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Report of the Regional Director on the work of WHO in the European Region, 2010–2011

This document contains a report by the WHO Regional Director for Europe on the work done by the Organization in the European Region in the period since the Regional Committee's sixtieth session in September 2010.

Performance assessment related to implementation of the Organization's biennial programme budget is carried out at global level, and the assessment report is made available to the World Health Assembly (and to WHO regional committees) in the year following each biennium (see document EUR/RC60/Inf.Doc./1). At the same time, the Regional Director reports to the Regional Committee on the work of WHO in the European Region on a biennial basis; the report on the 2008–2009 biennium was presented to the Regional Committee at its sixtieth session (document EUR/RC60/4).

The present document should therefore be regarded as a mid-term report in the biennial reporting cycle.

Contents

	page
Introduction	1
Seven strategic directions.....	1
New European health policy: Health 2020	1
Governance	2
Functions, offices and networks	3
Collaboration with Member States	4
Partnerships.....	4
Information and communication.....	6
Empowering working environment and sustainable funding.....	6
Five priority issues	7
NCDs	7
Prevention and control of communicable diseases and health security	9
Vaccine-preventable diseases and immunization	9
Influenza and other respiratory pathogens.....	10
International Health Regulations	11
Malaria and other vector-borne diseases.....	11
Tuberculosis and multidrug-resistant tuberculosis	12
HIV/AIDS.....	12
Antimicrobial resistance	13
Health and public health systems.....	14
Environment and health	15
Support in emergencies and public health crises	16
References	17

Introduction

1. In the year following the sixtieth session of the WHO Regional Committee for Europe, the WHO Regional Office for Europe pursued the seven strategic directions and the five priority issues for its work that the WHO Regional Director for Europe identified in her first address to the Regional Committee in 2010. This report does not present a detailed account of the implementation of technical programmes in the Region. That information is available from the Regional Office web site¹ and from the Secretariat upon request. This report concentrates on the major actions and changes implemented in the Regional Office in 2010–2011 and therefore surveys examples of its work.

Seven strategic directions

2. The strategic directions were:
 1. developing a new European health policy: Health 2020
 2. reinforcing governance of the WHO Regional Office for Europe
 3. reviewing Regional Office functions, offices and networks
 4. strengthening collaboration with Member States
 5. developing a strategy on partnerships
 6. improving information and communication work
 7. creating a positive and empowering working environment and sustainable funding for the Regional Office.

New European health policy: Health 2020

3. In 2010, the Regional Office began a two-year participatory process to develop a new European health policy that would cover the period to 2020 and provide an overarching framework for all of the Regional Office's work, including the new strategies and action plans described below. Health 2020 would call for a "whole-of-government" approach and use governance and health inequalities/social determinants as "lenses" through which to view all technical areas of health.

4. In developing the policy, the Regional Office was both gathering evidence on which to base it and working to engage Member States and other partners. Thus, it conducted two major studies (a European review of social determinants of health and the health divide and a study on governance for health in the 21st century) and three investigations (on resolutions of the Regional Committee, the World Health Assembly and ministerial conferences, as well as conference declarations; the economics of disease prevention; and the experience gained with intersectoral work, notably in the European environment and health process since 1989 and in areas such as transport and obesity). In addition, the Regional Office submitted a concept paper on Health 2020 for discussion by and feedback from Member States at the first meeting of the European Health Policy Forum of High-level Government Officials (see below); development

¹ The web site (<http://www.euro.who.int/en/home>) provides information on the whole range of the Regional Office's work.

will continue at the Forum's second meeting in November 2011, when the WHO conference on Health 2020 will also take place.

5. After the Forum and the Eighteenth Standing Committee of the Regional Committee (SCRC) endorsed the concept, the Regional Office began working on a paper for the Regional Committee describing Health 2020's scope and content, along with a first draft of the policy.²

Governance

6. Efforts to improve the governance of the Regional Office continued throughout the year. These included strengthening the Region's governing bodies: referring European policies, strategies and action plans for decision by the Regional Committee, making the programme more participatory for representatives and adding such events as a "ministerial day". To cover a longer agenda, the sixty-first session of the Regional Committee was extended to four full days. To improve oversight and transparency, membership of the SCRC was increased from 9 to 12 countries in 2010, and all Member States were invited to attend the Eighteenth SCRC's fourth session; this session and a meeting of European delegations preceded the Sixty-fourth World Health Assembly in May 2011. In addition to adding elements of a ministerial conference to Regional Committee sessions, the Regional Office supported conferences in the Region: a European initiative on children with intellectual disabilities, held in November 2010, and a global conference on noncommunicable diseases (NCDs) in April 2011 (see below). The Regional Director ensures full accountability of the Regional Office to its governing bodies by reporting back regularly on the implementation of the work programme to the SCRC.

7. In addition, the Regional Office established the European Health Policy Forum of High-level Government Officials, to provide the coherent strategies and concerted policy action by Member States needed to improve health in Europe. Its first meeting took place in Andorra la Vella, Andorra in March 2011 and was attended by delegations led by deputy health ministers and chief medical officers or similar high-level authorities. They took part in non-binding discussions on the development of Health 2020, the implementation of the Tallinn Charter, the strengthening of public health services and capacities, the European action plan for NCDs, and the development of comprehensive national health policies and strategies.

8. The Regional Office also worked to enhance accountability for the decisions taken by the Organization's governing bodies, both in WHO and in Member States, to focus attention on the common public health priorities of the Region, give donor Member States an improved framework for planning, ensure more predictable resources and link agreed outcomes with resources and performance. A pilot experiment was launched to attain these goals within the context of the WHO reform process (see below), endowing the budget with functional tools for transparency and accountability. The Regional Office would be responsible for delivering key outputs, while Member States would be responsible for using them to improve population health. The Regional Office began an operational planning exercise for the 2012–2013 biennium in February 2011 and presented a draft proposal to the SCRC in May.

9. Finally, the Regional Office participated fully in the reform programme, launched at the start of 2011, to make WHO more flexible and effective. The WHO Regional Director for Europe led one of the three elements of the programme presented to the World Health Assembly: a plan to strengthen WHO's central role in global health governance, including the

² These documents and all strategies, action plans and policies presented to the Regional Committee at its sixty-first session in 2011 are available on the Regional Office's web site (<http://www.euro.who.int/en/who-we-are/governance/regional-committee-for-europe/sixty-first-session>).

establishment of a multistakeholder forum. The Region will continue to participate in the reform process, both through the work of the Secretariat and in dedicated discussions during the 2011 session of the Regional Committee.

10. The Regional Director is fully committed to the global spirit within the Organization and supports the WHO Director-General in all her endeavours that serve this purpose, including the Global Policy Group. Decisions of the Organization's global governing bodies are always followed up by the European Region.

Functions, offices and networks

11. During the year, the Regional Office worked to concentrate core corporate functions in the office in Copenhagen, fully integrate the geographically dispersed offices (GDOs) and country offices, and revitalize its networks. It conducted an in-depth analysis of its core functions and completed the reorganization aligning the Regional Office's structures and human resources with its new priorities. Staff were recruited (or seconded) to fill mission-critical senior technical positions.

12. To support decision-making about better integration of the GDOs and country offices in the Regional Office, the Regional Director had set up two groups of external experts to conduct independent reviews of each. Both reported their findings in November 2010. The Regional Office incorporated the findings on country offices in its new country strategy (see below). The review group on GDOs found that the four in operation – addressing health systems (Barcelona, Spain), environment and health (Bonn, Germany and Rome, Italy) and investment for health (Venice, Italy) – not only did excellent work but also served as a fund-raising mechanism for the Regional Office. The group recommended strengthening coordination within the Regional Office, improving GDOs' funding and balancing their work between intercountry activities and direct assistance to countries, and establishing new GDOs. The group's findings were incorporated in a renewed strategy on GDOs that will be presented to the Regional Committee in 2011.

13. Owing to a change in the Italian Government's priorities and the consequent ceasing of its support for the Rome Office, the Regional Office began the process of closing it in 2011 and started negotiations with the German Government to consolidate European work on environment and health in the Bonn Office, while maintaining a strong policy and managerial basis at the Regional Office, in line with the recommendations of the GDO review group. The consolidation process is expected to be complete by January 2012.

14. The World Health Assembly's new policy on partnerships (resolution WHA63.10), as well as the Regional Committee's decision last year to keep core functions at the head office in Copenhagen, together with the intention to further promote partnerships, necessitated a review of the governance of the European Observatory on Health Systems and Policies. The Regional Office led the process and, in the light of the report, initiated a consultation with the Observatory's partner organizations to reach the above objectives and to complete the work during 2011. A policy paper has been developed and will be presented to the Regional Committee in 2011.

15. In 2010–2011, the South-eastern Europe Health Network (SEEHN) continued to set an example of the benefits of cooperation between WHO, other partners and countries in a part of the European Region. Since its creation in 2001, SEEHN, with strong support from the Regional Office, had been the undisputed vehicle for health development in its member countries: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia. In November 2010, the nine members signed the first multicountry legal agreement on public health in south-eastern Europe,

turning a WHO network for regional cooperation into an independent legal entity. The regional health development centre on organ donation and transplantation, located in Croatia, was inaugurated in February 2011, and centres on mental health in Bosnia Herzegovina and on antibiotic resistance in Bulgaria were inaugurated in June 2011. Along with the Council of Europe and donor countries, the Regional Office continued to support SEEHN, including preparations for its third health ministers' forum, planned for October 2011.

Collaboration with Member States

16. The Working Group to Review Strategic Relations with Countries identified both strengths and weaknesses in the Regional Office's current arrangements for country work. To improve this work, the Group recommended that the Regional Office:

- strengthen its technical capacity;
- develop a new country strategy;
- use one set of criteria to determine the type of presence and level of institutional support needed, ranging from a full country office to a desk officer at the Regional Office or multicountry approaches; and
- if it proved successful, roll out the pilot scheme to replace biennial collaborative agreements (BCAs) with country cooperation strategies across the Region.

17. The Regional Office developed a new strategy on work with countries for presentation to the Regional Committee at its 2011 session, drawing on the work of the external review group. The strategy aims to ensure that, by adopting a holistic and coherent approach, WHO is relevant to every Member State in the diverse European Region, and it emphasizes coordinating and streamlining activities and making full use of existing resources in countries.

18. Intensive collaboration with Member States continued and emphasis was placed on supporting countries in their most important health developments (strengthening national policy and health systems) while providing continued support to high-priority technical areas.

Partnerships

19. While partnerships have always been at the forefront of attention in the work of the Regional Office, in 2010–2011 it sought to extend, deepen and intensify its work with partners and started to develop a strategy on partnerships for submission to the Regional Committee in 2012. The strategy will cover reviewing and strengthening relations with partners, increasing cooperation with civil society and the private sector, ensuring regional coordination and deepening partnerships at the country level, and it will be in line with the WHO reform initiatives. At the request of the Director-General, the Regional Director agreed to take over a global function at the Regional Office and to coordinate collaboration between the European Union (EU) and WHO globally.

20. The Regional Office and the European Commission (EC) put into effect the joint declaration launched by the WHO Regional Director for Europe and the European Commissioner for Health and Consumers at the 2010 session of the Regional Committee. At the annual meeting of senior officials and technical experts from WHO and EC, as well as at a high-level meeting in Brussels, Belgium in March 2011, the partners agreed on global strategic cooperation on health security, health innovation, health systems, health information, health inequalities and country collaboration, and they finalized "road maps" for implementing the commitments in the joint declaration.

21. In addition, the Regional Office and the European Centre for Disease Prevention and Control (ECDC) signed an administrative agreement and worked closely together to combat a range of diseases and antibiotic resistance (see below). Ongoing collaboration includes joint publications, meetings and consultations with ECDC to strengthen coordinated surveillance of tuberculosis, HIV and influenza. Plans were established to expand this cooperation into shared regional surveillance of measles and rubella, and to use the EC surveillance system for monitoring antimicrobial resistance (AMR) as a model for expanding AMR surveillance capacity into non-EU Member States. Several joint risk assessment missions were carried out during the year in response to disease outbreaks and other public health incidents.

22. In 2010–2011, the Regional Office supported the health priorities of the countries holding or preparing to hold the presidency of the Council of the European Union (Belgium, Hungary, Poland and Denmark) and staff took part in hearings at the European Parliament, along with a conference organized by the Organisation for Economic Cooperation and Development (OECD) and the World Health Summit (in October 2010).

23. Partnership is essential to most Regional Office activities; for example, bodies such as the European Public Health Association (EUPHA), the Association of Schools of Public Health in the European Region (ASPHER), the European Forum of Medical Associations (EFMA), the World Medical Association (WMA), the European Forum of National Nursing and Midwifery Associations (EFNNMA) and the European Health Forum Gastein were consulted on Health 2020 and other issues. Other examples are found throughout this report. The Regional Office also sought to strengthen its links with other members of the United Nations family and international agencies through, for example, meetings with the Head and staff of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank. In addition, the Regional Office continued its partnerships within WHO, including work with other regional offices on disease surveillance and control and on harmonization of country work (hosting the tenth global meeting of country support units), as well as work in the Global Policy Group (consisting of the WHO Director-General, the Deputy Director-General and regional directors) on planning and implementing WHO reform and other global matters.

24. The Regional Office has identified the United Nations Millennium Development Goals (MDGs) as a cross-Office priority, with attention being paid to reinforcing synergies in concerted and coordinated action to reach the MDGs, strengthen health system and address other health challenges in the Region such as NCDs. A Regional Director's special representative on the MDGs has been appointed.

25. In line with Health 2020, the new European health policy, and under the umbrella of the Regional Coordination Mechanism (RCM), the Regional Office has played an active role by leading an interagency working group of United Nations agencies on tackling inequities in progress towards MDGs. The inaugural meeting of the working group took place in December 2010 and the group was endorsed during the last RCM meeting in March 2011.

26. Within this context, WHO provided input to the eastern Europe and central Asia (EECA) regional technical meeting on reducing health inequalities, with a focus on vulnerable groups and sexual and reproductive health, convened by the United Nations Population Fund (UNFPA) in Istanbul in March 2011. The outcomes of the meeting included agreement to move forward with an interagency proposal for the period 2012–2015 on “Scaling up action on MDGs 4 and 5 in the context of the Decade for Roma Inclusion”. WHO is leading work on drafting this interagency proposal.

27. Other working group products agreed for 2011 include an interagency report on progress towards the MDGs in the European Region, cooperation on events, joint advocacy and communication activities, capacity-building activities, and exploration of opportunities for joint

country work. The interagency report has a specific focus on addressing inequities in progress towards the MDGs, and it will be made available as an informal background document at the sixty-first session of the Regional Committee in Baku.

28. Finally, distinguished public personalities (including Her Royal Highness Crown Princess Mary of Denmark) helped the Regional Office to promote public health in the European Region. Mrs Sandra Roelofs, the First Lady of Georgia, was appointed WHO Goodwill Ambassador for the health-related Millennium Development Goals in the European Region in March 2011, and Her Royal Highness Princess Mathilde of Belgium helped launch European Immunization Week in April 2011 (see below).

Information and communication

29. The Regional Office set up an internal statistical policy group; in 2011 it inventoried and reviewed all the Office's databases and their associated indicators, including the Health for All database. They comprise the most comprehensive and authoritative source of health information available to policy-makers, stakeholders and the general public throughout the Region. The Group's next task was to use the resulting information to streamline all databases, and thus take the first step towards building a unified Regional Office health information platform.

30. The Regional Office made full use of the mass media to support its technical work, including all the initiatives described in this report. It issued 28 press releases between September 2010 and June 2011, held press events, supported activities in country offices and used innovative ways to reach its target audiences. In addition to its traditional modes of sharing news and information, the Regional Office made increasing use of newer methods, including social media. It developed an active presence on Facebook, attracted over 1500 followers to its Twitter account and used social media for consultation in developing action plans on HIV/AIDS and drug-resistant tuberculosis (see below). For European Immunization Week and World No Tobacco Day 2011, for example, the Regional Office worked through a range of media, including podcasts and videos made available to the public through various social media channels, such as YouTube, and the Week's campaign web site (1).

31. The web site remains the Regional Office's primary tool for communication and information dissemination. For example, the frequently asked questions and updates on an outbreak of enterohaemorrhagic *Escherichia coli* infection in Germany (see below) received over 100 000 page views in one week in June 2011, and electronic dissemination of publications dwarfed hard-copy dissemination: the 10 most popular information products were downloaded almost 35 000 times in 2010 alone.

32. The Regional Office is developing strategies on communication and information for submission to the Regional Committee in 2012.

Empowering working environment and sustainable funding

33. The Regional Office established an internal committee for a productive and healthy work environment. Working with the Staff Association, the Ombudspersons and other initiatives in the Office, the committee sought to identify common problems, practicable improvements and concrete steps to take; to formulate a "road map" with clear steps and time frame; and to facilitate implementation of approved recommendations.

34. In line with the global strategy for resource mobilization, the Regional Office's work to ensure greater accountability through the 2012–2013 programme budget aims to ensure sustainable funding for the most important priorities. An overall portfolio of approximately 100

priority outcomes (including 25 key priorities) has been drawn up for 2012–2013. In addition to specified voluntary contributions, flexible corporate funds will be applied to ensure full and even implementation across the key priority outcomes. For advocacy and fund-raising purposes, the Regional Office issued 11 booklets (2) describing its technical work with Member States, according to WHO's strategic objectives for 2008–2013.

Five priority issues

35. This section gives examples of the work of the WHO Regional Office for Europe in 2010–2011 to address five priority issues:

- prevention and control of NCDs
- prevention and control of communicable diseases and health security
- strengthening of health and public health systems
- action on environment and health
- support to health services in countries affected by emergencies and public health crises.

36. These examples indicate the breadth of the Regional Office's technical work and demonstrate the range of its partnerships with countries and organizations, but do not describe its work with individual countries.

NCDs

37. As NCDs account for the biggest share of the burden of disease in Europe, the Regional Office worked both to shape a European response to the epidemic and to contribute to global initiatives in 2010–2011.

38. In November 2010 WHO, the United Nations Economic Commission for Europe (UNECE) and the United Nations Department of Economic and Social Affairs (UNDESA) co-sponsored a high-level consultation on NCD prevention and control in the European Region, held in Oslo, Norway and hosted by the Norwegian ministries of foreign affairs and of health and care services. The Regional Office organized an informal meeting of European countries attending the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (held in April 2011 and organized jointly by the Russian Federation and WHO); at this meeting, Member States decided that the Region's contribution to the United Nations General Assembly high-level meeting on NCDs, to be held September 2011, would consist of the summary report on the regional consultation (3).

39. To help shape a European response to the NCD epidemic, the Regional Office developed an action plan to implement the European strategy for NCD prevention and control (4) in 2012–2016, for submission to the Regional Committee in 2011. The Regional Office worked closely with Member States during the development process: a steering group and national focal points were appointed in January 2011; steering group members and selected representatives of Member States drafted the plan in February 2011, and consultation took place through a web-based process and at SCRC sessions, the European Health Policy Forum and a meeting of focal points at the Regional Office in March 2011, as well as at the Global Ministerial Conference in April 2011.

40. The Regional Office followed a similar process in developing a European alcohol action plan to implement regional and global strategies in 2012–2020, for submission to the 2011 Regional Committee. It is based on previous European strategies for 1992–2005 and is a

regional iteration of WHO's global strategy to reduce harmful use of alcohol (5). Drafts were sent to countries, organizations and WHO collaborating centres for comment; a consultation was held in Rome, Italy in mid-December 2010; and a global policy meeting took place in February 2011. For the final consultation event, the Regional Office organized a meeting of national experts on alcohol policy in Zurich, Switzerland in May 2011, in cooperation with the Alcohol Public Health Research Alliance (AMPHORA) group of alcohol experts and with the support of the Alcohol Section of the Public Health Directorate of the Federal Department of Home Affairs of Switzerland. The action plan provides information on the harmful use of alcohol (6) and proposes many evidence-based options for action.

41. In its work for tobacco control, the Regional Office welcomed country initiatives, such as the passage of smoke-free legislation in Hungary and Spain; the consideration or use of pictorial health warnings on tobacco packaging in Kazakhstan, Malta, the Russian Federation and Ukraine; and the accession of Turkmenistan to the WHO Framework Convention on Tobacco Control. It supported such work by means such as a publication in 2010 (7), and a video competition in 2011 on the benefits of laws banning smoking. WHO chose the theme of tobacco-control legislation for World Tobacco Day 2011, on 31 May, and the Director-General's special recognition award was given to the Prime Minister of Greece, for the leadership and political commitment of the Prime Minister and his government in taking a whole-of-government approach to tobacco control. Four European countries (Poland, the Russian Federation, Turkey and Ukraine) participated in the WHO Global Adult Tobacco Survey (GATS) in 2010; three (Greece, Romania and Turkey) participated in GATS' second phase in 2011.

42. Information was an important focus of the Regional Office's work on nutrition. In October 2010, WHO experts and representatives of the Public Advice International Foundation (PA International) agreed to map vitamin D deficiency in the Region and develop an integrated plan to tackle it within the framework of a strategy on micronutrient deficiencies. In May 2011, the Regional Office unveiled the WHO European database on nutrition, obesity and physical activity (NOPA) (8). Created in collaboration with health ministries and with support from the EC, it includes details of more than 300 national and subnational policies in the European Region.

43. As to mental health, the Regional Office organized the WHO European Conference: Better Health, Better Lives: Children and Young People with Intellectual Disabilities and Their Families in Bucharest, Romania in October 2010. Health policy-makers from the 53 countries in the WHO European Region signed a declaration (9) expressing their commitment to improving the lives of such young people by improving their access to high-quality health care. The declaration was supported by the United Nations Children's Fund (UNICEF), the EC, representatives of intellectually disabled young people and their families, providers of social and education services, and nongovernmental organizations.

44. Patient, citizen and community empowerment were major themes in all these areas. Given the influence of common risk factors (including those mentioned above) and the chronic nature of NCDs, the Regional Office led and supported initiatives to empower citizens and patients by supplying information and tools to prevent and manage these diseases. Specific activities included developing a background document on patient empowerment, participating in events such as the Careum Congress in Zurich, Switzerland in November 2010 and working with the Danish Ministry for the Interior and Health to prepare the first European conference on patient empowerment, to be held in April 2012 during the Danish presidency of the Council of the European Union.

45. The Regional Office also supported country-based activities to tackle individual diseases such as cancer. For example, it carried out a joint mission with the International Agency for

Research on Cancer (IARC) to help establish evidence-based screening programmes for breast and cervical cancer in Belarus. In addition, the Regional Office supported EU-led efforts to foster better cancer control through the European Partnership Action Against Cancer, and to promote policy attention to diabetes through participation in the EU Diabetes Working Group, held under the auspices of the Belgian Presidency of the Council of the European Union.

Prevention and control of communicable diseases and health security

46. The Regional Office's work shows evidence both of the successes achieved and of the challenges faced in communicable disease prevention and control and health security in the WHO European Region.

Vaccine-preventable diseases and immunization

47. In 2010, the Region experienced its first outbreak of poliomyelitis (polio) since it was certified as polio-free in 2002 – with a total of 475 cases reported (457 cases in Tajikistan, 14 in the Russian Federation, 3 in Turkmenistan and 1 in Kazakhstan). This outbreak not only caused severe harm to health, resulting in 29 deaths, but it also threatened the European Region's polio-free status.

48. In 2010–2011, the Regional Office assisted affected countries in their responses and worked to maintain Europe's polio-free status. Acting on WHO's advice and with significant technical support from the Regional Office, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Turkmenistan and Uzbekistan conducted several rounds of supplemental immunization activities (SIAs) between May and December 2010. The five central Asian republics and the Russian Federation synchronized rounds of national SIAs, while Azerbaijan conducted subnational SIAs in areas bordering the Russian Federation in spring 2011 (April–May), vaccinating more than 10 million children in April and 12 million in May. Georgia conducted polio mop-up vaccination activities in May–June 2011, targeting approximately 32 700 children aged 1–14 years who had not completed polio vaccination schedules.

49. Meeting in St Petersburg, Russian Federation, in January 2011, the European Regional Certification Commission for Poliomyelitis Eradication (RCC) commended the affected countries on their response to the outbreak. The Commission noted the need to address long-term structural and system issues. The countries presented their epidemiological situations and response measures for the Commission's review. The RCC will decide in August 2011 whether the Region will retain its polio-free status or if there will be a need to recertify the entire Region or a subcomponent of the Region.

50. After confirmation of the wild poliovirus by the WHO regional reference laboratory in Moscow, in the midst of the polio outbreak, an online laboratory tool was introduced for the regional polio laboratory network. This tool proved very useful in streamlining reporting and making it more accessible, so the Regional Office worked on an improved version of the tool – the Online Laboratory Data Management System – which was launched in March 2011.

51. In February 2011, WHO, UNICEF, Operation Mercy (OM) and Handicap International (HI) launched a training initiative to provide long-term rehabilitation to address the needs of more than 400 people in Tajikistan, paralysed due to wild poliovirus (not confined to cases contracted during the most recent outbreak).

52. In 2010, the Regional Committee endorsed a new target date (2015) for the elimination of measles and rubella. In late 2010 and through the first half of 2011, measles has continued to spread across the European Region, causing thousands of cases in unimmunized people and leading to large and extended outbreaks in countries such as France, Germany, Serbia, Spain,

Switzerland and the former Yugoslav Republic of Macedonia. The Regional Office continues to work closely with these countries, providing recommendations as needed (e.g. adding an additional dose of measles vaccine at 6 months of age during the outbreaks). It also publishes a monthly bulletin, *Epidemiological Brief (10)*, which provides updates about the measles and polio activities in the Region.

53. It is clear that the current outbreaks have been caused by a failure to vaccinate, not the failure of measles vaccine. All available information, official and unofficial, confirms that most of the reported cases were not immunized against measles; of the 11 146 cases reported by the end of April 2011, only 1.5% (171 people) had received two doses of measles vaccine, while 3.9% were vaccinated with one dose. This is not a problem confined to specific countries or subregions, and all Member States are obviously at risk of experiencing outbreaks. Furthermore, measles has been exported from countries with outbreaks to other countries in the Region, as well as to other regions around the world.

54. Against the backdrop of a polio outbreak in 2010 and the ongoing challenge to control measles in 2011, the annual initiative of European Immunization Week provided Member States with an important opportunity to advocate for immunization and, in some cases, to conduct outreach activities and SIAs.

55. The Regional Office held its sixth annual European Immunization Week (EIW) from 23 to 30 April 2011. The theme of “Shared solutions to common threats” focused on the recent and ongoing outbreaks in the Region and how subregions can work together to respond to such events and prevent further outbreaks. Statements in support of the EIW were delivered by many influential people and organizations, including Her Royal Highness Crown Princess Mary of Denmark, Patron of the Regional Office; Her Royal Highness Princess Mathilde of Belgium, the Office’s Special Representative for Immunization; Mr Bill Gates, co-chair of the Bill and Melinda Gates Foundation; the GAVI Alliance; and Professor David M. Salisbury, Chair of the RCC. A regional launch was held in Brussels, followed by a round table discussion with high-level officials from Belgium, France, Germany and Switzerland, to review the ongoing measles outbreaks and to share best practices on control measures.

56. EIW 2011 was the most successful initiative to date, with participation from 52 of the Region’s Member States. More than 25 countries launched media outreach campaigns, including press conferences and releases, workshops and interviews given by public health officials. More than 25 countries also developed and implemented information campaigns, using traditional printed materials and innovative communication tools on the Internet and mobile telephones. Several countries implemented immunization campaigns, often using mobile immunization teams and engaging in field visits to determine immunization status. Overall, EIW 2011 offered a valuable opportunity to promote immunization and to reaffirm the commitment to reaching immunization goals in the Region.

57. In the area of new and underutilized vaccines, the Regional Office also worked with Armenia, Azerbaijan, Georgia, and the Republic of Moldova to develop applications to GAVI to introduce rotavirus and/or pneumococcal vaccines in the first half of 2011. As these countries are considered to have “graduated” from GAVI, this was their last opportunity to apply for financial support to introduce these two vaccines. In addition, Azerbaijan introduced Hib vaccine in 2011.

Influenza and other respiratory pathogens

58. Activities on pandemic preparedness and seasonal influenza surveillance are implemented jointly with ECDC (11). In June 2011, the first joint annual regional meeting for influenza

surveillance was held in Slovenia. During this meeting, the importance of continuing to work on influenza during the inter-pandemic period was emphasized.

59. In December 2010, the Regional Office reported on its multicountry evaluation of the response to pandemic (H1N1) 2009 influenza (12). The evaluation involved a broad range of stakeholders at national, regional and local levels in seven countries selected randomly across the Region. Interviews were conducted with representatives from health and civil response ministries, national public health authorities, regional authorities, general practitioners and hospital physicians, and results were analysed and discussed during a workshop involving all stakeholders in Copenhagen in October 2010. The evaluation also took into account the report and recommendations of the independent Review Committee on the Functioning of the International Health Regulations (IHR), which had assessed and identified the lessons learned during the global response to the influenza (H1N1) 2009 pandemic with the aims of strengthening the functioning of the IHR, the ongoing global response (including the role of WHO) and preparedness for future pandemics. It concluded by identifying good practices in pandemic preparedness, as well as gaps that countries and WHO should address in future work. One of the major findings of the report highlighted the importance of continuous political support and broad stakeholder involvement in pandemic planning, as well as the importance of rapid assessment protocols. It also defined the need to revise pandemic phases to allow for a greater flexibility in the response undertaken, and to build greater capacity for risk communication.

60. In 2010, the Regional Office worked with the Member States who received donated pandemic influenza vaccine to administer the vaccine through campaigns targeting health care workers, children, and other defined populations. In addition, the Regional Office provided regular updates on vaccine safety issues and addressed Member States' specific questions on safety and vaccine procurement.

International Health Regulations

61. The International Health Regulations (2005) (IHR) continue to be a priority for the Regional Office, as under the Regulations all IHR States Parties now have one year to establish and strengthen core national public health capacities. In order to support Member States in developing and strengthening their IHR core capacities by the deadline of June 2012, activities in this area are focused on increasing awareness and political commitment at the highest level, endorsing the role of national IHR focal points, supporting the initiation of national multisectoral implementation processes and the development of national action plans, assisting with reporting, and providing guidance and training in relation to IHR implementation at ports, airports and ground crossings.

62. In cooperation with Member States and other partners, these priorities are also reflected in the various events that have been organized by the Regional Office, such as the training course on "IHR, its impact and importance" organized in Copenhagen in October 2010 and the workshop on "Implementation of IHR in central Asian republics and Kazakhstan" that took place in Tashkent in April 2011.

Malaria and other vector-borne diseases

63. Substantial progress towards malaria elimination has been made across the WHO European Region. In 2010, 5 countries (Azerbaijan, Kyrgyzstan, Tajikistan, Turkey and Uzbekistan) reported only 176 locally acquired cases of malaria. Experts are optimistic that malaria transmission has been interrupted in Georgia. Turkmenistan was certified as malaria-free in October 2010, and Armenia is working closely with WHO to be certified by the end of

2011. This progress is very encouraging and suggests that the Region is on course to meet the Tashkent Declaration goal of eliminating malaria in the WHO European Region by 2015 (13).

64. Reported cases of chikungunya and dengue fever in Italy, France and Croatia in 2007 and 2010 have shown that autochthonous transmission of these diseases is possible in Europe. In this context, the Regional Office, EC, ECDC and the European Mosquito Control Association are working together to urge national health authorities to be aware of this new public health risk and to take appropriate control and preventive measures.

Tuberculosis and multidrug-resistant tuberculosis

65. Drug-resistant tuberculosis (TB) and the spread of TB/HIV co-infections are significant public health concerns in Europe. In the WHO European Region alone, TB makes 42 people ill and kills 7 patients every hour. While the Region accounts for only 5.6% of newly detected and relapsed TB cases in the world, it reported 329 391 new episodes of TB and 46 241 deaths from TB in 2009. The 18 high-priority countries for TB (countries of eastern Europe and central Asia, Bulgaria, Romania and Turkey) together account for 88% of the TB burden in the entire Region (14).

66. In response to this alarming problem, the Regional Director established a special project to prevent and control multidrug- and extensively drug-resistant TB (M/XDR-TB) in the Region. Under its framework, particular attention is being paid to (previously neglected) childhood TB, and a task force is being hosted at the Regional Office to review and adapt international guidelines and assist Member States in preventing and controlling TB and MDR-TB in children.

67. In order to scale up a comprehensive response and to prevent and control M/XDR-TB in the WHO European Region, a consolidated action plan covering the period 2011–2015 has been prepared and will be submitted to the Regional Committee for endorsement in 2011. The plan has been developed through a broad consultation with Member States and other partners, experts, civil society and communities. The strategic directions of the plan are cross-cutting and are designed to foster the values of the Health 2020 policy. The areas of intervention are also aligned with the Global Plan to Stop TB 2011–2015 (15) and take account of World Health Assembly resolution WHA62.15, which urges Member States to prevent and control M/XDR TB, strengthen partnership, involve civil society organizations and provide universal access to diagnosis and treatment. A detailed “road map”, along with a monitoring and evaluation framework, has been developed for implementation of the plan. With the assistance of a Dutch partnership and in collaboration with the Royal Tropical Institute in Amsterdam, the budget has also been prepared. A gap analysis exercise is being carried out to assess the resources available at country level. The Global Fund has proposed to fund 50% of the action plan’s costs.

68. In response to the need to scale up programmatic management of drug-resistant tuberculosis and provide advice to donors, the Regional Office for Europe is the first in WHO to have established and to host a regional “Green Light Committee”. This committee will explore mechanisms for advocating efforts to prevent and combat M/XDR-TB and will assist Member States in developing and implementing participatory and inclusive plans to address MDR-TB.

HIV/AIDS

69. While the rest of the world has been observing annual decreases in the number of new HIV cases, the number of people living with HIV has tripled in the eastern European and central Asian countries in the WHO European Region since 2000, contributing to an increase in the yearly rate of new HIV cases by almost 30% between 2004 and 2009 (16). The burden of HIV is distributed unevenly not only across countries in the European Region but also among key

population groups, affecting most seriously populations that are socially marginalized and whose behaviour is socially stigmatized or illegal.

70. To address this situation, the Regional Office has prepared a European action plan for HIV/AIDS, which calls for the spread of HIV in the Region to be halted and reversed by 2015, and for universal access to HIV prevention, diagnosis, treatment and care to have been achieved. The plan will be presented for adoption at the Regional Committee in 2011. The plan was developed through a consultative process and with the broad involvement of Member States, the SCRC, civil society, donor and development agencies, nongovernmental organizations, multilateral agencies, UNAIDS and co-sponsors, and EC's scientific and technical institutions.

71. The plan also takes account of and builds on regional priorities within the context of existing policy guidance for the Regional Office's work on HIV, such as WHO's Global health sector strategy on HIV (17) and the UNAIDS strategy 2011–2015: "Getting to Zero" (18), as well as the broader framework of the United Nations Millennium Development Goals (MDGs), and specifically MDG 6 on combating HIV/AIDS. It is coherent with the European Commission communication on HIV/AIDS 2009-2013 (19) and is fully aligned with the political declaration endorsed at the United Nations high-level meeting on HIV/AIDS held in New York in June 2011. Currently, work has begun on costing the plan, in consultation with staff from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Antimicrobial resistance

72. At present, 25 000 people die in the EU every year because of a serious resistant bacterial infection, mostly acquired in health care settings. In addition to causing deaths and increased suffering, antimicrobial resistance (AMR) has huge economic implications.

73. This emerging health threat was the focus of World Health Day 2011, with the slogan "Antibiotic resistance: No action today, no cure tomorrow". To mark World Health Day and raise awareness, the Regional Office organized and supported a number of key activities and press events across the European Region, such as in Moscow, Strasbourg, Copenhagen, Rome and London. It also published a book on antibiotic resistance from a food safety perspective (20).

74. AMR is driven by complex factors and should be addressed through joint action by a wide range of stakeholders and partners, implementing national, regional and global policies based on public health principles. Countries need to exercise all-inclusive national cooperation to develop, guide and monitor national action plans involving all stakeholders and sectors.

75. Within this context, and in addition to the existing strategies on antimicrobial resistance launched by the EU and WHO in 2000 and 2001, respectively, the Regional Office has developed a regional strategy on antibacterial resistance, with seven strategic objectives that promote an integrated and comprehensive approach; this focuses mainly on national intersectoral coordination, surveillance of AMR and antimicrobial drug use, improved infection control, and increased awareness of antimicrobial use and resistance. This strategic action plan is being presented to the Regional Committee for adoption in 2011. The plan will be implemented in partnership with Member States and a broad coalition of partners, including ECDC, the United States Centers for Disease Control and Prevention, the Bill and Melinda Gates Foundation and the Trans-Atlantic Task Force on Antimicrobial Resistance (TATFAR).

Health and public health systems

76. In 2010–2011, the Regional Office continued to help countries strengthen and reform their health systems through such means as tailored individual support (often delivered through BCAs), training courses, support to countries' implementation of the Tallinn Charter: "Health Systems for Health and Wealth" (21), creation of a framework to strengthen public health capacities and services in Europe and support to the global initiative on the migration of health personnel.

77. Financing was an important topic for training activities. For example, the Regional Office:

- with the Ministry of Social Affairs of Estonia and the Estonian Health Insurance Fund, and financial support from the European Social Fund, coordinated two flagship courses on health system strengthening and sustainable financing in October 2010 and April 2011, for over 60 government and health insurance fund officials, and other health sector stakeholders from Estonia, Latvia, Lithuania and Poland;
- with the World Bank Institute and the Health Policy Analysis Centre in Kyrgyzstan, held the seventh annual flagship course on strengthening health systems through improved health financing and service delivery in November 2010 in Barcelona, Spain, for 47 health professionals from Armenia, Azerbaijan, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, Turkmenistan and Uzbekistan; and
- held a new course in Barcelona in May 2011, focusing on how to improve health system performance through better health financing policy, and specifically on universal coverage.

78. To support countries in implementing the Tallinn Charter and to gauge the Charter's effectiveness, the Regional Office held two expert consultations in October 2010 and January 2011 and set up a working group, consisting of representatives of nine Member States, to compile an interim report on implementation of the Charter; this report will be presented to the Regional Committee at its 2011 session. The report draws on a wealth of information in the replies to a questionnaire sent to all Member States in the Region.

79. At the meeting of the European Health Policy Forum in Andorra, Member States' representatives confirmed that the Tallinn Charter, particularly its focus on monitoring and evaluation, had led to a more vigorous policy dialogue on the importance of preserving, reforming and investing in health systems, and that countries were putting its values and policy objectives into practice. The Health 2020 policy framework will be informed by the lessons learned. Along with the interim report, the Regional Office will present to the Regional Committee in 2011 a consolidated package of the strategies and services that it can offer to strengthen health systems.

80. The Regional Office has been working on a framework of action to strengthen public health capacities and services in Europe, complementary to Health 2020, for completion in 2012. In developing and revising the document, the Regional Office held a small expert meeting in November 2010 and consultation meetings with public health experts in January and April 2011, as well as presenting it to the European Health Policy Forum for review. The Forum fully supported the action framework. The draft lists 10 essential public health operations (EPHOs) that have been pilot-tested in the European Region for the past four years, sets out a framework for action and outlines the role of the Regional Office. The revised EPHO "tool" – a web-based instrument for self-assessment of public health services – will be tested in a number of other countries in the months ahead.

81. In addition, the Regional Office promoted the WHO Global Code of Practice on the International Recruitment of Health Personnel (22), for example, at the Subregional Policy Dialogue on Health Professional Mobility in Central and Eastern Europe in April 2011, organized by the Government of Hungary as the country holding the presidency of the Council of the European Union. The European Observatory on Health Systems and Policies presented a study at the event, on an EU project on professional mobility and health systems in 17 European countries. Also in April, the Regional Office invited Member States and other stakeholders to contribute to the web-based public hearing on the draft guidelines for monitoring implementation of the Global Code.

82. Finally, the Regional Office provided valuable information on health systems. For example, Regional Office staff made a major contribution to *The world health report 2010. Health systems financing: the path to universal coverage* (23). The Observatory issued reviews of the health systems of seven countries in 2010, and of three more (Kyrgyzstan, Slovakia and the United Kingdom (England)) in 2011, along with a study of cross-border health care in the EU (24).

Environment and health

83. In 2010–2011, the Regional Office continued working with countries and partners on environment and health issues, published important information on which countries could take action and supported the next steps in the European environment and health process. For example, the Regional Office and the United Nations Economic Commission for Europe (UNECE) jointly organized the Second Meeting of the Parties to the Protocol on Water and Health, which was held in November 2010 in Bucharest, Romania and hosted by the Ministry of Environment. Participants representing 33 countries and United Nations, intergovernmental and nongovernmental organizations discussed the work carried out over the previous three years (including ratification and implementation of the Protocol, setting of targets and target dates in national strategies on water and health, surveillance of and response to water-related disease, and equitable access to drinking-water) and endorsed a new Regional Office report (25).

84. As part of a global process, in December 2010 the Regional Office published WHO guidelines for the protection of public health from a number of dangerous chemicals commonly present in indoor air (26), which provide a scientific basis for legally enforceable standards. In March 2011, the Regional Office published the first report assessing the burden of disease from environmental noise in Europe (27).

85. Meeting for the first time in Paris, France in May 2011, the European Environment and Health Ministerial Board agreed on how to monitor progress in reducing the adverse health impact of environmental threats across the WHO European Region. Participants at the Fifth Ministerial Conference on Environment and Health, in March 2010, had established the Board to guide the European environment and health process. The Regional Committee appointed the health ministers of France, Malta, Serbia and Slovenia, and the UNECE Committee on Environmental Policy appointed the environment ministers of Azerbaijan, Belarus, Romania and Turkey to the Board for 2011–2012. Other members include the WHO Regional Director for Europe, the Executive Secretary of UNECE, the Director of the United Nations Environment Programme (UNEP) Regional Office for Europe and the EC.

86. In May 2011, at the 2011 summit of the International Transport Forum (ITF) in Leipzig, Germany, the Regional Office launched the Decade of Action for Road Safety 2011–2020 in the WHO European Region, and a new health economic assessment tool (HEAT) to enable countries to measure the potential economic savings from making cycling and walking safer and more popular (28).

Support in emergencies and public health crises

87. In 2010–2011, the Regional Office continued to help countries respond to emergencies and public health crises. A sludge spill at an alumina plant in western Hungary on 4 October 2010 killed 9 people, injured over 150 and destroyed or severely damaged over 300 houses. In response, a mission (including staff from the Regional Office, the WHO collaborating centre for chemical incidents in the United Kingdom and an Italian consulting company on environment and health risk assessment) went to the country for four days, adding international know-how to the efforts and expertise of the national authorities and the WHO Country Office, Hungary, and complementing the work of an EU mission. The WHO mission concluded on 16 October by making recommendations to minimize the short- and long-term health effects of the accident.

88. In the wake of civil unrest in southern Kyrgyzstan, in November 2010 WHO and the country's Ministry of Health rolled out a series of new projects to support health services and ensure access to care, particularly emergency services and mental health care. A donation of US\$ 1 million from the Russian Federation made this support possible.

89. After people displaced by the crisis in northern Africa came to Greece, Italy and Malta, a joint mission of the Ministry of Health of Italy and the Regional Office in March 2011 concluded that the public health situation was a cause for concern and called for stronger disease surveillance and prevention measures related to water and sanitation, and rigorous environmental control. The Regional Office conducted similar assessment missions in Greece and Malta, jointly with these countries' health ministries and ECDC. Recommendations included harmonizing and strengthening public health preparedness for an influx of migrants.

90. The Ministry of Health of Italy, in collaboration with the EC Directorate-General for Health and Consumers and with the support of the Regional Office, organized a meeting that was held in Rome in April 2011, attended by high-level health officials from Cyprus, France, Greece, Malta and Spain, and representatives of the relevant United Nations and EU agencies (including ECDC), the WHO Regional Office for the Eastern Mediterranean, the Office of the United Nations High Commissioner for Refugees and the International Organization for Migration. The participants reviewed the health situation and the initiatives taken in northern Africa and in European countries and discussed how countries and agencies could prepare, coordinate and manage international support. At the World Health Assembly in May 2011, Italy and the Regional Office for Europe agreed to conduct a three-year project on the public health aspects of migration.

91. Marking the twenty-fifth anniversary of the Chernobyl disaster, which affected large areas in Belarus, the Russian Federation and Ukraine, the Regional Office renewed its support for the people affected and built on the lessons learned. WHO summarized its assessments of the health effects of the accident in two landmark reports, published in 2006 and 2011 (29). The Regional Director joined other leaders from around the world to commemorate the accident, and to review the reconstruction and development of the affected communities, at a summit and an international conference on the safe use of nuclear energy held in Kyiv in April 2011.

92. A food safety emergency arose in Europe at the end of May 2011, when Germany notified WHO (under the International Health Regulations) of an outbreak of enterohaemorrhagic *Escherichia coli* (EHEC) infection, with cases of haemolytic uraemic syndrome (HUS). WHO shared information with health authorities in other countries, offered technical assistance and facilitated collaboration between laboratories in order to help countries without the capacity to detect the unusual *E. coli* serogroup involved, maintained close contact with relevant authorities and issued regular updates on the evolving situation.

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