberculosis Day. In 2014, the Regional Office organized a high-level event, with a panel that included the WHO Regional Director for Europe, the Director of the ECDC, the United Nations Secretary-General's Special Envoy for HIV/AIDS in Eastern Europe and Central Asia, the Principal Adviser for

Public Health at the European Commission, the Director-General of the Danish Health and Medicines Authority, a former MDR-TB patient and the Vice-President of the Republic of Moldova's TB patients' association. In 2015, the theme of World Tuberculosis Day (135) was increasing efficiency to secure the elimination of TB. In both years, the annual WHO/ECDC report on TB surveillance and monitoring (136)(137) was launched on the Day. In addition, the Regional Office worked with the European Respiratory Society to develop an online platform on which clinicians could seek expert opinions on difficult-to-treat TB cases, and to adapt it in 2015 to enable data exchange among programmes and clinicians on patients who cross borders to ensure the continuum of care and contact tracing.

86. At the end of March 2015, under the aegis of the Latvian Presidency of the Council of the European Union, the Latvian Ministry of Health, the Regional Office, the Global Fund, the Stop TB Partnership, the TB Europe Coalition and the European Commission hosted the first Eastern Partnership Ministerial Conference on Tuberculosis and Multidrug Resistant Tuberculosis. The participants – representatives of countries in the EU and the European Economic Area, EU candidate and Eastern Partnership countries, the European Commission, international institutions and NGOs – adopted the Joint Riga Declaration on Tuberculosis and its Multidrug Resistance, in which they reiterated their commitment to allocating adequate resources and pursuing their efficient use for integrated people-centred care and to scaling up research and development for the new tools needed to eliminate TB (134).

87. To help eliminate TB from Europe, the Regional Office started to prepare a new action plan for 2016–2020, in line with the global End TB Strategy (138) and Health 2020 (6) and applicable to the whole Region (54). This goal required political and scientific commitment, as well as action to address the social determinants of health and to ensure equal access to high-quality care for all patients (7). An advisory committee for the new plan – with representatives of high- and low-incidence countries, patients' organizations and key partners, such as the Global Fund and WHO headquarters – met in October 2014 and March 2015. The Regional Office held a web-based consultation and a consultation with national counterparts and partners at workshops in The Hague, Netherlands, in May 2015, organized with the ECDC and the KNCV Tuberculosis Foundation (139).

88. The Regional Office both presented a final report on implementation of the Consolidated Action Plan and proposed the tuberculosis action plan for the WHO European Region 2016–2020 to the 65th session of the Regional Committee (28). The discussion showed that countries had scaled up activities to prevent and control TB and that treatment coverage had significantly increased. The Regional Office had supported countries in addressing health system-related barriers and published a compendium of good practices, which presented 45 examples of strengthening health systems for TB prevention and care from 21 countries (140). As a result of the Consolidated Action Plan, 1 million TB patients had been cured, 200 000 MDR-TB cases had been averted, and 2.6 million lives and US\$ 11 billion had been saved. TB incidence had declined by 6% per year – a faster rate than in any other WHO region – although several key challenges remained, including continued transmission of MDR-TB and growing drug resistance and HIV–TB comorbidity.

89. To tackle these challenges, the Regional Office presented the tuberculosis action plan for the WHO European Region 2016–2020 (25). In line with the global End TB Strategy (138), the action plan had three pillars: integrated, patient-centred prevention and care; bold policies and supportive systems; and intensified research and innovation. It emphasized scaling up rapid diagnosis, expanding patient-centred models of care, introducing shorter and more effective treatment regimens, using preventive therapy, conducting research for new tools and addressing inequities through an intersectoral approach. By the action plan's end date in 2020, it was expected that 3.1 million lives and US\$ 48 billion would be saved, 1.4 million patients cured and 1.7 million new cases prevented (28).

90. Representatives of Member States agreed that the successes of the Consolidated Action Plan had contributed to the achievement of MDG target 6C, and welcomed the new action plan as the means to tackle the remaining challenges (28). Speakers particularly applauded its emphasis on evidence-based and cost-effective models for diagnosis and treatment; political commitment, leadership and governance; and adequate resourcing of TB programmes. They stressed several requirements for success: universal access to effective and affordable services and to new medicines to treat M/XDR-TB, multisectoral action and comprehensive approaches to the factors that contributed to the spread and persistence of the disease, the involvement of communities and civil society organizations, and cross-border collaboration in detecting cases and treating patients and contacts. Above all, a common European response was imperative, particularly in view of increasing human mobility.

91. In view of the importance of taking a health-system approach, it was fitting that 11 eastern European and central Asian countries signed a new grant agreement with the Global Fund, proposed by the Regional Office and partners and worth US\$ 6 million, during the 65th session of the Regional Committee. The three-year agreement, with the Centre for Health Policies in the Republic of Moldova as the principal recipient, aimed to build stronger health systems, develop up-to-date models and sustainable financing for patient-centred TB care, and advocate best practices in the Region. Soon after the Regional Committee session, the Regional Office, the Eurasian Harm Reduction Network, the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNDP, UNFPA, the United Nations Office on Drugs and Crime and the Global Fund organized a meeting in Tbilisi, Georgia, to discuss ways for countries in eastern Europe and central Asia to make a successful transition to domestic funding of their responses to the TB and HIV infection epidemics (141). The countries intended to develop action plans in line with the regional ones to ensure a responsible and ethical transition to domestic funding of TB, HIV and harm-reduction programmes.

HIV/AIDS and hepatitis

92. Towards the end of 2015, the Regional Office responded to the continuing problems of HIV/AIDS and viral hepatitis by starting to prepare action plans on the health sector response to both (documents EUR/RC66/9 and EUR/RC66/10, respectively) for submission to the 66th session of the Regional Committee; they would be aligned with the global health sector strategies being developed for consideration by the Sixty-ninth World Health Assembly (54). The Regional Office held a consultation on these strategies in June 2015; the feedback gathered from representatives of

European countries, civil society groups, professional associations and major partner organizations was used to inform the further development of three global strategies and two regional action plans. The strategies were also discussed during the 65th session of the Regional Committee (28).

93. At the 64th session of the Regional Committee, the Regional Office reported that its efforts with partners to implement the European Action Plan for HIV/AIDS 2012–2015 (10) had led to progress in the Region, including greater availability of HIV testing and counselling services and significantly increased (by 52%) treatment coverage in eastern European countries (142). A range of partners had worked with the Regional Office and countries in pursuing the following four strategic directions of the Action Plan:

- optimize HIV prevention, diagnosis, treatment and care outcomes;
- leverage broader health outcomes through HIV responses;
- build strong and sustainable health systems; and
- reduce vulnerability and remove structural barriers to accessing services (10).

94. These partners included other United Nations agencies (such as UNAIDS, UNFPA, UNICEF and the United Nations Office on Drugs and Crime); Professor Michel Kazatchkine, United Nations Special Envoy for HIV/AIDS in Eastern Europe and Central Asia; the World Bank; the Global Fund; EU agencies (such as the European Commission and its Consumers, Health, Agriculture and Food Executive Agency, the ECDC and the European Monitoring Centre for Drugs and Drug Addiction); the German Federal Centre for Health Education; the CDC; the London School of Hygiene and Tropical Medicine, United Kingdom; and a wide range of civil society organizations and NGOs, including AIDS Action Europe, the Eurasian Harm Reduction Network and the European AIDS Treatment Group.

95. All countries in the Region needed to scale up and to fully implement targeted interventions and evidence-based policies, especially for key populations, including harm reduction for injecting drug users. In 2014–2015, the Regional Office supported countries in working to meet these needs in a variety of ways. In the context of an agreement with the Global Fund, the Regional Office reviewed HIV programmes and assisted in the revision of strategic plans in Albania, Azerbaijan, Belarus, Georgia, Kyrgyzstan, the Republic of Moldova, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey and Ukraine, as well as Kosovo (in accordance with Security Council resolution 1244 (1999)). The WHO Collaborating Centre on HIV and Viral Hepatitis in Denmark greatly contributed to this work. The Regional Office continued to collect and analyse strategic HIV/AIDS information, particularly to monitor implementation of the European Action Plan (10) and other regional and global strategies and commitments. This work included writing, with the ECDC, annual reports on HIV/AIDS surveillance in Europe (143)(144), and contributing to the joint UNAIDS/WHO/UNICEF annual reporting on progress in the global AIDS response and the reporting on progress towards universal access to HIV prevention, treatment and care in the health sector. The WHO Regional Director for Europe addressed the Fourth Conference on HIV/AIDS in Eastern Europe and Central Asia, held in Moscow, Russian Federation, in May 2014 (145); and the Regional Office agreed with the Minister of Health of the Russian Federation to establish a joint working group to

review the evidence on harm reduction and other HIV treatment and prevention strategies in order to help guide the response to HIV in European countries. In addition, the Regional Office set up a technical working group on strengthening laboratory capacities to support national programmes on HIV prevention, treatment and care in eastern Europe and central Asia, and held a consultation jointly with the CDC and the Better Labs for Better Health initiative (see Section 5) in June 2014.

96. As the European Action Plan for HIV/AIDS 2012–2015 came to an end, some progress towards achieving its goal of halting and beginning to reverse the spread of HIV in the Region had been made. Between 2010 and 2014, overall rates of newly diagnosed HIV infections had decreased in some countries, notably in western Europe; the total number of people receiving antiretroviral therapy had increased by 142%, and the Region had made significant progress towards preventing mother-to-child transmission (MTCT) of HIV (54). With major partners, the Regional Office held a consultation on the elimination of MTCT of HIV and congenital syphilis in Kazakhstan in April 2015. With major partners, the Regional Office held technical consultations on the elimination of MTCT of HIV and congenital syphilis in April and December 2015. With partners, including WHO collaborating centres in Croatia and Sweden, it conducted missions to support the validation of elimination in Belarus and Bulgaria in late 2015.

97. Nevertheless, the number of newly diagnosed infections in 2014 was the highest since reporting had started in the 1980s – an increase driven by the higher rates in the eastern part of the European Region. New infections had outpaced treatment: by 2014, treatment coverage for all people living with HIV rose only to 33% in the Region as a whole and 19% in the eastern countries. In response, the Regional Office began developing a new action plan for HIV/AIDS prevention and control in Europe for 2016–2021, which would be aligned with the five strategic directions of the proposed global health sector strategy and with the Health 2020 and the SDG frameworks (6)(26). It also continued to work for sustainable funding through discussions with, for example, the Global Fund at the above-mentioned meeting in Georgia in late September 2015 on ways for countries in eastern Europe and central Asia to move to domestic funding of their responses to HIV and TB (54).

98. In addition, the Regional Office joined the global response to viral hepatitis and began to strengthen surveillance of the disease in Europe. Global efforts in 2014 included: in March, a historic call for a scaled-up response by WHO's first global partners meeting on hepatitis; in April, new WHO recommendations for treating hepatitis C; and, in May, World Health Assembly resolution WHA67.6 on improving the prevention, diagnosis and treatment of viral hepatitis (146). The Regional Office helped to organize the first World Hepatitis Summit in Glasgow, United Kingdom, in September 2015 and arranged a consultation on improving access to hepatitis treatment in selected European countries and central Asia, held in Tbilisi, Georgia, in November 2015.

99. WHO started to develop the first global health sector strategy on viral hepatitis, and a large majority of the participants in the Regional Office's consultation in June 2015 agreed that a regional action plan on hepatitis was needed to implement the global strategy. Accordingly, the Regional Office started to prepare the first action plan for the health sector response to viral hepatitis in the WHO European Region. Its goals would

be to reduce the transmission of viral hepatitis and the associated morbidity and mortality and establish a Region where the transmission of new hepatitis infections is halted, hepatitis testing is accessible and people living with chronic hepatitis have access to care and affordable and effective treatment. The action plan would have five strategic directions, aligned with the global health sector strategy (54).

100. In 2015, the Regional Office helped countries, including Georgia, Serbia and Turkey, to develop national strategies on viral hepatitis and strengthened its collaboration with stakeholders in the Region, WHO headquarters, the ECDC, the European Monitoring Centre for Drugs and Drug Addiction and civil society organizations such as the World Hepatitis Alliance and the European Liver Patients Association. Controlling hepatitis B through vaccination was one of the six goals of the European Vaccine Action Plan 2015–2020 (22) (see below).

Antimicrobial resistance

101. The Regional Office reported to the 64th session of the Regional Committee on its most recent accomplishments, with its partners and Member States, in combating antimicrobial resistance (AMR) using a “One Health” approach and in implementing the European strategic action plan on antibiotic resistance, with its seven strategic objectives (12)(142):

- strengthen national multisectoral coordination for the containment of antibiotic resistance;
- strengthen surveillance of antibiotic resistance;
- promote strategies for the rational use of antibiotics and strengthen surveillance of antibiotic consumption;
- strengthen infection control and surveillance of antibiotic resistance in health care settings;
- prevent and control the development and spread of antibiotic resistance in the veterinary and agricultural sectors;
- promote innovation and research on new drugs and technology; and
- improve awareness, patient safety and partnerships.

102. For example, with the National Institute for Public Health and the Environment (RIVM) of the Netherlands and the European Society of Clinical Microbiology and Infectious Diseases, the Regional Office assessed the capacity of Member States for prevention and control. The partners undertook country situation analyses for Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kyrgyzstan, the Republic of Moldova and Uzbekistan in 2013–2014 (142); and for Albania, Kazakhstan, Tajikistan, Turkmenistan and Ukraine in 2014–2015. The aim was to support countries in providing reliable diagnostics, performing national surveillance, running infection control programmes, implementing policies for the prudent use of antibiotics and establishing multisectoral coordination mechanisms. Since the adoption of the strategic action plan (12), Albania, Armenia, Belarus, Georgia, Kyrgyzstan, Montenegro, the Republic of Moldova, the Russian Federation, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan and Uzbekistan either had formed or planned to form

intersectoral coordination mechanisms and to develop national action plans on AMR. The Regional Office assisted by providing technical support and access to expert advice (142).

103. To help ensure Region-wide surveillance of AMR, the Regional Office, RIVM and the European Society of Clinical Microbiology and Infectious Diseases established the Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR) network (142) in 2012. CAESAR complemented the surveillance conducted in countries in the EU and the European Economic Area through the European Antimicrobial Resistance Surveillance Network, hosted by the ECDC. Participants in CAESAR in 2014–2015 included: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, the Republic of Moldova, the Russian Federation, Serbia, Switzerland, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine and Uzbekistan, as well as Kosovo (in accordance with Security Council resolution 1244 (1999)). The Regional Office published CAESAR's first annual report and its manual on participation in 2015 (147)(148).

104. In addition, the Regional Office and partners helped countries to develop their capacities for AMR surveillance through, for example, workshops in Belarus and Georgia in 2014, and training for the central Asian republics, Montenegro, the former Yugoslav Republic of Macedonia and Turkey in 2015 (149). To promote antibiotic stewardship, the Regional Office and RIVM used a successful publication on tailoring immunization programmes to prepare a guide to tailoring AMR programmes (150). The aim was to enable countries to design strategies to bring about behaviour change, such as prudent antibiotic use, in particular target groups.

105. Similarly, the Regional Office and the Laboratory of Medical Microbiology of the University of Antwerp, Belgium, carried out a project to set up a sustainable network of national surveillance systems to collect valid, representative and comparable data on antimicrobial medicines consumption in non-EU countries in the WHO European Region – the Antimicrobial Medicines Consumption (AMC) Network – to complement the EU's European Surveillance of Antimicrobial Consumption Network, coordinated by the ECDC. The AMC network collected data from Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kyrgyzstan, Montenegro, the Republic of Moldova, Serbia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Ukraine and Uzbekistan, as well as Kosovo (in accordance with Security Council resolution 1244 (1999)); these were analysed in collaboration with the University of Antwerp and compared with ECDC data. The results were published in a prestigious journal in March 2014 (151). Next, the Regional Office and AMC network members began an investigation of knowledge, behaviour and attitudes related to antibiotic use in eastern European countries, completing the study protocol at a WHO workshop in February 2015 and reviewing the data collected at a WHO consultation held, and webstreamed, in September of that year (149). The results were planned to be published in 2016.

106. The Regional Office continued to work with the ECDC to expand the observance of the annual European Antibiotic Awareness Day (152), on 18 November, throughout the European Region. In line with new evidence that pharmacists could play a key role in promoting the prudent use of antibiotics, in 2014, the Day focused on highlighting

their role and best practices (153). WHO country offices supported Member States in organizing conferences, workshops and press conferences, and experts from the Regional Office, the ECDC and the European Commission directorates-general for Research and Innovation and for Health and Food Safety participated in a live Twitter chat (149). Similarly, countries such as Austria and Montenegro celebrated the 2015 Day, while the Regional Office urged all Member States to join in the first World Antibiotic Awareness Week, which took place on 16–22 November 2015. In addition to holding events such as a symposium in Turkey, 19 European countries outside the EU used social and digital media to raise awareness of AMR during the Week (149).

107. Finally, the Regional Office and Member States helped to develop a global action plan on AMR (154), which the Sixty-eighth World Health Assembly adopted in May 2015. WHO developed the plan with FAO and the World Organisation for Animal Health. WHO opened an online consultation with Member States in July 2014, and countries continued their contributions throughout the year. The Netherlands held a conference in June 2014, which called for the prudent use of antibiotics and the development of new antimicrobials. Norway held a meeting in November 2014 on antimicrobial use in the health sector and Sweden held one in December on the development of global capacity, systems and standards for surveillance. Denmark had shown similar leadership in promoting the rational use of antibiotics during its 2012 Presidency of the Council of the European Union (7).

Vaccine-preventable diseases

108. Although the European Region made considerable progress in ensuring high immunization coverage, it still faced challenges, including vaccine refusal, underserved groups, problems in introducing new vaccines and outbreaks of vaccine-preventable diseases. In 2014–2015, the Regional Office worked to promote and strengthen immunization in a range of ways.

109. As requested by the 63rd session of the Regional Committee, the Regional Office drew up the European Vaccine Action Plan 2015–2020 (22) following extensive consultation with the European Technical Advisory Group of Experts on Immunization, the SCRC, partners (such as UNICEF, the GAVI Alliance, the ECDC and the European Commission) and Member States. In 2014, the Regional Committee adopted the Action Plan, which was designed to complement the Global Vaccine Action Plan 2011–2020 (155) and regional policies and strategies, such as Health 2020 (6), the European Action Plan for Strengthening Public Health Capacities and Services (13) and the European strategy for child and adolescent health (20). The European Vaccine Action Plan envisioned a European Region free of vaccine-preventable diseases, where all countries provided equitable access to high-quality, safe, affordable vaccines and immunization services throughout the life-course. It contained:

- six goals, namely, to sustain the Region's status as free of poliomyelitis (polio), eliminate measles and rubella, control hepatitis B infection, meet regional vaccination coverage targets at all administrative levels throughout the Region, make evidence-based decisions on the introduction of new vaccines, and achieve the financial sustainability of national immunization programmes;
- objectives, priority action areas and proposed actions for each goal; and

- a monitoring and evaluation framework that made use of the existing WHO/UNICEF joint reporting form, with no new indicators or variables (22).

110. The Regional Office supported the incorporation of the goals, objectives and proposed actions of the European Vaccine Action Plan (22) into national immunization plans by holding a workshop to build capacity for comprehensive multi-year planning on immunization in countries eligible for support from the GAVI Alliance in April 2015: Armenia, Azerbaijan, Georgia, Kyrgyzstan, the Republic of Moldova, Tajikistan, Ukraine and Uzbekistan (156). At the end of the biennium, the Regional Office reported on the support it provided to Member States in implementing the Action Plan (157).

111. Work in late 2014 and throughout 2015 focused on diseases with elimination and eradication targets: controlling measles and rubella outbreaks, achieving measles and rubella elimination by 2015 and sustaining the Region's polio-free status. The Regional Office implemented a new mobilization strategy for measles and rubella elimination in 2015 and the Regional Verification Commission for Measles and Rubella Elimination gauged progress towards elimination (158). In addition and in consultation with Member States, the Regional Office developed regional targets, priority activities and indicators for hepatitis B control in 2015 and agreed on collaboration on this issue with the CDC.

112. The Regional Office continued to provide technical assistance and tools to build country capacity and ensure a high level of proficiency in evidence-based decision-making, communications and advocacy, multi-year planning, vaccine pricing and laboratory surveillance. It assisted several countries in preparing for and evaluating the introduction of vaccines against pneumococcal disease, rotavirus and human papillomavirus, preparing for the introduction of inactivated polio vaccine into their routine schedules, beginning the process of laboratory containment of polioviruses and preparing for the global switch from trivalent to bivalent oral polio vaccine planned for April 2016.

113. European Immunization Week (EIW) 2014 and 2015, celebrated in late April, involved all 53 Member States in the Region and were the most interactive and high-profile efforts in the series to promote immunization (159). In 2015, the Regional Office, health authorities and partners celebrated EIW's tenth anniversary, stressing the importance of maintaining commitment to immunization at the national, local and individual levels. Outreach activities and materials included radio and television talk shows; radio announcements; flash mobs; text-message campaigns; articles in newspapers, popular magazines and websites; press releases; dedicated websites; emails; web banners; videos; booklets, calendars, pamphlets, flyers and posters on vaccination in many languages; a CD with local immunization data and information; school-based immunization awards; patient and doctor testimonials; an immunization information hotline; translation and dissemination of infographics into local languages; concerts; a sports tournament; and a meeting with political and religious leaders to gain their full support for immunization (159). As an extension of EIW, European countries held the Flu Awareness Campaign in October 2014 and 2015 to increase the uptake of seasonal influenza vaccination in groups at risk.

114. The Regional Office's Patron, Her Royal Highness Crown Princess Mary of Denmark (160), supported immunization activities in a variety of ways during the

biennium. These included expressing support for the European Vaccine Action Plan, continuing to take part in EIW, visiting Tajikistan with the WHO Regional Director for Europe to advocate stronger immunization efforts and increased regional and national investment in maternal and child health in 2014, and stressing the importance of vaccination in her address to the Regional Committee in 2015 (7)(28).

115. The Regional Office drew together the threads of its work to control vaccine-preventable diseases at a meeting that it held in early September 2015 in Antwerp, Belgium (156). For three days, more than 130 participants from 47 European Member States – managers of national immunization programmes, international experts and representatives of WHO and its partners – discussed the remaining barriers to full immunization in Europe and the actions needed to achieve regional goals, such as the elimination of measles and rubella and maintenance of the Region's polio-free status. In an extraordinary session on the fourth day, the Regional Office introduced new standard operating procedures for responding to importation into a polio-free country. WHO encouraged all countries to review and update their national plans for outbreak preparedness and response in line with the new procedures, particularly in view of the polio outbreak in Ukraine (see below). Her Majesty the Queen of the Belgians attended a session on ensuring equitable access to vaccines for vulnerable and underserved populations; before acceding to the throne, the Queen had served as WHO's Special Representative for Immunization (5). In addition, as mentioned in Section 1, WHO, UNHCR and UNICEF issued joint technical guidance on the vaccination of refugees, asylum seekers and migrants in November 2015 (72).

Seasonal influenza

116. The Regional Office worked to reduce the burden of seasonal influenza on European countries by providing evidence on the disease burden, promoting vaccination, providing surveillance data and seeking to improve the care of patients with severe forms of influenza.

117. For example, it held a meeting in Georgia in August 2014 on defining the disease burden and making decisions with regard to seasonal influenza vaccination. Participants from Albania, Armenia, Belarus, Georgia, Kazakhstan, the Republic of Moldova and Ukraine learned from trainers of the Royal Tropical Institute (KIT), Netherlands, the CDC, the Research Institute on Influenza, Russian Federation, and Public Health England, United Kingdom, to estimate the disease burden associated with seasonal influenza in a population. The meeting also addressed evidence-based decision-making and appraising the economic cost, affordability and financial sustainability of influenza vaccination, and shared best practices and experience (161). The Regional Office held a similar workshop in July 2015, with the South East European Centre for Surveillance and Control of Infectious Diseases, for four south-eastern countries: Albania, the Republic of Moldova, Serbia and the former Yugoslav Republic of Macedonia.

118. In addition, the Regional Office, in partnership with the Vaccine European New Integrated Collaboration Effort and the ECDC, conducted a comprehensive survey of seasonal influenza vaccination policies and coverage in all 53 Member States in the Region to provide a baseline from which to measure future improvements in uptake (162). This showed that the coverage of seasonal influenza vaccination across the Region was in general still low. As mentioned, the Regional Office also sought to

help countries tailor their immunization programmes to promote the uptake of influenza vaccination, particularly among high-risk groups (158). Finally, it worked to enhance the representativeness of viruses shared with WHO for the composition of the annual influenza vaccine: 28 European countries shared viruses for the composition of the vaccine for the 2015–2016 influenza season in the northern hemisphere.

119. In June 2014, the Regional Office and the ECDC held their fourth joint meeting on influenza surveillance. Later that year, in October, they launched a new weekly bulletin that contained Region-wide surveillance data on seasonal influenza reported by 50 European countries (163), providing them with evidence on which to base public health action. The Regional Office published profiles of the national influenza surveillance systems of all the countries in the Region in 2015 (164).

120. Under the Pandemic Influenza Preparedness (PIP) Framework (165) and with partners, including WHO headquarters and country offices, the Regional Office conducted laboratory training to strengthen the ability of countries to detect emerging pathogens and to enable them to share viruses with pandemic potential with WHO; it trained more than 120 clinicians working in intensive care units in Armenia, Tajikistan, Turkmenistan and Uzbekistan in managing severe acute respiratory infections (166). With funding from the Framework, the Regional Office held the fourth annual influenza surveillance meeting for national influenza focal points from 12 eastern countries in the Region in November 2015. The participants received updates on key developments in seasonal, avian and pandemic influenza; discussed improvements to national influenza surveillance systems and influenza bulletins, as well as the sharing of influenza viruses; and met with key partners, such as the Francis Crick Institute, London, United Kingdom (a WHO collaborating centre) and the CDC (167). The PIP Framework is used to strengthen countries' preparedness for disease outbreaks (see Section 4).

Eliminating diseases

121. In 2014–2015, the Regional Office supported the efforts of countries to eliminate measles and rubella from the European Region, to protect the Region's polio-free status, to complete the elimination of malaria and to implement the new European framework for action on vector-borne diseases (18).

122. Although numbers of measles cases fell in 2014, outbreaks in seven countries, resulting in more than 22 000 cases by early 2015, prevented the achievement of the Region's goal of elimination by the end of 2015 (168). The Regional Office called not only for stronger political commitment and partnerships to implement the Region's package for accelerated action (169) but also for scaled-up vaccination. Nevertheless, WHO and countries have accelerated efforts to eliminate measles and rubella since 2013, with positive results. In October 2015, the Regional Verification Commission for Measles and Rubella Elimination concluded that 32 Member States had successfully interrupted endemic measles and/or rubella transmission in 2012–2014. While several countries have lagged behind in reaching this goal, the verification process led by the Regional Office has facilitated critical steps forward. Improved surveillance and reporting have not only revealed which countries have interrupted transmission but also located the remaining obstacles to elimination, thereby enabling a more targeted response. This progress represents a significant achievement for such a large and diverse Region and clearly indicates that it is on the right track.

123. Action taken with partners in 2014–2015 included supporting vaccination campaigns in Azerbaijan and Kyrgyzstan with UNICEF and the Rostropovich-Vishnevskaya Foundation, and support to Member States in implementing the verification process through joint visits to countries with members of the Regional Verification Commission, the European Technical Advisory Group of Experts on Immunization, the Measles and Rubella Initiative and other organizations. In July 2014, the Russian Federation provided a large grant to support activities for measles and rubella elimination in the countries of the CIS, with technical support from the Regional Office (170).

124. Building on the package for accelerated action, in January 2015, the Regional Office proposed a mobilization plan focused on specific actions to build the capacity of Member States to address the remaining challenges with regard to measles and rubella elimination. Its primary goals were to improve Member States' understanding of the process of verifying elimination, to address country-specific challenges through support missions and to increase the impact by categorizing countries and using consistent messaging (170). Addressing the 65th session of the Regional Committee, the WHO Regional Director for Europe noted that, while many Member States were on track to eliminate measles and rubella, lack of political commitment in some countries prevented the Region's achievement of the goal by 2015. She urged Member States to honour their commitment to eliminating the diseases under the European Vaccine Action Plan (22)(28). With continued momentum, including a mandatory rapid and thorough response to all outbreaks, elimination of measles and rubella from the Region is well within reach.

125. In 2014–2015, the Regional Office focused on taking part in a final push to eliminate polio in two ways: helping countries to sustain the European Region's polio-free status and participating in the Global Polio Eradication Initiative. For the former, it assisted Israel in interrupting the transmission of wild poliovirus (the last positive environmental sample was found in March 2014); helped Turkey to respond to the risk of importation from the Syrian Arab Republic; with UNICEF and Turkish experts, evaluated the performance of Turkey's polio eradication programme in 2014; and, with UNICEF, assisted Ukraine's response to a polio outbreak in 2015 (7)(171). The Regional Office also continued to help countries both to prepare for outbreaks and to deal with their legacy. In Tajikistan in 2014, it worked with UNICEF and the national authorities to conduct a vaccination campaign and to open rehabilitation camps for victims of the 2010 outbreak (171). In October and November 2015, it organized two polio outbreak simulation exercises for surveillance, immunization and communication professionals from 10 countries. Co-facilitated by Public Health England, the exercises aimed to help countries review and update their national plans to respond to the detection of imported wild and vaccine-derived polioviruses.

126. On the global scale, after the WHO Director-General declared the spread of poliovirus to be a public health emergency of international concern under the International Health Regulations (IHR) (172) in May 2014, the Regional Office worked with Member States and partners to support implementation of the temporary recommendations advised by the IHR Emergency Committee and the Polio Eradication and Endgame Strategic Plan 2013–2018 (173).

127. In the last third of 2015, a polio outbreak in the Region demonstrated both the need for continued vigilance and the Regional Office's robust response (171). After Ukraine reported two confirmed cases of circulating vaccine-derived poliovirus in August 2015, which had occurred owing to low immunization coverage in the country since 2008, WHO and UNICEF gave the Ministry of Health both technical and on-site support in planning and implementing large-scale supplementary immunization activities, strengthening surveillance for cases of acute flaccid paralysis, stepping up environmental surveillance and training health workers to answer questions about the vaccine and how to administer it. The partners urged quick action. UNICEF started a series of training courses, with the Ministry of Health and support from WHO, in September. Ukraine launched the first of three rounds of vaccination in October; by early November, the campaign had reached 54% of the target group of 2 million children aged under 6 years. The Regional Office continued to provide urgent support to Ukraine to stop the polio outbreak as quickly as possible and to other Member States in the European Region to prevent the international spread of the disease.

128. Encouragingly, in 2015, the European Region became the first region in the world to eliminate malaria, ending a struggle begun 25 years earlier. A combination of factors – strong political commitment, heightened detection and surveillance of malaria cases, integrated strategies for mosquito control with community involvement, cross-border collaboration and communication to people at risk – made this achievement possible. However, the achievement is both extraordinary and fragile. Although zero cases were reported in 2015, the Region is subject to continual importation of cases from other endemic areas, which brings the threat of re-establishment of transmission. Maintaining zero cases in the Region will require sustained political commitment and constant vigilance. Any new cases of the disease must be promptly identified and treated. Health systems should be strengthened to ensure that any resurgence is rapidly contained.

129. To mark World Malaria Day, celebrated on 25 April, the Regional Office launched a WHO manual to help countries to assess the technical, operational and financial feasibility of moving towards malaria elimination in 2014 (174) and highlighted the need for continued investment and political commitment to eliminate the disease (175) in 2015. A Regional Office fact sheet briefly describes the history of malaria elimination in Europe (176).

130. As to other vector-borne diseases, a number of countries have begun implementation of the framework on invasive mosquito species and re-emerging vector-borne diseases (18)(175). On World Health Day 2014, the Regional Office called on governments to protect health from this resurgent threat and provided a range of resources for their use; countries organizing activities to draw attention to vector-borne diseases included the Russian Federation, Slovenia, Tajikistan and the former Yugoslav Republic of Macedonia (174). The Regional Office provided technical support to France and Spain in establishing vector-control measures and in carrying out investigations after the first case of chikungunya in a person with no history of travel to a chikungunya-endemic area was identified in August 2015 in a Spaniard who became ill in France. In September, the Regional Office was notified of the first confirmed case of West Nile virus in Portugal (175).

4 Health security: strengthening emergency preparedness, surveillance and response

131. In 2014–2015, the WHO Regional Office for Europe worked, with a wide array of partners and within the global framework of the IHR (172), to help countries both to respond to crises in Europe and beyond and to increase their capacities to prepare for and respond to emergencies.

Responding to humanitarian and natural crises

132. The Regional Office took part in the responses to both natural and humanitarian crises, after screening over 1500 signals per year. For example, after severe flooding in Bosnia and Herzegovina, Croatia and Serbia in May 2014, the Regional Office sent expert missions to assess the damage, delivered emergency health kits (supplies and medicines to help thousands of people) to the affected countries and conducted post-disaster needs assessments to quantify the losses to health services and the resources required to rehabilitate damaged health facilities. Along with the health and other authorities and NGOs in the affected countries, partners in the assessment and clean-up included, for example, a United Nations Disaster Assessment and Coordination Team, an EU team and experts from the International Organization for Migration, the World Food Programme, FAO, the Swiss Agency for Development and Cooperation and the Government of Norway. The Regional Office held a meeting in Serbia in November 2014, at which representatives of key government institutions in the three affected countries concluded that they had developed greater capacity to cope with flooding. When parts of Tajikistan suffered a major flood in July 2015, the Regional Office supported the country's response by delivering an emergency health kit to the local health authorities in the affected areas in October. When European countries had to deal with large influxes of refugees and migrants (see Section 1), the Regional Office helped countries respond to their health needs by, for example, training over 150 medical professionals and Red Cross volunteers in the former Yugoslav Republic of Macedonia, working with national and local authorities and supporting NGOs, providing guidance on basic health services and distributing medical supplies in Greece, Hungary and the former Yugoslav Republic of Macedonia (177).

Crises affecting Turkey and Ukraine

133. The conflict in the Syrian Arab Republic had driven more than 2.5 million registered refugees into Turkey by the end of 2015. The Government of Turkey managed the country's overall response to the influx, with support coordinated by the Office of the United Nations High Commissioner for Refugees (UNHCR) and UNDP. WHO and UNHCR were the lead agencies for the health sector response. Having established a field presence in Gaziantep, Turkey, in October 2013, WHO scaled up its capacity and activities in 2014–2015. WHO support included:

- delivering interagency emergency health kits, emergency trauma kits and surgical supply kits, as part of a United Nations interagency convoy in August 2014 and July 2015, to meet the needs for the primary health care (PHC) of 170 000 refugees for three months, emergency treatment of 1300 cases of injury and carrying out of 4000 operations;

- joining with Turkey's Ministry of Health, Yildirim Beyazit University in Ankara, Turkey, the Provincial Health Directorate of Gaziantep and Gaziantep University, Turkey, in November 2014 to train 25 Syrian doctors to provide health care to refugees in camps and urban settings, within the framework of the Turkish health system;
- assessing refugees' health needs early in 2015 at a new camp in Suruç, Turkey, opened by the Government of Turkey;
- conducting a campaign against polio in the Kobani area in the northern Syrian Arab Republic; and
- joining partners in early 2015 in an appeal for US\$ 29 million to fund plans, for example, to continue essential health-care services for Syrian refugees, increase communicable disease surveillance, detection and response; strengthen health protection and promotion work; and support access to mental health and specialized psychosocial services.

134. In addition, WHO headquarters and the regional offices for Europe and for the Eastern Mediterranean investigated the deaths of 15 children in the northern Syrian Arab Republic, ascribing incorrect use of a drug as a diluent for the measles/rubella vaccine as the most likely cause (177).

135. In response to the humanitarian crisis in Ukraine, which affected more than 5 million people, the Regional Office supported the Ministry of Health and local administrations in filling the gaps in the health response to internally displaced persons and affected communities. In partnership with UNHCR, UNICEF, the EU and the governments of Canada, Israel and Norway, WHO accelerated its support and human resources to deliver medical kits in September 2014 and February 2015 to treat hundreds of thousands of people. Other donors enabled WHO to provide urgently needed medication to people living in areas not controlled by the Government. In December 2014, WHO, the Ministry of Health of Ukraine and the Ukraine Red Cross Society signed an agreement to establish a new network of mobile emergency PHC units to deliver health services for internally displaced persons, communities receiving them and communities in conflict areas. Starting in February 2015, 16 such units, with staff trained by WHO, delivered high-quality health services in eastern Ukraine. They operated through the International Medical Corps and the Ukraine Red Cross Society, with support from WHO and with funds provided by the EU Humanitarian Aid and Civil Protection department, the United Nations Central Emergency Relief Fund and the governments of Canada, Estonia and Israel. The units gave 20 000 people access to HIV/AIDS treatment and consultations to 165 000 people. In addition, baskets of food were supplied to 31 000 children (177).

136. In 2015, the Regional Office set up field offices in Dnepropetrovsk, Donetsk, Lugansk, Kharkiv and Severodonetsk in eastern Ukraine to increase its coordination of activities by humanitarian organizations on health issues in the country. With health cluster partners, it shared information on the provision of health care to children; the work of the mobile emergency health units; the needs of hospitals and rehabilitation centres, Roma communities and centres for internally displaced persons; as well as updates on health information tools and needs assessments (177). Staff from WHO headquarters, the Regional Office and the WHO Country Office, Ukraine, regularly

briefed international journalists and staff of the embassies of donor countries in Geneva, Switzerland, on the situation and on WHO activities in Ukraine, raising awareness of the dire needs in the country.

Mass gatherings

137. The Regional Office worked with countries preparing to host mass gatherings, supporting them in making large international events safe from public health risks to participants, visitors and residents, and building the capacity of their health systems. For example, it provided enhanced epidemiological intelligence, with daily reports, during the Olympic Winter Games held in Sochi, Russian Federation, in February 2014, and worked with the national authorities of Azerbaijan to prepare for the first Global Forum on Youth Policies, held in Baku, Azerbaijan, in October 2014 in the context of the country's Chairmanship of the Council of Europe's Committee of Ministers, and for the European Games, held in Baku in June 2015 (178). Following a meeting between the Prime Minister of Belarus and the WHO Regional Director for Europe, the Men's World Ice Hockey Championship, held in May 2014 in Minsk, Belarus, were made smoke free (132). Invited by the Ministry of Health and Medical Industry of Turkmenistan, the Regional Office sent experts to prepare the country to host the Asian Indoor Games in 2017.

138. The Regional Office developed a training course on public health at mass gatherings at the request of Member States.

Responses to global crises

139. The Regional Office also contributed to the responses to many crises outside the European Region, particularly the public health emergencies of international concern declared by the WHO Director-General under the IHR (172) in May and August 2014: the international spread of wild poliovirus (see Section 3) and the Ebola virus disease outbreak in West Africa (179), respectively. The very serious Ebola outbreak affected a number of countries around the world, including Italy, Spain and the United Kingdom. There was intense transmission in Guinea, Liberia and Sierra Leone, although incidence fell in these countries early in 2015. WHO declared an end to this public health emergency in March 2016 (177).

140. The Regional Office contributed to the response by deploying its staff alongside hundreds of other WHO personnel and by supporting the implementation of the WHO Ebola response roadmap (179). The Regional Committee discussed the crisis at its 64th session in 2014; the WHO Director-General and the Regional Director for Europe described WHO's efforts and representatives described their countries' contributions and concerns (7). All agreed that the outbreak demonstrated the need to further strengthen countries' health systems and for close cooperation among all partners. The Regional Office supported the global response by:

- deploying 25 staff for 36 missions (50 additional staff had also volunteered) to West Africa and elsewhere to lead and coordinate the WHO response, provide public health services, support infection control and prevention, and give logistical support;
- assisting with medical evacuations to European countries from affected countries;

- mapping and helping to strengthen European countries' preparedness and capacity; and
- engaging in advocacy and the provision of information to governments, the public and journalists, including by means of a dedicated website (179).

141. It carried out this work in close collaboration with the European Commission, the ECDC and other partners, including countries. Member States not only supported WHO but also provided funding and directly deployed medicines and personnel. For example, Portugal set up a virology laboratory in Guinea-Bissau for testing samples from suspected cases; the Russian Federation deployed personnel immediately; Turkmenistan sent drugs to Sierra Leone; and a number of German hospitals provided treatment for infected and medically evacuated health-care and humanitarian workers. In addition, the Regional Office established a regional Ebola team, held weekly teleconferences on preparedness with Member States, provided technical assistance to countries upon request and conducted four country missions by the end of 2014 (54).

142. Several times during the biennium, the Middle East respiratory syndrome coronavirus (MERS-CoV) spilled over into the European Region when cases were identified in Greece in April 2014, the Netherlands in May 2014, Austria and Turkey in September 2014 and Germany in February 2015 (180). None of these cases caused secondary transmission in Europe. The Regional Office closely followed each case through IHR channels and shared information through the IHR Event Information Site and the Disease Outbreak News managed by WHO headquarters.

143. The Regional Office also deployed staff to participate in the WHO response to the health effects of the conflict in Yemen.

Reform of WHO's work in outbreaks and emergencies

144. The Ebola outbreak highlighted the urgent need to strengthen WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies in the context of the WHO reforms already under way. The WHO Director-General, supported by an advisory group and a project management team, oversaw the intensive work done towards this goal. The GPG, the Deputy Director-General and assistant directors-general, the six regional offices, the chair of the advisory group and Member States took part in a comprehensive internal consultation at WHO's three levels. This led to the Director-General's proposal, approved by the World Health Assembly in May 2015, to create a single new programme for health emergencies, uniting outbreak and emergency resources across the three levels of WHO (181). In July, WHO published the Ebola Interim Assessment Panel's report, which reviewed WHO's response to the outbreak and gave the Panel's recommendations on the IHR, WHO's emergency response capacity and WHO's role and cooperation with wider health and humanitarian systems (182).

145. Discussion at the 65th session of the Regional Committee helped to carry the reform process forward. Regional Office staff described the unified WHO programme for health and humanitarian emergencies; it was intended to have clear performance metrics, a global health emergency workforce, a new business process facilitating rapid and effective responses, a contingency fund and accelerated research and development activities. The programme would act in coordination with other United Nations

agencies, intergovernmental organizations and civil society partners. Representatives of Member States urged WHO to move quickly, suggested improvements to the programme and supported the introduction of an independent monitoring and evaluation of countries' implementation of the IHR (28). WHO established a single Outbreaks and Health Emergencies cluster in November 2015, and the advisory group prepared to report to the WHO Executive Board in January 2016.

Supporting countries' preparedness for and response to emergencies

146. In 2014–2015, the Regional Office continued to support Member States in preparing for and responding to public health threats and emergencies, taking a multihazard and multisectoral approach, and in using the IHR on a day-to-day basis in an operational way (172)(177).

147. The national IHR focal points played an important role in the Ebola response in the European Region by notifying WHO of identified cases and the tracing of contacts in their countries. Efforts to expand the Regional Office's capacity in this area included drafting a host agreement with Turkey on the establishment of a GDO in Istanbul on preparedness for humanitarian and health emergencies (7)(28). In addition, the Regional Office worked with the 28 EU Member States, the European Commission and the ECDC to align the use and implementation of the EU decision on serious cross-border threats to health (183) with the IHR requirements. As floods are the most common natural emergency in the European Region, in October 2015, the Regional Office organized a meeting on preventing, planning for and responding to them. The participants comprised representatives of 24 Member States, the European Commission, the United Nations Office for Disaster Risk Reduction and the Intergovernmental Panel on Climate Change. They concluded that further capacity-building was needed to incorporate the IHR into flood-risk management. Later in October, with the Danish Emergency Management Agency, the Regional Office provided training to enable 23 staff from 16 WHO offices to rapidly respond to emergencies in their home countries and to international crises (177).

148. The Regional Office continued to assess health systems' capacities for crisis management in Armenia, the Republic of Moldova and Tajikistan, and assessed hospital safety, using the tool revised in 2014, in Uzbekistan. In 2014–2015, it conducted four international and two national training courses on public health and emergency management for about 100 European health-care managers from 17 countries. It also supported Georgia, the Republic of Moldova and Serbia in developing and fine-tuning their national emergency plans for the health sector as part of their national emergency preparedness plans. The Regional Office provided assessments and training to help Azerbaijan, the Russian Federation, Serbia and Turkmenistan to prepare for mass gatherings, such as the Olympic Games and large international music festivals. It supported WHO country offices in carrying out activities to reduce disaster risk and the development of a web-based mapping tool for risk assessment, in collaboration with Lund University, Sweden, for Armenia and Tajikistan.

Core capacities under the IHR

149. Since most States Parties in the WHO European Region had met the minimum requirements under Annex 1 of the IHR (172), they wanted to go further, to develop and strengthen their capacities. The Regional Office helped countries to meet their specific challenges with regard to risk communication, risk assessment, the quality of laboratory work, and ports and airports, for example.

150. The Regional Office also continued to contribute to the global discussion on how best to monitor these capacities in the long term and how to measure the quality of information sharing and performance of national IHR focal points. The results of this discussion were followed by a web consultation and presented to Member States at the 65th session of the Regional Committee (7)(184). The Regional Committee had a lively discussion of the global framework for IHR monitoring and evaluation being prepared for submission to the Sixty-ninth World Health Assembly. WHO particularly wanted to know whether Member States agreed with the new principles proposed for the framework, the change from self-assessment of capacities to a more function-oriented approach to IHR monitoring, and the proposed development process, including tools and protocols (185). Representatives welcomed the proposals for enhancing IHR implementation, were keen to participate in developing or pilot-testing standardized, transparent and reliable instruments for IHR assessment, and favoured real-time regional exercises. They saw the EU decision (183) as an important tool for the coordination of preparedness and urged WHO regional offices to encourage the more function-oriented independent evaluations proposed, which would help countries to identify gaps and plan to remove them. Member States also looked forward to learning about the plans being developed by the Regional Director in the vital area of IHR assessment (28). WHO sought further input from European Member States through a web-based consultation and a technical workshop in October 2015. In November 2015, the SCRC contributed to this effort by adding to the terms of reference of its IHR subgroup the need to work on the IHR evaluation and monitoring framework, and agreed to invite the WHO Regional Office for the Eastern Mediterranean to join this process to ensure that a harmonized, independent assessment tool was developed (54).

Preparedness for disease outbreaks

151. In addition, the Regional Office conducted national assessments and provided technical support to countries to strengthen their preparedness for Ebola and other epidemic-prone diseases. For example, in November 2014, the Regional Office conducted training in Turkey to improve the skills of people managing emergencies in the areas of health, crisis preparedness and border control, and supported a simulation exercise in the former Yugoslav Republic of Macedonia as part of efforts to prevent and manage suspected Ebola cases. WHO also assisted the latter country in conducting a simulation exercise in May 2014 to increase the capacity of the emergency services to respond to major road accidents. In 2014–2015, the Regional Office provided training in public health event management, especially in risk assessment and risk communication, for 27 of the Region's 53 Member States. Each course included a table-top simulation exercise.

152. The Regional Office's work in this area also included activities to strengthen surveillance and response to pandemic influenza and other emerging pathogens as part

of the PIP Framework (see Section 3) and to establish and maintain laboratory networks to respond to disease outbreaks. Adopted by the Sixty-fourth World Health Assembly, the PIP Framework brings together Member States, industry, other stakeholders and WHO to implement a global approach to preparedness for and response to pandemic influenza, and aims to improve the sharing of influenza viruses with human pandemic potential and to achieve more equitable access for Member States to pandemic vaccines and medicines (166).

153. As part of the Regional Office's implementation of the PIP Framework Partnership Contribution, it provides intensive support to national influenza centres. Centres in 48 countries participated in WHO external quality assessment programmes and training was provided in, for example, the shipment of infectious substances, laboratory preparedness for emerging respiratory pathogens, and the use of a quality management tool (see below). In collaboration with Germany's Robert Koch Institute, WHO assessed the mechanisms and protocols for outbreak investigation and response in Armenia, Tajikistan, Turkmenistan and Uzbekistan. The Regional Office held a workshop (186) for these countries in December 2014 to determine the next steps for improving national capacities in this area. Through national working groups, WHO and the Robert Koch Institute supported the development of operational guidelines for outbreak investigation and response, which would apply to outbreaks of diseases caused not only by respiratory pathogens but also by the Ebola virus and other emerging pathogens. In addition, the health ministries of Armenia, Tajikistan, Turkmenistan and Uzbekistan agreed on national work plans 2014–2015 for the laboratory and surveillance component of the PIP Framework Partnership Contribution implementation plan.

Improved capacity for laboratories

154. Further, the Regional Office worked with a wide range of partners and donors – including the EU, UNDP, the Global Fund, the CDC, the United States Defense Threat Reduction Agency, the United States President's Emergency Plan for AIDS Relief, KIT, Public Health England, the Robert Koch Institute, the WHO TB Supranational Reference Laboratory Network, Germany, and Fondation Mérieux, France – to establish and maintain networks of laboratories to respond to outbreaks and to build members' capacities through the Better Labs for Better Health initiative. This aims to develop national laboratory policies, strategies and action plans to improve the quality of all laboratories dealing with health, particularly those that contribute to IHR implementation. The initiative worked with Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan and Uzbekistan in 2014–2015, providing training in the implementation of laboratory quality management systems and supporting programmes focused on, for example, HIV/AIDS, AMR and food safety. Work to strengthen laboratory capacities to support national programmes on HIV prevention, treatment and care in eastern Europe and central Asia focused on Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. Other activities included developing an assessment tool for use in microbiology laboratories, participating in laboratory-assessment missions for AMR surveillance and providing training in laboratory quality at a meeting on foodborne infections and related antimicrobial resistance held in Tashkent, Uzbekistan, in November 2015.

155. The Regional Office held a partners meeting on strengthening laboratories in these and other countries in June 2014 (187). Under Better Labs for Better Health and using tools developed by KIT and WHO to improve the quality of laboratory work, in the second half of 2014, WHO held training workshops (188) on using a tool for laboratory quality management (189) in the Netherlands and Albania for participants from the central Asian republics, the Republic of Moldova and the Russian Federation and for 24 virologists from national influenza centres in the European Region, respectively. KIT and the South East European Centre of Infectious Diseases Surveillance and Control, Albania, supported the workshops. By December 2015, the Regional Office and its partners had trained 99 laboratory professionals and quality officers from 25 countries in eastern and south-eastern Europe and Kosovo (in accordance with Security Council resolution 1244 (1999)). It continued this work by choosing seven mentors to work with laboratories whose staff had been trained in using the tool and were keen to move towards quality improvement and accreditation under the International Organization for Standardization (ISO) international quality standard ISO 15189:2012 (190).

156. In addition, the Regional Office coordinates European laboratory networks for measles and rubella and for polio, with 72 and 48 member laboratories, respectively. With technical support from the Regional Office, the laboratories of both networks have performed consistently and all but one in each network were fully accredited in 2015.

157. In 2015, articles in the first and third issues of the Regional Office's new journal, *Public Health Panorama* (see Section 5), described how the new methodology for policy formulation paved the way for sustainable laboratory systems in Europe and how the countries in Better Labs for Better Health had established intersectoral national laboratory working groups to determine how to improve their laboratory systems (191).

5 Strengthening people-centred health systems and public health capacity

158. In 2014–2015, the WHO Regional Office for Europe implemented its commitment to help countries strengthen their health systems and public health capacity. This substantial work took several different avenues but all sought the same goal: improving health outcomes, not just changing systems.

Coordinated, integrated health-service delivery towards people-centred care

159. Work for coordinated, integrated health service delivery towards people-centred care included making the final report on implementation of the 2008 Tallinn Charter: Health Systems for Health and Wealth (192) and proposing a strategic focus for work to strengthen health systems in the context of Health 2020, emphasizing public health and intersectoral approaches. The Regional Office presented both to the 65th session of the Regional Committee, which used them to set the Region's priorities for strengthening health systems up to and including 2020. The SCRC supported this work by helping to develop both products (7)(54). The priorities were developed from the vision, mission, operational approach, and products and services already provided to Member States (193) and were aligned not only with Health 2020 (6) but also with the WHO

global strategy on people-centred and integrated health services and the second global strategy on workforce education, which were to be submitted for approval by the World Health Assembly in 2016 (28).

160. In discussing the outcomes of a meeting held by the Regional Office in Estonia in 2013 to follow up on the impact of the Tallinn Charter (5)(54), the 64th session of the Regional Committee noted that key themes emerging from it included the need for people-centred, coordinated and integrated models of care; human resources for health; and strengthening the public health aspect of health service delivery, including in prisons (7). People-centred health systems that were sustainable, resilient and affordable should be established, particularly given the ageing of populations and the high cost of medicines. To support this change, the Regional Office worked to provide policy options on how to achieve it, revised and published its self-assessment tool on the essential public health functions (194) and, in October 2014, inaugurated the Federal Research Institute for Health Organization and Informatics of the Ministry of Health of the Russian Federation as the first WHO Collaborating Centre for Health Systems and Public Health (7)(195). The former Yugoslav Republic of Macedonia became the first country in the European Region to use the assessment tool to conduct a critical self-assessment of its public health services in August 2014, followed by Armenia in March 2015 and Kyrgyzstan in December. Other work to build capacity in public health included working with countries through BCAs; for example, in December 2015, the Regional Office and Slovakia agreed to focus on this area in 2016–2017 (195).

161. In developing the way forward in strengthening health systems up to 2020, the Regional Office aimed to transform health systems from reactive to proactive systems based on a continuum of care in a move towards UHC (54). The change would involve increasing health information, ensuring equitable access to cost-effective medicines and technology and increasing the health workforce, all of which required financial resilience. The Regional Office would support countries in systematizing the translation of evidence into knowledge, creating platforms to facilitate learning, providing tailored technical assistance and advisory services, organizing political dialogue with broad stakeholder participation and providing targeted capacity-building opportunities. On behalf of the European Observatory on Health Systems and Policies, the Regional Office published a policy summary on the economic impact of integrated care in 2014 and an overview of European countries' experience regarding the effects of the economic crisis on health systems and health in 2015, along with an Observatory book on the implications for policy (196)(197)(198).

162. The Regional Office started a participatory process of consultation with Member States, WHO country offices, an expert advisory team and representatives of stakeholders, including health-care providers, patients and civil society, on the concept of a framework for action to strengthen health systems (199). Involving partners and stakeholders such as the EU, the OECD, NGOs, universities, country focal points and national health professionals' organizations, the Regional Office started the process in 2014 with meetings in Istanbul, Turkey (February), Brussels, Belgium (April), and Copenhagen, Denmark (June), that focused on ensuring the practicability of the framework, finding ways to make health services more people centred and partnering with related efforts of the EU and WHO headquarters. The Regional Office also collected examples of country initiatives and worked with specific countries to transform their services towards people-centred care by, for example, holding training

courses and sending a multidisciplinary WHO team to develop an action plan based on a rapid assessment of health needs in Kazakhstan in 2015 (195).

163. As mentioned, the 65th session of the Regional Committee set the course for action to strengthen health systems up to 2020. In discussing a summary final report on the implementation of the Tallinn Charter and the proposed priorities (200)(201), representatives wholeheartedly endorsed the Regional Office's approach to strengthening health systems, which was:

- based on the values of solidarity and equity;
- had two strategic priorities: transforming health services and moving towards UHC; and
- identified three essential foundations of health systems: the health workforce, medicines and other technologies, and health information.

164. Speakers recognized a people-centred approach as essential for implementing Health 2020, solidarity and equity as values that should underpin countries' responses to the challenges of, for example, migration (see Section 1), and the drive to achieve efficiency gains as a good way of transforming health services. The Regional Committee then asked the Regional Office to develop a framework for action to implement the WHO global strategy on people-centred and integrated health services, to be adopted by the World Health Assembly in 2016 (28). As the biennium waned, the next step for the Regional Office was to assemble evidence on how to advise policy-makers and manage the transition to people-centred health systems. As well as starting to develop the framework and an implementation package (document EUR/RC66/15) for submission to the 66th session of the Regional Committee, it worked to identify what Member States were doing about service provision and how they were transforming their models of care. The Regional Office collected examples from each of the Region's Member States, which it planned to present in a compendium (54).

165. Throughout the biennium, the Regional Office sought to tighten the link between strengthening health systems and improving health outcomes. It worked with countries such as Belarus; Croatia; Estonia, Latvia and Lithuania (in the 2014 Baltic Policy Dialogue); the Republic of Moldova; Serbia; and Turkey to tackle NCDs and other problems, such as health inequities, by this means. The Regional Office focused its 11th Flagship Course on Health Systems Strengthening, held in April and May 2015 in Barcelona, Spain, on stronger systems to address the growing burden of NCDs (202). It held an expert meeting on health systems' response to NCDs in November 2015 to synthesize the lessons learned from assessments made in 11 countries (Armenia, Belarus, Croatia, Estonia, Hungary, Kyrgyzstan, Portugal, the Republic of Moldova, Tajikistan, the former Yugoslav Republic of Macedonia and Turkey), distil policy implications and identify knowledge gaps. The Regional Office would use the results to develop a regional synthesis report on policy recommendations, and it published briefs on good practices in responses to NCDs in Estonia, Hungary and Kyrgyzstan (195).

166. Further, the Regional Office agreed with the European Forum of National Nursing and Midwifery Associations on a two-year plan to determine the strategic directions for strengthening nursing and midwifery services towards the Health 2020 goals and create a European compendium of good nursing and midwifery practices; these were discussed

at a technical briefing at the 64th session of the Regional Committee in 2014 (203)(204). The Regional Office also presented the strategic directions at a technical meeting in November 2015 on the proposed new midwifery curriculum in Uzbekistan (195). A technical briefing on a sustainable health workforce was held at the 65th session of the Regional Committee (28).

167. At the centre of work to provide coordinated and integrated care was a renewed vision of PHC, with links to hospitals and with social and long-term people-centred care. This was given impetus by the conference celebrating the 35th anniversary of the adoption of the Declaration of Alma-Ata (205), which was discussed at the 64th session of the Regional Committee (5)(7)(54). In 2014–2015, the Regional Office worked with countries such as Kazakhstan and the Republic of Moldova to strengthen PHC, used the WHO primary care evaluation tool to assess PHC reforms in Uzbekistan and encouraged Greece and Portugal to share know-how on the organization of services. With the support of the Government of Kazakhstan, in February 2015, the Regional Office inaugurated its GDO for PHC in Almaty, which expanded its capacity to support countries in revitalizing PHC (195).

168. Finally, the outcomes of the 2013 meeting in Oslo, Norway, on the impact of the economic crisis on health and health systems (5) became a powerful tool for health ministers in their dialogue with finance ministers and prime ministers: the 10 key policy lessons and recommendations described ways to mitigate the impact of the crisis on health outcomes. Starting in March 2014, the Regional Office worked with Greece and Portugal to monitor the impact of the crisis on health and on their health systems (194).

UHC

169. UHC was the key strategic focus that guided the Regional Office's work to strengthen health systems in the context of Health 2020. Training was particularly useful; for example, UHC was the theme of the fourth and fifth versions of the Regional Office's annual Barcelona Course on Health Financing, held in March 2014 and 2015 (206). Because health systems with sustainable financing and financial protection for service users can achieve better health outcomes, the Course was built around five modules: aligning policy instruments with policy objectives, raising revenues, pooling health revenues, efficient purchasing, and designing a benefit package that ensures equity, affordability and transparency. The annual Course provided key support to Member States by combining a comprehensive approach to health systems and financing, as well as assistance in moving towards UHC. The 2014 and 2015 participants – policy-makers in the health sector or in charge of social policy, senior managers of service-provider organizations and experts involved in health-system reform – enthusiastically commended the usefulness of the Course. In April 2014, the Regional Office, the WHO Country Office, Tajikistan, the Ministry of Health and Social Protection of Population of the Republic of Tajikistan, the EU and GIZ held a four-day flagship course on strengthening the health system in Tajikistan, seeking the best way towards UHC.

170. In addition, the Regional Office worked with Cyprus for UHC through its CCS (see Section 1). The Ministry of Health and the WHO Country Office, Albania, organized a national conference to promote UHC on Albania's first Universal Health

Coverage Day, on 12 December 2014 (207). SEEHN promoted UHC at two major events in 2015. In June, ministers meeting in Serbia agreed on joint regional and national actions towards ensuring UHC, as well as promoting more specific regional action to strengthen human resources for health and to coordinate cross-border support in public health emergencies. In December, ministers and high-level officials from Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia gathered at the SEEHN plenary meeting in Albania to discuss cooperation on health in the subregion, address current challenges and focus on realizing UHC.

Health care reforms: changing for the better

171. The Regional Office continued to answer requests from countries for assistance in reforming their health systems. This work focused on supporting transformations that place people, their needs and the determinants of health at the centre, aligning service delivery, accountability arrangements, financial incentives, competencies of the workforce, access to and responsible use of pharmaceuticals to improve equity, quality and the efficiency of health systems, creating a virtuous cycle of greater investment in public health and the move towards UHC, as described above.

172. For example, the Regional Office continued its work with Greece and the EU Task Force for Greece, under the Health Reform Support Programme 2013–2015 (195); in 2015, this included the development of the 5-year (2015 to 2019) strategic plan “Greece’s health sector beyond austerity: the 100 actions plan for universal coverage,” a three-pronged approach to enhance reform of the health sector through: universal access to quality health care and public health services; transparent, inclusive and modernized health governance; and fair and sustainable financing. Technical support continued on the development of integrated primary health care, the abolishment of out-of-pocket fees for ambulatory care, and reporting on barriers to and facilitating factors for improving access to health care in Greece.

173. To support health sector reform in Cyprus under its CCS, the Regional Office and the Ministry of Health started a national study in December 2014 to compare the efficiency and sustainability of various health insurance schemes (195).

174. Support to health reform in the Republic of Moldova took a variety of forms (195). A project for better managing the mobility of health professionals in the country, which was financed by the EU and supported by the Regional Office under BCAs with the country, concluded in March 2015. Products included a study of the factors motivating health-care workers to emigrate to EU countries, carried out by the WHO Country Office in collaboration with KIT and launched in October 2014 (208). This followed a workshop to strengthen national capacity in workforce planning, organized by the Ministry of Health and WHO in July. Over the course of 2014, the Regional Office helped the Ministry of Health to assess the quality of health care in the country, document the situation and develop a systematic national plan for quality improvement that would involve all stakeholders. This process began with a rapid external assessment of the quality of health and a seminar to discuss the findings in April. WHO took part in the country’s Third National Health Forum, held in October 2014, to discuss the importance of population health for social and economic

development and to highlight the relevance of intersectoral collaboration at the national and local levels. In April 2015, the Ministry of Health, with the Regional Office and the WHO Country Office, hosted a national policy dialogue on strengthening public health services in the Republic of Moldova. In July 2015, WHO published a policy report, making recommendations for improving the quality and safety of health care in the country (209).

175. The Regional Office's work to assist other countries included:

- the initiation of a national policy dialogue on public health in the former Yugoslav Republic of Macedonia in March 2014;
- a policy dialogue among senior health and finance officials on how to make Malta's health system more financially sustainable, held in March 2014 and organized with the European Observatory on Health Systems and Policies, with the support of the Netherlands Institute for Health Services Research;
- an agreement with the ECDC and the Global Fund in October 2014 to work with Romania to improve the quality and delivery of TB services and accelerate the implementation of structural health system reforms;
- a three-year WHO pilot project, concluded in December 2014, that improved the quality of paediatric care in hospitals in Kyrgyzstan and Tajikistan; and
- a technical mission to Kyrgyzstan in March 2015 to advise the Ministry of Health in assessing structural and organizational reforms in the public health system (195).

Health information and evidence for action

176. Providing policy-makers with information useful for decision-making on health was an important way in which the Regional Office helped European countries to strengthen their health systems and implement Health 2020. In 2014–2015, the Regional Office rapidly expanded its EHII (210); the number of participants – countries, WHO collaborating centres, the European Commission, the OECD, Public Health England and the Wellcome Trust, United Kingdom – doubled, from 11 to 22. The Regional Office worked through the EHII to support the development of a single, integrated health information system for the entire European Region, pursuing this goal through activities in six key areas:

- development of information on health and well-being, with a focus on indicators, including those already developed for Health 2020 (5);
- enhanced access to and dissemination of health information;
- capacity-building;
- strengthening of health information networks;
- support for development of health information strategies; and
- communications and advocacy.

177. The 64th session of the Regional Committee featured a technical briefing that described the progress made under the EHII (7)(211). The Regional Office held the first

EHII meeting in March 2015, with participants comprising representatives from seven countries (Austria, Finland, Latvia, the Netherlands, the Russian Federation, Sweden and Turkey), WHO collaborating centres, the European Commission, the OECD and the Wellcome Trust. They agreed on processes, procedures and a comprehensive action plan covering all six key areas, and Member States made concrete commitments to contribute to the action plan. WHO held two web-based meetings of the EHII steering group in June and November 2015 to review the terms of reference and the action plan and to discuss the progress of work to date (212). At their second meeting in June 2015, EHII members agreed to map existing indicator sets throughout the Region, which would be assessed for quality and feasibility. During the 65th session of the Regional Committee, representatives of Member States repeatedly praised the EHII and urged additional countries to join it (28).

Development of information on health and well-being

178. In 2014–2015, the Regional Office supplied a wide range of information and analytical resources for countries. For example, it published lists of core health indicators in both years and worked to develop objective indicators of well-being for use in monitoring Health 2020 (5)(213)(214)(215). In 2015, it published two synthesis reports from the Health Evidence Network (216)(217), in addition to its three well-received reports on public health issues affecting three different groups of migrants (see Section 1) (69)(70)(71), and launched a new scientific journal, *Public Health Panorama* (191). Three issues were published in English and Russian, addressing a wide range of topics covered in this report, including communicable diseases, intersectoral action for health and children's rights to health.

179. Further, the Regional Office published the 2015 edition of its flagship publication, the European health report (52). The report was produced in two forms – a full report and highlights – and in all four official languages of the Region. It was launched at the 65th session of the Regional Committee and rapidly and by a wide margin became the Regional Office's most popular publication of that year. It charted progress towards the six targets of Health 2020, noted the difficulties in describing and measuring health and well-being in the culturally diverse European Region, and broke ground by exploring the kind of evidence that would be needed to measure the new concepts enshrined in Health 2020 and health in the 21st century, including the information required to monitor the enhancement of well-being and to understand the cultural contexts of health. Viewing the availability of high-quality information as critical to identifying health inequalities and to building a better understanding of health and well-being, representatives praised the report's usefulness in developing, reviewing and updating policies across sectors that affected health and well-being and welcomed the steps taken to enhance monitoring of health inequalities and the cultural determinants of health (28).

180. While preparing the European health report, the Regional Office started to examine new evidence for the 21st century in January 2015. Supported by the Wellcome Trust, it held its first joint meeting of international experts and representatives of the OECD and the United Nations Educational, Scientific and Cultural Organization on the cultural determinants and context of health to advise on how to consider the impact of culture on health and well-being and how to communicate

findings on well-being across the culturally diverse European Region (218). Supported by this expert group, the Regional Office launched a project:

- to clarify the concepts behind the cultural contexts of health and show their importance;
- to commission policy-relevant research on the influence of cultural contexts in specific public health initiatives, such as measuring well-being; and
- to develop a culture-centred approach to reporting on well-being.

181. Further, the Regional Office expanded its work with WHO official languages to ensure that policy-makers, specialists and the general public in all European Member States have a common understanding of the concepts and terms used to discuss health topics. The first product of this work was the glossary in English and Russian created for the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 (94) (see Section 2).

182. Finally, a range of activities focused particularly on supporting evidence-based policy-making, including for the implementation of Health 2020 (6). For example, the Regional Office convened meetings of the European Advisory Committee on Health Research in July 2014 and April 2015, which gave valuable advice on the Regional Office's strategies and activities. Subgroups of the Committee identified topics for the Health Evidence Network reports on migration and health mentioned above; and agreed to assist the Regional Office in drafting an action plan to enhance evidence-informed policy-making in the Region (document EUR/RC66/12) (219) for submission to the 66th session of the Regional Committee. Following up, the Regional Office held a technical meeting in January 2015 to develop an accelerated roadmap to enhance such policy-making. Formulated with the European Advisory Committee on Health Research, the roadmap was presented and discussed for the first time at the annual European Health Management Association conference in the Netherlands in June. After further discussion and a technical briefing at the 65th session of the Regional Committee, Member States proposed that the roadmap be developed into an action plan. The action plan would be aligned with the six key areas of the EHII and include three key pillars: harmonizing health information across the Region and strengthening national health information systems; establishing and strengthening national health research systems; and enhancing knowledge translation (54).

Enhanced access to and dissemination of health information

183. To enhance access to and dissemination of health information, the Regional Office developed new tools for the use of Member States. One such tool was the European Health Information Gateway: a one-stop shop providing curated, reliable health data and information in formats that are easy to understand, compare and extract (220). It was launched at the 64th session of the Regional Committee (7)(211), and soon incorporated datasets from major publications, such as the European health report and the latest report of the HBSC study (52)(83); the European Health for All database (221); the Health 2020 indicators (215); and the core health indicators (214). It quickly became a popular tool for accessing WHO data, as did the Regional Office's smartphone application on European health statistics (222).

184. In addition, the Regional Office responded to countries' growing interest in receiving support and guidance in using e-health to strengthen their national health information systems. It supported several countries in developing national e-health strategies and in adopting standards for clinical data exchange and system interoperability. During the Latvian Presidency of the Council of the European Union, WHO supported the country by contributing to the pan-European conference during eHealth Week 2015 in May. At the global level, the Regional Office took part in developing guidelines for electronic health records – a core activity in most European countries. The Regional Office also supported the development of national mobile health (m-health) platforms to enable people to access their health information and to deliver health promotion initiatives. It worked through the global WHO–International Telecommunication Union m-health partnership to tackle NCDs, called Be Healthy, Be Mobile, of which Norway and the United Kingdom are members.

Capacity-building

185. Important work to build capacity in countries particularly included the second and third autumn schools on health information and evidence for policy-making. The Regional Office held the second such course in October 2014 in Poland, hosted by the Ministry of Health. Thirty participants from 14 countries gained insight into national health information systems and learned how to develop practical ways to improve them (223). The participants petitioned for the expansion of future schools and the Russian Federation offered to host the 2015 Autumn School. With the WHO Country Office, Russian Federation, the Regional Office therefore held an advanced workshop on health information and data assessment in Moscow in June and July 2015 for representatives of Albania, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Serbia, Tajikistan, Turkey and Uzbekistan. The third Autumn School took place in the Russian Federation in October 2015. Public health experts from a wide variety of backgrounds learned about public health indicators in general; Health 2020 targets and indicators and its monitoring framework; data needs and methods for monitoring health inequalities; data sources for Health 2020 indicators and how to assess the quality of the data coming from them; quality criteria for health reporting and making policy recommendations based on Health 2020 priorities; and tools and good practices for focusing on the translation of evidence into policy (224).

Strengthening of health information networks

186. To strengthen health information networks, representatives of the governments of Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan, national and international partner organizations, WHO staff and external experts relaunched the Central Asian Republics Health Information Network (CARINFONET) in July 2014. Hosted by the Ministry of Health of Kyrgyzstan, CARINFONET would improve the collection, use and distribution of information, help health policy-makers in member countries to monitor trends in health, disease and well-being, help to improve health systems by identifying effective policies to meet the needs of each country, and contribute to the implementation of Health 2020 and the EHII (212). Meeting in Kazakhstan in May 2015, the CARINFONET steering group drew up a detailed workplan for the coming years and an initial draft set of common indicators for reporting at the subnational level and decided to establish an indicator working group.

187. Launched in 2012, WHO's Evidence-informed Policy Network (EVIPNet) Europe aimed to build countries' capacity to develop evidence-informed policies on health systems, the third key area of the EHII, and to support the implementation of Health 2020 (212). In 2014, the Regional Office formed an EVIPNet Europe steering group to provide advice and recommendations, as well as operational and technical expertise, worked to develop EVIPNet Europe country-level teams in the Republic of Moldova, Slovenia and Tajikistan, and held two multicountry train-the-trainer workshops for members of EVIPNet Europe country teams and the heads of WHO country offices in 12 Member States on using research evidence for policy-making. The first workshop, held in Slovenia in October 2014, sought to enable the participants to become facilitators of future capacity-building events. The second, held in Lithuania in June 2015, provided peer support for countries to revise their roadmaps for evidence-informed policy-making, focusing on the interfaces between EVIPNet Europe and Health 2020; to develop national engagement strategies to establish EVIPNet country teams; and to train participants to become facilitators for future EVIPNet policy dialogues. By the end of 2015, EVIPNet had 16 participating Member States.

188. New networks for groups of countries sprang up towards the end of 2015: the Small Countries Health Information Network in September (see Section 1) and a health information network for SEEHN in December.

189. Finally, to facilitate access to research and evidence-based health literature in low- and middle-income countries, WHO headquarters and the Regional Office for Europe organized workshops in Bosnia and Herzegovina and Montenegro in April 2014, in Armenia and Georgia in April 2015 and in the Republic of Moldova in November 2015. These activities were part of the global HINARI Access to Research in Health Programme, a partnership between WHO, Yale University, United States of America, and 160 publishers. The workshops aimed to build the participants' capacity and to create new networks of trainers in the countries to help shape the research agenda, stimulate the generation and dissemination of valuable knowledge, and articulate ethical and evidence-based policy options (212). A day devoted to raising awareness of EVIPNet was added to each of the 2015 workshops.

Support for development of health information strategies

190. To help countries assess their health information systems and develop national health information strategies, the Regional Office published a support tool in English and Russian in May 2015 (225). It successfully pilot-tested the tool in Bulgaria and the Republic of Moldova at the end of the year.

6 Creating resilient communities and supportive environments

191. Seeking to create resilient communities and supportive environments, a priority area for action in implementing Health 2020 (6), the WHO Regional Office for Europe worked through the European Environment and Health Process, strengthened governance in this area and pursued a continuing technical agenda in 2014–2015.

European environment and health process

192. The 65th session of the Regional Committee cited the EHP as Health 2020 in action: an inspiring example of intersectoral collaboration, over a quarter of a century old, which provided a unique multisectoral platform for agenda setting and implementation. Member States noted the success of the EHP in their discussion of the annual reports of the European Environment and Health Ministerial Board during the 64th and 65th sessions of the Regional Committee (7)(28)(226)(227).

193. The 65th session extensively reviewed the EHP as part of its discussion on intersectoral action (see Section 1), recognizing the particular value of the Process as a means of supporting Member States' implementation of their domestic agendas, a mechanism for monitoring and reporting, and a tool for disseminating new scientific and normative guidance. Representatives hoped that the lessons learned would shape future initiatives to address major health challenges that could not be tackled by the health sector alone; recognized the particularly important guidance provided by the WHO European Centre for Environment and Health in Bonn, Germany; and made suggestions for the further development of the EHP. The discussion also included a message from the United Nations Environment Programme, acknowledging its positive partnership with WHO, particularly through the EHP (28)(30).

Stronger governance for environment and health

194. The EHP received political and technical governance from the European Environment and Health Ministerial Board and the European Environment and Health Task Force, respectively. In 2014–2015, both bodies contributed to preparations for the Sixth Ministerial Conference on Environment and Health, planned for 2017, in particular the European Environment and Health Task Force High-level Mid-term Review Meeting held for this purpose (228). At its fifth meeting, in Lithuania in July 2014, the Ministerial Board identified air pollution, climate change and chemical safety as among the main environmental risks to people's health that required political action in the European Region, and invited Member States to take concrete action:

- to place the elimination of diseases from asbestos exposure and the implementation of the new Minamata Convention on Mercury at the core of negotiations with European countries;
- to support the adoption of a global resolution on air quality in 2015;
- to contribute to the WHO Conference on Health and Climate (held in August 2014 in Geneva, Switzerland) and the 21st session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (held in December 2015 in Paris, France); and
- to work with the EU towards these goals (229).

195. At its sixth meeting, in Spain in February 2015, the Ministerial Board highlighted the value of multilateral environmental agreements in achieving the goals of the EHP. It noted the plans made to prepare for the Sixth Ministerial Conference on Environment and Health, and appreciated the links between the suggested technical themes and the SDGs and the proposal to develop specific, measurable, achievable, relevant and time-bound (SMART) objectives as an outcome of the Conference. The Ministerial Board

held its seventh meeting in Croatia in November 2015 to receive reports on the outcomes of important events in Europe and globally and to review the strategic direction of the EHP and its priorities and key milestones for 2015 and 2016 (229).

196. The European Environment and Health Task Force engaged with European countries in order to align priorities, develop targets and reach agreement on the desired outcomes, particularly through the High-level Mid-term Review Meeting, held by the Regional Office in Haifa, Israel, in April 2015 (228). At the Meeting, over 200 representatives of countries, international and intergovernmental organizations and NGOs, as well as other stakeholders in the EHP, reviewed the progress towards and challenges to achieving the goals set in 2010 at the Fifth Ministerial Conference on Environment and Health and set priorities for the future. The Regional Office supported this discussion by publishing a review of progress made in the Region and publications addressing the technical issues identified as themes for the Sixth Ministerial Conference (226)(230). All European countries represented at the Review Meeting renewed their pledges to work towards the targets adopted in 2010, and reaffirmed their commitment to take concrete steps to strengthen or establish partnerships with different stakeholders and processes, and utilize existing policy instruments and tools; enhance the understanding and use of economic arguments to support action on environment and health; and harmonize with the post-2015 development agenda. Supporting the proposed roadmap for the preparation of the Sixth Ministerial Conference, they agreed to review the environment and health challenges of the 21st century posed by:

- complex risk factors (air, water, waste or chemicals);
- complex systems of direct relevance to environment and health (food, energy or cities); and
- matters of international environment and health security (disasters and climate change) (226).

197. This process would enable them to identify the commitments and SMART objectives to be proposed as the political outcome of the Conference. The Review Meeting's outcomes informed not only the agenda of the 2017 Ministerial Conference but also the 65th session of the Regional Committee and the 21st session of the UNECE Committee on Environmental Policy.

198. The European Environment and Health Task Force met in November 2015 in the former Yugoslav Republic of Macedonia to take stock of the conclusions of the Mid-term Review Meeting and to start the preparations for the Sixth Ministerial Conference on Environment and Health. The discussion focused on the final draft workplan for the preparatory process for the Sixth Ministerial Conference and activities related to the themes of the roadmap: cities (urban green spaces, waste and health), disasters and climate change (environmentally sustainable health systems), and water.

199. The Regional Office supported this work through, for example, a meeting of experts nominated by Member States, external experts and WHO staff held in November 2015 to develop a strategic approach towards environmentally sustainable health systems (231). It also conducted pilot surveys in Lithuania, the Netherlands and Sweden, and developed and tested survey methodology and protocols and an indicator

toolkit on the issue of green spaces and health, which is part of the cities theme of the Conference roadmap.

200. The Regional Office also supported multilateral environmental agreements. For example, together with UNECE, it worked:

- to conduct the Transport, Health and Environment Pan-European Programme (THE PEP) (232), which pursued the goals of the 2009 Amsterdam Declaration on transport choices for health, environment and prosperity;
- to provide secretariat services to the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes and to coordinate technical activities under its 2014–2016 programme of work (233); and
- to provide supporting documentation on the health effects of air pollution to the Executive Body of the UNECE Convention on Long-range Transboundary Air Pollution.

201. At THE PEP's fourth meeting, held in France in April 2014 (234), European ministers of transport, health and the environment agreed on common action for healthy and sustainable mobility in the Paris Declaration, which built on and added to the Amsterdam goals. The Regional Office launched four new publications on THE PEP and aspects of transport and health and THE PEP's workplan up to 2020 was determined (235)(236)(237). In addition, the Regional Office developed, in collaboration with experts, an online tool to estimate the economic value of the reduced mortality that results from regular walking or cycling (238).

202. The Protocol on Water and Health was a hub for mutual assistance and cooperation, capacity-building, networking and the exchange of best practices in Europe, where millions of people still lacked access to safe drinking-water and sanitation facilities (230). The Regional Office's work in this area included supporting countries in developing and scaling up water safety plans, improving small water supply systems and strengthening capacities for surveillance of water quality and water-related disease in, for example, Azerbaijan, the Republic of Moldova, Serbia, Tajikistan and Turkmenistan (239)(240). The Regional Office also published a report for the Mid-term Review Meeting on access to safe water and sanitation in the European Region (241), based on work by the Regional Office and UNICEF (242). Under the Protocol, the Regional Office convened an expert group to guide work to combat inadequate water, sanitation and hygiene conditions in schools. Meeting twice in 2015, the group comprised experts from countries' health and education sectors, partners such as UNICEF, development agencies such as GIZ and NGOs such as the European Environment and Health Youth Coalition. It systematically reviewed the available evidence on conditions in schools and the associated health and educational outcomes.

203. Finally, the Regional Office worked to align the European agenda with global developments, for example, by aligning the EHP with the post-2015 development agenda (see Section 1). As shown in this section, it also worked to ensure that the process took account of or contributed to EU strategies and programmes (230).

Continuing technical agenda

204. In 2014–2015, the Regional Office continued its work on a wide range of environmental factors that affect health. The progress report published for the Mid-term Review Meeting described the progress made and the next steps indicated in many of these areas (230).

Climate change

205. For example, the Regional Office worked both to define the effects of climate change on health and to protect health from them (230). This included a regional consultation on the way forward for initiatives dealing with climate change and health, held during the WHO Conference on Health and Climate in August 2014; meetings of the Working Group on Health in Climate Change of the European Environment and Health Task Force in order to agree on the most urgent interventions and to identify training needs; and a report by the Working Group that described and analysed the action relevant to health being taken by European countries to mitigate and adapt to climate change, which was published for the Mid-term Review Meeting (242)(243).

206. With the Working Group, the Scientific Centre of Monaco and the Health and Environment Alliance, the Regional Office organized a side event to the 21st session of the Conference of the Parties to the United Nations Framework Convention on Climate Change at the end of 2015. Experts and advocates called for strong, effective action on climate change to protect humanity and health for this and future generations (242).

Exposures to environmental determinants of health

207. The Regional Office also addressed exposure to air pollution, noise, chemicals, poor housing and unsafe food. For example, it provided evidence-based guidance to policy-makers on how to protect public health from the harmful effects of air pollution, and helped countries build capacity to assess the health risks from pollution and develop sustainable policies on air quality. In September 2014, the European Lung Foundation presented its annual award to the Regional Office, represented by the WHO Regional Director for Europe, for improving the lung health of millions of people by providing guidelines for outdoor air quality (244). The Regional Office's guidelines and its review of the health aspects of air pollution, carried out to support the comprehensive review of the EU policy on air pollution, were viewed online thousands of times in 2014–2015 (245)(246). With the OECD, the Regional Office published an analysis of the economic cost of mortality and morbidity due to air pollution throughout the European Region (247). Work to protect health from the adverse effects of noise included reviewing evidence on the effects of environmental noise on physical and mental health in order to develop guidelines for the Region in 2016.

208. As mentioned, chemical safety was chosen as one of the themes for the Sixth Ministerial Conference on Environment and Health; work in this area included efforts to eliminate asbestos-related diseases in the European Region. With the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety, the Regional Office held a meeting on this topic in June 2014; the participants – representatives of 16 Member States and experts in occupational health and cancer registries – evaluated the progress made since 2010 and emphasized the need for WHO

support to develop national programmes for asbestos elimination and to set up national registers of occupational diseases (242). The Regional Office published an assessment of European countries' policies to eliminate asbestos-related diseases (248) and a report on human exposure to toxic metals and persistent organic pollutants for the Mid-term Review Meeting (249).

209. In June 2015, the Regional Office held a meeting on the health sector's involvement in the implementation of the Minamata Convention; the participants noted the need for capacity-building and technical support to facilitate the Convention's implementation in European countries, and mapped and investigated synergies with other WHO strategies and policies that could make it more efficient (250). Participants in another meeting in June aimed to identify the health sector's role and responsibilities in the implementation of the Strategic Approach to International Chemicals Management and its priorities in reaching the 2020 goal for sound chemicals management in the European Region (251).

210. The Regional Office's work to bring about healthier indoor environments included an evidence review and reports published for the Mid-term Review Meeting on the health effects and policy options related to residential heating with wood and coal and on the environmental and health conditions in European schools and kindergartens and policies to improve them (252)(253)(254).

211. Finally, the Regional Office promoted intersectoral approaches to increase food safety and helped countries such as Albania, Serbia, Tajikistan, Turkey and Uzbekistan to strengthen the prevention, surveillance and control of foodborne diseases. It used World Health Day 2015, whose theme was food safety, to acknowledge the roles of all involved in food production and to strengthen collaboration and coordination among them in order to prevent, detect and respond to foodborne diseases. In addition to many activities in countries across the Region, staff of the Regional Office, the ECDC, FAO and the European Food Safety Authority conducted a live Twitter chat to mark the Day (255). To combat AMR (see Section 3), the Regional Office worked with Albania and Kosovo (in accordance with Security Council resolution 1244 (1999)), and WHO cosponsored a conference with the Netherlands in June 2014, at which health ministers and senior officials from 20 countries around the world called for intensified political action involving the health, environment and agriculture sectors (256). In November 2015, WHO funded training in Uzbekistan to build capacity in the central Asian republics on AMR from a food safety perspective; it focused on coordinated surveillance of AMR in foodborne pathogens and intersectoral cooperation and information sharing in line with Health 2020. In December, the Regional Office held a stakeholders' meeting to help launch the first-ever global and regional estimates of the burden of foodborne diseases, developed by a WHO advisory group, the Foodborne Disease Burden Epidemiology Reference Group (257).

Environmental intelligence and assessment

212. In addition to tackling particular issues, the Regional Office sought to help European countries to increase the effectiveness and equity of their work in the area of the environment and health by improving their understanding of the effects of pollution, the unequal distribution of environmental risks and the economic costs of environmental effects on health (230). For example, the Regional Office supported countries in making

health impact assessments by providing decision-makers with sound information about the health implications of policies, programmes and projects in different sectors and by developing methodologies and tools, carrying out assessments and reviews, and advising on policy options. This work included analysing the consideration of health in environmental and social impact assessments, advising Member States on possible measures to protect health and rehabilitate contaminated sites, and assessing the risks of endocrine-disrupting chemicals (258).

213. The Regional Office also sought to describe environmental health inequalities: disparities in the exposure and vulnerability of population subgroups to environmental risks that can hinder health equity and environmental justice. The progress report produced for the Mid-term Review Meeting states that these inequalities are evident throughout the European Region and persist even when population-wide exposure to environmental risks was reduced. It identifies poverty as the most important determinant, and calls for multisectoral action based on solid information to address inequalities and for the development of reliable tools to evaluate the effects of environmental interventions on health equity (230).

214. To make the economic case for the protection of the environment and health and to strengthen intersectoral cooperation, the Regional Office developed a strategic framework for environmental health and economics and established the Environmental Health Economics Network (230). Under the auspices of the Network, the Regional Office organized consultations such as the Third Symposium on Environmental Health and Economics, hosted by the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety in Berlin in May 2014, where there was strong consensus on the need to develop the available evidence by further assessing the cost of environmental harm to health (242).

7 WHO governance, partnerships, capacity and communication

215. As this report shows, the WHO Regional Office for Europe performed all its work in 2014–2015 with Member States and other partners and as part of One WHO. To increase its effectiveness in carrying out its commitments, the Regional Office continued to contribute to WHO reform, to seek sustainable funding and strengthened governance in the European Region, and to expand the number, depth and types of its partnerships, its technical capacity and its communications and information work.

WHO reform and governance

216. The Regional Office contributed to all aspects of WHO programmatic, governance and managerial reform, including full implementation across the European Region, in the spirit of One WHO (259). In 2014, the Regional Committee expressed strong support for the progress made thus far and emphasized the need for a continued rigorous pursuit of the reform agenda (7). The 65th session of the Regional Committee discussed progress on WHO reform and its implications for the European Region in five key areas: strategic budget space allocation, the framework of engagement with non-State actors, governance reform, strengthening of the WHO accountability framework,

and global staff mobility as part of human resources reform. Representatives applauded the progress made (28).

217. A major step in programmatic reform was to strengthen country engagement in the development of a strategic bottom-up planning process for 2016–2017. In discussing the proposed global programme budget for the biennium, the 64th session of the Regional Committee noted that it incorporated the key priorities and needs identified by Member States. The Regional Office had worked hard to engage with countries in making a robust health situation analysis and a careful review of regional public goods (such as established policies, plans and statutory requirements) and costing outputs at the level of delivery (7).

218. Advanced work on governance in the Region included strengthening the role of the Regional Committee and governance structures in the Regional Office, based on and contributing to global WHO reform and supported by the SCRC subgroup on governance. The subgroup suggested, for example, improvements to the procedure for nominating candidates for membership of the WHO Executive Board and of the SCRC (54). The SCRC submitted an overview of governance reform at the regional level, including a multi-year rolling agenda and the sunsetting of resolutions, to the global working group on governance reform, as this could ensure a more strategic approach to managing the agendas of WHO's governing bodies (7).

219. As to governance reform at the global level, the Regional Office (through the Regional Director's participation in the GPG) contributed to the proposal made to the Sixty-eighth World Health Assembly to create a single new programme for health emergencies, uniting outbreak and emergency resources across WHO's three levels, as discussed in Section 4. In addition, the Regional Office and Member States helped to define a framework for WHO engagement with non-State actors: at an informal consultation Member States strongly urged the Health Assembly to adopt the draft framework as soon as possible – a view endorsed by the Regional Committee at its 64th and 65th sessions (7)(28). The GPG and the WHO Executive Board discussed the revised draft framework and the Sixty-eighth World Health Assembly (260) requested its finalization through intergovernmental negotiations before the 138th session of the Executive Board in January 2016. Discussion continued during 2015, at the Regional Committee session and at two intergovernmental meetings, in the hope that the Sixty-ninth World Health Assembly would reach agreement. The Regional Office also worked to improve two other aspects of governance: greater accountability and compliance with administrative procedures, and increased mobility of WHO staff. The 65th session of the Regional Committee recognized the European Region's progress on governance reform as an example to WHO as a whole, and welcomed the Regional Office's approach to safeguarding the continuity of its work while participating in the global mobility scheme (28).

220. As to managerial reform, WHO's first financing dialogue with Member States and key non-State contributors improved the predictability and transparency of WHO's financing. The Regional Office adopted a mechanism for more coordinated resource mobilization and participated on the global team. The 64th session of the Regional Committee noted that the work of the SCRC subgroup on strategic resource allocation had inspired significant parts of the report of the Programme, Budget and Administration Committee (PBAC) of the Executive Board to the Sixty-seventh World

Health Assembly (7)(54). At the same session, the Regional Committee gave a regional perspective on the proposed programme budget for 2016–2017, which the Regional Office had developed using a robust bottom-up planning process with realistically costed outputs based on clear roles and responsibilities across the three levels of WHO (7)(261). The proposed programme budget was fully in line with the Twelfth General Programme of Work 2014–2019 and was based on repeated consultations with countries, underpinned by Health 2020; it also benefited from the lessons learned from the assessment of the Regional Office’s performance in 2012–2013. In November 2015, WHO held the second financing dialogue, the objectives of which were to review progress towards full funding of the programme budget for 2016–2017, to highlight WHO’s role in contributing to the SDGs, and to examine progress and future plans in areas such as emergency reform and the coordination of resource mobilization.

221. At its 64th session, the Regional Committee also discussed the development of a methodology for the strategic allocation of budget space (7). Input from this discussion contributed to an updated proposal for a needs-based methodology that was presented to PBAC in January 2015 (54). The WHO Regional Director for Europe described the success of this effort to the 65th session of the Regional Committee: the historically low budget allocation for the European Region would increase over the period 2016–2021 (28).

Financial overview, sustainability and accountability

222. The Regional Office’s report to the 65th session of the Regional Committee describes its progress in implementing the programme budget for 2014–2015; the final report (document EUR/RC66/Inf.Doc./1) would be submitted to the 66th session of the Regional Committee (262). Overall, the Regional Office saw the fruits of the sustainability plan that had begun in 2012–2013, with a reduction in staff costs, a reduced salary gap and increased technical staff in priority areas. Uneven funding persisted, however, particularly at the programme level, which meant that “pockets of poverty” existed alongside the need for a ceiling increase in some categories. Overall, the Regional Office for Europe was the second lowest-funded in WHO, after the Regional Office for the Americas (54).

223. The comments and suggestions of the 64th session of the Regional Committee’s on the draft programme budget for 2016–2017 were incorporated into the revised version, and the Regional Office provided an additional budget for consideration, including the financial implications of the resolutions on AMR and hepatitis. A budget validation exercise was conducted and the draft programme budget was adjusted at the regional and global levels. The PBAC meeting and the Executive Board considered the draft programme budget in January 2015 and the World Health Assembly adopted it in May 2015.

224. In addition, the Regional Office prepared a regional implementation plan for 2016–2017, corresponding to the global programme budget (263). Both the SCRC and the 65th session of the Regional Committee welcomed the plan. Representatives cited it as a good example of the Regional Office’s efforts to increase alignment, transparency and accountability across the three levels of WHO (28). The plan will function as a contract between Member States in the European Region and the Secretariat and the main instrument for corporate accountability in the Region. It will highlight, for

example, which outcomes or outputs in the global results chain are relevant to the Region and the Region's contribution to each indicator. The plan will help Member States to understand the Regional Office's targets for the biennium (54).

Partnerships to improve health and policy coherence

225. Every page of this report demonstrates the importance of partnership to the work of the WHO Regional Office for Europe. In 2014–2015, the Regional Office strengthened its partnerships – with the EU, other United Nations agencies, international bodies and development agencies, and civil society organizations – to increase policy coherence and thus serve Member States more efficiently.

226. Partnership was so important that it had featured on the agenda of every session of the Regional Committee since 2010. The Regional Director described to the 64th session the Regional Office's achievements in this area in the context of the RCM and the R-UNDG (7). These included:

- setting up and leading an interagency working group on the MDGs, which had provided input on the regional perspective in the post-2015 development agenda;
- helping to establish a United Nations regional task force on NCDs and the social determinants of health to support implementation of the Action Plan for Implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 (14) and Health 2020 (6); and
- developing a guidance note to encourage the inclusion of health equity, Health 2020 and NCD prevention and control in the UNDAFs established for 17 countries and one territory (see Section 1).

227. In addition, the Regional Office provided the Regional Committee with descriptions of its work with its hosted partnership the European Observatory on Health Systems and Policies; global health partnerships such as the Global Fund and the GAVI Alliance; sister United Nations agencies; the EU and other organizations in the Region, including the Eurasian Economic Union and the Northern Dimension Partnership in Public Health and Social Well-being; intergovernmental organizations, such as the OECD and the Council of Europe; and countries' development agencies. It also described its role in helping to define WHO's engagement with non-State actors, and listed all key partners and the mechanisms used to work with them (264). Executives from the Global Fund and the GAVI Alliance took part in the 65th session of the Regional Committee's discussion on partnerships, during which the Regional Director underscored the importance of partnerships in attaining the new SDGs and urged that the 2030 Agenda for Sustainable Development be used to facilitate Member States' transition to domestic funding from the support provided by international financing mechanisms and development aid (28).

228. Working with the EU and its agencies provided significant opportunities and additional benefits, many of which are described above (265). The Regional Office fully implemented its 2010 Joint Declaration with the European Commission (266) and increased its cooperation with the European Parliament and countries holding the Presidency of the Council of the European Union. In 2014, for example, the Regional Office provided the European Parliament with fact sheets on a wide variety of topics –

such as alcohol, female genital mutilation, Health 2020, hepatitis, migration and health, polio, sexual and reproductive health, the social determinants of health, UHC and the SDGs (55) – and took part in events held under the Italian Presidency that focused on migration and health. At their twelfth meeting in February 2015, senior officials of the European Commission and the Regional Office:

- focused on six main issues: Ebola, health security, AMR, in-country cooperation, global access to medicines and cooperation in the European Region;
- reported on their partnerships for UHC and pharmaceutical policies in non-EU countries; and
- highlighted the achievements of the previous five years in the areas of innovation, health security, health information, health systems, health inequalities, NCDs and in-country collaboration (265).

229. This partnership took a new step forward at the 65th session of the Regional Committee, which took place in Vilnius, Lithuania. The Regional Director and the European Commissioner for Health and Food Safety presented their “Vilnius declaration”: a commitment to expand and consolidate the collaboration between the European Commission and Regional Office (267). It covers six key areas: innovation and health, health security, modernization and integration of the public health information system, health inequalities, strengthening of health systems and chronic diseases.

230. The preceding sections give many examples of WHO’s work at the regional and country levels with other United Nations agencies and with international organizations and development agencies, such as the GAVI Alliance, the Global Fund, the OECD, the World Bank, the CDC and GIZ. In addition, the Regional Office worked with the Council of Europe on, for example, health in prisons. The Regional Office worked on such issues as migration, gender, young people’s health and Roma health under the auspices of the R-UNDG and the RCM (see Section 1). It led the work of the interagency working group on NCDs and the social determinants of health, which became an issue-based coalition on the SDGs in 2015; and served as a member of the Europe and Central Asia Regional Working Group on Gender, the United Nations Europe and Central Asia Partnership for Youth, the Regional Working Group on Roma of the R-UNDG Team and the UNDG’s peer support group, which provides technical and quality assurance support and guidance to UNCTs during their analytical work and UNDAF development processes.

231. Similarly, the Regional Office strengthened its work with civil society organizations in 2014–2015, and continued its cooperation with high-profile health advocates, such as its Patron (160), Her Royal Highness Crown Princess Mary of Denmark. Addressing the 65th session of the Regional Committee in 2015, Her Royal Highness described it as an ideal platform for looking to the future and new ways of working, such as intersectoral action for health, and stressed the importance of immunization and the health of women and girls (28).

232. As suggested by the SCRC subgroup on governance, the Regional Office increased NGO participation in the 64th session of the Regional Committee and expanded this for the 65th session. Before the latter session started, the Regional Office

held a briefing session, attended by 24 representatives of 16 NGOs, describing the key issues on the agenda, side events and procedures for NGO participation. Meeting in November 2015, the SCRC assessed this as very positive and wished to develop it further (54).

Networks for partnership

233. Finally, the Regional Office engaged in new and evolving types of partnerships to strengthen public health. These focused particularly on subregional networks that either comprised countries sharing particular characteristics and interests or addressed issues of common interest, such as health promotion and health information. Examples of the former include SEEHN and the new small countries initiative (45); examples of the latter include the WHO European Healthy Cities Network and the networks for healthy schools and prisons, CARINFONET and EVIPNet Europe, under EHII (see Section 5).

Country focus

234. In addition to all the close cooperation with countries described above, the Regional Director visited many Member States, meeting with heads of state and health and other ministers to advocate the placing of health high on government agendas, Health 2020, jointly agreed priorities and the promotion of intersectoral work and mechanisms. Conversely, ministers and delegations visiting the Regional Office received full briefings on the technical cooperation and assistance available, as well as discussing issues of particular interest to them. In addition, the Regional Office signed three new CCSs with countries in 2014 (see Section 1) and planned a broader and more consistent roll-out of this mechanism to countries without country offices over the following five years.

235. The use of national counterparts and national technical focal points further reinforced the links between Member States and the Regional Office. In 2014–2015, 49 Member States designated national counterparts, with 34 countries also naming national technical focal points in line with the 12 essential categories for focal points. Both countries and the Regional Office had access to this information, and WHO used the agreed mechanisms for communication with Member States. The first meeting of national counterparts took place during the 64th session of the Regional Committee, focusing on the key points of the system of national counterparts and counterparts' relationship with national technical focal points. A second meeting was planned during the 65th session.

236. The Regional Office also continued to strengthen country offices in the Region, and designated WHO representatives wherever they were needed. Although discussion of the proposed country strategy by the 64th session of the Regional Committee was deferred, pending the development of a global strategy, a technical briefing gave an overview of the Regional Office's work in countries (78). All country offices provided policy advice and built capacity, ensured consistency among technical programmes, coordinated and engaged with the rest of the United Nations system, supported information exchange and communication and coordinated with countries at the bilateral and subregional levels. Larger country offices also performed programmatic and project work, which could then be scaled up to the national level, helped to mobilize funds and promoted the importance of health in emergencies among national

and international partners. The strategic desk officers at the Regional Office provided an overview of collaboration in countries; supported Member States without country offices; helped to build the capacity of WHO country teams to support partnership development in countries and to cooperate within the United Nations system, including in UNDAFs; promoted and supported intercountry collaboration; and organized country days at the Regional Office, during which ministers and their staff met with WHO staff to discuss activities for particular Member States.

237. Further, the Regional Office held a series of country days, which served as forums at which WHO staff and country officials could hold in-depth discussions and analyse the implementation of programmes in some priority technical areas. In 2015, the Regional Office held such events for Bulgaria, Turkmenistan and the members of the small countries initiative.

Increased technical capacity

238. To ensure that the Regional Office was a strong, evidence-based organization, relevant to the whole Region, a range of steps was taken to increase its technical capacity. These included streamlining and restructuring administrative support to free up resources, recruiting additional technical staff and better utilizing existing resources and networks, including collaborating centres and national capacities. The number of staff was reduced, mainly through a voluntary separation scheme. The cost of salaries therefore fell by 20%, a greater decrease than in any other major WHO office. To increase the Regional Office's technical capacity, these reductions were made primarily in programme support and administrative functions (54).

239. The GDOs focused on environment and health, investment for health and development, and health financing, generously supported by the governments of Germany, Italy and Spain, respectively, contributed substantially to the Regional Office's work and expanded its technical capacity. As mentioned above, in 2014–2015 the Regional Office made progress in opening three new GDOs, addressing NCDs, preparedness for humanitarian and health emergencies, and PHC and located in Moscow, Russian Federation, Istanbul, Turkey, and Almaty, Kazakhstan, respectively.

240. In addition, the Regional Office held an Office-wide retreat in May 2015 to further strengthen technical coherence across the Office and the Region, concentrating on the coordination of efforts to address cross-cutting themes in the context of Health 2020; to reinforce collaboration by clarifying roles and responsibilities to create synergies in cross-sectoral priorities; and to identify concrete opportunities for future coordination in implementing Health 2020 and in addressing strategic issues.

Effective communications and information

241. In 2014–2015, the Regional Office continued to strengthen its role as a provider of information and evidence useful to countries and to use a variety of means to reach its target audiences. Its website (9) remained the primary platform for both communications and information.

Communications

242. The Regional Office dedicated additional resources and employed conventional and innovative means of communication to reach an increasing number of target audiences and to keep the mass media abreast of both its work and the latest public health developments in the European Region in 2014–2015 (268). These included briefings for journalists, interviews, real-time press information materials in the Region's four official languages sent to over 5000 media contacts, daily updates, photostories and videos, webcasting and the use of social media such as Twitter and Facebook, where the Regional Office had over 35 000 and 112 000 followers, respectively, in 2015. As a result, the Regional Office's activities and products garnered extensive media coverage throughout the world, which generated strong support for WHO and its goals.

243. The Regional Office promoted information on topics central to WHO's mission, such as the MDGs and SDGs, the migration crisis and Health 2020 (see Section 1); high-profile WHO events; and key regional and global publications, such as the 2015 European health report (52). It continuously strengthened communication support for international campaigns and observances, such as EIW and World Health Day, and for the responses to the outbreaks and emergencies described in this report. As part of WHO's contribution to country responses to humanitarian emergencies, the Regional Office deployed communications staff to the Philippines and West Africa, as well as providing communications support.

244. Following a resolution adopted by the Regional Committee at its 62nd session in 2012, the Regional Office established a network of senior communications officers from health ministries in countries of the WHO European Region to foster collaboration on both strategic and emergency communications. The network started work in 2015. As country offices are a vital link in the chain of WHO communications, the Regional Office appointed new communications specialists in three such offices in 2014–2015 in a pilot project for fostering regular interaction and coordination at the country level.

245. Further, the Regional Office made its website more user friendly, introducing new features and making available a growing volume of information (9). Overall, nearly 2 million people visited the website in 2014 and traffic rose steadily, by over 10% per year on average. The website gave special visibility to cooperation with Member States and the Regional Office's partners. Communications activities demonstrated how countries took up Health 2020 and explained its strategic objectives to the public, which resulted in a 56% increase in traffic to the Health 2020 website (269).

Information and publishing

246. In 2014–2015, publishing remained the primary means by which the WHO Regional Office for Europe spread its technical and policy messages to and beyond the European Region, primarily through its website (9)(270). Each year, more than 10 times as many readers accessed the most popular publications (30)(52)(246)(271) online as in printed copies, and total downloads of Regional Office publications increased by 11% from 2014 to 2015, reaching nearly 420 000.

247. The website was also essential to the sharing of data and evidence through not only the Regional Office's most popular data source, the European Health for All database (221), but also the new European Health Information Gateway (220), launched in September 2014 as a one-stop shop for data and other information useful for policy-making. By including datasets from leading publications, it made them more accessible and useful (see Section 5).

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