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# Achievements in meeting key commitments made at the 60th session of the WHO Regional Committee for Europe

WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark Telephone: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: governance@euro.who.int Web: http://www.euro.who.int/en/who-we-are/governance

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# Introduction

## Today's challenges and opportunities for health

1. The work of the Regional Office over the past five years has been done within a radically changed global health architecture. Today's health challenges are diverse and multifaceted. Although overall health has improved, the health inequities that continue to scar the Region remain a major challenge. The main health burden today is noncommunicable diseases (NCDs), with their associated social, behavioural and environmental determinants. To relieve this burden, significant improvement is required in the configuration and capacity of today's health systems to achieve economic efficiency and meet public expectations. In addition, the European Region has experienced profound economic recession and austerity over the past five years, which have made it difficult for many to access health services and care. The adverse health consequences of, for example, unemployment are clear.

2. Yet, we can be optimistic. Health matters as never before. We understand much more about health and its determinants, and this knowledge provides new opportunities to improve health and health care through policy and practical interventions. Medical and surgical sciences continue to advance exponentially and the effectiveness of pharmaceuticals has increased. Promising developments, such as medical genetics, new diagnostic and treatment techniques, telemedicine and e-health, offer potentially transformational benefits.

3. Responding to these challenges requires new thinking. Health 2020 makes the case for "going upstream" to address root causes. There is increasing evidence about both the economic burden of disease and the economics of disease prevention. Today's burden of disease can be relieved only if greater priority and attention are given to health promotion, disease prevention and public health, in ways that address health inequalities across the social gradient and support the most vulnerable and excluded people. There is much to be done, as the budgets and policies in sectors other than health currently lack either a health or an equity focus in many countries in the Region, and health systems have hitherto been preoccupied mainly with institutional issues at secondary and tertiary care levels.

4. Health 2020 shows that, to respond to these dynamic changes, governance for health must be improved and modernized, taking whole-of-government and whole-of-society perspectives. Today's health policy must be multifaceted and multisectoral, with the active involvement of all levels of government and other actors at international, national and local levels. As we face the future, it cannot be "business as usual".

## The Regional Director's 2010 vision

5. In 2010, the vision of the Regional Director was rooted in the WHO Constitution, with its commitment to "the attainment of the highest standard of health as a fundamental human right". The goal then was to continue to improve health in the Region in terms of "better health for Europe". Seven strategic priorities for action were proposed to achieve this. These seven priorities are the basis for charting accountability in progress made and achievements attained.

### *Seven strategic priorities of the vision for "better health in Europe"*

6. The seven priorities of the Regional Director's vision for "better health in Europe" set out in 2010 are:

- development of a coherent European health policy framework;
- improved governance in the WHO European Region and in the Regional Office;

- further strengthening of collaboration with Member States;
- engaging in strategic partnerships with other stakeholders to jointly improve health and policy coherence in Europe;
- strengthening the European contribution to global health;
- reaching out through an information and communication strategy; and
- promoting the Regional Office as an organization with a positive working environment and sustainable funding for its work.

# Development of a coherent European health policy framework

## Achievements made by the Regional Office since 2010

7. Health outcomes have significantly improved in the European Region in the past few decades, with overall life expectancy increasing by five years. Yet, not everyone has benefited. One aim of Health 2020 is to continue a trend of better health throughout the Region while tackling inequities. This will require integrated action to address the full range of determinants – social, behavioural and environmental – and to improve the health sector and health services.

8. During preparation of Health 2020, the Regional Office addressed a number of outstanding technical issues and prepared several new action plans. Policy renewal and implementation therefore began before Health 2020 was endorsed. Now, the Health 2020 policy framework represents a coherent, unifying policy framework for all the policy work of the Office and an expression of the commitment of the Regional Office to be a strong, evidence-based centre of excellence in health policy and public health, relevant to the whole Region.

9. Member States have been encouraged and supported to update their national health policies, strategies and plans to align them with Health 2020 and the *European action plan for strengthening public health capacities and services*, while responding to their own disease burden. The next five years will be taken up with consolidation and full implementation at regional, subregional and country levels. Improved governance for health and equity, a whole-of-government and whole-of-society approach, implementation of the recommendations of the *Review of social determinants and the health divide in the WHO European Region* and intersectoral committees and mechanisms for health are required.

10. The *European action plan for strengthening public health capacities and services*, which is at the heart of Health 2020 and is a main pillar for implementation of the policy framework, further demonstrates this commitment. It aims to rejuvenate public health in both its whole-of-government intersectoral dimension and the dimension related to health systems.

11. Every effort will be made to assist countries in implementing Health 2020, with flexibility to ensure its suitability for their own situation and priorities. This work is closely linked to sustainable development, achievement of the Millennium Development Goals and alignment of the work of the Regional Office with the post-2015 development agenda. It will contribute to the development of countries, through the United Nations Development Assistance Framework.

## Implementation of Health 2020

12. Responding to the complex determinants and interactions of health is challenging. The principal objective now is to create the conditions for change towards Health 2020 across the

Region, including governance, leadership, partnerships and capacity-building, as well as to improve the potential for monitoring and evaluation.

13. There is clear, increasing interest in and momentum for implementing the Health 2020 policy framework in the European Region. Many Member States are taking up the Health 2020 challenge. Over the past two years, the Regional Office has responded to the requests in resolution EUR/RC62/R4 on "Health 2020 – The European policy framework for health and well-being", with an initial focus on six main areas:

- spreading awareness (including launches and debates) about the Health 2020 policy framework internationally and nationally throughout the Region;
- completing and disseminating studies on social determinants of health and the health divide, governance of health, the economics of disease prevention and health promotion and intersectoral governance for health in all policies;
- aligning and integrating the values, principles and approaches of Health 2020 into every aspect of the work of the Regional Office;
- building capacity for implementation at the Regional Office and at country level, including preparing the Health 2020 package and training staff members;
- devising plans (including biennial collaborative agreements) to guide the work in the next biennium and making arrangements for coordinated, integrated delivery in countries by multidivisional teams; and
- responding to country requests for support and assisting them and the WHO networks of regions and cities that are already preparing national or subnational policies and plans inspired by or aligned with Health 2020.

14. Emphasis has been placed on promoting coherence and better integration, optimizing delivery for better outcomes and concentrating on the types of support that have maximum impact, including intercountry mechanisms and learning platforms to supplement country-based activities. The Regional Office has thus focused on the types of support that can deliver maximum impact. Health 2020 targets and the associated monitoring framework will be the tools for measuring progress and ensuring accountability.

15. Health 2020 is committed to two high-level, linked objectives:

- improving health for all and reducing health inequalities; and
- improving leadership and participatory governance for health.

16. To support the high-level objectives, Health 2020 focuses on four priorities for policy action, which are interlinked, interdependent and mutually supportive:

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

17. Addressing all four priorities, which build on WHO's current global categories for priority-setting and programmes, will require action on a range of cross-cutting issues.

### *Priority 1. Investing in health through a life-course approach and empowering people*

18. Healthy, active aging starts at birth. In view of the changing demographics of the European Region, improving health and health equity requires an effective life-course strategy, which begins with pregnancy and early child development and continues to invest in health throughout the life-course to empower people and improve their health literacy.

19. The life-course approach to public health includes promoting and protecting health at all stages of life. This has been strengthened considerably in the past five years For example, some environmental exposures, especially those that occur during critical periods of development – in pregnancy or early life – may lead to the development of NCDs later in life, and this knowledge has engendered new strategic approaches, empowering people in promoting their health and improving their quality of life. A conference on this topic is envisaged during 2015.

20. Accelerating progress towards the Millennium Development Goals has been a focus of work over the past five years, and work on the unfinished agenda will not end. The post-2015 development goals will increase this work and give it new energy in the next five years. The Region has made significant progress in reducing maternal and infant mortality, but huge discrepancies still exist. The introduction of comprehensive polices and improvements in the quality of care contributed to a decrease in the mortality of children under five years from 49 per 1000 live births in 2005 to 36 in 2012 in the Caucasus and central Asia. Support has been provided to Member States in investing in children through implementation of the European child and adolescent health strategy 2015–2020. The strategy will be revised for 2014–2020, as it is an excellent vehicle for addressing the equality gap for children, adolescents and parents.

21. The introduction of modern, effective contraception and the promotion of sexuality education have contributed to reducing the rate of abortions in the European Region from 380 per 1000 live births in 2005 to 307 in 2008 and 271 in 2012. The average maternal mortality ratio in the Region decreased from 22 maternal deaths per 100 000 live births in 2005 to 20 in 2010 and 17 in 2013. Fifteen countries in eastern and central Europe have seen improvements in maternal and newborn health as a result of implementation of the principles of effective perinatal health and introduction of the WHO approach "beyond the numbers" for analysing maternal mortality and morbidity.

22. The health of women, including sexual and reproductive health and rights, which require comprehensive action to address inequities, will continue to be a priority. Further work will address preconception care, young people and women of reproductive age with chronic diseases or their risk factors; assistance to Member States in introducing health education, including on sexuality; and help in improving health literacy and a respectful attitude to others.

23. Support has been provided to Member States in investing in children through implementation of the European child and adolescent health strategy 2015–2020. A report on preventing child maltreatment was published in 2013, which will form the basis for a European action plan to be considered by the Regional Committee at its 64th session (RC64). The *WHO European Declaration and Action Plan on the Health of Children and Young People with Intellectual Disabilities and their Families* (resolution EUR/RC61/R5) was endorsed by the Regional Committee in 2011.

24. Since 2011, a cross-cutting programme on ageing has involved relevant technical units in the European Regional Office on innovative activities based on the strategy and action plan for healthy ageing in Europe, 2012–2020. The Region will continue to implement the strategy and action plan, and work will continue on national ageing strategies and initiatives. WHO tools,

developed with strong support from the European Commission Directorate-General for Employment, Social Affairs and Equal Opportunities, will be used in implementation.

25. More than 80 000 people died in heat-waves during the past 15 years in Europe and 80% of those who died were over 65 years of age. With the support of the WHO European Centre for Environment and Health in Bonn, Germany, 18 countries have prepared heat–health action plans to anticipate and prepare for heat events in summer.

26. Multisectoral action is required throughout the life-course. For example, the clear, evidence-based commitment in Health 2020 to focus on early childhood development and integration between health and social welfare requires close collaboration with the education, social policy and employment sectors. This will supplement current work with the environment, transport and finance sectors. The Office is writing a series of sectoral policy briefs to help Member States.

### *Priority 2. Tackling the Region's major health challenges in noncommunicable and communicable diseases*

27. All disease-focused programmes should be more closely aligned with Health 2020, continuing to focus on the social determinants of health and inequalities, risk factors and the management of established diseases and outbreaks. Efforts should move "upstream" towards health promotion and disease prevention, better governance, rejuvenation of public health and integration of its capacities and functions into primary and other levels of health care. Health systems must be strengthened for universal coverage and personalized care.

28. NCDs represent the main disease burden, yet some 80% of premature mortality from these diseases is considered to be preventable. In the case of coronary heart disease, for example, there is compelling evidence for investing in prevention and health promotion, as 50–75% of the recent decrease in the number of premature deaths from this cause is attributable to prevention in the form of reducing risk factors, whereas medical treatment accounts for 25–50% of the reduced mortality. It is therefore important to focus on these diseases and to implement and renew action plans as existing plans expire, within the framework of global initiatives. The Regional Committee adopted the *Action Plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016* (resolution EUR/RC61/R3) and intersectoral NCD policies, strategies and plans have been strengthened in line with the WHO global NCD action plan for 2013–2020 (resolution WHA66.10), which provides a comprehensive, integrated framework of interventions, fully aligned with Health 2020.

29. A strong economic case can be made for action to promote health and prevent disease. A tangible share of the burden of disease and of the economic costs associated with it could be avoided by promoting health and well-being and by deploying effective preventive measures within and beyond the health care sector. There is also growing evidence that investment in prevention brings returns in the short and medium term, and not only in the long term, making this investment more attractive to policy-makers. Nevertheless, governments actually spend, at best, only a small fraction of their health budgets on prevention, representing some 3% of total health expenditure in countries within the Organisation for Economic Co-operation and Development (OECD).

30. In 2013, Member States of the WHO European Region endorsed the *Ashgabat Declaration on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020* in Turkmenistan. Strategies and action plans to reduce the harmful use of alcohol (2012–2020) and to improve mental health (ending in 2017) have been renewed and, in following up the *Vienna Declaration on Nutrition and Noncommunicable Diseases in the*

*Context of Health 2020* endorsed in July 2013, a new action plan on nutrition and physical activity is being prepared. The number of Member States in the Region with established national NCD policies, both integrated and disease- or risk factor-specific, has increased since 2010. Countries have strengthened and implemented health monitoring frameworks by adapting the global monitoring framework to national contexts. Positive results of implementation of the action plan are already being seen: overall mortality from NCDs is decreasing. Although cardiovascular disease is the leading cause of mortality in countries in the European Region, premature mortality from these diseases is generally decreasing throughout Europe, even if significant inequalities persist.

31. Addressing risk factors, including tobacco and alcohol use, insufficient physical activity, poor nutrition and social and environmental determinants, remains a high priority. The most positive sign is that nearly all European Member States have become parties to the *WHO Framework Convention on Tobacco Control*. Meeting or exceeding the global target of a 30% reduction in tobacco use in the European Region by 2025 is a realistic commitment. Since adoption of the *European action plan to reduce the harmful use of alcohol 2012–2020* (resolution EUR/RC61/R4), 22 Member States have either updated or adopted a national policy on alcohol and implementation will continue.

32. In 2014, we held a conference in Tashkent, Uzbekistan, to promote intersectoral discussions on diet and nutrition, food security, food safety and the role of fruit and vegetables in health and the economy. A European food and nutrition action plan has been prepared, which includes priority actions to address the major diet-related problems in the Region, notably childhood obesity. In several countries, a significant reduction in salt consumption has been documented. The European Region will also be the first WHO region to have a specific strategy on health-enhancing physical activity, in line with the global NCD framework.

33. Equally high priority should be given to the management of NCDs. In 2013–2014, the Region undertook a multidisciplinary assessment of the challenges and opportunities for the health system in the prevention and control of NCDs. The first country assessments showed the importance of universal access to essential medicines for hypertension, diabetes and cancer; the problem of the high NCD burden in men of working age and their limited use of services; inadequate cardiovascular risk assessment and high-quality management; and inappropriate use of cancer screening. These significant concerns require concerted public health approaches during the next few years.

34. In 2013, the Regional Committee endorsed *The European Mental Health Action Plan* (resolution EUR/RC63/R10). During the coming years, countries will receive support in preparing strategies for mental health and suicide prevention and community-based mental health services that empower users.

35. While injuries remain the leading cause of death of people aged 5–49 years in the European Region, the rate of death from all injuries was reduced by 26% during the past decade, and the number of road traffic deaths fell from 128 000 to 92 000 during the same period (a reduction of 28%). European and global status reports on road safety were published in 2009 and 2013. The aim is to reduce road traffic mortality by 30% by 2020.

36. Prison health comprises all areas of health. In 2014, the European Regional Office published a handbook for prison health workers and policy-makers. Best practice was described in the 2013 publication, *Good governance for prison health in the 21st century: a policy brief on the organization of prison health*.

37. One year of life expectancy is lost by every person in the WHO European Region due to exposure to airborne particulate matter, mainly by increasing their risks for cardiovascular and

respiratory diseases and lung cancer. The WHO European Centre for Environment and Health in Bonn, Germany, coordinated two projects to comprehensively revise European Union air quality policies and provided evidence-based advice on health aspects of air pollution.

38. Communicable disease control in the Region has progressed materially; for example, in containing drug-resistant tuberculosis (TB) and HIV/AIDS in drug users and in documenting antimicrobial resistance (AMR) throughout the Region. Unfinished business and new challenges have, however, necessitated regional action plans in these three areas.

39. The high rate of multidrug-resistant tuberculosis (MDR-TB) in the European Region is due mainly to the inefficiency of health systems in treating the disease effectively but also to continuing transmission of resistant strains in communities. Therefore, the Regional Office established a special project to strengthen and support Member States' commitment to improving public health, preventing disease and providing equitable access to health services. The regional action plan has the ambitious targets of identifying more than 85% of MDR-TB patients and treating at least 75% of them successfully in order to curb the epidemic. Already, treatment coverage for MDR-TB patients has increased from 63% in 2012 to 96% in 2013.

40. Progress has been made in the Region on increasing the number of people receiving treatment for HIV/AIDS and eliminating mother-to-child transmission of HIV. Gains in treatment are, however, unevenly distributed. In the eastern part of the Region, coverage with antiretroviral therapy remains low and the numbers of AIDS cases and deaths have increased, as evidence-based policy is not always implemented; in the western part, where coverage with antiretroviral therapy is high, the numbers of cases and deaths are decreasing.

41. In collaboration with the National Institute for Public Health and the Environment of the Netherlands and the European Society of Clinical Microbiology and Infectious Diseases, the Regional Office supports Member States in preventing and controlling AMR. Countries have appointed national focal points to facilitate intersectoral coordination, in line with national plans and policies. Missing surveillance data on AMR are being collected through the newly established central Asian and eastern European surveillance of antibiotic resistance initiative, to complement data available from Member States of the European Union.

42. The public health challenges of MDR-TB, HIV/AIDS and AMR remain priorities, especially in the eastern part of the Region. They require multisectoral coordination, including between the human and animal sectors ("One Health" approach), particularly for AMR but also for food safety, influenza and emerging infections. These challenges will also require regulatory and legislative changes.

43. Vaccine-preventable diseases remain regional priorities, as the spectacular reductions in the incidences of measles and rubella and the polio-free status of the Region do not mean that these diseases are behind us. The Region maintained its polio-free status despite a major outbreak in 2010, as a result of effective outbreak response. The recent importation of wild poliovirus into the Region, the polio outbreak in the neighbouring Syrian Arab Republic and a series of outbreaks of measles and rubella continue to threaten the Region. The goal of measles and rubella elimination by 2015 is being actively pursued after endorsement at RC63 and through a regional vaccine action plan (2015–2020), which will be considered at RC64.

44. The Regional Office will continue to support Member States in strengthening their immunization programmes and in countering the messages of anti-vaccination groups. This approach also applies to seasonal influenza and pandemic preparedness, as new strains are being reported globally. Regular influenza bulletins keep Member States informed of the level of activity of and risk associated with influenza in the Region.

45. There has been real progress towards malaria elimination, which is expected to be achieved by 2015, as only two countries reported autochthonous cases in 2013. A number of countries have started implementing the *Regional framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases, 2014–2020* (resolution EUR/RC63/R6) after its endorsement by the Regional Committee in 2013.

46. The *Protocol on Water and Health* to the 1992 *Convention on the Protection and Use of Transboundary Watercourses and International Lakes* is the main policy instrument in the Region for improving access to safe water and sanitation. To further prevent and control waterborne disease, adoption of the WHO-recommended water safety plan approach at policy level is being scaled up. More than one third of countries in the Region have either established enforceable regulations or have scaled up strategies for water safety plans. The Regional Office will continue to support Member States in strengthening their surveillance systems.

47. Collaboration with The Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States Centers for Disease Control and Prevention, the GAVI Alliance and the European Commission and its institutions, including the European Centre for Disease Prevention and Control (ECDC) and the European Food Safety Authority, has been strengthened to ensure coordinated support to Member States. Importantly, the Region has reinforced its response to communicable diseases by strengthening health systems and focusing on high-risk populations and vulnerable groups.

### *Priority 3. Strengthening people-centred health systems, public health capacity, and emergency preparedness, surveillance and response*

48. Health 2020 focuses on the requirements for achieving high-quality care and better outcomes. Substantial, consequential work with countries has been undertaken to strengthen their health systems over the past five years. Development of an approach focused firmly on health outcomes and not just system changes has been central to understanding the diversity of needs, opportunities and challenges facing the Region, which hosts some of the most mature health systems as well as some of the newest and which has been affected disproportionally by the economic crisis. The aim of this operational approach, "Innovative people-centred health system strengthening for better health outcomes", is to tighten the link between health gains and health systems strengthening. Its three pillars are:

- specification of priorities for health improvement,
- ensuring high levels of effective coverage with core services for these priorities, and
- removing barriers to the coverage of core services.

49. A broad systems perspective captured in this three-pillar approach offers both systemic orientation and an opportunity for more focused action on core services for priorities in health improvement, including pharmaceutical services. It also allows for intersectoral collaboration, which is reflected in the Regional Office's interdivisional work programmes on "better NCD outcomes: challenges and opportunities for health systems", "health system transformation for better M/XDR-TB[1] outcomes" and the *European strategic action plan on antibiotic resistance* (resolution EUR/RC61/R6) and contributes to environmentally sustainable health systems.

50. This operational approach has been at the heart of a number of activities over the past five years and will guide further work. Another signal is a programme of work on coordinated, integrated delivery of health services with people-centred care and appropriate use of medicines. The aim is to optimize health services to ensure that they are coordinated, integrated, of high

[1] M/XDR-TB: multidrug and extensively drug-resistant tuberculosis.

quality, available and accessible throughout the life-course. More effort must be made to achieve coordinated, integrated patterns of care, as close as possible to communities and homes and supported by self-care when this is safe and effective. The Region is committed to the pursuit of a new European framework for action for coordinated, integrated health service delivery through an iterative, consultative process with Member States, to be presented to RC66 in 2016.

51. In 2013, the 35th anniversary of the *Declaration of Alma-Ata* on primary health care was celebrated in Kazakhstan by considering the status of primary health care in Europe and ways of integrating essential public health operations into primary care. The Conference provided an opportunity for renewing the vision of primary health care, which will be central to providing coordinated, integrated, people-centred health services, with a life-course approach and links to the new role of hospitals and social and long-term care. This has cross-cutting relevance to other areas of health systems strengthening, in turn reinforcing the operational approach, with improved information technology and e-health, strengthening human resources for health in line with the *WHO Global Code of Practice on the International Recruitment of Health Personnel* – particularly for nursing and midwifery – assessing the rational use of medicines and their affordability and safeguarding the quality of services and patient safety.

52. These will be major commitments for the Regional Office over the coming years in the context of increasing support to Member States in transforming their health systems. Health systems must be sustainable (financially and otherwise), fit for purpose, people-centred and evidence-informed. This means reorientation to ensure prioritization of core concepts and the requirements for implementation, namely, disease prevention, integrated service delivery, continuity of care, continual quality improvement and support for self-care by patients, with care provided as close to home as is safe and cost-effective. Elimination of pharmaceutical waste by appropriate use of medicines and medical devices and disinvestment will be emphasized increasingly, and dialogue and policies on medicines is supported in many European countries. It will also be important to make full use of modern tools and innovations, such as communications technology, digital records, telemedicine, e-health and social media. The support will also include comprehensive country-specific reform, with alignment of service delivery with financial protection, transformation of health and community workers, training and education for multiprofessional team work, task-shifting with new competences, improving efficiency, investing more in public health and using health financing policy to strengthen universal health coverage.

53. The consumption of antibiotics is high in many countries, which is in general a sign of their overuse. Prudent use of antimicrobial medicines is encouraged by support to regulation, including quality assurance measures, establishing national medicines registers, monitoring antimicrobial consumption and cross-country analysis to complement the work of ECDC.

54. The Region will identify and analyse the impact of health care on environmental pollution. At a meeting of experts organized in 2013 to identify the main challenges, it was concluded that 4.2% of all greenhouse gas in the European Region is emitted by health systems. Improper management of waste and medicines and chemical and water pollution were identified as sources. Addressing pharmaceutical waste, with appropriate use of medicines and medical devices, and disinvestment will be increasingly important, and dialogue and policy development to support this work are under way in many European countries.

55. The Tallinn process has been continued. Marking the five-year anniversary of the signing of *The Tallinn Charter: Health Systems for Health and Wealth*, a high-level technical meeting on "health systems for health and wealth in the context of Health 2020" was convened by the Regional Office and hosted by the Ministry of Social Affairs of Estonia. Ministers, experts and delegates from 38 Member States and representatives of partners, including the European

Commission, OECD, The Global Fund and the World Bank, explained the steps they had taken to implement the Tallinn Charter and to move towards providing universal health coverage. The meeting provided information on new ways to improve population health, with the exchange of inspiring examples of health systems strengthening, and to agreement on future directions, weaving together the commitments in the Tallinn Charter and Health 2020. The Charter and Health 2020 are synergistic, as both are designed to inspire countries to act on their values to improve health and wealth, to affirm a value-based approach to strengthening health systems and to empower health ministries to lead change for health improvement. Carrying forward the momentum of health systems strengthening takes us further down the road to universal health coverage. Health systems strengthening overall will be considered by the Regional Committee in both 2014 and 2015, and in 2015 a report on meeting the commitments in the Tallinn Charter and a document emphasizing "upstream" approaches will be tabled.

56. The Region will continue to identify and analyse the impacts of increasing economic efficiency, the economic and financial crisis and the health consequences of austerity. This work is supported by the European Observatory on Health Systems and Policies in Brussels, the WHO Barcelona Office for Health Systems Strengthening, the Catalan Department of Health and the Government of Spain. Guiding this work are 10 key policy lessons and recommendations from a high-level meeting held in Oslo, Norway, to review the impact of the economic crisis on health and health systems based on a regional analysis conducted with the European Observatory. A follow-up to the 2009 meeting on "Health in times of global economic crisis: implications for the WHO European Region", the meeting was again hosted by the Norwegian Directorate of Health. The 10 policy lessons offer a way for Member States to navigate the crisis while mitigating the impact on health outcomes and have already served as a powerful negotiating tool for ministers of health in dialogue with ministers of finance and prime ministers in Cyprus, Greece and Ireland.

57. The Regional Office has responded to increasing requests from Member States to support comprehensive health care reform, specifically strengthening financial protection and protecting health budgets, improving efficiency in health systems, including the pharmaceutical sector, investing more in public health and using health financing policy to strengthen universal coverage. In addition to overarching work, such as analysing pharmaceutical policies to develop approaches for affordable, sustainable introduction of new premium-priced medicines, direct support to financial sustainability and health care reform is being provided to Cyprus, Greece, Hungary, Ireland, Malta, Portugal and the Baltic states.

58. On the basis of work with Member States, WHO will prepare guidance for ministers of health on better communication and marketing of support for the reforms with government partners in the context of budget negotiations and European Union structural funds, within their ministries and with stakeholders such as professional associations and also with the general public. Assistance to ministers of health in conducting policy dialogues with ministers of finance will be increased, WHO will participate as the "voice of health" at the European Union high-level coordination meetings on the reforms in Cyprus and Greece, and joint work with the OECD will be conducted in the senior budget official network.

59. A strategic focus on universal health coverage as the political objective that guides health systems strengthening in the context of Health 2020 will promote equity of both access and outcomes and contribute to reducing inequities in the Region. Access to health care has been affected by the financial crisis and austerity programmes, which have increased demand and work during the past five years. Establishment of national medicines policies has been supported in several countries, including Cyprus, Estonia, Kyrgyzstan and Republic of Moldova. It is important to ensure long-term sustainability and resilience to economic cycles, to contain supply-driven cost increases and to eliminate wasteful spending while providing reasonable levels of financial protection. The above-mentioned 10 recommendations from the

Oslo meeting represent a clear set of principles that will contribute to the pursuit of universal health coverage during austerity measures and times of prolonged economic hardship.

60. Achievement of all these goals will require political, managerial, professional and public commitment and close collaboration with partners and stakeholders. The operational approach fosters increased networking both with and between Member States, with renewed visibility of the South-eastern European Health Network and the establishment and strengthening of partnerships, such as with the European Observatory on Health Systems and Policies, the Association of Schools of Public Health, the International Network of Health-promoting Hospitals and Health Services, EuroHealthNet, the European Public Health Association and the Pharmaceutical Pricing and Reimbursement Network in the context of Health 2020.

61. The improved capacity for disease surveillance and response required by the *International Health Regulations (2005)* is another major element of public health. The Regional Office, in collaboration with WHO headquarters, particularly the Lyon Office, which is part of the Department of Global Capacities Alert and Response and responsible for coordinating the *International Health Regulations (2005)*, and regional partners, such as the European Community and ECDC, provide technical support and monitor progress.

62. Regional Office activities for alert and response and for country emergency preparedness contribute to regional health security by providing daily intelligence on epidemics and risk assessments as well as promoting and supporting national assessments, national preparedness plans, exercises, mass gathering preparedness and the construction of safe hospitals. This has proved to be essential for timely alert and for responding to events such as epidemics, earthquakes, heat-waves, fires and floods and also man-made disasters such as industrial accidents and armed conflict. The Regional Office in collaboration with the WHO European Centre for Environment and Health in Bonn, Germany, provides direct support to Member States responding to public health emergencies, contributes to the anticipation of potential risks and offers support in crises in other WHO regions.

### *Priority 4. Creating resilient communities and supportive environments*

63. Health and health inequalities are socially determined. Poor health results from social, economic, environmental and cultural aspects of society, especially the conditions of daily life and the decisions that influence the distribution of power, money and resources. Implementation of Health 2020 will follow the recommendations of the *Review of social determinants and the health divide in the WHO European Region*. Effective, integrated policies and interventions require governance that overcomes sectoral boundaries and enables integrated resource mobilization, planning, delivery and review. The work of the WHO European Office for Investment for Health and Development in Venice, hosted by the Ministry of Health of Italy and the Veneto Region of Italy, continues to make vital contributions in this respect.

64. Communities are a locus of governance for equitable health and well-being and a focus of Health 2020. Building resilience is important in protecting and promoting health at both individual and community levels. Resilient communities respond proactively to new or adverse situations, prepare for economic, social and environmental change and deal more competently with crises and hardship.

65. The environment is a major determinant of health; it is estimated to account for almost 20% of all deaths in the WHO European Region. Poor air quality, poor water and sanitation, chemicals in the environment, water, food and air, poor housing conditions, occupational exposures and climate change can significantly affect human health. These factors interact with the social determinants of health. For example, while deaths from ambient air pollution occur in all European countries, regardless of their income, the number of deaths from household air

pollution is over five times higher in low- and middle-income countries than in wealthier ones. In the working group on health in climate change, 32 European countries assessed the health effects of climate change and identified important effects on communicable and noncommunicable diseases.

66. In line with Health 2020, the WHO Regional Office provided the methods for including health in national adaptation strategies in 22 countries. A major milestone was elaboration of evidence, methods and tools in a seven-country pilot initiative in Albania, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, The former Yugoslav Republic of Macedonia and Uzbekistan for strengthening the resilience of health systems to climate change. Adapting to climate change and the co-benefits of reducing greenhouse gas emissions in a low-carbon economy are among the regional priorities. The co-benefits for health of environmental policies are being considered in the context of Rio+20, the United Nations Conference on Sustainable Development. Expanding interdisciplinary and intersectoral collaboration among institutions involved in human, environmental and animal health enhances public health effectiveness.

67. The European Environment and Health Process was established in 1989 as one of the first multisectoral actions for health promotion and the prevention of diseases caused by a polluted environment. This successful example of a long-lasting multisectoral partnership was reshaped in 2010 at the Fifth Ministerial Conference on Environment and Health. It has been an excellent model for the intersectoral work of the Regional Office with countries in the Region. The new institutional framework ensures appropriate coordination among national implementation and national policies, the proper level of monitoring and implementation and political drive. The most recent Ministerial Conference on Environment and Health, which brought together ministers of health and of the environment of 53 WHO European Region Member States, was held in Parma, Italy, in March 2010 and resulted in adoption of a ministerial declaration. The WHO European Centre for Environment and Health in Bonn, supported by the German Government, is the fulcrum of the Region's technical achievements in environment and health. A conference in Paris, France, involving the three sectors of health, environment and transport further demonstrated the importance of engaging with other sectors, which is at the core of Health 2020. The Regional Office is beginning preparations for the Sixth Ministerial Conference on Environment and Health, which will pave the way forward.

68. The *Parma Declaration on Environment and Health* is the political framework that shapes activities in this area. The Regional Office, with partners such as the European Environment Agency, UNECE and the United Nations Environment Programme, has worked within the new environment and health governance structure set up in Parma to meet the commitments of the Declaration, particularly with the European Environment and Health Ministerial Board and the European Environment and Health Task Force, which monitor progress towards the Parma targets.

# Improved governance in the WHO European Region and in the Regional Office

69. Much work has been done to strengthen the governance structures of the Regional Office, under the guidance of the Regional Committee and the Standing Committee of the Regional Committee (SCRC). The reforms have been based on and have contributed to global WHO reform. The main principles throughout have been transparency, efficiency, accountability, inclusiveness and public health excellence. The SCRC, with an improved oversight function and increased representation, has ensured transparency, coherence and consensus among Member States. The governance reform in the European Region has inspired certain global developments.

70. The implications of the WHO programme budget 2012–2013 for the European Region were identified and used as a strategic tool of accountability, with a commonly agreed results chain and bottom-up planning based on bilateral cooperation agreements; the outcomes were defined as a "contract" between the Regional Office and Member States. These concepts used in the European Region programme budget also made a major contribution to global planning for the WHO programme budget 2014–2015.

71. Geographically dispersed offices were assessed and consensus was reached with Member States at RC63 on the way forward. With the assistance of the governments concerned, new offices have been set up to strengthen the delivery of health services based on the principles of primary health care (Kazakhstan), the prevention and control of noncommunicable diseases (Russian Federation) and preparedness for humanitarian and health emergencies (Turkey). Country offices were also assessed, with a positive evaluation of this country presence, which most Member States wished to continue.

72. One priority has been to improve the technical relevance of the work of the Regional Office and to increase the confidence of Member States and donors. Hence, the technical capacity of the Regional Office has been strengthened, particularly its implementation capacity, by new recruitments, use of the staff of geographically dispersed offices and better use of existing resources and networks, including collaborating centres and national resources.

73. A compliance unit was established to increase financial discipline and this has been replicated throughout WHO. Internal management will be further strengthened over the next five years. In line with WHO reform, the Regional Office has undertaken coordinated, integrated resource mobilization to work with the global team in a four-step approach: initiate, validate, approve and report. Care is being taken to ensure that resource mobilization is in line with the approved programme budget, to strengthen contributor agreements to allow more flexible funding and to emphasize implementation and reporting. To strengthen the culture of evaluation, external evaluations are planned, including peer review to identify barriers and means to improve efficiency further.

## Strengthening collaboration with Member States

74. Developing a close working relationship between the Regional Office and Member States is based on a political commitment to improve health and to ensure excellence in WHO's technical work to meet each country's needs. During the past five years, the Regional Director has visited many Member States in order to extend this collaboration; meeting presidents, prime ministers, ministers of health and ministers in other sectors, as well as a wide range of other partners for health. She has advocated putting health high on the government's agenda, for Health 2020 and the jointly agreed priorities, and for the promotion of intersectoral work and mechanisms. In addition, many ministers and delegations have been received at the Regional Office. All of the meetings provided full briefings on the technical cooperation and assistance available from the Regional Office. As health and development go together, the aim of this constant collaboration and dialogue has been to help countries improve their overall development status and capacities.

75. Much discussion has been held in the governing bodies on the country strategy and country presence, with emphasis on strategically optimizing country presence on the basis of evidence and of criteria that include country priorities, needs and development capacity. As a result, some country offices led by national programme officers were transformed into offices with a WHO representative (Republic of Moldova, Ukraine, with two others under discussion), while some country offices with a WHO representative were transformed into country offices led by national programme officers (Albania, Serbia). In 2013, the Regional Office started

operations in Greece, requested by that Government, and a new country office is planned to support the extensive health reforms under way at country level. The Regional Office plans to further strengthen support to Member States by opening WHO representative offices wherever necessary and appropriate, subject to the availability of funds.

76. Country offices were further strengthened by organizing a retreat for WHO representatives and heads of country offices each year; the two most recent were Region-wide retreats. These retreats helped to ensure greater understanding of the technical needs of countries by Regional Office staff and allowed WHO representatives and heads of country offices to discuss and plan work with staff of the technical divisions.

77. Training of WHO representatives and heads of country offices was also enhanced, including in technical areas such as NCDs, Health 2020, EVIPnet, development of country cooperation strategies and United Nations Development Assistance Frameworks, and more cross-cutting areas such as communication and web-based training, negotiating skills, writing skills, training in writing project proposals for the European Union and training in global health diplomacy. As a result of training and careful guidance and supervision from the Regional Office, all heads of country offices now have active status on the global WHO representative roster (except for those most recently appointed). These activities have further strengthened country offices and hence the way in which the WHO Regional Office for Europe works with, in and for countries.

78. The changes in the country offices were reinforced by setting up a new unit in the Regional Director's office for strategic relations with countries, which coordinates the country offices, national counterparts and technical divisions, ensuring more regular information flow and better coordination and monitoring of country work.

79. The development and implementation of bilateral cooperation agreements has continued but with some changes to the procedures to ensure a more proactive, country-based approach. Bottom-up planning has always been important, but the past five years have seen better alignment of the bilateral cooperation agreement process with the Health 2020 vision and the Twelfth General Programme of Work. The Region embarked on gradual introduction of country cooperation strategies at the request of Member States. Two have been completed (Russian Federation, Switzerland), and a further three are to be signed at or just after RC64 (Cyprus, Portugal, Turkey). Broader, more consistent implementation in other countries with no country office is planned in the next five years, and discussions are under way with five further Member States to ensure country cooperation strategies by the end of 2015. This initiative is important for collaboration with, in and for the countries and will be the key tool for country-based planning with and by the Regional Office in the future.

80. The Regional Office has also instituted a more systematic approach to liaison and correspondence with Member States by establishing a system of national counterparts, who are responsible for collaboration with WHO. They are the key contacts in their country and are responsible for work at the technical level. This is particularly important for liaison with WHO Member States that do not have a country office. Moreover, national counterparts are responsible for appointing and working with a formal network of national technical focal points, who are technical experts in specific fields of health in their country and important for programmatic activities.

## Strategic partnerships with other stakeholders to improve health and policy coherence in Europe

81. Strategic partnerships have been established and extended to enrich the work of the Regional Office, to increase policy coherence, to ensure more efficient support to Member States and ultimately to ensure better health for the populations of the Region. The Regional Office has strengthened collaboration with its partners and networks across the Region, engaging widely to increase policy coherence, contribute to shared policy platforms, share health data sets, join forces for surveillance and support new forms of networking, including web-based collaboration.

82. Working with the European Union has provided a strong foundation, significant opportunities and additional benefits; for example, through implementation of the Moscow Declaration with the European Commission. The Regional Office has increased its collaboration with the European Parliament and with the presidencies of the European Union.

83. Cooperation between WHO and the international organizations active in health in the European Region has also been strengthened. Through the United Nations Regional Coordination Mechanism and the regional United Nations Development Group (formerly Regional Directors Team), the Regional Office has worked with United Nations agencies and has played a significant role in United Nations working groups for the Millennium Development Goals and for Roma women and children. Most recently, the Regional Office was involved in setting up an interagency working group on NCDs and social determinants of health. The range and depth of work with other partners has increased, especially with the Council of Europe, the GAVI Alliance, OECD, The Global Fund, the World Bank, development agencies and major nongovernmental organizations.

84. Links with new and evolving partnerships for health, active at various levels of governance in the Region, have provided important support. Examples include the South-eastern Europe Health Network, the Eurasian Economic Community, the Northern Dimension Partnership, the Council of the Commonwealth of Independent States, policy networks such as the WHO European Healthy Cities Network, Regions for Health Network and WHO’s health promotion networks, including healthy schools, workplaces, hospitals, prisons and cities.

85. Work with civil society has also been strengthened. Many voluntary and self-help organizations have identified health as a significant part of their remit and health services continue to be delivered by these organizations as part of family and community care and self-care. Private businesses are increasingly involved in every aspect of people’s lives and securing their strong commitment to health and encouraging and rewarding their social responsibility are important goals.

## Strengthening the European contribution to global health

86. In a globalized world, cooperation across borders is increasingly necessary, as countries work together to solve health challenges. The WHO Regional Office for Europe, through Health 2020, has been fully supportive. Improved technical capacity at the Regional Office allows for greater support in the implementation of international instruments and the preparation of regional contributions to international discussions, including the post-2015 sustainable development agenda. The Regional Office has made a major commitment to supporting WHO reform (which started in 2011) as a contribution to global health governance, ensuring its full implementation in the European Region.

87. The work of the Regional Office has been aligned with many international agreements and focused on translation of those agreements to regional level. Examples include the *WHO Framework Convention on Tobacco Control*, the Doha D*eclaration on the TRIPS Agreement and Public Health* (related to intellectual property) and the outcome documents from the United Nations 2011 High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases.

## Reaching out through an information and communication strategy[2]

88. Continuous improvements have been made in the Regional Office's information and analytical resources. *The European health report 2012: charting the way to well-being* provided an assessment of improvements in health in the WHO European Region, emphasizing the uneven distribution among countries. This report was the most often downloaded publication of the Regional Office in 2013. The document was accompanied by the web-based *Interactive atlas of health inequalities*.[3] The European health for all database (HFA-DB),[4] which is updated regularly, is one of the most authoritative sources of health-related information in the Region. Initiatives have been undertaken to harmonize data collection, definitions, processes and quality with Eurostat and OECD. An annual publication of core health indicators has been produced, and extensive work carried out to prepare health and well-being indicators for monitoring Health 2020 targets. The Health Evidence Network is an information service of the Regional Office for public health and health care decision-makers in the Region. Collaboration has been maintained with the Institute for Health Metrics and Evaluation. The information network of the central Asian republics was re-launched, and support was given to the Commission on Information and Accountability for Women's and Children's Health.

89. As clearly mandated by Health 2020, policy-making in Europe should be informed by evidence in all Member States. This requires that all Member States have fully functioning, integrated health information systems with high-quality information according to international standards and active platforms for systematic translation of evidence into policy. This will constitute an important platform for health information in Europe and for exporting innovations and knowledge to partners and other WHO regions.

90. The 2010 Moscow Declaration mandated the Regional Office and the European Commission to work towards a single health information system for Europe, which will be a milestone in strengthening the use of evidence in the Region. The main vehicle for achieving these goals is the European health information initiative, which was established with funding from the Government of the Netherlands and has the support of several other Member States and one charitable foundation. It will harness capacity and networks across the European Region. The initiative has five main pillars: development and harmonization of indicators for health and well-being; better dissemination of health information; capacity-building; strengthening health information networks; and supporting health information strategy development. Much of this work is already well under way, including preparation of new indicators of well-being and health for the Health 2020 strategy by a dedicated expert group. A new WHO collaborating centre in Moscow, Russian Federation, is moving this work forward in

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[2] Since 2010, the issues of information and communications have been dealt with separately by the Regional Office. They are presented here jointly for the purposes of this report based on the seven strategic priorities of the Regional Director's 2010 vision paper.
[3] Interactive atlases of health inequalities. Copenhagen; WHO Regional Office for Europe [website] (http://data.euro.who.int/equity/IA/AllIndicators/doubleMap/atlas.html).
[4] European health for all database (HFA-DB). Copenhagen: WHO Regional Office for Europe [website] (http://data.euro.who.int/hfadb/).

Russian-speaking countries. Experts from the Netherlands National Institute for Public Health and the Environment are collaborating with WHO to design a new "one-stop web portal" for health information, to be hosted by the WHO Regional Office for Europe and to be launched in September 2014.

91. The initiative also instituted the WHO autumn school on "Health Information and Evidence for Policy-making" in October 2013 in Izmir, Turkey; similar autumn schools will be annual features on the health information calendar. The 2014 school is to be hosted by Poland. At RC64, a tool for countries to assess their health information systems and develop national health information strategies will be presented, based on the work of a working group of Member States.

92. Important initiatives in the field of research have included re-establishment of the European Advisory Committee on Health Research to support WHO in promoting and coordinating research. EVIPNet was launched in the Regional Office in October 2012 as part of a global WHO initiative to promote systematic use of health-related research in policy-making.

93. Developments in communications allow strategic contact with broader audiences. During the past five years, the Regional Office enhanced and streamlined its communications to describe its technical work and to improve the availability and accessibility of its information and messages. Communications are coordinated throughout the Regional Office and aligned with regional priorities. Using creative, innovative ways of reaching new audiences, the Regional Office has led many successful campaigns over the past five years, including on urbanization and health, AMR, healthy ageing, hypertension and vector-borne diseases, in addition to annual messages on TB, HIV/AIDS and tobacco control. Coordinated Office-wide communications have successfully promoted corporate events and products, such as RC sessions, ministerial conferences, high-level events and European health reports.

94. The Regional Office has placed more emphasis on communications at the country level, not only by issuing more press releases (122 in the past five years) but also by responding to a growing demand from Member States for support and training in communications. Workshops were held for officials in the Republic of Moldova and Turkey; emergency communications support was provided to Ukraine; and, during flooding in the Balkans, several country offices and one geographically dispersed office received training. The Regional Office plans to continue training staff at all levels of the Organization in the coming years and to extend it to ministry communicators, once the network of national technical focal points for communication is launched at the end of this year.

95. The Regional Office has broadened the reach of its messages and the visibility of its work by multichannel publishing, using country and topic sites and social media channels such as Facebook and Twitter. It has 47 000 "friends" on Facebook and 19 000 followers on Twitter. Work with Member States is more visible on the 53 country websites established in 2010 with extended multi-language content. Governance has become transparent to a wider audience through real-time coverage of Regional Committee sessions and through live webcasts and social media coverage of other high-level events. To respond to the changing needs of stakeholders, the Regional Office website has been made accessible on mobile devices and has been improved on the basis of users' experience.

96. In the next five years, the Regional Office plans to strengthen its support to Member States by enriching the country sites with information about bilateral cooperation agreements and their implementation in respective national languages. The work of the governing bodies will be made easier by the availability of searchable online databases of resolutions and other documents. The outreach and visibility of the work of the Office and its collaboration with

Member States, donors and other stakeholders will be increased through better reporting on diverse communications platforms and consolidation of its presence on social media.

97. For its communications strategy to be successful, the Regional Office must have the right resources and capacity. During the past few years, a regional communication and web strategy has been designed to guide the work of the Regional Office, which is clearly aligned to the WHO global communications strategy to be finalized shortly. The Regional Office has also finalized a review of its communication requirements and intends to revise its structure and working methods in accordance with the main recommendations.

## Promoting the Regional Office as an organization with a positive working environment and sustainable funding for its work

98. To improve the technical relevance of the Regional Office and increase the confidence of Member States and donors, it was agreed that the Regional Office should be a leader in health policy, public health and health systems; a strong evidence-based organization, relevant to the whole Region, with technically strong programmes and staff; an innovative, inspirational organization that assumes full responsibility and accountability for implementing decisions taken by its governing bodies; an organization that unites and integrates the Region, builds on its institutional capacity, expertise and networks and works in close partnership with WHO headquarters, other WHO regions, European Union institutions and other actors; and an organization with a positive working environment, with sound financial management, and which is financially sustainable.

99. Significant effort has been made to create a positive working environment and to improve the funding situation. The current aim is to consolidate and further strengthen internal management and administrative efficiency while improving technical excellence through peer review and external evaluation to strengthen the culture of continuous technical improvement, identifying barriers and means to further improve the quality of its technical work.

100. Technical work cannot be improved without strong support. In the Regional Office, with a relatively small overall budget and the demands of many languages, 53 Member States and 29 country offices, administrative expenditure and the fixed component comprise more than half the available corporate resources. This leaves little room for strengthening technical areas that do not receive funding from voluntary donations. In order to allocate more corporate resources to technical areas, US$ 3 million was reallocated to expenditure for categories 1–5 and efficiency measures were introduced to reduce the administrative burden. The Regional Office appears now to be on a more sustainable path. In 2010–2011, staff costs represented 70% of the budget, while the present figure is 50%. The goal is to continue to consolidate administrative functions and further improve efficiency.

## Conclusion

101. Much has been learnt since 2010, and the European health policy framework has been launched. The emphasis over the past five years has been on renewing the policy environment in response to global and regional challenges. Implementation of Health 2020 has shown that many evidence-based interventions can make a difference in terms of equitable health improvement.

102. The commitment remains to continue to build a strong, evidence-based organization that is a leader in health policy, public health and health systems, with technically strong

programmes and staff. Its work must be relevant to the whole Region and built on constructive, collaborative relationships with Member States. These goals will be brought closer if the Regional Office is an organization with a strong, challenging yet enjoyable working environment for its staff.

103. In the future, progress will be needed in three main directions:

- to continue to improve healthy life expectancy, with a focus on extending the period of life lived in good health;
- to continue to strive for equity in health; and
- to link health more closely to sustainable development.

104. Overall, the vision of the WHO Regional Office for Europe in coming years will be "better health for Europe: equitable and sustainable". The emphasis will be on implementing all the policy actions promoted in Health 2020, the *European action plan for strengthening public health capacities and services* and the supporting health policies, strategies and plans, jointly with Member States and partners.

105. New challenges will emerge. Some are clear already, such as achieving universal health coverage and continuing to strive for equity in health with improved healthy life expectancy, linking health more closely to sustainable development, implementing modern primary care and addressing the challenges of providing coordinated, integrated care close to the homes and lives of the people that need it. While technology can help in responding to these challenges, the attitudes and legacies of the past will have to change. This will perhaps be the greatest challenge of all.

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