Provisional agenda item 3

EUR/RC60/4
(+EUR/RC60/Conf.Doc./1)
10 May 2010
101180
ORIGINAL: ENGLISH

Report of the Regional Director on the work of WHO in the European Region, 2008–2009

World Health Organization
REGIONAL OFFICE FOR Europe

Regional Committee for Europe
Sixtieth session

Moscow, 13–16 September 2010

EUROPE

Regional Committee for Europe
Sixtieth session

Moscow, 13–16 September 2010

Provisional agenda item 3

EUR/RC60/4
(+EUR/RC60/Conf.Doc./1)
10 May 2010
101180
ORIGINAL: ENGLISH

Report of the Regional Director on the work of WHO in the European Region, 2008–2009

WORLD HEALTH ORGANIZATION • REGIONAL OFFICE FOR EUROPE
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark Telephone: +45 39 17 17 17 Fax: +45 39 17 18 18
Electronic mail: postmaster@euro.who.int World Wide Web address: http://www.euro.who.int

Contents

Foreword

The 2008–2009 biennium was a true illustration of the activities and the issues in the WHO European Region since the turn of the century, when my mandate began. It was a time not only of threats to public health but also of key turning points in its evolution. This report does not aim to present a detailed account of the implementation of technical programmes in the Region. It concentrates on some of the major actions of the Regional Office and the major events in Europe.

Pandemic (H1N1) 2009 influenza was a great challenge for the whole Organization: the first major test of the International Health Regulations (2005) that came into effect in mid-2007. The financial crisis posed a grave threat to health systems, but the WHO Regional Office for Europe reviewed and shared responses that would help the Member States in the Region face economic difficulties and mitigate their repercussions on people's health.

The WHO European Ministerial Conference on Health Systems: "Health Systems, Health and Wealth", held in Tallinn, Estonia, in June 2008, was a landmark in public health, resulting in the adoption of the Tallinn Charter: Health Systems for Health and Wealth. Primary health care in the context of strengthened health systems remained a central concern for the WHO European Region, with a global conference in Almaty, Kazakhstan in October 2008 to commemorate the thirtieth anniversary of the Declaration of Alma-Ata. The preparations for the Fifth Ministerial Conference on Environment and Health, to be held in Parma, Italy in March 2010, began early in 2008, and took on added significance in the light of the unfinished global negotiations at the United Nations Climate Change Conference, held in Copenhagen, Denmark in December 2009. With the first tremors of the global financial and economic crisis, the Regional Office held a meeting in Oslo, Norway in April 2009 and outlined strategies and recommendations for overcoming the health consequences.

The Regional Office continued to focus mainly on work in countries, while emphasizing the benefits of and need for partnerships and collaboration in an increasingly complex world. For instance, the Regional Office coordinated action to address the health needs of over 100 000 people displaced by the insecurity in South Ossetia in 2008, particularly women and children.

On 31 January 2010, I handed over to my successor, Ms Zsuzsanna Jakab, the responsibilities entrusted to me 10 years ago. I thank the Member States for their trust, their support and the opportunity they gave me to guide and support the work of the Office in the Region. The real work, of course, was carried out by the dedicated Regional Office staff across the Region, tirelessly determined to ensure that health in the Region never stops getting better.

Marc Danzon
WHO Regional Director for Europe Emeritus

Introduction

During the 2008–2009 biennium, the WHO Regional Office for Europe geared its work towards implementing the Country Strategy "Matching services to new needs", adopted by the WHO Regional Committee for Europe in 2000 and revised in 2005, within the framework for strengthening health systems provided by the Tallinn Charter: Health Systems for Health and Wealth, adopted by the Regional Committee in 2008.

The Regional Office made particular efforts to sharpen its collaboration with countries. For the countries with biennial collaborative agreements and WHO country offices, the implementation of planned activities improved in comparison with the previous biennium and in-depth negotiation resulted in the selection of very specific priorities for the next biennium. This was made possible through the strengthening of country offices, in terms of both their capacity and their decision-making authority. The Regional Office also worked with countries without country offices, providing access to evidence and information, exchange of expertise on request and tailored assistance.

During the biennium, the Regional Office continued to develop partnerships with selected organizations, while working to initiate new partnerships, to develop specific joint activities and achieve maximum effectiveness and efficiency through synergy. The Regional Office deepened its strong relationship with the European Commission (EC), working closely with the European Centre for Disease Prevention and Control (ECDC) and supporting the countries holding the European Union (EU) Presidency. Collaboration with WHO headquarters and other WHO regions was strengthened in a spirit of transparency and trust, with a view to building one Organization able to provide specific services to the diversity of its Member States. The Regional Office participated in the process of United Nations reform in the same spirit.

Further, efforts continued to improve the Regional Office's way of working. These included measures to strengthen country offices and WHO's human resources policy, as well as extensive consultation with headquarters and work within the Regional Office to prepare it to join the WHO Global Management System (GSM) in January 2010. Administrative procedures were streamlined to facilitate support to country activities, and training was offered to staff at the Regional Office and in countries to prepare them for those changes.

This report does not present a detailed account of the implementation of technical programmes in the Region. That information is available from the Secretariat upon request. This report concentrates on the major actions and changes implemented in the Regional Office during the biennium and therefore surveys examples of work in five areas: strengthening health systems, public health, work with countries, partnerships and the internal life of the Regional Office. Selected technical issues have been highlighted to illustrate some of the most important activities undertaken to respond to global priorities and/or resolutions of the governing bodies, or in relation with European action plans or major conferences.

Major events of 2008–2009

The Regional Office's leading initiatives in the biennium were its work to improve health by strengthening health systems, and its responses to two threats emerging in 2009: the global financial crisis and pandemic (H1N1) 2009 influenza.

Work to improve health by strengthening health systems

Conference and charter

After a preparatory process involving experts from 26 Member States and an advisory board from ministries of health, universities and partner organizations, the WHO Regional Office for Europe held the WHO European Ministerial Conference on Health Systems: "Health Systems, Health and Wealth" in Tallinn, Estonia from 25 to 27 June 2008, hosted by the Government of Estonia. Focusing on the dynamic relationship between health systems, health and wealth, the Conference:

- explored how well-functioning health systems contribute not only to health but also to wealth and economic development (through, for example, workforce development, increased productivity, alleviating the cost of illness and lowering the number of those seeking early retirement);
- considered the conditions in which good governance ensures that wealth (economic development) leads to improvements in health, and vice versa; and
- investigated how productive investment in health systems can contribute to both economic development and social welfare.

Specifically, the objectives of the Conference were: to lead to a better understanding of the impact of health systems on people's health and therefore on economic growth in the WHO European Region; to take stock of recent evidence on effective strategies to improve the performance of health systems, given the increasing pressures on them to ensure sustainability and solidarity; and to culminate in the adoption of a charter on health systems that would provide a strategic framework for strengthening health systems throughout the Region and foster political commitment and action, while recognizing the diversity of the Region's health systems and policy contexts *(1)*.

Over 500 participants attended, including: ministers responsible for health, civil affairs, and finance and economic affairs from 52 of the 53 Member States in the Region, internationally recognized experts on health systems, observers and representatives of international and civil society organizations and the mass media. The participants explored the philosophy behind the concept of a health system and its dynamic relationship to health and wealth, discussed technical subjects relating to the four functions of health systems (service delivery, financing, creation of the health workforce and other inputs, and stewardship/governance), and held political discussions on health systems, and then made political commitments to following up the Conference by adopting the Tallinn Charter: Health Systems for Health and Wealth *(2)*. Endorsed by the 2008 session of the WHO Regional Committee for Europe (resolution EUR/RC58/R4) *(3)* as well as a wide range of WHO's partners represented at the Conference *(1)*, the Tallinn Charter provides guidance and a strategic framework for strengthening health systems in the WHO European Region. It offers a forum for policy dialogue, political commitment and action in a very diverse region. It highlights the importance of health systems in producing health and creating wealth, with particular emphasis on using performance measurement to ensure public accountability and using country-specific evidence to adjust policies. The tools to do that work are under development. Their completion and their generalized use are the current and future phases of this long process. The Conference was a major turning point in the evolution of public health.

The Tallinn Conference received unprecedented media coverage, including from leading health journals (the *BMJ* and *The Lancet*) and hundred of stories in the Estonian and international media. For the first time, the Regional Office broadcast a ministerial event; the webcasts attracted over 18 035 visitors from 65 countries in the summer of 2008.

The Regional Office held the first formal follow-up meeting on implementing the Tallinn Charter in February 2009 *(4)*. Representatives of Member States agreed that most countries in the Region had started to implement the Tallinn Charter, exchanged views on how to give effect to the Charter in the new economic climate and stressed the important argument that properly financed, well-performing health systems protect health and maintain social justice, and thus contribute to economic recovery. They called on the Regional Office to provide technical assistance including the development of a compendium of indicators, a framework for health-system performance assessment, and a platform to share and learn from each others' experiences in implementing the Charter and improving health system performance.

In return, the Regional Office was committed to continue supporting Member States in implementing the Charter. While countries would lead the process, the Regional Office would use a range of tools to facilitate progress at the national and international levels. In the measures taken at the national and regional levels, the Regional Office paid special attention to performance assessment and strengthening of stewardship, initiating activities in these areas at the regional level with support from the United Kingdom Department of Health. At the same time, it joined several Member States (notably Estonia, Georgia, Kyrgyzstan, Latvia, Portugal and Tajikistan) in evaluating their health systems' performance and analysing the effects of certain reforms. With a similar aim, the Regional Office encouraged training by organizing sessions that brought together several countries, such as the Baltic states and Poland.

World Health Day 2009

On World Health Day, 7 April, WHO focused on the importance of ensuring that hospitals are better designed and constructed and health workers well trained to respond to emergencies such as earthquakes, floods and conflicts *(5)*. This event gave rise to a large number of activities in many countries in the Region, including a real-life test in the Republic of Moldova involving participants from a range of sectors.

Health workforce migration

Stimulated by Member States, particularly Norway, and Regional Committee resolution EUR/RC57/R1, which called on the Regional Office to facilitate the development of an ethical guide/framework for international recruitment of health workers into and within the European Region, the Regional Office stepped up its activities at the European and global levels. At the First Global Forum on Human Resources for Health (Kampala, Uganda, March 2008), the Regional Director delivered a keynote speech on the European regional approach to policy-making on the challenge of health worker migration, and the Regional Office convened a round-table discussion at which source and destination countries explored effective policy options on ethical recruitment and retention of health workers, towards global solidarity *(6)*.

In addition to monitoring health worker migration, advising countries on specific migration interventions and establishing a regional technical expert group on the issue, the Regional Office prepared three policy briefs on health workforce policies (with the European Observatory on Health Systems and Policies) for the WHO European Ministerial Conference on Health Systems *(7–9)* and held a satellite session during the Conference on ethical considerations in the migration of health personnel *(1)*. The Tallinn Charter called for the international recruitment of health workers to be guided by ethical considerations and cross-country solidarity, and ensured through a code of practice. Discussion continued at the Regional Follow-up Meeting on the Tallinn Charter *(4)*.

Efforts in 2009 focused on the European Region's contributions to the draft global code of practice on international recruitment of health personnel *(10)*. Through membership of the global council on this subject, the Region has stimulated and harmonized the involvement of all

the regions in the process. The WHO Secretariat devised the draft as a basis for discussion in 2008 at the request of the World Health Assembly. In January 2009, the WHO Executive Board suggested that regional committee sessions be used to enhance regional consultations with Member States in order to provide feedback to the Board. The discussion at the fifty-ninth session of the WHO Regional Committee for Europe highlighted the consequences of the global financial crisis for labour markets, and the need to mitigate the negative effects of migration on health systems in developing countries and to ensure equitable access to health care services, while minimizing the need to rely on the immigration of health personnel from other countries *(11)*. The Regional Committee adopted resolution EUR/RC59/R4, urging Member States to increase their efforts to develop and implement sustainable health workforce policies, strategies and plans as a critical component of strengthening health systems and to advocate the adoption of a global code of practice on the international recruitment of health personnel *(11)*. In December 2009, the Regional Office held an open consultation for the European members of the Executive Board, Permanent Missions to the United Nations Office in Geneva, and partners, to seek their views on the revised draft. Taking stock of the deliberations, input and resolutions of the six regional committees, the WHO Secretariat revised the draft code of practice for submission to the Executive Board for further consideration in January 2010, with a view to submitting a final draft to the Sixty-third World Health Assembly in May.

Thirtieth anniversary of the Declaration of Alma-Ata

Primary health care in the context of strengthened health systems (Executive Board resolution EB124.R8) remained a central concern for the WHO European Region, and Regional Office staff helped to organize a global conference in Almaty, Kazakhstan in October 2008 that commemorated the thirtieth anniversary of the Declaration of Alma-Ata, and at which WHO Director-General Dr Margaret Chan launched the 2008 world health report *(12)*. This was an opportunity for WHO to reaffirm the vital importance of primary health care for health systems.

Information to strengthen health systems

The high-quality work of the European Observatory on Health Systems and Policies played an essential role in the Regional Office's work to strengthen health systems. The Observatory is a fine example of a cooperative structure (with the Regional Office as one of its member partners) and provided instrumental support to the Tallinn Conference. Its publications, summer school and support to reform programmes in many countries (such as Belgium, Latvia, Poland, the Republic of Moldova and the United Kingdom) made the Observatory an essential tool for ensuring continuity and making sustained progress after the Conference *(13)*. One of its publications *(14)* was highly commended by the British Medical Association Medical Book Competition in 2009.

Throughout the biennium, the Regional Office continued to support health ministries and governments across the WHO European Region in improving the collection, analysis and reporting of health indicators and making use of better information on public health and health system performance to steer effective reforms in a complex environment. For example, *The European health report 2009 (15)* reviewed and assessed public health indicators and trends over the previous four years. Since 2005, European governments had taken a health systems approach towards combating ill-health, promoting healthy lifestyles and reducing health inequality. The report reflected the changes under way in the European Region – internal, from reforms of health systems, and external resulting from global crises – that were causing great uncertainty in both health systems and outcomes.

The report summarized the situation and trends in public health in the European Region and discussed the strengthening of health systems in each of their functions: service delivery, resource generation, financing and stewardship. The Annex provided some of the data used in

the analysis and conclusions on the current and future health challenges in the European Region. The evidence presented covered: the burden of disease, the effects of specific risk factors on specific diseases and conditions, selected public health interventions that could improve health if the contextual factors for successful implementation were considered, and the role of health systems in addressing the myriad health issues in the Region.

The Regional Office's main objective continued to be to support countries in choosing the best possible investments in health based on current knowledge, and the report provided the best available evidence for us in designing policies to ensure universal access to high quality care. It was a resource not only for health ministries but also for all partners, inside and outside government, working to promote health.

Family and community health

The Regional Office held important meetings on family and community health in Malta in 2008 (for focal points) and in the United Kingdom in September 2009 (on youth-friendly health policies and services). At the former, the participants made recommendations on improving family and community health by strengthening the functions of the health system, and promoting progress in integrating it into primary health care across the health systems of the WHO European Region. At the latter, more than 130 participants, representing 35 Member States and partner organizations, shared experiences and lessons learned and helped to move forward governments' work to enable all young people to exercise their right to health and healthy development.

The financial and economic crisis

As soon as the first tremors of the global financial and economic crisis were felt during the biennium, WHO created a working group that kept Member States regularly informed about the resulting risks to health systems and the responses that could be considered, especially by countries facing both economic difficulties and their well known repercussions on people's health. WHO drafted a document in preparation for the High-level Consultation on the Financial and Economic Crisis and Global Health held before the opening of the Executive Board session in January 2009, and widely disseminated the report of the Consultation *(16)*.

In the European Region, the Regional Office, with the support of the Norwegian Government, held a meeting on health in times of global economic crisis and the implications for the WHO European Region in Oslo, Norway in April 2009 *(17)*. The 168 participants represented 39 of the 53 Member States in the WHO European Region, and included ministers, deputy or assistant ministers and chief medical officers. The participants discussed the impact of the economic downturn on health systems, health outcomes and the social determinants of health in the countries in the Region. They considered potential effects on progress towards the Millennium Development Goals, financial and human resources for health, and migration of health personnel. Finally, the participants outlined strategies for overcoming the health consequences of the crisis and made recommendations, arguing that countries should invest in health to improve health and promote health in all policies.

Pandemic (H1N1) 2009 influenza

The emergence of the pandemic (H1N1) 2009 virus was first detected in late April 2009; WHO declared a pandemic in June 2009, a classification that reflected the geographical spread and reach of the virus, not its severity.

The new influenza A(H1N1) virus was not similar to any previous or current human seasonal influenza viruses, meaning that human populations had no natural immunity to infection. While most cases were mild and did not require hospitalization, severe cases and deaths were more common in younger age groups (people aged 25–45 years and under 15 years) than normally seen with seasonal influenza, which is most often fatal in elderly people (aged over 65 years) and infants. Despite the generally mild-to-moderate severity of most cases, many Member States experienced significant strains on their health care delivery systems in the face of sharp increases in demand for services. International experience of the pandemic, especially in the southern hemisphere, showed that poor clinical outcomes were associated with delays in seeking health care and limited access to supportive care. In addition, the virus occasionally caused rapidly progressive, overwhelming lung disease, which is very difficult to treat. WHO recommended prioritizing the prompt use of antiviral drugs to treat individuals at risk of severe or fatal disease associated with pandemic (H1N1) 2009 virus infection.

By late December 2009, almost every country in the European Region had reported high or very high intensity of influenza activity during the autumn or early winter, especially in children up to the age of 15 years, with 2789 deaths of people with laboratory-confirmed cases recorded since April 2009 *(18)*. Influenza activity had peaked before the end of the year, however. Vaccination campaigns were conducted in 31 countries. Of eight countries eligible to receive vaccine donated to WHO, six were preparing to receive it.

The pandemic was the first test of the 2005 International Health Regulations *(19)* in a public health emergency affecting multiple countries, and provided valuable lessons on the importance of preparing people and institutions for such emergencies. Key features of the response included real-time exchange of information and a multistakeholder approach. Many of the affected countries stressed the importance of universal access to health care and the need for strong primary health care.

WHO's mission was to strengthen and maintain surveillance, deploy laboratory supplies and equipment and antiviral drugs where needed, provide accurate information and reassure people, while encouraging them to follow the health guidance given, and to prepare for the initial phase of vaccination. This involved identifying the priority groups for receiving the first doses of the vaccine, including: health personnel, pregnant women and people with chronic diseases, especially respiratory ones. The Regional Office held workshops in August and October 2009 on deployment of pandemic (H1N1) 2009 vaccine, targeting national immunization programme managers, chief logisticians and pandemic influenza focal points from all 53 Member States *(18)*.

The Regional Office worked directly with Member States, through the national focal points for the International Health Regulations and the network that contributed to the influenza surveillance web site, by providing supplies, training, tools, and technical assistance in preparedness plans. It worked closely with the EC Directorate-General for Health and Consumers and ECDC. Similarly, WHO consulted closely with United Nations agencies and other international organizations (including those involved in trade and travel) and manufacturers of vaccines, drugs, diagnostic equipment and personal protection equipment. The Regional Office offered updates and further information on its web site *(18)*.

Activities in various fields of public health

Examples of the Regional Office's activities in public health addressed communicable and noncommunicable diseases, and the social determinants of health.

Communicable diseases

European Immunization Week

European Immunization Week *(20)* is a regional initiative, led and coordinated by the Regional Office and implemented by Member States to address their particular issues. Partner organizations, including the United Nations Children's Fund (UNICEF), the Measles Initiative and ECDC, contribute at the regional and national levels. The initiative aims to help Member States advance plans to ensure universal immunization. The Regional Office started it in 2005, when six countries participated in the campaign.

Over half of the Region – 32 Member States – participated in the third European Immunization Week, from 21 to 27 April 2008 *(20)*. The range of activities across the Region varied widely, from information and public awareness campaigns through concerts, exhibitions and musical events to the presentation of new immunization guidelines, the introduction of new vaccines and/or vaccination schedules, and the preparation and implementation of supplementary immunization campaigns. Countries targeted different diseases (such as measles, diphtheria, rubella and poliomyelitis) and groups in the population (such as health professionals, politicians and other key policy-makers, parents, school teachers and young adolescents, the military and religious leaders, and hard-to-reach groups such as migrant and minority communities). Outreach activities – including door-to-door visits to check immunization status and advocate immunization, as well as actual vaccinations – were also organized. Press conferences, interviews and television and radio broadcasts attracted much attention to the initiative. As an example of interregional cooperation, European Immunization Week 2008 took place alongside its sister initiative, Vaccination Week in the Americas, coordinated by the Pan American Health Organization (PAHO).

For the fourth European Immunization Week (20–26 April 2009), with 36 countries participating, the Regional Office used innovative Internet-based viral techniques and social media as advocacy tools, posting an animated video on YouTube to spread the message and attract users to an informative web site *(20)*. Social networking sites Facebook, VKontakte and StudiVZ were used to reinforce the message. Viewed by many thousands of people, the film was available on 16 video-sharing web sites and more than 120 social communication sites, weblogs and discussion forums. It complemented the broad range of activities organized and managed by each participating country.

Measles and rubella

Major achievements have been made in reducing measles incidence across the Region and reaching the target of 95% coverage with the first dose of measles-containing vaccine. After Member States adopted the goal of eliminating measles and rubella from the WHO European Region by 2010 in Regional Committee resolution EUR/RC55/R7, most implemented successful strategies. Their efforts resulted in historically low levels of incidence, with less than 10 cases per million population across the Region in 2007–2009 and the virtual elimination of measles in a number of countries.

The Regional Office continuously monitored measles and rubella surveillance indicators, released surveillance guidelines and introduced an elimination self-assessment tool to countries during the biennium. It supported the planning, implementation and evaluation of supplementary immunization campaigns in Georgia, Tajikistan and Ukraine. Owing to suspected adverse events following immunization, however, the campaigns in Georgia and Ukraine were suspended. Despite the urging of the Regional Office and UNICEF, these campaigns were never resumed.

Despite overall high vaccination coverage across the Region, mounting evidence showed an erosion of the visibility and importance of immunization in the minds of decision-makers and parents *(19)*. Outbreaks in the western part of Europe – related to pockets of low routine immunization coverage and parents refusing to have their children vaccinated – put the goal of eliminating measles and rubella from the Region by 2010 out of reach.

This situation was largely a result of the absence of disease, a situation made possible by achieving and maintaining high routine coverage against vaccine-preventable diseases. The absence of disease also facilitated a growing perception that rare and serious adverse events related to immunization posed a greater risk than the diseases themselves. The Regional Office promoted vaccination against measles and rubella through such initiatives as European Immunization Week *(20)*. It reported progress to countries through a newsletter *(21)*.

HIV/AIDS

The WHO Regional Office for Europe continued to support a health-system approach to tackling the HIV/AIDS epidemic, in keeping with the call for universal access to effective, affordable and equitable HIV prevention, treatment and care services, set in the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia. In 2007–2008, the Regional Office, under the auspices of the Joint United Nations Programme on HIV/AIDS (UNAIDS), led a review of countries' progress in implementing the Declaration, involving more than 100 experts from across the Region *(22)*.

In 2008, the Regional Office and ECDC started joint work on HIV surveillance across the European Region, to ensure the quality and timeliness of data collected from all 53 Member States. They published these data *(23)*, which were used to inform and guide countries' efforts to scale up HIV prevention, treatment and care across the Region. In addition, the Regional Office, in collaboration with UNAIDS and UNICEF, continued to monitor and report on progress in scaling up HIV prevention, treatment and care in the health sector *(24)*.

In eastern Europe, the HIV epidemic remains primarily concentrated among injecting drug users. A WHO, United Nations Office on Drugs and Crime (UNODC), UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users was developed under the technical leadership of the Regional Office in 2008 *(25)*. It was expected to facilitate national frameworks, indicators and targets for monitoring progress on HIV interventions for this group.

In 2008–2009, the Regional Office provided technical assistance to the countries that applied for funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria, mainly by revising and providing recommendations on components covering HIV/AIDS treatment and care and health system strengthening. It also provided continuous technical assistance to countries through country evaluation missions. Most eastern European countries developed their national clinical protocols using the WHO protocols for the European Region (26) as guidance. The Regional Office contributed to this process by helping to ensure the consistency of the national and regional recommendations.

Tuberculosis

The strong commitment to tackling tuberculosis (TB) made by Member States and the Regional Office at the WHO European Ministerial Forum in 2007 was maintained and strengthened *(27)*. The Regional Office and representatives of ECDC, the EC, the United States Agency for International Development (USAID), the KNCV Tuberculosis Foundation, Netherlands and selected Member States developed an action plan in December 2008 to ensure the proper follow-up and monitoring of the implementation of the Berlin Declaration on Tuberculosis *(27)*.

The Regional Office provided technical support to Member States in drafting national TB policies and strategies, reviewing and updating national plans, providing laboratory support and infection control, preparing guidelines, expanding treatment and care for TB and TB/HIV, and strengthening their capacity to implement the Stop TB Strategy *(28)*.

Particular attention was paid to the problem of multidrug-resistant TB (MDR-TB) in the most severely affected countries, especially the 18 countries in the Region classified as high priority. The Regional Office assisted eligible countries in obtaining resources from the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, the Green Light Committee, the Global Drug Facility and UNITAID.

Another example of the Regional Office's response was its project to scale up treatment and care for HIV/AIDS and TB and accelerate prevention within the health systems in Estonia, Latvia and Lithuania *(15)*. Its goal was to reduce HIV and TB transmission, and vulnerability from and impact of HIV and TB by strengthening national interventions, developing collaboration between national programmes and enabling the health systems to adapt to the challenges of controlling HIV in a sustainable manner. National working groups were established for TB, HIV and strengthening health systems, and national HIV and TB policies reviewed.

In the 2008–2009 biennium, the Regional Office joined forces with ECDC to collect and publish data on TB in the Region *(29)*. This cooperation also included data on HIV/AIDS and influenza.

Malaria

Countries had made real progress towards eliminating malaria from the Region: the number of reported cases had declined from 90 712 in 1995 to 593 in 2008 as a result of intensive anti-malaria interventions *(15,30)*. Owing to local transmission, malaria was still reported in 7 of the Region's 53 countries: Azerbaijan, Georgia, Kyrgyzstan, the Russian Federation, Tajikistan, Turkey and Uzbekistan. Since 2008, all malaria-affected countries had moved to the elimination phase and revised their national strategies to reflect the new realities. When a country has zero locally acquired malaria cases for at least three consecutive years, it can request WHO to certify its malaria-free status. Turkmenistan and Armenia, where transmission of malaria was interrupted in 2006, had already initiated the process of certification of malaria elimination. The Regional Office worked closely with them towards certification as malaria-free.

In 2008, the Regional Office worked with the Ministry of Health and Medical Industry on a plan for 2008–2010 to eliminate malaria from Turkmenistan; the country later applied for certification as malaria-free and Armenia was expected to do so shortly. In addition, external partners, particularly the Global Fund, increased their financial support for elimination-related activities in Azerbaijan, Georgia, Kyrgyzstan, Tajikistan and Uzbekistan. The governments of Armenia, Turkey and Turkmenistan, in cooperation with the Regional Office, were responsible for the provision of full-scale technical and financial assistance to implement their malaria elimination programmes. All countries were confident that they could proceed with these programmes as planned and would interrupt malaria transmission by 2015 and subsequently eliminate the disease from the Region.

Successful elimination would help strengthen national health systems through the integration of targeted disease-specific programmes into their existing structures and services. Countries in the European and the Eastern Mediterranean regions had similar epidemiological situations and problems with malaria, so WHO promoted closer cross-border cooperation by organizing cross-border meetings, improving malaria notification in these areas, developing joint projects and

international training courses and arranging visits from national malaria programme counterparts and WHO staff.

Noncommunicable diseases

New office on noncommunicable diseases

During the biennium, the Regional Office pursued plans and signed an agreement with the Government of Greece to open a new geographically dispersed office in Athens, to address noncommunicable diseases (NCDs), which accounted for the bulk of the burden of disease in the European Region. The Athens centre would be an integral part of the Division of Health Programmes, and strengthen the Regional Office's capacity and stimulate implementation of the European strategy for the prevention and control of NCDs *(31)*. The centre was planned to be operational by the end of 2009.

Mental health

The Regional Office launched a European report on mental health *(32)* in London, United Kingdom in October 2008. The report, produced jointly with the EC and supported by the Department of Health in the United Kingdom, presented new data on mental health policies and practices in 42 of the 53 countries in the European Region. It allowed intercountry comparisons of indicators such as numbers of psychiatrists, financing, community services, training of the workforce, the prescription of antidepressants and representation of users and carers. In addition, the Regional Office supported the training of primary care practitioners and the development of community-based services in many countries in the Region.

Alcohol

In January 2008, the WHO Regional Office for Europe began work with the European Commission on a project with five main objectives:

- to update the European Alcohol Information System (EAIS) and ensure its compatibility with the Commission's database on alcohol;
- to determine the social and economic cost of alcohol;
- to inventory and disseminate recently emerging evidence for policy dialogue;
- to develop guidelines for national health action plan on alcohol and its implementation; and
- to provide technical input in developing multisectoral initiatives.

This project led to two publications in 2009 *(33,34)*.

As part of WHO's response to the Sixty-first World Health Assembly's request to develop a global strategy to reduce the harmful use of alcohol, the Regional Office organized a regional consultation, attended by representatives of 45 European Member States, in April 2009.

Fifth Ministerial Conference on Environment and Health

Preparation for the Conference, which was held in Parma, Italy in March 2010 *(35)*, continued through the 2008–2009 biennium. The Regional Office held a series of events to shape the Conference agenda, with support from Andorra, Austria, Germany, Kyrgyzstan, Luxembourg, Montenegro, Serbia, Spain and Tajikistan. These included three high-level preparatory meetings, a thematic meeting on healthy environments *(36)*, meetings on the needs of the eastern and south-eastern countries in the Region, a symposium on environment and health

research *(37)*, meetings to discuss the scientific evidence on the influence and effects of social inequalities on environmental health risks *(38,39)*, and a technical briefing on Conference preparations at the 2009 session of the WHO Regional Committee for Europe. In addition, the Regional Office prepared numerous supporting documents and reports, technical working papers, policy briefs, background papers and articles for international peer-reviewed scientific journals.

The Regional Office conducted a process leading to the drafting of the final declaration of the Conference *(40)* that aimed to ensure that countries and partner organizations had full ownership of its commitments to providing healthy environments for all children. The European Environment and Health Committee (EEHC) steered the preparatory process for the Conference.

Climate change

Throughout the biennium, the Regional Office worked to provide evidence-based information on climate change and health and on policy options to protect health from possible adverse effects. Activities included research projects, development of methods and tools for conducting national assessments, heat–health action plans *(41)*, collaboration with other agencies and development of integrated systems for monitoring and assessing changes in environment and population health across Europe. The Regional Office launched its publication on protecting health from the effects of climate change *(42)* for World Health Day 2008, which addressed that theme and for which over 20 countries organized events. The booklet was highly commended in the 2009 British Medical Association Medical Book Competition.

In early 2009, the Regional Office, in cooperation with the German Government, launched a seven-country initiative on protecting health from climate change, to strengthen health system response in seven eastern European countries. It pilot-tested activities ranging from strengthening infectious disease surveillance to making water safety plans. All countries made a health impact assessment and were developing national adaptation strategies. In cooperation with the European Commission, the Regional Office started an impact assessment of policy options to protect population health in the EU *(43)*.

Injury prevention and safety

In working to reduce violence and unintentional injury, the Regional Office supported Member States by providing data on the burden of injuries and effective means to prevent them, helping countries improve their capacity for prevention and facilitating the sharing of knowledge about prevention strategies of proven effectiveness. In 2008–2009, this work included publishing regional reports, to complement global WHO reports, on child injury prevention and road safety *(44,45)*. In addition, the Regional Office co-organized the Second European Conference on Injury Prevention and Safety Promotion in Paris, France in October 2008, with the European Association for Injury Prevention and Safety Promotion (EuroSafe) and the French Consumer Safety Commission and under the auspices of the French Presidency of the EU Council.

Nutrition

In the biennium, the WHO Regional Office for Europe coordinated international work to implement the actions called for by the European Charter on Counteracting Obesity *(46)* and the WHO European Action Plan for Food and Nutrition Policy 2007–2012 *(47)*. At the same time, it supported individual Member States in making, implementing and evaluating national action plans on nutrition and physical activity. As part of its support for implementation, the Regional Office worked with the Member States and other stakeholders to reduce sodium intake and improve information to consumers, and facilitated three action networks, consisting of groups of countries committed to taking actions: to reduce salt intake in the population; to evaluate

nutritional status in countries (with a specific focus on childhood obesity surveillance); and to reduce the marketing pressure on children of energy-dense, nutrient-poor high in fat, sugar and salt foods.

Social determinants of health

Report of the WHO Commission on Social Determinants of Health

The European Region and the Regional Office had made an important contribution to the report of the WHO Commission on Social Determinants of Health *(48)*, which was discussed by the fifty-eighth session of the Regional Committee in 2008. The Regional Office supported the development of the Commission's global strategy for country work, and served as focal point for the Commission's country work and advocacy strategy in the WHO European Region, working closely with countries that expressed interest in taking part in the Commission's process of scaling up interventions on the social causes of ill health and eliminating health inequities. The Regional Office presented and discussed the Commission's report on many occasions in 2009, at meetings bringing together academics, policy-makers and representatives of international organizations. It also supported Member States wishing to translate the report into local languages.

The Commission's report and recommendations in turn accelerated the demand for assistance in tackling socially determined health inequities in the European Region. In 2009, the World Health Assembly set the direction in resolution WHA62.14 on reducing health inequities through action on the social determinants of health *(49)*. The type of assistance that countries sought changed from setting aspirational targets for health equity to assistance with performance management for achieving those targets. Tackling socially determined health inequities became an integral part of an effective health system and governance across sectors. In 2008–2009, the Regional Office supported 15 Member States in addressing health inequities through services including: building capacity for monitoring health inequities, interventions targeting population groups, appraisals to identify ways to strengthen institutional capacity in countries, and mainstreaming action to tackle the social determinants of health in technical programmes. The Regional Office also assisted countries to address gender inequities as a determinant of health in their policies and programmes *(50)*. It promoted the use of sex-disaggregated data and gender analysis by building capacity and using existing evidence.

Demand for support in this area increased during the biennium, with 23 countries requesting it for 2010–2011. As highlighted at the 2009 meeting on health and the financial crisis, addressing the social determinants of health is essential for meeting today's health challenges *(17)*.

Health in prisons

The WHO Health in Prisons Project (HIPP) focused its 2008 annual meeting (in Kyiv, Ukraine) on women's health and health care in prisons. The participants adopted the Kyiv Declaration on Women's Health in Prison *(51)*, which was also adopted by the eighteenth session of the Commission on Crime Prevention and Criminal Justice of UNODC. In October 2009, the Regional Office was the first among the 12 organizers of the International Conference on Prison Health Protection in Madrid, Spain *(52)*, which focused on the prevention and control of infectious diseases in prison, such as HIV, hepatitis C, tuberculosis and sexually transmitted infections. In November 2009, a Regional Office staff member received the American Public Health Association (APHA) Presidential Citation for his dedication to the work of HIPP.

Work with countries

The work of the Regional Office found its ultimate expression in positive and practical efforts at the country level, carried out within its strategy of matching WHO's services to countries' needs *(53)*. The Regional Office based its work with Member States on assessments of each country's strategic health needs. These assessment reports were a key instrument for aligning WHO cooperation with national strategies and plans, and for harmonizing with other United Nations organizations and development partners. These reports also served as a basis for developing the biennial collaborative agreements (BCAs) that the Regional Office signed with Member States. The BCAs use the core health systems functions (stewardship, creating resources, delivering services and financing) as a framework for all interventions. Since health systems in the European Region were diverse, however, interventions to strengthen them were defined individually for each country. In 2009, the country assessment reports were updated, and the Regional Office signed BCAs for 2010–2011 with 33 Member States.

Most of the work was planned, particularly through the BCAs, although the Regional Office also met countries' requests for support in responding to crises. The examples given here cover both types of work.

Azerbaijan

Based on a Regional Office analysis of the status of reproductive health in Azerbaijan, WHO assisted national policy-makers and experts to develop a national strategy for 2008–2015, which the Minister of Health approved on 30 January 2008. WHO's assistance involved close partnerships, particularly with the United Nations Population Fund (UNFPA), UNICEF and USAID. The strategy identified the following areas for action: the health of mothers and infants; reproductive choice through family planning and safe abortion; sexually transmitted infections, including cervical cancer and HIV/AIDS; reproductive health in teenagers; gender violence; and sexual exploitation. The strategy for Azerbaijan included a two-year action plan. As requested by the Ministry of Health, the Regional Office monitored implementation of the plan and coordinated international assistance in this regard.

Spain

With the EC Directorate-General for Research, the Regional Office conducted a study on the consequences of the toxic oil syndrome. The study was intended to place the subject in the wider context of evidence-based environment and health policies. The International Public Health Symposium on Environment and Health Research in October 2008 *(37)*, organized by the Regional Office with the support of the Directorate-General, highlighted the collaboration between the Spanish Government and the Regional Office through the Scientific Committee for the Toxic Oil Syndrome as a good example of how decisions for public health interventions, based on limited but sound evidence, could be made using a multidisciplinary approach and serve as a model for managing food safety and future environmental disasters and outbreaks of previously unrecorded diseases.

Tajikistan

During the winter of 2007–2008, Tajikistan suffered abnormally cold weather. This endangered the health system at a time when it was needed more than ever, owing not only to the cold but also to results such as power blackouts, problems with the water supply, increased numbers of burns from heaters and a rise in infectious disease cases. As part of the United Nations country

team, the Regional Office coordinated closely with other international organizations and the Government to respond to the crisis. It made available emergency medical supplies for the people most at risk: elderly people, children and pregnant women. The Regional Office took the lead in calling for generous support to help shore up the health services during the cold weather and to continue rehabilitation in the long term to avoid a similar situation arising. This led to donations of US$ 1.4 million from the international community to address urgent health needs. In 2009, the Regional Office led one of the two components of a year-long project funded by the Government of Japan. It helped 16 Tajik hospitals in districts along the 1200-km border with Afghanistan to withstand disasters and emergencies and to continue to provide health care.

Turkey

In 2008–2009, the Regional Office continued to support Turkey's efforts to reduce tobacco use by its citizens. In this struggle, the country has made extensive use of WHO instruments and tools. Beginning by ratifying the Framework Convention on Tobacco Control (FCTC) *(54)* in 2004, the country developed a national tobacco control programme and action plan for 2008–2012 in line with the FCTC and MPOWER policies and interventions *(55)* to plan future activities, control tobacco use and thus protect public health, particularly the health of young people. The main objective is to reduce smoking among those aged 15 years and above to 20% and eliminate it among those aged under 15 years. The next step was a 2008 law to ban smoking in public places. With technical and financial support from the Regional Office, the Ministry of Health began a countrywide study of knowledge, attitudes and behaviour among adults in relation to the new legislation and related practices. The results of the study were expected to help with the planning of effective interventions tailored to the needs of each province and/or subregion. The Regional Office published a report at the end of 2009 to provide baseline information on the status of tobacco, tobacco use and related control activities in Turkey *(56)*, intending it to be used to monitor future developments in tobacco control in the country.

Turkmenistan

As part of a range of joint activities to reduce and prevent infectious diseases in the country, in 2008 the Regional Office assisted the Ministry of Health in developing and launching a new national strategy and action plan to eliminate malaria by 2013. The Government of Turkmenistan and WHO cooperated on national malaria elimination efforts; in 2009, they gave particular emphasis to cross-border collaboration between Turkmenistan and Afghanistan, the further improvement of surveillance and the establishment of mechanisms to predict, detect at early onset, rapidly respond to and prevent any abnormal situation related to malaria. By the end of the biennium, Turkmenistan had requested WHO to certify its malaria-free status.

Ukraine

As measles and rubella were particular problems in Ukraine, the Regional Office and UNICEF supported the Ukrainian Government's decision to organize a mass immunization campaign for spring 2008. As the campaign was beginning, a 17-year-old boy died 15 hours after having received the vaccine. His death was almost immediately attributed to the vaccine, and the Ministry of Health of Ukraine decided to suspend the campaign.

After meeting with WHO Director-General Dr Margaret Chan and the Ukrainian Minister of Health, the Regional Director joined Ms Maria Calivis, the UNICEF Regional Director for Central and Eastern Europe, in visiting the country. On examining the evidence, they concluded that that the vaccine was not responsible for the young man's death, and called for the

continuation of the vaccination campaign. Unfortunately, the campaign was never resumed. Afterwards, the Regional Office worked to help rebuild the confidence of the public and the media in measles and rubella immunization.

Partnerships

In 2008–2009, the WHO Regional Office for Europe continued to develop its partnerships with other stakeholders in public health in the European Region, such as United Nations and intergovernmental organizations, bilateral development agencies and civil society groups, including nongovernmental organizations, and the private sector. It revised its strategy for partnerships, and drafted a strategy to strengthen the centralized function for resource mobilization. The preceding sections of this report give many examples of fruitful joint work with a wide range of partners.

In particular, relations between the Regional Office and the institutions of the EU continued to develop in a spirit of seeking mutual benefit. The annual review of this cooperation, made at the high-level meeting between officials from WHO and the EC, showed that collaboration had been strengthened and deepened, both at strategic and technical levels and on the ground. In addition to its main partner, the EC Directorate-General for Health and Consumers, the Regional Office developed its links with other directorates-general, such as those for employment and social affairs, agriculture, environment and the regions, and worked with six technical agencies involved with health, particularly ECDC. The main areas of joint work included health security, alcohol and tobacco control, obesity, intellectual property, the International Health Regulations *(19)*, occupational health and the social determinants of health. In preparing and holding the 2008 Tallinn Conference *(1)*, the Regional Office strengthened its links and collaboration with many governmental and nongovernmental organizations. In particular, the Directorate-General for Health and Consumers actively contributed to the preparations for and running of the Conference. In return, the Regional Office contributed to the consultative process organized by the Directorate-General to draft the European Union's health strategy *(57)*. Further, the Regional Office stepped up its support to Member States in preparing for and during their EU presidencies, in both their mandatory programmes and chosen priority issues: health in all policies (Finland); cancer (Slovenia); health security and Alzheimer's disease (France); prevention of noncommunicable diseases, access to and efficiency of health services (the Czech Republic); and climate change (Sweden). This joint work was taken forward in a number of areas, especially the control of microbiological hazards, health system financing, human resources for health, prevention of accidents and violence, alcohol and pandemic (H1N1) 2009 influenza.

The Regional Office and ECDC agreed on a workplan for 2008–2009 in February 2008 and ECDC took part in the Tallinn Conference in June *(1)*. The partners particularly focused on surveillance and a harmonized reporting system, working closely to strengthen the detection of emerging threats and a joint response to public health events in Europe, and to address issues in implementing the International Health Regulations *(19)*. Their work in the biennium addressed both avian and pandemic (H1N1) 2009 influenza. The partners began joint coordination of HIV/AIDS and TB surveillance in the WHO European Region, to ensure a high quality of standardized data covering the whole Region *(23,29)*.

The Regional Office continued cooperation with other international partners, notably with the World Bank on strengthening of health systems; UNICEF on immunization, nutrition, accidents and violence; and UNFPA on reproductive health. It worked with the Organisation for Economic Co-operation and Development (OECD) on the harmonization and dissemination of

health data and analyses, and assisted countries to obtain funds from the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

United Nations reform

At country level, heads of WHO country offices actively participated in all health-related initiatives of the United Nations. In countries within the United Nations Development Assistance Framework (UNDAF), they actively participated in or led United Nations country team theme groups in health, environment and/or emergencies. The Regional Office set up coordination structures to support country-level partnerships.

The Regional Office took part in brainstorming and other efforts to improve coordination of the strategies and actions of the United Nations, both in general and on the ground, especially in Albania, which was one of the pilot countries for the "One United Nations" programme in 2008. Guided by the National Strategy for Development and Integration 2007–2013 and the Millennium Development Goals, the programme in Albania addressed national priorities: more transparent and accountable governance, greater participation in policy- and decision-making, increased access to high-quality basic services, regional development and environmentally sustainable development. The pilot study showed both the opportunities for and the challenges to improving the results of WHO's work through better coordination within the United Nations system.

In 2009, Montenegro and Kyrgyzstan were identified as self-starters and introduced the "One United Nations" programme; all agencies in both countries joined the programme. In Kyrgyzstan, the WHO Regional Office for Europe took part in developing two projects – on energy and mother and child health – in the context of the programme.

Internal life of the Office

During 2008–2009, the Regional Office continued its efforts to make WHO more effective through increased cooperation within the Organization, more efficient procedures and improved personnel policy, and closer cooperation with governing bodies. It continually strengthened its country presence in terms of financial and human resources, building up the capacity of staff, and delegation of authority from regional to country level.

Regular meetings between the Director-General and regional directors

The regular meetings between the WHO Director-General and the regional directors continued throughout the biennium; they tackled major issues related to the Organization's policies openly and frankly, to improve the management and efficiency of WHO. One of these meetings was held in Tirana, Albania in 2009. This enabled the participants to see for themselves the achievements of the Regional Office at country level and to demonstrate the respect and credibility earned by its presence in the field.

Organizational development

The Regional Office thoroughly reviewed its existing functions, objectives and human and financial resources to address specific technical areas in line with the global and regional priorities and mandates set by WHO governing bodies, and in response to the needs and

requests of Member States. These organizational adjustments established a soft and flexible mode of management that would support and facilitate day-to-day implementation, coordination and integration of work within units and across divisions. The management team closely followed and reviewed the adjustments and the mechanism for proper evaluation of effectiveness and impact on delivery of results. In many ways, the Regional Office became a matrix organization: it supported Member States in developing their health systems, while working to create technical excellence in vertical public health programmes.

The management team regularly monitored corporate performance and took corrective action when necessary. The team worked to advance the Regional Office's organizational development through eight regular, open management review meetings in 2008–2009, held to clarify assignments and to review progress towards accomplishing WHO's strategic objectives in both intercountry and country work (Annex 1), and 11 internal development processes.

The country office staff received regular and thorough technical briefings and a range of training courses to update their skills on such topics as health system strengthening and sustainable financing, the social determinants of health and reduction of health inequalities, the root causes of noncommunicable diseases and how these could be addressed, pandemic preparedness, influenza vaccination and the implementation of the International Health Regulations *(19)* in the European Region. To strengthen the management of country operations, the country work help desk was expanded. An independent evaluation of its work, conducted by WHO's internal oversight services, concluded that it had performed successfully and recommended similar arrangements across WHO globally.

Global Management System

During the biennium, the Regional Office prepared to join WHO headquarters and other regions in using the Global Management System (GSM), which brought together disparate work flows, procedures and systems into one common system across the Organization. The aim was to improve efficiency (by simplifying procedures, consolidating administrative services and moving from a paper-based to a more automated environment), transparency and cooperation across WHO, and thus improve WHO's work for health. Noting the problems experienced in the introduction and implementation elsewhere in WHO, the Regional Office made every effort to profit from the lessons learned and prepare its staff to use GSM effectively when it went live in 2010.

The Regional Office gave a group of staff in the Division of Administration and Finance the task of managing the process of change. The group focused on two areas in 2009: converting data and procedures, and training staff from all Regional Office locations to use GSM. The first involved validating (or cleaning) all the internal data to be moved into GSM and then both moving and checking them for correctness; in parallel, Regional Office procedures had to be transformed into GSM roles and responsibilities. During the process, some staff had to work in both GSM and the existing systems. Training work included teaching specialized staff both to prepare and to fund workplans for 2010–2011 in GSM, and then teaching nearly all staff to use it. For the latter, three types of training course were supplied, based on the participants' level of use of GSM. In addition to this work, the group planned training and support to be available after GSM went live, and created and posted awareness-raising materials in offices and on the intranet.

Human resources policy

In 2008/2009, planning of human resources – the first strategic human resources plan at the Regional Office – eventually became an integral part of the discussions on medium-term strategic planning. Managers had to set the real requirements for delivering regional expected results. Four broad functional categories emerged: direction and strategy, technical service production, external relations and administrative support and additional senior managerial positions were established to improve the Office's managerial capacity to deliver results.

This strategic approach to the use of human resources reinforced a global contractual reform intended to improve staff employment conditions that began in previous biennia, introducing three types of staff appointment: continuing, fixed and temporary. Efforts made since 2006 ensured that positions were filled by existing staff in line with strategic directions, and 174 new posts were established with new or revised terms of reference; this did not increase the overall number of staff in the Office. Fixed-term contracts substantially increased compared to 2005. Midway through 2009, there were 68% fixed-term and 32% short-term staff, and the percentage of fixed-term posts was expected to reach 70% by the end of the year, which would reduce the administrative costs of contract management. The plan also addressed the imbalance of internationally recruited staff at country level; professional staff stationed in country offices increased by 7% in 2008/2009: from 16% to 23%. In addition, recruitment procedures were made more efficient through substantial delegation of authority and involvement of geographically dispersed and country offices.

Delegation of authority

In 2008, the Director-General delegated authority to regional directors to exercise responsibility for procedures that had previously required approval from headquarters. This meant that, for posts up to and including grades P6/D1, decisions about appointments, establishment of new posts, and classification/reclassification, extension or abolition of posts could be made at the regional level.

Later in 2008, the Regional Office's management team decided to further delegate authority to WHO country offices, to aid timely implementation of workplans and to further strengthen the offices. This placed the ultimate responsibility for management of country budgets with the heads of the country offices. Further, the heads of country and geographically dispersed offices were enabled to chair selection committees for fixed-term professional and general service staff in these offices, and to approve financial committal documents.

In 2009, the delegation of responsibility for approval of committal documents to a fourth level was reflected in GSM, so that the following types of staff would be responsible for expenditure at the following levels:

- project task managers (US$ 0–10 000);
- heads of units, country offices and geographically dispersed offices (US$ 10 001–25 000);
- division directors (US$ 25 001–70 000); and
- Director of Administration and Finance, based on endorsement by the Contract Review Committee (≥ US$ 70 001).

An internal audit of the WHO Country Office, Russian Federation documented increased efficiency and effectiveness because of this delegation.

Communication and knowledge dissemination

The Regional Office broadened and deepened its function as a knowledge broker during the biennium. It implemented communication plans for all major WHO events observed and provided communication support to technical activities through wide distribution of press material in all official languages, answering numerous media enquiries and direct press contacts in countries. It particularly emphasized clear communication on avian influenza and pandemic (H1N1) 2009, interesting an increased number of journalists in the Regional Office's work.

During 2008–2009, the Regional Office web site *(58)* published nearly 200 news items, covered 75 events and featured 40 new publications and 30 photo stories. Daily and weekly updates were issued on the influenza pandemic outbreaks *(18)*, with the number of visits to the website increasing fivefold in April and May 2009. The influenza web site was revamped in all four official languages to meet the needs of stakeholders. Special sites were built for key corporate events and 15 country offices.

In 2009, the volume of translated press and web material doubled in French and German and tripled in Russian compared to 2008. One third of corporate publications were published in two of the official languages. Two thousand documents were archived for web dissemination. In 2008–2009, Regional Office publications increased in popularity; sales, downloads from the web site and translation requests all increased above the targets set, reflecting increased demand for knowledge products. Two publications won prestigious British Medical Association awards *(14,42)*.

Throughout the biennium, the European Health for All database *(59)* was the Regional Office's most popular information product. In December 2009, the Regional Office organized the first meeting in five years of national counterparts and international partners of the family of European Health for All databases; the meeting was held in Antalya and supported by the Government of Turkey. The aim was to strengthen the Regional Office's health information services; discussion focused on good practice examples from national health information systems, joint data collections with EUROSTAT (the statistical office of the EU) and OECD, integrated WHO databases, data quality and health system performance assessment.

Through its office in Brussels, Belgium, the Regional Office disseminated information material to a wide range of key EU partners and EU-related stakeholders. The rapidly increasing demand for WHO contributions and views indicated an increasingly important role for the Regional Office in the EU health debate.

Governing bodies

The WHO Regional Committee for Europe met in Tbilisi, Georgia in 2008 and in Copenhagen, Denmark in 2009 *(3,11)*. Health governance in the WHO European Region was a key topic in all technical and policy discussions during these Regional Committee sessions, and an agenda was set for its continuation in the years to come. A regional search group for candidates for the post of Regional Director was appointed in 2008 and reported on its work to the Regional Committee in 2009. In addition to adopting resolutions on the implications of the global economic crisis for health in the Region, health workforce policies and the implementation of the International Health Regulations *(19)*, the fifty-ninth session of the Regional Committee nominated Ms Zsuzsanna Jakab as Regional Director and thanked Dr Marc Danzon for his 10 years' service in the post *(11)*.

The Standing Committee of the Regional Committee (SCRC) selects the subjects for discussion by the Regional Committee *(60)*. The Fifteenth and Sixteenth SCRCs, meeting several times a year, worked more closely with the Regional Office Secretariat and the Regional Committee.

This led to more focused and pertinent sessions of the Regional Committee and progress across many areas of concern.

The first survey of Member States' satisfaction with the Regional Office was conducted during the biennium; 91% of respondents expressed overall satisfaction with the work of the Regional Office. These findings encouraged the Regional Office to continue its commitment to and engagement with countries. The results also served as a guide for developing services in the future.

References

1. *WHO European Ministerial Conference on Health Systems: "Health Systems, Health and Wealth", Tallinn, Estonia, 25–27 June 2008. Report*. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/document/E92150.pdf, accessed 12 July 2010).
2. *The Tallinn Charter: Health Systems for Health and Wealth*. Copenhagen, WHO Regional Office for Europe, 2008 (http://www.euro.who.int/document/e91438.pdf, accessed 12 July 2010).
3. *Report of the fifty-eighth session of the Regional Committee for Europe.* Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/document/E91935.pdf, accessed 12 July 2010).
4. *First Regional Follow-up Meeting on the Tallinn Charter: Health Systems for Health and Wealth, Copenhagen, Denmark 5–6 February 2009*. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/document/e92397.pdf, accessed 12 July 2010).
5. World Health Day, 7 April 2009 [web site]. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/whd09, accessed 12 July 2010).
6. *Recruitment and retention of health workers: policy options towards global solidarity*. Copenhagen, WHO Regional Office for Europe, 2008 (http://www.euro.who.int/document/E91417.pdf, accessed 12 July 2010).
7. Buchan J. *How can the migration of health service professionals be managed so as to reduce any negative effects on supply?* Copenhagen, WHO Regional Office for Europe and WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2008 (http://www.euro.who.int/document/e93414.pdf, accessed 12 July 2010).
8. Bourgeault IJ et al. *How can optimal skill mix be effectively implemented and why?* Copenhagen, WHO Regional Office for Europe and WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2008 (http://www.euro.who.int/document/e93413.pdf, accessed 12 July 2010).
9. Merkur M et al. *Do lifelong learning and revalidation ensure that physicians are fit to practise?* Copenhagen, WHO Regional Office for Europe and WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2008 (http://www.euro.who.int/document/e93412.pdf, accessed 12 July 2010).
10. Managing health workforce migration- towards a global code of practice [web site]. Geneva, World Health Organization, 2010 (http://www.who.int/hrh/migration/code/practice/en/index.html, accessed 29 March 2010).
11. *Report of the fifty-ninth session of the Regional Committee for Europe*. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/document/E92999.pdf, accessed 12 July 2010).

12. *The world health report 2008. Primary health care – now more than ever*. Geneva, World Health Organization, 2008 (http://www.who.int/entity/whr/2008/whr08_en.pdf, accessed 12 July 2010).

13. European Observatory on Health Systems and Policies [web site]. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/observatory, accessed 12 July 2010

14. Garrido MV et al. *Health technology assessment and health policy-making in Europe. Current status, challenges and potential*. Copenhagen, WHO Regional Office for Europe and WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2008 (http://www.euro.who.int/document/e91922.pdf, accessed 12 July 2010).

15. *The European health report 2009. Health and health systems*. Copenhagen, WHO Regional Office for Europe, 2008 (http://www.euro.who.int/document/e93103.pdf, accessed 12 July 2010).

16. High-level Consultation on the Financial and Economic Crisis and Global Health [web site]. Geneva, World Health Organization, 2009 (http://www.who.int/mediacentre/events/meetings/financial_crisis_20090113/en/index.html , accessed 12 July 2010).

17. *Health in times of global economic crisis: implications for the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/__data/assets/pdf_file/0005/117185/Oslo_report.pdf, accessed 12 July 2010).

18. Pandemic (H1N1) 2009 [web site]. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/influenza/ah1n1, accessed 12 July 2010).

19. *International Health Regulations (2005)*, 2nd ed. Geneva, World Health Organization, 2005 (http://www.who.int/ihr/9789241596664, accessed 29 March 2010).

20. European Immunization Week [web site]. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/eiw, accessed 12 July 2010).

21. EURO immunization monitor [web site]. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/vaccine/publications/20081030_3, accessed 12 July 2010).

22. Matic S et al., eds. *Progress on implementing the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and central Asia*. Copenhagen, WHO Regional Office for Europe, 2008 (http://www.euro.who.int/document/E92606.pdf, accessed 12 July 2010).

23. ECDC, WHO Regional Office for Europe. *HIV/AIDS surveillance in Europe 2008*. Stockholm, European Centre for Disease Prevention and Control, 2009 (http://www.euro.who.int/document/e93034.pdf, accessed 12 July 2010).

24. WHO, UNAIDS, UNICEF. *Towards universal access. Scaling up priority HIV/AIDS interventions in the health sector. Progress report*. Geneva, World Health Organization, 2009 (http://www.who.int/hiv/pub/2009progressreport/en, accessed 28 April 2010).

25. *WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users.* Geneva, World Health Organization, 2009 (http://www.who.int/hiv/pub/idu/targetsetting/en, accessed 28 April 2010).

26. Eramova I et al., eds. *HIV/AIDS treatment and care: clinical protocols for the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 2007 (http://www.euro.who.int/document/E90840.pdf, accessed 12 July 2010).

27. *WHO European Ministerial Forum: "All against Tuberculosis"*. Copenhagen, WHO Regional Office for Europe, 2008 (http://www.euro.who.int/document/E91369.pdf, accessed 12 July 2010).

28. The Stop TB Strategy [web site]. Geneva, World Health Organization, 2010 (http://www.who.int/tb/strategy/en, accessed 28 April 2010).

29. ECDC, WHO Regional Office for Europe. *Tuberculosis surveillance in Europe 2008*. Stockholm, European Centre for Disease Prevention and Control, 2010 (http://www.euro.who.int/document/E93600.pdf, accessed 12 July 2010).

30. Global Health Atlas [online database]. Geneva, World Health Organization, 2009 (http://www.who.int/globalatlas/dataQuery/default.asp, accessed 30 March 2010).

31. *Gaining health. The European Strategy for the Prevention and Control of Noncommunicable Diseases*. Copenhagen, WHO Regional Office for Europe, 2006 (http://www.euro.who.int/document/e89306.pdf, accessed 12 July 2010).

32. *Policies and practices for mental health in Europe. Meeting the challenges*. Copenhagen, WHO Regional Office for Europe, 2008 (http://www.euro.who.int/document/e91732.pdf, accessed 12 July 2010).

33. *Evidence for the effectiveness and cost–effectiveness of interventions to reduce alcohol-related harm*. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/document/e92823.pdf, accessed 12 July 2010

34. *Handbook for action to reduce alcohol-related harm*. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/document/e92820.pdf, accessed 12 July 2010

35. Fifth Ministerial Conference on Environment and Health [web site]. Copenhagen WHO Regional Office for Europe, 2010 (http://www.euro.who.int/parma2010, accessed 12 July 2010

36. *Report of the Thematic Meeting on Healthy Environments. Addressing respiratory disease, obesity and injuries through health-promoting environments*. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/__data/assets/pdf_file/0003/104556/Theme_mtg_EH_Lux_rep.pdf, accessed 12 July 2010).

37. *International Public Health Symposium on Environment and Health Research. Science for Policy, Policy for Science: Bridging the Gap. Madrid, Spain, 20–22 October 2008. Report.* Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/document/E92478.pdf, accessed 12 July 2010).

38. *Environment and health risks: the influence and effects of social inequalities. Report of an expert group meeting Bonn, Germany 9–10 September 2009*. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/document/E93037.pdf, accessed 12 July 2010).

39. Child and adolescent health – Health Behaviour in School-aged Children (HBSC) [web site]. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/en/what-we-do/health-topics/Life-stages/child-and-adolescent-health/activities/adolescent-health/health-behaviour-in-school-aged-children-hbsc2.-who-collaborative-cross-national-study-of-children-aged-1115, accessed 13 July 2010).

40. *Parma Declaration on Environment and Health*. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/document/e93618.pdf, accessed 12 July 2010).

41. Matthies F et al. eds. *Heat–health action plans*. Copenhagen, WHO Regional Office for Europe, 2008 (http://www.euro.who.int/__data/assets/pdf_file/0006/95919/E91347.pdf, accessed 12 July 2010

42. Menne B et al., eds. *Protecting health in Europe from climate change*. Copenhagen, WHO Regional Office for Europe, 2008 (http://www.euro.who.int/__data/assets/pdf_file/0016/74401/E91865.pdf, accessed 12 July 2010).

43. *Protecting health from climate change. Copenhagen. WHO Regional Office for Europe, 2009 (*http://www.euro.who.int/__data/assets/pdf_file/0008/95921/protect_health_climate.pdf, accessed 12 July 2010

44. Sethi D et al. *European report on child injury prevention*. Copenhagen, WHO Regional Office for Europe, 2008 (http://www.euro.who.int/document/e92049.pdf, accessed 12 July 2010

45. *European status report on road safety. Towards safer roads and healthier transport choices*. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/document/e92789.pdf, accessed 12 July 2010

46. *European Charter on Counteracting Obesity*. Copenhagen, WHO Regional Office for Europe, 2006 (http://www.euro.who.int/document/e89567.pdf, accessed 12 July 2010

47. *WHO European Action Plan for Food and Nutrition Policy 2007–2012*. Copenhagen, WHO Regional Office for Europe, 2007 (http://www.euro.who.int/document/E91153.pdf, accessed 12 July 2010).

48. Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*. Geneva, World Health Organization, 2008 (http://www.who.int/social_determinants/thecommission/finalreport/en/index.html, accessed 28 April 2010).

49. *World Health Assembly resolution WHA62.14 on reducing health inequities through action on the social determinants of health*. Geneva, World Health Organization, 2009 (http://apps.who.int/gb/ebwha/pdf_files/A62/A62_R14-en.pdf, accessed 28 April 2010).

50. Payne S. *How can gender equity be addressed through health systems?* Copenhagen, WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2009 (http://www.euro.who.int/document/E92846.pdf, accessed 12 July 2010).

51. *Women's health in prison. Correcting gender inequity in prison health*. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/document/E92347.pdf, accessed 12 July 2010).

52. International Conference: Prison Health Protection [web site]. Madrid, Sociedad Española de Sanidad Penitenciaria, 2009 (http://www.prisonhealthconference2009.com/, accessed 7 April 2010)

53. *The WHO Regional Office for Europe's country strategy "Matching services to new needs"*. Copenhagen, WHO Regional Office for Europe, 2005 (http://www.euro.who.int/__data/assets/pdf_file/0007/117196/edoc10.pdf, accessed 12 July 2010).

54. *WHO Framework Convention on Tobacco Control*. Geneva, World Health Organization, 2003 (http://www.who.int/fctc/en, accessed 8 April 2010).

55. *WHO report on the global tobacco epidemic 2008. The MPOWER package*. Geneva, World Health Organization, 2008.

56. Bilir N et al. *Tobacco control in Turkey*. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/document/e93038.pdf, accessed 12 July 2010).

57. Health strategy [web site]. Brussels, European Commission, 2010 (http://ec.europa.eu/health/strategy/policy/index_en.htm, accessed 9 April 2010).

58. World Health Organization Regional Office for Europe [web site]. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int, accessed 12 July 2010).

59. European Health for All database (HFA-DB) [web site]. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/hfadb, accessed 12 July 2010).

60. Standing Committee of the Regional Committee [web site].Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/en/who-we-are/governance/standing-committee, accessed 12 July 2010).

Annex
Implementation of the programme budget 2008–2009

The assessment process for programme budget performance evaluates the Secretariat's performance in achieving the Organization-wide expected results for which it is accountable. It is an integral part of WHO's results-based management framework. This biennial process includes periodic workplan monitoring and a mid-term review of progress towards the achievement of expected results. The findings of the assessment inform decisions about reprogramming and the preparation of the programme budget for the next biennium. The assessment highlights the main achievements of the Secretariat and identifies success factors, constraints and lessons learnt, and actions required to improve performance. It is a bottom-up exercise, from country to regional level, that reviews the delivery of products and services in workplans, the attainment of indicator targets for expected results and the preparation of a narrative on the realization of those results.

In 2008–2009, work began on a careful and systematic review of the set of indicators for all Organization-wide expected results (OWERs) in the medium-term strategic plan, to improve clarity and facilitate measurement and reporting. Most of the indicators were refined; some were replaced when they were considered unable to provide an adequate measurement of the result. It was recognized that tracking progress and assessing achievements required further work towards a more coherent system for managing data related to indicators and targets across all levels of the Organization. Following the introduction of the new Global Management System (GSM), staff worked to ensure the correlation of results and indicators from country to Organization-wide levels. Efforts continue to validate and aggregate indicator baseline and target data.

Table 1 gives an overview of both financial implementation (section A) and attainment of expected results (section B) in the European Region.

For each strategic objective, section A shows the programme budget along with the available resources and total expenditure, the percentage of expenditure invested at the country and regional/intercountry levels and the percentage implementation rate against available resources. The expenditure at regional/intercountry level includes the salaries of staff who are based in Copenhagen or in geographically dispersed offices, but who contribute to the achievement of intercountry expected results, as well as country expected results.

Since the endorsement of the WHO Regional Office for Europe's country strategy "Matching services to new needs" by the Regional Committee in September 2000, and in line with that strategy, the Office has increasingly focused its efforts in and with countries to support national development plans and country priorities.

The success of this reorientation is reflected in the proportion of country to intercountry expenditures in 2008–2009 (43% versus 57%), as compared to those in the previous biennium (25% and 75%, respectively). This takes implementation closer to reaching the target proportions set by the programme budget (54% and 46%, respectively). Also, to support and enable technical implementation at country level, investment in strategic objectives 12 and 13 increased to provide the necessary stronger country presence.

Section B shows the percentage of expected results that were fully or partially achieved at the country, intercountry and regional levels, with the overall aggregated result by strategic objective. There is a one-to-many relationship between a regional expected result on the one hand and country and intercountry expected results on the other. Thus, a regional expected result is achieved through the attainment of multiple underlying country and intercountry

expected results. The figures shown form part of the aggregated global results in the 2008–2009 programme budget performance assessment. In comparing overall achievement with that in 2006–2007, the number of results that were not achieved declined significantly.

When comparing expenditure patterns to the programme budget, a number of factors need to be taken into account:

- the earmarking of much of the funding provided to the Organization and subsequent underfunding of certain strategic objectives, despite robust funding overall, and the effect of the financial crisis on resource mobilization efforts (for example, the planned budget for strategic objective 4 was almost double the resources made available, and consequently was twice as high as the expenditure level of the Regional Office);
- increasing dependence on voluntary contributions, requiring a sizeable carry-over to ensure continued implementation into the next biennium without programmatic disruption;
- donations arriving late in the biennium.

These factors also affect the delivery of expected results, as reflected in the level of partially achieved expected results presented in section B. Despite these issues – which are also clearly observable in the global budget – the Regional Office achieved a high resource implementation rate (86%).

Table 1. Implementation by strategic objective, 2008–2009

Section A. Financial implementation

Strategic objectives (SO)	Programme budget (US$)	Total resources available (US$)	Total expenditure (US$)	Expenditures (%)	Resources available to budget (%)	Implementation against available resources (%)	Proportion of expenditure (%)	
							Country	Regional, intercountry
1	35 152 604	30 172 211	26 095 005	18	86	86	50	50
2	35 659 486	27 138 143	23 057 464	16	76	85	54	46
3	15 603 372	10 535 859	8 053 420	6	68	76	45	55
4	14 500 000	7 682 902	6 973 493	5	53	91	59	41
5	20 874 000	12 299 003	10 608 653	7	59	86	83	17
6	12 489 000	11 207 037	9 559 182	7	90	85	50	50
7	6 515 381	6 739 230	4 164 967	3	103	62	36	64
8	21 858 000	20 831 388	16 987 575	12	95	82	26	74
9	5 902 076	3 873 288	2 839 933	2	66	73	40	60
10	50 552 462	37 925 833	29 533 069	21	75	78	32	68
11	4 474 000	4 312 164	3 635 048	3	96	84	54	46
Subtotal (SO 1–11)	**223 580 381**	**172 717 058**	**141 507 809**	**70**	**77**	**82**	**46**	**54**
12	25 300 000	25 139 702	24 902 702	40	99	99	43	57
13	39 054 000	37 618 338	37 065 359	60	96	99	28	72
Subtotal (SO 12–13)	**64 354 000**	**62 758 040**	**61 968 061**	**30**	**98**	**99**	**34**	**66**
Grand total	**287 934 381**	**235 475 098**	**203 475 870**	**100**	**82**	**86**	**43**	**57**

Section B. Achieved expected results

Strategic objectives (SO)	Expected results fully achieved within category (%)			Expected results partially achieved within category (%)			Expected results fully and partially achieved within category (%)		
	Country	Intercountry	Regional	Country	Intercountry	Regional	Country	Intercountry	Regional
1	67	75	78	31	25	11	98	100	89
2	79	60	67	21	40	33	100	100	100
3	96	50	67	4	50	33	100	100	100
4	57	100	71	43		29	100	100	100
5	85	80	67	15	20	33	100	100	100
6	89	86	67	11	14	33	100	100	100
7	90	33	60	10	67	40	100	100	100
8	53	60	80	42	40	20	95	100	100
9	86	100	83	14		17	100	100	100
10	61	55	75	30	41	25	91	96	100
11	85	75	100	15	25		100	100	100
Subtotal (SO 1–11)	**72**	**69**	**73**	**25**	**30**	**25**	**97**	**99**	**98**
12	96	89	100	4	11		100	100	100
13		75	67		25	33		100	100
Subtotal (SO 12–13)	**96**	**85**	**80**	**4**	**15**	**20**	**100**	**100**	**100**
Grand total	74	71	74	23	28	25	97	99	99